WHERE THE ONLY WORK IS WOMEN’S WORK:

CHANGING RURAL OPPORTUNITIES

By

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Abstract

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Set in a rural remote community in the Pacific Northwest, this dissertation examines a number of issues related to how gender and social status shape out-migration, education, work, and family in rural America. Recent changes in the local labor market have drastically reduced the availability of masculine jobs which can increase or maintain prestige and social status, while sharply increasing the demand for worker in health care. These economic changes, women surpassing men in college graduation rates in the early 1980s (Massey, 2007), and what has been coined the “mancession” (Rampell, 2009), all raise concerns about what Rosin (2012) calls “the end of men” as the more powerful sex. These economic changes have also raised concerns about changes in gender roles and relations (Bianchi et al., 2012; Hurd & Rohwedder, 2010; Kimmel, 2009). This study is an in-depth exploration of how rural gender expectations and norms about education, work, and family interact with social status to both constrain and enhance educational and employment opportunities within a rural context that, despite changing economic realities, still tends to favor traditional gender roles and hegemonic masculinity (Connell, 1995). I find that men and traditional masculinity continue to be privileged, even in work environments dominated by women. Although many women feel conflicted between family and work
obligations, they too tend to do gender in a way that favors femininity as intimately linked to roles within the family. This study focuses on the distinct ways in which men and women manage gender and social status and how these strategies promotes a hegemonic form of rural masculinity in relation to education, work, and family that is uniquely tied to positions within the locally-defined social hierarchy.
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Dedication

This dissertation is dedicated to my incredible husband and children, as well as the many, many friends who helped me along this journey.
CHAPTER ONE

INTRODUCTION: GENDER, SOCIAL STATUS, AND OPPORTUNITY

I formally interviewed Meg Sparling\(^1\) on a cold December day in 2010, although I had already spent a good deal of time with her. Meg was the Director of Education at Independence Creek Hospital and was eager to refer me to young women who had graduated from her different Certified Nursing Assistant (CNA\(^2\)) trainings and their new on-site nursing program. When I arrived to her office for our interview, she was putting up a Christmas tree with two students and she had forgotten I was coming. She suggested we go to a local coffee shop for our meeting. She was nearing sixty years old and had short grey hair. She was wearing blue scrubs and throughout this study, I never saw her in anything other than scrubs. As Meg talked about the community, the hospital, and her students, she highlighted what others had already told me. Without the hospital, this community would be a ghost town. The hospital and local long term care facilities were major employers in Independence Creek, along with the school district. Everyone was sad to see the high-paying, family wage jobs vanish with the closing of the mineral refinery plant. Unemployment was high, as was inequality among the community residents. She shared stories about her best students, her more challenging ones, and told funny stories about the men who had both successfully and unsuccessfully entered into direct care work through her NAC course. Like many people in this study, Meg argued that men could be just as good at care work as women, yet few men were lining up to become direct care workers, despite the ever-growing demand for caregivers.

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\(^1\) Names of places, people, and some occupations have been changed to protect the confidentiality of the participants.

\(^2\) CNAs are also referred to as NACs, Nursing Assistant-Certified. These terms are used interchangeably in this paper.
Meg Sparling had high hopes of growing their on-site nursing program into something that would not only meet the staffing needs of the hospital, local long term care facilities, and home health care, but also provide better-wage jobs for local residents. Despite wanting to encourage men into health care, it was clear that Meg had a particular type of person in mind when it came to filling the very few slots available in the nursing program. Place-bound women in their late 20s and early 30s with children were ideal because they were not expected to ever leave the community. The local education and labor market realities made me wonder how men and women were adjusting to the fact that local “men’s” jobs were scarce while “women’s” jobs were growing. I wondered if the existence of these training programs helped shape individual expectations and perceptions. Were men more willing to enter into health care? Were women becoming primary breadwinners within their families? How was masculinity and femininity locally-defined within the context of this community? Who was granted access to local education and work opportunities and how was this decided?

This dissertation examines a number of issues related to how gender and social status shape out-migration, education, work, and family. This is a story as much about the meaning of gender and social status as it is about adjusting to changing rural labor markets. In many rural communities, the bulk of local employment has shifted from high-wage resource extraction and manufacturing to low-wage service jobs, including recreation, health care, and education (Flora et al., 1992; Morris & Western, 1999). These changes have also presented a shift in the availability of jobs which can increase or maintain prestige and social status, especially for men. This change, in addition to women surpassing men in academic performance and college graduation rates in the early 1980s (Massey, 2007), as well as what has been coined the “mancession” (Rampell, 2009), has caused much public outcry about “the end of men” (Homans,
2012; Rosin, 2012) and concerns about women becoming the more powerful sex. Women now make up 49 percent of the entire labor force and according to some, they are poised to become the majority of workers in the near future (Rosin). These economic changes have raised concerns about changes in gender roles and relations (Bianchi et al., 2012; Hurd & Rohwedder, 2010; Kimmel, 2009). While gender roles and expectations have been slower to change in rural America, qualitative research has documented the struggle rural families face as masculine family wage jobs disappear (Davis, 2000; Sherman, 2006; 2009).

This study is an in-depth exploration of how rural gender expectations and norms about education, work, and family interact with social status to both constrain and enhance educational and employment opportunities within a rural context that, despite changing economic realities, still tends to favor traditional gender roles and hegemonic masculinity (Connell, 1995). I find that men and traditional masculinity continue to be privileged, even in work environments dominated by women. This study focuses on the distinct ways in which men and women manage gender and social status and how these strategies promotes a hegemonic form of rural masculinity in relation to education, work, and family that is uniquely tied to positions within the locally-defined social hierarchy.

The Gendered Structure of Everyday Life

Gender structures life on individual, interactional, and institutional levels (Risman, 1998). Individual gendered selves interact with one another within the constraints of existing gendered institutions to create or maintain opportunities that fit within society’s gender expectations. Gender structures every aspect of life through establishing patterns of expectations and social processes (Lorber, 1994). According to Risman (2004), gender is so ubiquitous that we often
“do” gender (West & Zimmerman, 1987) in a reflexive manner. With the majority of women entering the labor market at the end of the 20th century, some gender expectations have shifted. However, there is still a strong effort within our culture to help men to maintain positions of privilege and power. This effort, which Connell (1995) calls hegemonic masculinity, is “the configuration of gender practice which embodies the currently accepted answer to the problem of the legitimacy of patriarchy, which guarantees (or is taken for guarantee) the dominant position of men and the subordination of women” (p. 77). In other words, as a society, Americans tend to value men and masculine behaviors and characteristics over women and more feminine characteristics and, according to Connell, there is a social script which we rely on to legitimate this inequality. Rural notions of masculinity and femininity tend to be more traditional and provide a framework by which choices about education, work, and family are organized (Sherman, 2009).

This more structural perspective can be coupled with West and Zimmerman’s (1987) argument that gender is something people must actively “do” to maintain gender identities. From this perspective, men and women are constantly engaged in behaviors and interactions (consciously and unconsciously) that elicit affirming reactions from others and which also verify their sense of self in relation to their gender. From a culturalist viewpoint, certain stereotypes are internalized by men and women, such that they believe certain abilities and inclinations are more innate or natural for a particular gender (Charles & Bradley, 2002). Children and adults are socialized to internalize beliefs about gender throughout their lives. For instance, men are expected to be rugged, aggressive, and strong (Connell, 1995). Men who deviate from masculine social scripts are (often harshly) sanctioned by their peers and society (Pascoe, 2007).
As women have made gains in their earning capacity and demanded privileges that would place them in more equal standing with men, new definitions of what it means to be feminine women have developed in competition with old feminine expectations and norms. These have come to be known as contested or competing notions of femininity (Hays, 1998). While rural communities tend to have more traditional gender expectations based on a breadwinner-homemaker model, economic globalization and social change have made it necessary for most women to work outside the home. American women have long struggled to negotiate their less privileged position within society. Friedan’s *The Feminine Mystique*, which was first published in 1963, gave voice to many of the negative feelings women were experiencing at the time. At the close of World War II, women were asked to return to their homemaker roles to allow men to take back their positions in the paid labor market. Social research and analysis during this time period placed great responsibility on mothers regarding the development of their children (Coontz, 2011). Smothering stay-at-home mothers were demonized for creating “homosexuality, narcissism, and neurosis” (Coontz, p. 68). On the other hand, working mother who were too committed to their careers were viewed as neglecting their “natural” duties as mothers and wives. Women navigating motherhood during this time period often reported regrets about their educational and work pathways and tended to encourage their daughters to be more than “just a wife.” Thus, the competing notions of femininity have intensified for younger generations and expectations about the “right” and “wrong” way to be mothers depends on where women fall in the social hierarchy. As Coontz states:

> Americans greatly value the ideal of motherhood, and we also greatly value the work ethic. But we often find it difficult to value both at once. For impoverished women with children, society comes down firmly on the side of work. Poor
women get no social kudos if they try to stay at home with their infants. Instead they are pressured to find any job that gets them off public assistance…Yet many Americans simultaneously believe that the gold standard for middle-class women is stay-at-home mothering and that good mothering – the kind that middle class children deserve – is incompatible with work outside the home (p. 179).

Hegemonic masculinity and contested notions of femininity help inform this study in that the feminization of the local labor market means that men and women must develop new gender strategies (Hochschild, 1997/2012) to cope with social change. While gender norms for men have remained virtually unchanged for the men in Independence Creek, women, in some settings, have more options (and thus more conflict) regarding how to negotiate their gendered expectations within the local economic and social realities of their communities. In the community where this study takes place, fewer women have embraced a more egalitarian gender ideology and thus, both men and women are doing gender and work in a way that is consistent with traditional expectations which maintain hegemonic masculinity.

**Creating and Maintaining Social Hierarchies**

In addition to gender, social status also matters in how individuals engage in education, work, and the family. Many researchers have noted how new economic realities mean new ways of defining high and low social status (Davis, 2000; Desmond, 2006; Morris, 2012; Sherman, 2006; 2009). Rampant poverty in a very isolated, former logging rural community in Northern California led community members to emphasize moral boundaries related to hard work and independence rather than traditional markers of status such as affluence, prestigious occupations, and education levels (Sherman, 2006; 2009). In this setting, individuals who failed to
demonstrate their work ethic through scrounging together paid labor and subsistence activities were seen by others are a drain on the community. Welfare dependency and the use of other mean-tested benefits signaled a lack of moral capital and in turn, lower social status. In general, individuals from lower status families are generally viewed as either deserving or undeserving of having access to the limited employment opportunities. This distinction, which was first affiliated with the war on poverty and welfare reform in the 1990s (Katz, 1990; Polakow, 1993; Polakow et al., 2004), divides the poor and “underclass” into those who are perceived as having a work ethic and thus are deserving of assistance, and those who are perceived as lazy, looking for a handout, and therefore, undeserving of any assistance. Sherman highlighted how these social distinctions are uniquely and locally defined, and in her case, based on morality defined by having a strong work ethic and a commitment to independence that does not include dependence on welfare or other means-tested governmental assistance.

Some work has illuminated how the loss of good paying masculine skilled work in timber, fishing, and other resource-based industries has shifted who occupied the elite status categories (Corbett, 2007; Davis, 2000; Sherman, 2009). In her study of a former fishing community, Davis found that while fishing families formerly occupied the highest status rung, community members had come to identify a new elite. Individuals who had permanent local employment either at the school, in health care, or social work self-identified as higher status families and were also recognized as such by lower status community members. This is somewhat true in Independence Creek. In relation to the social prestige rural communities have or have formerly attached to masculine work, Desmond (2006) found that social status among wild land firefighters (which are almost universally rural men) comes from having what he calls a “country-masculine habitus”. Although this is specific to men, part of social status in rural
places comes from being socialized in a way that includes acquiring a particular set of competencies and skills. Although I am unaware of any studies specific to “country-feminine habitus”, it seems reasonable to believe that such a habitus does exist.

This Dissertation’s Place in the Larger Literature

The overall transition to adulthood can follow many different pathways (Shanahan, 2000), and this is especially true for rural young adults (McGrath et al., 2001). Decisions regarding transitions during this period, such as the completion of education, employment, and family formation can have important impacts on individuals and their communities. When compared to urban youth, rural youth face a unique set of choices in regards to the transition to adulthood related to the degree of geographic isolation they experience (Crockett, Shanahan, & Jackson-Newsom, 2000). Rural communities have long been concerned about decreasing populations, especially younger residents. Rural young adults, compared to nonrural, are more likely to migrate away from their home communities (Gibbs, 1998). This is especially true for rural young adults with educated parents, high academic achievement, and high educational aspirations (Roscigno & Crowley, 2001). As Carr and Kefalas (2009) note, “Small towns are especially good at recognizing, nurturing, and launching talented individuals” (p. 51).

Unlike urban communities, rural communities must adjust to the consistent outmigration of young adults (Lichter, McLaughlin, & Cornwell, 1995), many of whom have skills and professions the communities need (Carr & Kefalas, 2009). This phenomenon, often called the rural “brain drain” has been the topic of much research. The brain-drain phenomenon became a cause for concern in the U.S. over the 20th century, a period during which the demographics of rural communities shifted and fluctuated considerably (Dillman, 1979; Dillman & Tremblay, 1977; McGranahan & Kassel, 1995). As employment opportunities on rural family farms and in
extractive industries diminished during this time period, there was a growing concern regarding what the next generation of rural adults would do and where they would need to reside. Demographers have documented a growing trend in the outmigration of rural young adults, especially the more educated and skilled young adults (Lichter et al., 1995). Gibbs and Cromartie (1994) confirm that 20 to 34-year-old adults make up the largest proportion of those migrating away from rural areas. According to estimates from the 1991 NLSY study, college graduates make up 16 percent of rural residents who stay in their communities, compared to 43 percent of those who leave. People with a high school diploma or less make up nearly two-thirds of adults who stay in their rural communities (Gibbs, 1998).

*The Pursuit of Post-Secondary Education*

In general, there has been a marked increase in the number of adolescents who expect to complete a college degree (Rosenbaum, 2001), and there are few differences between rural and urban youth with regard to educational aspirations and expectations once family socioeconomic status (SES) is taken into consideration (Haller & Virkler, 1993). There are little to no differences in high school graduation rates or college aspirations among rural and nonrural high school students (Gibbs, 1998; Provasnik et al., 2007). However, rural young adults attend and complete college at significantly lower rates than their urban peers (Cobb, McIntire, & Pratt, 1989; Haller & Virkler, 1993; Provasnik et al., 2007). For those rural students who do attend college, they are significantly more likely to attend a rural university compared to urban students, and rural universities are less likely to be among the most competitive schools (Gibbs, 1998). Furthermore, they are less likely to aspire to professional careers and tend to expect to occupy less prestigious positions in the future when compared to urban youth (Cobb, McIntire, & Pratt, 1989).
In general, it is well established that youth from families with higher socioeconomic status (SES) are significantly more likely to go to college, even when they perform poorly in high school (Gerard & Haycock, 2006). For example, an analysis of the National Education Longitudinal Study (NELS) reveals that low achieving high-income students are as likely to attend college as the highest achieving low-income students (77 and 78 percent, respectively; Gerard & Haycock). As with urban youth, research shows that family financial resources are related to educational attainment (Jencks et al., 1979; Sewell & Hauser, 1975). Roscigno and Crowley (2001) find that rural parents with higher incomes and more prestigious occupations have children who perform better in math and reading and are less likely to drop out of high school. Likewise, parental education level positively predicts academic performance and is negatively related to dropping out. Rural parents are more likely to hold less prestigious jobs and have less education than nonrural parents (Provasnik et al., 2007). However, there is some evidence to suggest that socioeconomic status may operate differently for some rural youth, perhaps because of the presence of social capital factors that are not typically recognized in the general status attainment models (McGrath et al., 2001; Wilson, Peterson, & Wilson, 1993). For instance, low-status children from farming families are still likely to go to college if their parents demonstrated high levels of social connectedness and involvement (McGrath et al.). This may be an example of how low-status rural families are more able to compensate for a lack of economic resources by utilizing social capital within their communities to propel their children into education (Elder & Conger, 2000; Hofferth & Iceland, 1998).

Also, as in more urban settings, parental expectations play a powerful part in the likelihood of attending college (Smith, Beaulieu, & Seraphine, 1995). In general, rural parents tend to have lower educational expectations for their children than nonrural parents (Provasnik et
al., 2007). In a national study of rural and urban differences, Provasnik and his colleagues found that a little more than 40 percent of rural parents expected their children to complete less than a bachelor’s degree, compared to 30 percent of parents in cities and a quarter of parents in suburban areas. However, the expectations of rural parents appear to influence adolescent performance in significantly different ways, when compared to the expectations of nonrural parents. In one study, higher parental expectations for nonrural youth (after considering several family and school factors) predict lesser likeliness of dropping out of high school (Roscigno & Crowley, 2001). Additionally, parentally perceived occupational opportunities within their rural community may influence their educational expectations for their children (Sherman & Sage, 2011). Finally, rural parents may define how adolescents make successful transitions to adulthood differently than their urban or suburban counterparts. Farmer and his colleagues (2006) found that in two rural, very impoverished, primarily black southern communities, adults defined success as either leaving to pursue education and then giving back to the community or obtaining and sustaining steady, dependable employment within the community.

In general, rural young men and women experience the events around the transition to adulthood differently and research has documented some important differences in out-migration and the pursuit of education. Young men are more likely to stay in the rural communities they grew up in and are less likely to pursue post-secondary education, when compared to rural young women (Carr & Kefalas, 2009; Corbett, 2007; Provasnik et al., 2007). Roscigno and Crowley (2001) argue that “the female [educational] advantage…is accentuated in rural places” (p. 287). Indeed, the gender gap in educational attainment is larger among youth from rural places than urban (Jacob, 2002). For rural boys, education historically came second to work and young boys were often missing from spring and summer classrooms (Fuller, 1982). The pursuit of higher
education is one of the primary ways in which women out-migrate from rural places and some have suggested this difference is primarily responsible for gender differences in out-migration (Carr & Kefalas, 2009; Corbett, 2007).

Chapter Three, entitled “There’s Nothing for them to do Here”, examines how perceptions of educational opportunities (both local and elsewhere) and expectations for young adults are shaped by gender, family background, and overall social status. Feelings about the connection between the pursuit of education and the necessity of out-migration depend heavily on how young adults are perceived by influential adults in the community. I find that gender and social standing are both related to the ways in which school personnel, parents, and family friends form expectations for young women and men in Independence Creek. In many cases, this translates into varying forms of support and encouragement. Gender and social standing thus dictate, to some degree, young adults’ educational interests, opportunities, and actual pursuits.

Rural Labor Markets

Rural labor markets have seen dramatic changes in recent times. As farming moved to an agribusiness model in the 1970s, small family farms became less prominent in the rural landscape (Fitchen, 1981). Extractive industries such as logging and mining also slowed down as resources diminished and the public demanded more conservation and stewardship. While communities dependent on resource extraction have long been associated with higher levels of poverty and unemployment, these changes left many rural communities even more impoverished than before (Stedman, Parkins, & Beckley, 2004). Rural America, Morris and Western (1999) argue, has been particularly hard hit by the shift in the United States economic structure from an agriculture and resource-extraction economy to an industrial economy, and later to economic domination by service sector industries. In many rural places the result has been a dearth of jobs
for either skilled or unskilled workers, fueling the out-migration of working-aged adults. More recently, the Great Recession has created significant hardship for many rural families, as it hit rural America earlier and harder than non-rural places (Lichter & Graefe, 2011). During the first half of the Great Recession, a little more than half of the jobs lost were in the manufacturing and construction sectors (Goodman & Mance, 2011), which employ many rural men. According to Goodman and Mance, after a decade of continuous decline, manufacturing experienced a spike in job losses of about 15 percent during the recession, while jobs in construction fell by slightly more than a quarter between April of 2006 and December of 2010. While jobs have not completely left rural places, many of the “new” opportunities are in fields dominated by women. Of particular interest in this study is the growing demand for health care workers. The growing need for all types of health care workers, including Registered Nurses (RNs) and Direct Care Workers (DCWs) such as certified nursing assistants (CNAs) and home health aides, is well-established (U.S. Department of Labor’s Education and Training Administration, 2010). This need is even more critical in rural areas of the United States, which are home to about two-thirds of all Health Professionals Shortage Areas (U.S. Department of Health and Human Services/Health and Recovery Services Administration, 2011).

It is well-established that decisions around work and training are strongly influenced by gender (Hesse-Biber & Carter, 2005; Padavic & Reskin, 2002), but the origins of the link between gender and work are complex. Individuals develop expectations and work values that dictate their willingness to consider different types of occupations. In general, research suggests that young women tend to have higher intrinsic and altruistic work values (i.e. helping others, learning new things, having an interesting job) than do young men (Marini et al., 1996; Johnson & Elder, 2002). Earlier research also found men valued extrinsic work rewards (i.e. pay, prestige,
stability) more than women (Lindsay & Knox, 1984; Neil & Snizek, 1987), but more recent research demonstrates that women’s extrinsic work values have increased to meet men’s among adults in more recent generations (Hansen & Leuty, 2012; Twenge et al., 2010). None the less, traditional masculinity is still strongly linked to being a good provider. Several researchers have found that rural men are more committed to the labor market than their urban peers or women (Bell et al., 2007; Snyder et al., 2009). Campbell argues this is one way rural men “do” their masculinity. Indeed, others have found that when male-dominated jobs are (or are perceived as) available, rural men can maintain their masculine identities that are embedded in “hard work” (Corbett, 2007; Sherman, 2009).

These gendered preferences persist in rural places and the connections between rurality and masculinity have not gone unnoticed by sociologists and gender scholars (Campbell & Bell, 2000). American ideals of masculinity have strong roots in the rugged rurality endured by early settlers. Campbell and Bell argue that the social construction of masculinity has been influenced by the social structure of rural places and that rural places influence the production of various masculinities among rural men. Some researchers have found that returns to investment in training and education are less for rural women than for rural men (Fundies, 1995), suggesting perhaps a socially-shared desire to maintain a masculinized labor market. Women are also less willing or unable to migrate from rural communities to maximize their returns from human capital investments.

Chapter Four, entitled “He’s a Travelling Man”: Maintaining Rural Masculinity, explores what men in Independence Creek want from work and how these values are strongly connected to hegemonic masculinity that also emphasizes rural-normative masculine expectations. The actual options men have for masculine employment locally is quite limited and
for men without education, social status and connections to those who control local employment is vital in landing a local job. For other less educated men, commuting long distances to engage in masculine employment is an acceptable alternative. This chapter concludes by considering how efforts to maintain masculine and feminine work spheres puts added pressure on women who are often left to manage their homes, children, and paid labor because of their partners long hours and absence.

Rural Families

Just like the rural communities they live in, rural families are diverse and complex. Rural places have been romanticized in popular press, the media, and some scholarship as cohesive communities with a “small town feel” and strong family values (Kellogg Foundation, 2002; Brown & Swanson, 2003). I find similar feelings among the women in Independence Creek. Despite the sometimes harsh realities many rural communities continue to face, rural people have also been found to hold these beliefs and routinely cite these qualities as why they desire to live rurally (Elder & Conger, 2000; Nelson & Smith, 1999). In terms of demographic changes to family structure, rural communities have seen growth in single-parent and non-married households since the 1980s (Fuguitt et al., 1989). Although national divorce rates have remained steady since the 1980s (Massey, 2007), rural divorce rates have risen sharply and now match non-rural rates (Lichter & Brown, 2011). In fact, contemporary rural researchers argue that rural and urban families look more similar than different today and that emphasizing rural/urban differences is no longer useful or recommended.

There are however, some economic differences that seem to be intensified in rural settings. Keeping the diversity of rural communities and families in mind, on average rural families have lower incomes, more poverty, and higher unemployment than their non-rural
counterparts (MacTavish & Salamon, 2003; U.S. Economic Research Services, 2011). During the recent recession, rural poverty among children and single mother households grew more quickly than non-rural poverty rates (U.S. Economic Research Services). Furthermore, single mother household in rural place are significantly more like to be poor, compared to non-rural single mother households, with poverty rates of 38% and 28%, respectively.

The final substantive chapter, “Family Comes First”: Women and Work, builds on Chapter Four by exploring the work and family experiences of women in this community. Women’s work values and what is considered appropriate work for women are strongly dominated by notions of being good mothers and taking care of family. Local expectations for single and poor mothers are different than expectations for better off married mothers. For single and poor mothers engaging in locally-available work in health care is considered acceptable, as long as it does not interfere too much with family obligations. Who has access to these work opportunities also varied by social status. This chapter concludes with a discussion of the tension women in Independence Creek experience in relation to balancing their work and family obligations.

Independence Creek, like many rural places, is experiencing a growing demand for educated and skilled health care workers. However, the community’s ability to accommodate these demands, even with extensive efforts in providing local training and education, is hampered by rural gender expectations about education, work, and family. Furthermore, beliefs about who is and is not suitable for local employment constrains who is considered available to work. This dissertation concludes with a discussion of how industrial restructuring is interacting with gender expectations and norms to both constrain and create opportunities that reproduce
social inequality and how rural communities like Independence Creek might think about restructuring their local opportunities to better meet their existing demands for labor.
References


State University Press.


CHAPTER TWO

METHODS

Independence Creek, Washington is a small community located in the mountainous country of Eastern Washington, with a population of about 2,000 people, of which a little more than 90 percent are white (U.S. Census Bureau, 2010). Independence Creek’s population swelled during the early part of the 20th century, because of ample farming, logging, and mining opportunities. Earlier generations of men needed little education and relied on informal training when entering these industries. Readily available through the 1970s, these jobs paid well and women tended to opt out of paid labor and instead cared for their homes, children, and community. However, changing regulations and diminishing resources has gradually led to a permanent decline in these industries over the past 40 years. In 1990, nearly a third of non-farm jobs in Harrison County were in natural resources, mining, construction, timber, or manufacturing. Today, these types of jobs make up just 16 percent of all non-farming jobs. During this same period jobs in the service and health care sectors have increased. With its more diverse economic base, Independence Creek has suffered less dramatic losses than other places such as “company towns” or those dependent on one industry. Nonetheless, in 2001, a nearby mineral refinery plant closed and took 300 of the last well paying jobs out of the community in a matter of three months.

Although the health care sector only grew modestly while the community was losing the majority of its more masculine jobs, care work has become one of the primary pathways to stable, year-round employment. Thus, the majority of “good” jobs are concentrated in health care and education. Working in this field is also a primary way in which individuals can gain access to health care insurance and other employee benefits that are not typically available from the few
remaining small businesses and seasonal employment opportunities that exist in Independence Creek.

Independence Creek is one of the main communities nestled in Harrison County, which has consistently ranked near the bottom among Washington counties in terms of average annual wages (Washington State Employment Security Department, 2010\(^3\)). After adjusting for inflation, annual wages in this county have remained stagnant, hovering around $30,000 since 1987. Harrison County has also experienced a long history of higher-than-average unemployment. In 2010, Harrison County had a 12 percent unemployment rate, compared to a state average of nine percent. While about one in eight individuals in Harrison County are officially unemployed, 38 percent of men and 50 percent of women were not currently in the labor market in 2010 (Washington State Employment Security Department). This is compared to 28 percent men and 40 percent women at the state level. At the time of this study, nearly two-thirds of the youth in Independence Creek School District qualify for free or reduced lunch (Washington State Department of Education, 2010) and almost one in four families with children under the age of 18 live in poverty (U.S. Census Bureau, 2010).

**Local Health Care Training and Education**

In general, recruiting and retaining health care workers in rural areas has been a challenge. Health care administrators’ attempts to draw in and retain good nursing staff with incentives such as sign-on bonuses and extra vacation time have not been very effective (Lemay & Campbell, 2010). There is some research to suggest that requiring rural clinical rotations during nursing school increases the likelihood that both urban and non-urban nurses will practice in rural places (Neill & Taylor, 2002). Although many rural clinical rotations are short (4-6

\[^3\] Specific source tables used are not identified to protect the identity of the county and community.
weeks), some “internship” type placements have been found to be much more successful than other types (Molinari, Monserud, & Hudzinski, 2008). Another approach, although controversial, is recruiting international nurses to fill staffing needs in rural hospitals (Flynn & Aiken, 2002; Xu & Zhang, 2005). However, one of the more successful strategies for recruiting and retaining rural health care providers is to recruit students from rural areas or who have rural connections (Molinari & Monserud, 2008). Physicians from rural areas are, on average, twice as likely to work in rural areas after graduation compared to their urban counterparts (See Laven & Wilkinson, 2003 for a review). This is also seen as more ethical, as socialization and training for rural nursing is very different than the socialization process for urban nursing (The Frontier Education Center, 2004).

Independence Creek is about an hour from the nearest post-secondary two- and four-year educational institutions. While commuting is possible and definitely done by some, it can be time consuming and dangerous, especially in the winter. Some innovative programs (see Table 1) have been developed by local health care and educational institutions in Independence Creek in an attempt to lessen the economic and social impacts of the labor shortages they experience in health care workers. The locally-delivered training and educational opportunities in health care in Independence Creek mirror many of the recommendations outlined by the Department of Labor in the Allied Health Access Guidebook (U.S. DOL/ETA, 2010) which are designed to increase access and retention of high quality direct care workers. In Independence Creek, there is a well-established partnership between the local not-for-profit hospital and the high school. Nurse educators from the hospital have been providing a “medical careers” elective class for high school juniors and seniors for over 20 years. The primary purpose is for students to complete all the requirements to become certified as a NAC. In addition to this opportunity in
high school, the hospital also offers the traditional adult NAC training three times a year. This is a short course (ten weeks) focuses solely on completing the requirements for certification. There are also costs associated with these courses which includes a $48 “Application for Registration” fee, a $38 fee for background check, a $110 testing fee and a final $48 “Application for Certification” fee, for a total $244. For high school students, the cost of the background check and testing fee are waived by the hospital and school. There are also scholarships and some government programs which occasionally help with the costs for both high school and adult students. While the high school course is fairly unique, many rural communities have adult NAC trainings.

Table 1. Local Training and Educational Opportunities in Health Care

<table>
<thead>
<tr>
<th></th>
<th>High School “Medical Careers”</th>
<th>Adult NAC Class</th>
<th>On-Site ADN Program</th>
<th>Distance Degree BSN Program</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prerequisites</strong></td>
<td>- Grade 11 or 12</td>
<td>- 18 years of age</td>
<td>- Current employee</td>
<td>- Current employee</td>
</tr>
<tr>
<td></td>
<td>- Short application</td>
<td>- HS Diploma/GED</td>
<td>- NAC certification</td>
<td>- ADN degree</td>
</tr>
<tr>
<td></td>
<td>- Essay on interests</td>
<td>- Short application</td>
<td>- Application</td>
<td>- Application</td>
</tr>
<tr>
<td></td>
<td>- Drug testing</td>
<td>- Drug testing</td>
<td>- 51 college credits</td>
<td>- Letters of support</td>
</tr>
<tr>
<td></td>
<td>- Criminal background check</td>
<td>- Criminal background check</td>
<td>of select math, science, and general education</td>
<td>from 2 supervisors</td>
</tr>
<tr>
<td><strong>Length</strong></td>
<td>1 academic year</td>
<td>10 weeks</td>
<td>2 years</td>
<td>2 years</td>
</tr>
<tr>
<td><strong>Cost</strong></td>
<td>$96</td>
<td>$244</td>
<td>$12,000</td>
<td>$10,500</td>
</tr>
<tr>
<td><strong>Open spots per year</strong></td>
<td>8</td>
<td>24</td>
<td>2</td>
<td>Varies</td>
</tr>
</tbody>
</table>

However, Independence Creek is one of the few rural communities to have opportunities like their on-site two-year Associates Degree in Nursing (ADN) and distance degree Bachelor’s of Science in Nursing (BSN). Employees at the Independence Creek Hospital have the opportunity to apply to the two-year nursing program which is facilitated by a community college on the western side of the state. Employees may apply to the program after completing
51 prerequisite college credits of science, math, and general courses typically take at least a year and are offered to Independence Creek residents in an on-line format, at a community college satellite campus about 30 miles away, or at the main campus of the regional community college in Appleton (about an hour drive in good weather). Once accepted, students complete the rigorous two-year program which includes everything one could expect from a high-quality ADN program delivered at a community or technical college. Because of the intense nature of this program, only two students are selected each year. The total cost to the student is about $12,000 in tuition, books, and other additional costs. For ADN nurses interested in administration, the hospital has partnered with an out-of-state university to provide an on-line degree program for completing a BSN. To date, only a few people have taken advantage of this program, but because of the collaboration between the university and Independence Creek Hospital, the tuition costs are greatly reduced, from about $27,000 to about $7,000 for the two-year program. The institutional promotion of continuing education at Independence Creek Hospital is evidenced by their extensive system of health care training and educational opportunities.

Data Collection and Analysis

The data for this study was collected from November 2010 to November 2011, and consisted of 60 recorded, in-depth, semi-structured interviews with individuals with ties to the educational and health care institutions in Independence Creek and 40 hours of participant observation, primarily as a volunteer at the hospital and long-term care facility. The interviews covered a variety of topic related to general life histories, work and education experiences, migration, and perceptions of local employment and educational opportunities (see Appendix A for interview topics and questions). Interviews lasted about an hour on average and ranged from
35 minutes to 2.5 hours. Most of the respondents were initially recruited through staff at the high school and the health care education coordinator at Independence Creek Hospital. Additional respondents were also recruited during participant observation. Because of the growing participation in social networking sites such as Facebook and Myspace where many people also publically identify their high school alma mater or hometown, a “student/researcher” Facebook account was created for the purpose of recruiting young adults who identified Independence Creek in this way. Individual private recruitment messages were sent to 13 individuals. Two responded and one interview was completed from these efforts. Finally, at the end of each interview, respondents were asked if they knew anyone else who would be interested in participating in this study. Almost two-thirds of the sample was recruited through this snowball method. Purposeful recruitment was also utilized in an attempt to recruit types of individuals who were missing from the sample as it grew (such as men).

The bulk of the participant observation was conducted between June and October of 2011 and took place mainly during volunteer shifts at the local long-term care facility. Volunteer activities included working with the activity aides to take residents via wheelchair to the local farmers’ market, the thrift store, and other community events, as well as playing cards and visiting with various residents. During these activities, I was also interacting with staff and observing how they interacted with residents, patients, and each other. Most employees knew I was conducting a research study and were very friendly. Several were willing to take moments in their hectic work to explain the work they did and tell me a bit more about themselves and the residents or patients. Because many of the questions asked respondents to talk generally about their experiences, individuals were free to take the interview in nearly any direction they felt was important.
Interviews and field notes were transcribed and coded for emerging and recurring themes using grounded theory (Glaser & Strauss, 1967). Coding schemes were not pre-established and the very open and semi-structured nature of the interviews did not make it possible to specifically code answers to particular questions. Initially, each interview transcript was reviewed and coded using HyperResearch Qualitative Data Management Software. As coding progressed and new codes emerged, earlier transcripts were back-coded.

**Respondent Characteristics**

Important characteristics of the interview sample are noted in Table 2. The majority of the respondents lived in Harrison County (90%). Of those who did not, one individual commuted from a neighboring county, three young adults were attending college at nearby universities and

<table>
<thead>
<tr>
<th>Table 2. Sample Characteristics</th>
<th>%</th>
<th>Case count</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Entire sample</strong></td>
<td>100%</td>
<td>60</td>
</tr>
<tr>
<td>Resides in Harrison County</td>
<td>90%</td>
<td>54</td>
</tr>
<tr>
<td>Women</td>
<td>65%</td>
<td>39</td>
</tr>
<tr>
<td>Married or cohabitating</td>
<td>55%</td>
<td>33</td>
</tr>
<tr>
<td>Parent</td>
<td>63%</td>
<td>35</td>
</tr>
<tr>
<td>White</td>
<td>95%</td>
<td>57</td>
</tr>
<tr>
<td><strong>Educational attainment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pursuing high school diploma</td>
<td>8%</td>
<td>5</td>
</tr>
<tr>
<td>High school diploma or GED</td>
<td>30%</td>
<td>18</td>
</tr>
<tr>
<td>Some college (no degree)</td>
<td>17%</td>
<td>10</td>
</tr>
<tr>
<td>Two-year degree</td>
<td>10%</td>
<td>6</td>
</tr>
<tr>
<td>Four-year degree or higher</td>
<td>35%</td>
<td>21</td>
</tr>
<tr>
<td><strong>Employment characteristics</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In the paid labor market</td>
<td>82%</td>
<td>49</td>
</tr>
<tr>
<td>Health care</td>
<td>62%</td>
<td>37</td>
</tr>
<tr>
<td>Education</td>
<td>15%</td>
<td>9</td>
</tr>
<tr>
<td>Other field</td>
<td>5%</td>
<td>3</td>
</tr>
<tr>
<td>Students, stay-at-home parents, &amp; retirees</td>
<td>18%</td>
<td>11</td>
</tr>
<tr>
<td>HS Medical Careers or adult NAC class participants</td>
<td>55%</td>
<td>33</td>
</tr>
</tbody>
</table>
colleges and the remaining two grew up in Independence Creek, but worked and lived elsewhere. The majority of respondents were white (reflecting the racial make-up of the county) and they ranged in age between 17 and 70 with an average age of 38. About two-thirds of those interviewed for this study were women and a little more than half were either married or cohabitating. Almost two-thirds were also parents with children ranging in age from birth to 45 and 15 of the 35 parents were either single at the time of the study or had experienced significant periods of single parenthood in the past. Besides the five participants who were still in high school, all respondents had at least completed high school. A little less than half had either a high school diploma, GED, or some college. Only six respondents had two-year associate degrees, while the remaining 21 (35%) had a four-year degree or higher. This is atypical of the general population in Harrison County and reflects the fact that most of the people interviewed were working in fields that usually require college degrees for any type of upward mobility or status.

Over 80 percent of the respondents were employed at least part-time. The majority of employed respondents worked in health care or education (37 and 9 of 49, respectively). Eleven respondents were either full-time students, stay-at-home parents, or retired, thus out of the labor market. A little more than half (55% or 33 of 60) of the respondents had participated in either the high school medical careers class or the shorter adult CNA course. With the focus of this study on opportunities in health care education and employment, it is important to note that 52 percent of the men in the study worked in health care (n=10), while 69 percent of women respondents worked in health care (n=27). Additionally, job status also varied by gender (see Figure 1). High-status positions include upper-management within the hospital and local professionals, such as doctors and dentists. Mid-status occupations include positions such as registered nurses, floor supervisors, and medical office managers. Finally, those in low-status health care occupations
are those in the most entry-level and direct care positions, such as CNAs, home health caregivers, and EMTs.

Figure 1. Job Status of Men and Women in Health Care
References


CHAPTER THREE
“THERE’S NOTHING FOR THEM TO DO HERE”: PERCEPTIONS OF OPPORTUNITIES AND ACCESS

Expectations about education are shaped by many factors in Independence Creek, including perceived opportunities, the necessity of out-migration, and school and parental expectations. All of these factors are further shaped by gender norms and beliefs. After a brief introduction to the existing literature on local educational opportunities, this chapter first addresses how existing training and educational opportunities are perceived and how they are related to beliefs about out-migration, commuting, and returning. The second section of this chapter explores how local variants of masculinity, femininity, and social standing are related to the ways in which schools and parents form expectations for young women and men in Independence Creek and how this translates into varying forms of support and encouragement. Finally, this chapter addresses how gendered expectations regarding education tend to contribute to limited expectations for women and leave many rural young men completely out of the post-secondary education system.

Educational Opportunities in Rural Places

Part of the reason why the ‘brain drain’ exists is because of the lack of access to local educational opportunities. It is well-established that individuals living in rural communities have significantly less access to local post-secondary educational opportunities than those living in urban or suburban areas (Gibbs, 1998; McDonough, Gildersleeve, & Jarsky, 2010). This lack of opportunity, coupled with more pervasive and long-lasting poverty (Tickamyer & Duncan, 1990; USDA/ERS, 2010) helps explain the large gap in college attendance and completion that exists between rural and nonrural young adults (Gibbs, 1998; Provasnik et al., 2007). Previous research
suggests that a community’s proximity to urban centers and educational institutions influences
the out-migration of young adults through the variation in access to education and employment
opportunities within commuting distance. For example, youths who live farther away from
educational institutions are more likely to leave home than those who live closer to colleges or
(NLSY), finds that nearly half of 14-year-old rural participants did not live in an area with any
college nearby. Only about ten percent of urban participants fall in the same category. When
Gibbs considers only four-year institutions, he finds that over 80 percent of urban students live
within close proximity to a university, compared to less than 30 percent of rural students. Many
rural families and young adults must negotiate the tension between the pursuit of post-secondary
education outside of their communities and the desire to stay close to home and family.

Community colleges across the United States have recognized this problem and many
have taken steps in an attempt to increase access to education for rural individuals (Eller et al.,
1998). Since the early 1990s, community colleges have stepped up their efforts to reach potential
students in economically distressed rural communities by investing in branch campuses,
extended campus centers, and/or collaborating with other local institutions to provide on-site
training and credentialing (Eller et al., 1998). The Rural Community College Initiative (RCCI)
was formed in 1992 with the goal of increasing access to education while also contributing to
rural economic development. The initiative recognized that rural community colleges serving
economically distressed rural areas face special challenges and must move beyond the traditional
“open door” approach to attract potential students. Community colleges began to collaborate
with other more local institutions (such as public school districts and hospitals), increased
distance learning opportunities, built branch campuses, and increased the use of technology to
bring education to rural places (Garza & Eller, 1998). From 1994-2001, The Ford Foundation funded 24 RCCI institutions at $50,000-75,000 a year per site in an attempt to help rural places recognize the goals of the RCCI (Rubin, 2001). While there were not notable changes in economic growth in the RCCI counties during the project period, the unemployment gap between RCCI counties and control counties did shrink between 1994 and 2004 (Torres & Viterito, 2008). Torres and Viterito go on to explain that overall assessments indicate participating colleges embraced their roles in creating change for their counties, looked to the future, and engaged in mission-based planning, improved student success, and developed creative ways to sustain the changes in response to changing community needs.

In some places community colleges and rural communities have been working together in attempts to address labor shortages in fields such as education and health care by increasing the human capital of local residents (Baldwin, 2001; Holly, 2009; Proffit et al., 2004; Rubin, 2001). For example, in one RCCI county, college administrators and community leaders recognized a dire local need for respiratory care therapists in their county and how much attempts in attracting and retaining therapists was costing (Torres & Viterito, 2008). After beginning a local program through an RCCI college, the researchers estimated that the cost for recruitment and retention of local respiratory care therapists decreased from $1.2 million over three years to just $192,000 for the same period following the implementation of the program. Despite efforts to document overall impacts of the RCCI and other efforts to increase training and educational opportunities in rural places, much is still unknown about the effects of these efforts on access to educational and employment, or how they change rural social structures and hierarchies. Even less is known about how these newer opportunities are perceived and if this is related to differences in out-migration and educational and employment pathways. These new opportunities meant that for
some communities, out-migration was not the only way to get an education. However, since the initial recommendation and subsequent expansion, little is still known about the impacts of these changes on communities, families, and individuals. For the youth and young adults who cannot or do not wish to leave their rural communities, these education and training opportunities may be one of the primary ways in which to stay and be economically secure. However, much of the success of retraining in rural places depends upon what types of jobs are left for adults to fill and how those jobs are perceived.

**Existing and Perceived Educational Opportunities in Independence Creek**

For young adults and others in Independence Creek interested in pursuing post-secondary training or education, the primary options include (1) out-migrating, (2) taking on-line courses, (3) commuting 35 minutes to the satellite community college campus in Wrightburg, (4) commuting an hour to the main campuses of Appleton’s community colleges or universities, or (5) pursuing locally-available opportunities in health care training and education. Most adult respondents agreed that for the “best and the brightest”, out-migration for education (and usually employment) was really the only option. This is very similar to the findings of Carr and Kefalas (2009) in their study of a rural Iowa town. While Carr and Kefalas noted gender differences in who stayed and left the rural community and under what circumstances, they failed to explore gender differences in the way men and women were perceived in this process. Although social status also matters, in general, high-achieving students just out of high school who were serious about university attendance generally went to one of the state universities, often on the eastern side of the state. Some attended private universities in Appleton. Most of these young adults were never expected to return to their home community. For average students with educational aspirations and higher social status, out-migration was still typical, but generally meant moving
to Appleton to attend one of the community colleges. Bill Machen, a middle-aged history teacher at the high school summed up what many other school officials had to say about young adults’ decisions after high school.

There’s not very many students that stick around, because there’s nothing for them to do here. So they gravitate towards urban areas. Most of them filter to [Appleton]… I would say the greatest percentage will go to [Appleton Community College]. Then you got the elite top ten percent that’s gonna try to go to a four-year university.

Although I did not talk specifically to people who had left and never returned to Independence Creek, the ways in which people who remain there talk about those who left, reveals some interesting discourses. I find that how remaining Independence Creek residence described men and women who had more or less permanently out-migrated, varied and seemed to subscribe to the same hegemonic masculinity and traditional femininity that was also promoted within Independence Creek. When asked to describe people who had left and never returned, respondents were quick to highlight men who emulated traditional hegemonic masculinity. I heard stories about Air Force Pilots, West Point graduates, doctors, and lawyers. Some shared about their sons who were traveling the world moving from one high risk jobs to the next. Rarely did respondents talk about men in relation to their families or decisions to settle down. On the other hand, when asked about women who had left the community, respondents talked more about women who had left for college, but subsequently found a marriage partner, left school, and are now happily married somewhere other than Independence Creek. With the
exception of one woman who had become a doctor and returned to Wrightburg to practice family medicine, respondents rarely brought up examples of women in high status occupations.

In Independence Creek, there were other options for those who could not or did not want to move away, but still wanted to engage in post-secondary education. Some talked about completing as many classes as possible on-line, but no one thought a full-degree program was possible to complete in this manner. Commuting to either the Appleton Community College satellite campus in Wrightburg, about 35 minutes away or the main campus in Appleton, about an hour away, were both something that several respondents either did or considered doing in the future. On the Wrightburg campus (which is in the opposite direction of Appleton from Independence Creek), local residents could brush up on their basic skills, complete their GEDs, and also take general education classes, such as math, English, and some sciences to earn credit towards an associate’s degree. Some respondents opted to commute the hour into Appleton to attend the main campus where more classes and degree programs were available. Scott Manson, a 43-year-old nurse with a two-year nursing degree who aspires to become a physical therapist, discussed the difficulties he faces in deciding how to complete his prerequisites and future degree program while living in Independence Creek.

*You are currently finishing up your prerequisites - how are you doing that?*

Online. I have weeded out as much as I can do online and then have to go back for Anatomy and Physiology and one more physics class.

*Where do you think you will do those?*

I am looking to take a little bit of time off and probably finish them up next spring and summer quarter, if they are offered then. Probably through [Appleton
Community College] or one of the schools down the way…Whichever one is cheaper.

In reality, Scott’s goals of completing physical therapy school will eventually mean moving, at least for a few years, as the closest school with a program is four hours away, but for now, Scott is at least making plans and taking the immediate steps towards his goal.

The only in-town, locally-available degree programs in Independence Creek are those related to nursing and health care. Others who could not or did not want to leave talked about their hopes to take advantage of the on-site nursing program in Independence Creek, although some expressed concern about going into debt to pay for the $12,000 in tuition, fees, books, and supplies. Others simply struggled to think about how to finish the prerequisites. For instance, Monica Ennis, a 27-year-old single mother of three had this to say about her hopes of pursuing a nursing degree:

I have to do a ton of prerequisites, because I’ve never done any kind of college. I have my GED, that’s it…I think I have two and a half years of prereqs…I don’t know what all kind of classes. I know math, English, Biology, Physiology…There’s a [Wrightburg] campus and then a couple different [colleges] in [Appleton]…Some of it—I would try to purchase a computer first and do on-line, because a lot of the prereqs you can do on-line, ‘cause I don’t want to go to school every day. I mean, if I can do it at home on a computer, then I would rather do that.
Although the small satellite campus in Wrightburg is only about 35 minutes away, it is still a large commitment for a single mother like Monica. Some had obtained a degree while commuting to Appleton, sometimes up to seven days a week because of weekend clinicals, for several years. While some found commuting an acceptable cost for furthering their education, others felt the price was too high. Holly Beyers, a 24-year-old mother of an infant and part-time NAC at the hospital who has lived with her boyfriend for two years, shared this about her experiences with commuting to Appleton in an attempt to complete her prerequisites for nursing school:

I would commute and it got as bad— ‘cause I tried to take as many classes in [Wrightburg] as I could and then about my last year of my prereqs I had to do all of my classes in [Appleton] and they would be as bad as five days a week, and then you’d turn around and be like, that’s 10 hours [a week] just on commuting.

In the end, most young adults who wish to engage in the traditional university or community college experience end up leaving Independence Creek. For those who cannot or do not want to leave, there are some options, but they all come with some drawbacks, usually in regards to limited availability or the time and financial costs of commuting. Additionally, those who “stick around” are seen as different than their out-migrating peers, in that they are seen as having made a conscious decision to stay in a community where there is “nothing for them to do.” Nevertheless, several young adults in Independence Creek have either overcome those barriers or were on their way to negotiating them at the time of this study. Others, like Monica Ennis, will likely struggle to complete the requirements and find the familial and community supports they need to get accepted into and complete the program. School and parental
expectations play a role in who is granted access and provided support in these endeavors, and is the topic of the next section of this chapter.

School and Parental Expectations: The role of social status

Influential adults in Independence Creek (teachers, school administrators, and parents) form expectations for young adults’ post-high school plans within this community context, based on perceptions of social status, gender and available educational options (either locally or elsewhere). The expectations of school personnel and parents highlight the ways in which perceived social status influences expectations and subsequently, varying forms of support and encouragement. How young women and men and their families were viewed by teachers and other school officials mattered in the types of pathways teachers and administrators expected them to take. Bill Machen, the history teacher at the high school, articulated a common belief among the teachers in Independence Creek when he pointed out that “the kids that come from affluent backgrounds try to get a four-year degree. The rest of them, they’re gonna pick employment up somewhere down the road.” Both young men and women from affluent backgrounds were expected to out-migrate for college. Bill goes on to note that over the more than two decades that he has worked at the high school, those with long family histories in Independence Creek tended to do better.

Most the time, those kids who are high-end athletes, are gonna be high-end students, and they’re gonna be high-end achievers in any way you slice it, and I think as far as rural areas go, the deeper the roots are here with family and so on, the more apt you are to get a higher achieving kid. You notice a lot of kids moving…and there’s just a lack of achievement, lack of performance. Just too
scattered. But the deeper the roots are, the more performance you’re gonna get. I mean, that’s just natural.

Concerns such as Bill’s regarding transient students in rural schools have been well-documented in other studies (Schafft, 2005; Schafft, 2006; Sherman, 2009). Some suggest that transient students are less successful because they are seen as outsiders (Sherman, 2009) or because of the perceived burden they place on strained rural school districts (Schafft 2005; Schafft, 2006).

Having two parents who had never divorced was also something that was common among the families perceived as more likely to have children who succeed. While some in Independence Creek did not tie family structure directly to achievement, they talked about the important difference it made in their lives and their community. Jenny Burrill, a married mother of five elementary-aged children and part of the third generation of her family to live in Independence Creek, had this to say:

I remember realizing how fortunate and what a minority I am coming from a large family with parents who are still married and still love each other and still do things together. There’s no divorce on either sides… I really, really started to realize in high school and in college, what a huge advantage that is, and how lucky we are. And our kids are fortunate enough to have that same type of thing with all of their cousins and aunts and uncles and so I’m hoping that they can.

Debra Buckland, a 45-year-old married paraprofessional at the middle school also expressed concern about children who grow up with divorced parents, even though she had experienced her own parents’ divorce in the 1970s.
We certainly have high performing students whose parents are divorced. I just think it’s just the support of the family structure or the family…or the…it doesn’t even have to be a good family structure, but if the kids know that mom supports dad’s decision in education and dad supports mom…I just think it’s a support factor, but I think that it is difficult for that to happen.

While Debra does not believe all students with divorced parents are doomed for low achievement, like many others in Independence Creek, she feels the “broken” family structure makes it extremely difficult for these children to receive the support they need in order to be successful. In Independence Creek, having financial resources, strong community roots that span several generations, and parents who have always been married signaled to school officials and teachers to expect more. Coming from a poorer family, one that moved a lot, or a “broken home” meant students would need to work harder be noticed for opportunities and support in pursuing higher education.

Parents from lower-status families are perceived by school personnel as being less than supportive of their efforts to educate their children. Debra Buckland complained about parents turning on teachers when their children have problems at school. When asked how prepared students are at the end of their senior year, she had this to say:

I would say the average students and the lower average students are not prepared for anything. I believe honestly, it is parental. If parents were more on board with some things, I think it would be better. Because, if your daughter comes home and says, “Mr. Jones didn’t treat me well in class today”, I would hope the first thing you would ask is “Well, what was the conversation about?” Instead of saying,
“Mr. Jones has always been a jerk.” Okay? I mean, parents will say, “Oh, I was never good at math, so he’s not gonna be good at math either.” So, I think it’s lack of education though, parents maybe didn’t have enough.

Educators in Independence Creek tended to fault parents for failing to encourage their children to pursue post-secondary education. Bill Machen voiced his sadness over one of his former students who stayed in Independence Creek and now works full-time while commuting to the satellite community college campus in Wrightburg three days a week. “Real bright kid, you know. Real bright. She just didn’t have mom and dad driving. You gotta have some influence behind you to force yourself to get to that point and she just never did.”

On the other hand, parents who find themselves at the bottom of the status ladder had different views on partnering with the school. Despite their own college degrees, these two respondents felt isolated and judged in Independence Creek, where neither of them had strong family or community ties. Donna Weathers, a 52-year-old divorced mother of two young adult children, defended her son’s decision not to go straight to college after high school:

He had straight A’s all the way through high school. He could have done anything… People were like, ‘With those kind of grades you should have gone to a university or whatever.’ But I tell people, my kids – if they would have done that, they might not be getting a job in the degree that they have and still have a school payment. And I am of the mindset, if they don’t want to do it, you can’t force them. I can’t pay for it.
No doubt, Donna’s son was one of the students school staff feel could have excelled, if only he had two parents encouraging him to attend college. Jody Wetzel, a social worker and community activist had this to say about the difficulties her son had at Independence Creek High School after being found with alcohol at school.

I just think there were some that were willing to work with [Joe] and with me to keep him in school and others were just like, you know, ‘Too bad, you screwed up, you shouldn’t be here’ and didn’t want to give second chances...We’re not from [Independence Creek] and there’s probably a high percentage of kids that are second or third generation [Independence Creek] kids, so a lot of them grew up together and their parents know each other and school staff went to school with a lot of the parents...And it’s a small town. There’s always a good old boys club.

Difference in access to opportunities and support are partially based upon the way in which students and families are perceived within the social hierarchy in Independence Creek, and parents were not the only ones to express feelings of inequality. For instance, Constance Hawley, a 23-year-old single woman living in Appleton while she finishes her dental hygienist certification after being raised by her grandparents, had this to say:

I didn’t maybe do the best in school...I wasn’t always a grade-A student, but when I applied for a scholarship, I didn’t really get any... I know they take a lot of grades, but I think in our little rural community, a lot of scholarships and stuff go to the people that are—you know, depends on what the last name is. But it’s funny to see a lot of the people that got those scholarships didn’t go anywhere with them. So, it would have been kind of nice if our small little towns would help
support even the people that maybe don’t have the best grade point average — if you’ve got the drive or you have the ambition…

Previous research has shown that individual expectations develop within the community context, which includes school and family experiences and expectations (Carr & Kefalas, 2009; Sherman & Sage, 2011). The debate regarding who is responsible for student success (schools or families) is not a new one (Coleman, 1966). It is clear that in Independence Creek, some individuals are expected to excel based on their family’s social status. Having financial resources, roots within the community, and stable long-term two parent families helps elevate the status of some students and thus, the expectations of school administration, teachers, and staff. This is similar to what Sherman and Sage (2011) found in an isolated impoverished rural community in Northern California, although in that setting social status was based more on what Sherman (2006; 2009) calls “moral” capital, where having and demonstrating a strong work ethic by avoiding dependency on governmental social support programs signals to others one’s moral worth. For both parents and students who find themselves lower on the status hierarchy, access to resources, support, and opportunities is perceived as restricted.

**Educational Expectations of Rural Boys and Girls**

In addition to social status, gender norms and expectations play an important role in how education is perceived and how school officials and parents perceive the available opportunities for education. The pursuit of education in general, in the United States has become a gendered phenomenon (Campbell & Bell, 2000; Lopez, 2003; Massey, 2007). This section of chapter three serves to highlight how educational expectations are reinforcing gendered pathways in and out of education that tend to leave many young men out of the post-secondary education system all
together while narrowing young women’s expectations (despite their higher academic performance and emphasis on the importance of education).

*Rural Masculinity and Education*

In addition to being good providers, rural masculinity in Independence Creek was defined by three main components; (1) connection to the outdoors, (2) risk-taking, and (3) a “country boy” relationship with education. First, being connected to the outdoors, the land, and nature mattered greatly to the men in this community. Several of the men self-identified themselves as “outdoorsmen” and “country boys”. This phenomenon has been documented in other studies as well (Desmond, 2006; Sherman, 2009). Brian Yeates, a middle-aged married middle school teacher had this to say about his rural experiences: “I was cutting hay and I got to see a eagle, a deer, a coyote, and hawks before 9am in the morning…while I was thinking about all the guys I went to school with – they’re sitting in traffic.” After growing up in a more urban setting, Brian clearly enjoys connecting with nature in a way that urban residents generally cannot. Across a diverse group of people in this study, being men in rural places was synonymous with being connected to nature and the land, and also doing activities such as hunting and fishing. The abundance of masculine recreational prospects in Independence Creek provides local men with several opportunities to “do” their gender (West & Zimmerman, 1987). When asked about reasons for returning to Independence Creek, several wives talked about their husband’s love for nature and having space to roam. Holly Beyers, the 24-year-old mother of an infant explains why she and her husband have never left Independence Creek: “No neighbors. And this area is so beautiful. And he is a huge hunter…and have his little boy toys like the ATVs and all that.”

Hunting, for men in the community, was an important activity that both provided recreation and subsistence. Hunting, fishing, and riding ATVs and snow mobiles are important to many of the
men in Independence Creek. Through these shared beliefs about men and masculine behavior, the outdoors and related activities are defined as part of a masculine sphere that is fairly separated from women in Independence Creek. This is similar to what Sherman (2009) found in that men reported staying in the rural community because of the open space and access to the outdoors, while women gave reasons of family and social ties.

Men also enjoyed taking risks as part of their gender performance. Similar to what Courtenay (2006) discusses in relation to rural men’s health, risk-taking behavior included things like driving fast and engaging in dangerous recreation and occupations. Almost a third of the respondents talked about men and either their actual risk-taking or their inclination toward risk-taking. For instance, when asked about travel time to various locations, a few of the wives jokingly noted that it depended on whether or not their husbands were doing the driving. Maggie Vogen, the 36-year-old nurse who is among the third generation in her family to live in Independence Creek, had this to say about taking their boat to the lake: “My husband says it takes 30 minutes. But, if I’m driving it takes 45 minutes. It’s about an hour, it’s probably about 40 miles.” From an early age, boys in Independence Creek are socialized to engage in more risky behaviors through both formal and informal activities. Sarah Coles, a high school junior described what she saw as an unfair difference in the activities carried out by the local Boy Scouts and Girl Scouts:

You are not allowed to take [Girl Scouts] out to camp like Boy Scouts…we are not allowed to go anywhere without a flush toilet. Which is ridiculous. Boy Scouts is so different. My [cousin] is in Boy Scouts and they go on 50-mile hikes up in the woods where nobody has been since they went two years ago. I don't know. I think it is because we are girls and we are not tough enough.
The local Search and Rescue chapter is made up almost exclusively of men. Occasionally, respondents talked about the negative consequences of men’s risk-taking behaviors. For instance, when Holly Beyers talked about her uncle who died in a hunting accident that involved alcohol, she laments, “You know how boys are, and guns.” According to Courtenay, this is real issue in terms of men’s health in that rural men experience unintentional injuries and death from motor vehicle accidents at least twice as often as women.

While men in this study did not explicitly say they did not like school, there seems to be a strong divide between men who excel academically and those who do not. Under-achieving as boys in a rural school was something that was described as typical of “country boys.” The under-achievement of young men in our public school systems has been something scholars and policymakers have been concerned about since the 1990s (Epstein et al., 1998; Lopez, 2004; Sax, 2007). However, not all young men are destined to fail. In this study, those who embrace the rural masculine ideal of being connected to the outdoors and taking risks in the rugged backcountry were also those who were seen as uninterested in education. Lisa Ryder, the middle-aged married mother of four adult children had this to say about her son who did not follow in his siblings’ footsteps:

All the other kids, they went to school, to college and different things and they all moved on. But, our youngest son is a country boy and when he was 16 he joined the [Brondly] Fire Department.

Here, education is linked to “moving on” and higher education is not something that is typically pursued by “country boys.” When asked about whether or not his unemployed male friends in
Independence Creek would be interested in entering health care, Russell Craven, a 26-year-old chiropractor who returned to Independence Creek after pursuing education in a large urban area had this to say:

No, because the scholastic requirements are so oppressive. I mean, look what I did? Seven years? That’s ridiculous. I can’t believe I did it. Unless you really enjoy school…I guess there are some two-year degrees and stuff that you can get, but a lot of my friends that like this area, didn’t like school that much.

When asked what he did after high school, Paul Hillman, a married father of two in his mid-40s described a pathway that was similar to other men like him during the 1980s and earlier.

In high school I had every intention of playing college ball, but my grades were never that good and I didn’t get tall enough so I bounced from job to job—laborers, construction, painting— I mean, you name it, I did it. I was just a jack-of-all-trades, master of none. Chased the higher wage. Just trying to make a living. Did a short stint at community college, but I was working at the time and loading trucks ‘til 2 o’clock in the morning and then trying to go do my homework and go to work, it didn’t last long.

Lisa and Russell’s belief that men who prefer to live in a rural place like Independence Creek also don’t “like school that much” is telling regarding men’s relationship with education in this community. For men like Paul, the value of having a hard work ethic which translated into doing physically tough and demanding jobs tended to trump getting an education. Those men who return or in-migrate with an education are part of a minority.
Women were contrasted with men as being “the smart ones,” implying that academic success has come to be defined as more feminine, something that past literature has emphasized as a primary problem for the achievement of young men (Lopez, 2004). While women are described in this study as more academically successful than their male counterparts, they often downplay their abilities and tended to highlight the struggles they experienced in pursuing post-secondary education. These types of beliefs and behaviors help promote hegemonic masculinity by demonstrating that women and feminine characteristics are subordinate to men and masculine characteristics. Tina Boler, married mother of two and nurse in her mid-30s, talked about a recent conversation she had with her husband.

My husband always jokingly goes, ‘Oh, you’re so smart’ and he just doesn’t know medical terminology and so when I talk medical, he thinks it’s like these great huge words and I said, ‘Yeah, but, it’s just what you learn over time in school.’ And so he’s looking at my grades…I think I graduated with a 3.97…or something – it was good grades, but truly, high school did not prepare me for college…I even took college classes through the high school...But then I got to college and it’s a whole different world!

However, other women struggled against the type of masculinity that many men practiced in Independence Creek, especially those looking for partners. Robin Tinsley, a single mother in her mid-30s with a BSN shared a common perspective on the men in her community:

The ones who stayed— no education, more often than not. The one’s that went off to get an education, more often than not, do not come back. So, the men that are here with an education are usually the ones who did not grow up here. Some
Those guys who became teachers so they could coach. That’s what I love about our education system, too. The people who became teachers so they can coach and then they don’t care about education.

No one in this study argued that the men were not good at school because they lacked the aptitude for learning and academics, just motivation. This lack of motivation seems linked to the type of rural masculinity some young men ascribe to. Leslie Shorey, a 17-year-old high school junior also talked about her older brother’s lack of motivation in his classes at the community college in Appleton. “My brother, he has kind of slacked off. I mean, he is not stupid or anything, but just doesn’t really care.” Holly Beyers, the 24-year-old mother of one infant talked at length about her friend’s younger brother and his issues with finishing high school. “He is so smart and creative and when he wants to put his energy towards things, he really does it. But he definitely doesn't have any towards school right now.” These are the same young men that also appear to find their “academic” niche in masculine vocational classes such as welding, auto shop, and woods.

Men in Independence Creek have a conflicted relationship with education that is tied to locally-defined rural masculine norms and expectations about the space that men occupy in the rural setting. The previous abundance of high-risk jobs in manufacturing, timber, and farming spoke to men’s strong ties to nature and risk-taking tendencies. However, finding these types of jobs has become very difficult in the current local labor market, leaving many men who avoided post-secondary education in favor of rugged hard work without many options. For many men, the desire to live and work rurally in Independence Creek has become synonymous with low academic achievement. Respondents did not argue that men were unable to do the work, but
simply lacked the motivation. Men who do excel academically tend to be on the fast track out of town and rarely return. However, when they do, they are generally held in high-esteem and have actually been courted back with “saved jobs” and the transfer of family resources (this will be discussed further in Chapter Four). Unlike women, men with post-secondary educations have a more difficult time fitting into the social fabric of Independence Creek than men who forgo college and tend to emphasize other aspects of rural masculinity (such as hunting, fishing, and outdoor recreation) to maintain masculine status. Along the continuum between hegemonic and protest masculinity (Connell, 1995), most of the rural men in Independence Creek who reject education seem to be practicing a variation of masculinity that falls closer to protest masculinity. These men have less power than the men who left and returned with prestigious college degrees that place them closer to hegemonic masculinity. Avoiding education and ignoring the labor market’s demand for a more educated labor force is an unfortunate side-effect of maintaining rural masculinity, especially when it means coming up with time-consuming and strenuous alternatives to maintain masculine employment that does not require college training.

*The Importance of Family: Rural femininity and education*

Femininity in Independence Creek centered around the family. Being with family provides many women with a primary sense of identity. Remaining in or returning to Independence Creek and carrying on family traditions were important components of what it meant to be family-oriented for women. A little more than half of the women (20 of 39) talked about the importance of family in their desire to live in their home community, while only 14 percent of men (3 of 21) mentioned similar feelings. Nancy Beardan, a grandmother nearing 50 years old, summarized a common feeling among some of the women in this study when she stated, “I think that is just part of being family, so you should stick around.” Sticking around
meant much more than simply being present. Giving their children experiences that were similar to their own growing up in Independence Creek was very important to some of the women in this study, and this often meant spending weekends roaming the valley, attending birthday parties, baby showers, and other family celebrations. For women with large extended families in the community, the story was quite similar to what Tina Boler, remarried mother of two in her mid-30s, had to say about her own family connections:

We have such a huge family that I think almost every weekend we have a birthday, or some function of some sort of that. You know, there’s a baby being born or a birthday, somebody’s having a bonfire or a dinner at the house for some unknown reason. And so, we’re generally bouncing from house to house on the weekends.

Dawn Lincoln, a young single mother of a toddler had this to say about her desire to live in Independence Creek: “The schools here are really good. [Lenny’s] got his cousin [John], they are in the same grade. And then [Patrick] is just a couple grades ahead of them.” Even before her child has reached kindergarten, she is anticipating the positive experiences he will have growing up with cousins in the same school. Growing up with cousins, aunts, uncles, and grandparents was important even to the women with less established families and community roots. Sherry Dobbins, a married mother of four boys who lived about 18 miles out of town on her parents’ property, had this to say about the importance of giving her children the same upbringing she had experienced:

I grew up with my grandma half a mile down the road. She was there my whole life. I went there every day and I always wanted that for my kids and that’s what
they’ve had. It would be so hard to move around and not have that framework or that system.

Similarly, Jenny Burrill, a married mother of five elementary school-aged children, had this to say:

We have a really close family. Both my parents were born and raised here also, so a lot of friends and family. So, it was a really good experience. I wanted to raise my kids here. That’s why we came back.

Some women’s educational pathways were shaped by their strong desire to be home and near family, despite believing education is important. Several women spoke about being homesick after leaving for college or having to make a move away from their family. Women, in performing their femininity, are expected to value family over everything else, but are then criticized by men for the impact it has on their educational and career trajectories. However, women in this study who did decide to go to university closer to home did not particularly report feelings of regret, especially those who finished four-year degrees and were able to secure gainful local employment upon their return to Independence Creek. Maggie Vogan, a nurse manager at a local long-term care facility who returned to the community after college had this to say:

I always knew I wanted to get my BSN and I wasn’t sure I wanted to go across the state…I just wanted to go to a four-year school. I knew that and I was accepted to both WSU and UW and I decided to stay closer to home.
Jenny Burrill, the married mother of five who always knew she wanted to come back to Independence Creek made the four hour drive home from university nearly every weekend and completed her bachelor’s degree in three and a quarter years. For these women, education was a means to a more important end, being close to family. When her husband was accepted into an 18-month welding program in Arizona, Rebecca Barger, a young mother with two small children at the time, had this to say about moving away with her husband:

I didn’t want to go. I am very family oriented and daddy’s girl—didn’t want to leave my daddy. So, I didn’t go down there with him right away. I wasn’t there for very long either—like four weeks.

For some young mothers, being closer to their families of origin was more important than being with their husbands.

For other women who started families before completing (or beginning) post-secondary education, in most cases, family came first and combining parenthood and the pursuit of education was not acceptable. This transition in roles and new expectations highlights what Hochschild (1997; 2012) calls the “stalled revolution” in which women’s goals and expectations changed more quickly than the social structures surrounding them, leaving them stuck in a society that refuses to adapt to the reality of working mothers and wives. Many women noted the sacrifices they had made in regards to their education in order to marry and raise children. Debra Buckland, the middle-aged paraprofessional at the middle school who has been married for more than 20 years complained about her truncated educational experience:
I went to college through [Appleton Community College] and I went for just two quarters and I got married, and then I put all college on hold and always, always regretted it. Until my kids were out of school, I put myself on the backburner.

Similarly, Lisa Ryder, the middle-aged grandmother of six who had always wanted to be a nurse, but never had time to pursue it, talked about what she did after high school:

I married my husband and had three kids right away…it wasn’t a good marriage, at all…So, I didn’t do anything and when I left…Things just kinda – you know, schooling was, even though I wanted to be a nurse and do stuff like that – kids came first – everybody else came first…When you have kids and a family, I guess things just get put on the backburner. They just do.

Younger women also reported putting their education on hold to commit more time to family. Holly Beyers, the young mother of an infant, talked about giving up her spot in the very limited on-site nursing program because of her commitment to being a mother:

All the instructors and the school made an exception for me…but then I told them I had to withdraw because I was going to have a baby…it was kind of a sad part where I had to pick between a family and your career, but we have been waiting for a baby for years…I felt so bad.

Martina Sapien, a 20-year-old nursing assistant in acute care had this to say about why she was not currently pursuing her dream of becoming an ultrasound technician: “Right now my [sister] and my [mom] have a lot of medical issues, so it [moving on with education] won’t be for a little
bit.” Parents of young adults talked about their daughters leaving college uncompleted after “falling in love and getting married.” Even before their daughters had children, many of them had left school and/or the labor market after marrying. Finally, April Zimmer, a 19-year-old student in the nursing assistant training, in explaining why she recently broke up with her long-time boyfriend, clearly identifies the shared belief that women who are married and mothers put family first: “It was like, ‘You are a great guy. You are the perfect guy, but I’ve got a lot of other things going for me right now. I’m still really young. I’m not ready to be a stay-at-home mom, I am sorry.’” For partnered women in Independence Creek, self-sacrifice for husbands and children is an important part of being a woman. The “stalled revolution” seems to be especially apparent among married women.

However, single mothers in Independence Creek did routinely combine parenthood and the pursuit of education to improve their earning abilities. Although it created hardship, these women were not ashamed of the self-development they had invested in. Rose Loomis, a former single mother who put herself through nursing school while living in Independence Creek shared this about her experiences:

I was very persistent... I took it one day at a time. I did it one quarter at a time. I refused— I was very adamant that I wouldn’t get on welfare and get food stamps or anything because I was too proud to do that...I just— I worked. I worked and I didn’t really— I didn’t have a social life obviously, but I worked and took care of my son and went to school and decided we would have fun when I was done.
Holly Beyers talked fondly of her mother who utilized the financial aid and student loans available to single mothers taking college classes to avoid working in paid employment while her children were growing up:

My mom took out school loans. A lot of school loans to take care of us because she chose not to work because she had three of us…She said she has accumulated up to like $50,000 in school debt just on the school loans, but I see it as that is how we lived those several years…At least we had a roof over our head and food in our tummies. She did really good.

Single mothers were able to combine school, parenthood, and sometimes work, in order to make ends meet while still being the mothers they wanted to be. Being in marginalized positions appears to allow them to bend the rules a bit more to get to a less marginalized place. As long as these pathways helped them avoid dependence on state welfare programs, women in these situations were not judged too harshly by others in the community and were perceived as more “deserving” of help because they are perceived as working hard.

The Value of Local Training and Education in Health Care

The extensive local training and education program developed around the ever growing demand for health care workers in Independence Creek provides unique opportunities for community members to pursue an occupation that will provide stable, local employment. Primarily low-income and working class women engage in these opportunities and outcomes tended to be related to whether or not they were seen as deserving or undeserving (Katz, 1990). For some, it was a means to an end – stable low-wage work. For others it was perceived as a stepping stone along their way to higher education. This was also the case for the minority of
men who enroll in the classes. None of the respondents describe the courses as a way to keep men or their children out of poverty or off welfare. Although engaging in direct care work does not align with the local masculine expectations, men who do enter this field tend to be viewed as advancement material by their coworkers. Hospital and long-term care staff do not expect men to stay in entry level positions, if they ever actually work in them at all (this is further discussed in Chapter Four, regarding men’s work values, opportunities, and decisions). Again, this is an example of how the structure of gender promotes men being in positions of power and prestige.

The NAC courses, both the high school and adult, were viewed as a “saving grace” for those women who were seen as not doing particularly well in their transition to adulthood. Meg Sparling, the Director or Education for the hospital shared a conversation she had a with a high school administrator after the completion ceremony for the high school class which was comprised of seven young women:

The [principal] was talking to me and he says, ‘I’m just amazed at what you do with those kids.’ And I said, ‘It’s not what I do, it’s those things they come with.’ Don’t exclude the 1.8 student…And don’t exclude the kid that can’t write a good paragraph or the one that spells bad…You find that those kids, many times, are the ones that will give me, not 50 hours of clinical, but 60, and they’re the ones that get hired…They got great people skills for as young as they are…they can talk to the staff or be compassionate with the residents…They turn out to be great employees and then some of them even say, ‘Hey, I can do better than this’ and then their other grades start going up a bit.
These young people the principal is talking about with Meg are the kids that come from poorer families, who may not have strong connections to the community, and often have experienced living in a single parent household. They are the ones who are seen as at-risk for becoming a drain on the community. They are not excelling academically, are unlikely to leave, or are among those who return without degrees. Being able to prove their social worth through demonstrating a strong work ethic helps build status. For women, this type of training reinforces their feminine ideals regarding the importance of family, by allowing them to become intimate caregivers for the elderly and ill in their community, many of which are their actual family, neighbors, or fellow church members.

The on-site nursing program provides a very unique opportunity for some women in Independence Creek. While only a handful of women have enrolled in this program, there seems to be a particular ‘type’ of woman that is viewed as well-suited for the opportunity. The way in which gender shapes the lives of women in Independence Creek means they are expected to be an active part of family. This desire to stay connected and close to family tethers them to the community and often means narrowing educational expectations for many young women to be compatible with what type of work was available and seen as appropriate in Independence Creek. The on-site nursing program in Independence Creek appears to be designed and delivered with these types of women in mind, as long as they have the aptitude and dedication to finish the prerequisites and rigorous two-year program. This is not to say that those who are accepted into the program have high GPAs and overly-impressive academic records. Instead, they are typically mothers, some partnered, some not, in their late 20s and early 30s, who never left Independence Creek and express a strong desire to continue living in their home community. Because of the intimate nature of the program and the extensive opportunities for one-on-one student-teacher
interactions, even average and below average students who have not been in a classroom for quite some time are able to excel. Commitment to staying seems to be the most important applicant characteristic. To date, those who have enrolled in the program have close ties to hospital staff and administration, perhaps because having more intimate knowledge of the applicant makes it easier to discern whether they truly plan to stay in Independence Creek. Meg Sparling, the Director of Education at the hospital had this to say about the program:

We’re giving four people a chance at being nurses that probably wouldn’t have gotten that opportunity because most of them have families. They wouldn’t have traveled away. Plus, they’re willing to work for us. They even signed an agreement that they will stay. They live here anyway…It’s like a win-win.

In the end, having this on-site program does provide an opportunity to increase their family income, but only for a select few and there is fear that saturation will be reached fairly quickly. The jobs that need filled in rural nursing are the ones that people do not generally enjoy (floor work in long-term care or home health nursing).

Despite the lack of local opportunities, some described the NAC classes as a “stepping stone” for both women and men. This perspective was shared by younger and older respondents, although most respondents in this category discussed these as opportunities for younger adults. Leslie Shorey, a 17-year-old junior at Independence Creek High School felt the class was “a way to get your foot in the door…to get exposure in the medical field.” Despite her age, Victoria Conway, a 40-year-old divorced woman making a career shift out of retail work described her enrollment in the class as “a good step” and one that would “open the door” to other opportunities. Nurses and administration also described the class as a good place to start for
people interested in a career in health care, even though they did not take that route themselves.
Robin Tinsley, the 35-year-old nurse manager at a local long-term care facility said that although she did not take the class herself, she really felt the individuals who did were “already a step ahead in the nursing field.” Others argued direct care work makes good “college” jobs.
Regardless of gender, Meg Sparling, argued, “You know, even these kids that are gonna go to four-year schools, most of them need to have a job, so what’s wrong with being a CNA?”

For men who took the course or high school class, respondents tended to focus on their next steps. Robin Tinsley talked about the young men she has seen come through the training program:

The men who are continuing their education, they get it, and maybe they’ll work at it, but usually they take the class to have it under their belt, to get a better sense of exactly what goes on from the bottom up, but they don’t stay to work.

Like the men Robin described, two college-bound young men who became certified within the last two years felt strongly that the class was a very good place to start in their pursuit of higher education in medicine. Brent Wakefield, a 17-year-old high school junior noted,

In talking to people that are in the medical field, it seems like people are a lot more respected when they’ve worked as a CNA. They’ve worked as a nurse. They’ve worked those lower, mid-level jobs in medical before— instead of just going straight and being a doctor and being a doctor who has no point of reference and in their eyes maybe less respect for the jobs that they do just because they didn’t spend an extra four years in medical school.
Although these individuals sometimes also expressed distaste for the type of work that was required of NACs (especially in long-term care), they still expressed positive views for the class and work in general. Nicole Ragsdale, Brent’s 20-year-old cousin who works in fast food while being a part-time community college student and who also took the high school class share that while her younger cousin “doesn’t necessarily like the CNA work, it’s a stepping stone to get to where he wants to be.” Instead of a stepping stone into college, sometimes the course was seen as a stepping stone into a more masculine lines of work within health care. Bill Machen, the history teacher discussed his perspective on who takes the class and where they end up:

   Only mostly the girls. A boy, a boy here and there…then they’ll go to EMT school. The boys will gravitate towards the EMT emergency stuff. Girls sometimes go to long term care and then from there, go to nursing school.

Direct care work that is performed in long term care has been categorized as the most feminine of care work and is thus, not really where men are expected to end up. Community members expect men to move into more exciting and masculinized areas of health care, which will help ensure the preservation of rural masculinity that privileges men over women.

Conclusions

This chapter highlights the importance of how educational opportunities and pathways are perceived by members of an isolated rural community. Many felt that out-migration was still necessary for young adults interested in completing post-secondary training or education, but others felt that individuals could remain in Independence Creek and make it work through online class, commuting, and the local programs, especially if they had family obligations. The educational pathways which youth and young adults are expected to take are related to their
families’ social status within the community. The locally-defined social hierarchy in Independence Creek is defined by financial resources, community rootedness, and family structure. Those from affluent families with strong, multigenerational connections and parents that have always been married are among those who are expected to be top achievers. Those who do not fit into the top of the hierarchy note their frustration with being deprived of the same opportunities as their peers.

These expectations of school officials, parents, and young adults are further shaped by shared gender expectations and norms in Independence Creek. Even when asked to describe those who had out-migrated, respondents tended to highlight men who follow hegemonic masculine ideals and women who demonstrate traditional femininity in terms of attachment to family and children. Although women were generally seen as better students and more academically inclined than men, examples of women using their academic superiority to land prestigious occupations was not described by individuals in this study. Women who stay or return to this community tend to do so because of their strong ties to family and tradition. Although many women desired to be stay-at-home mothers, almost all were in the paid labor market. These women tended to narrow their educational expectations to match the available gender-appropriate employment if they desire to live in Independence Creek. Thus, women to successfully perform their gender by returning with degrees in acceptable fields or by staying and pursuing the locally-available training and education in health care, as long as they were able to maintain a strong commitment to family, community, and tradition. For men, the story was quite different. To be a true “country boy” generally meant underachieving academically. Those men who are particularly tied Independence Creek, rural living, and who are draw to risky endeavors are also expected to have low educational attainment. This is a variation on acceptable
masculinity is a form that many men in this community are able to attain. Men who are academically successful tend to leave the community and rarely return. When they do, their paths are seen as more in line with hegemonic masculinity and these men enjoy high status.

Finally, this chapter outlines how perceptions of the local trainings and educational opportunities in health care are shaped by both gender and social status. Lower status women with strong commitments to place and family were seen as particularly well-suited for these classes, given their unlikelihood of pursuing post-secondary education or out-migration. However, many respondents felt that low-wage care work was generally the “end of the line” for these women. These opportunities were also viewed as stepping stones for some. Women who were expected to attend university and any men who took the classes were seen as using them to propel their academic career. These women tended to be from higher status families, but not always. Men’s family background tended to not matter in terms of what people expected of them when they entered health care. For college-bound men, this was a way to get a feel for the “bottom” of the health care field. Men not interested in college, but interested in health care were expected to quickly migrate out of the direct care work in long-term care into health care occupations that were more masculine, such as emergency technicians or acute care.
References


CHAPTER FOUR

“HE’S A TRAVELLING MAN”: MAINTAINING RURAL MASCULINITY

The remaining substantive chapters (this one on men and the following on women) focus on work and family expectations and experiences and how they are strongly linked to rural masculinity and femininity. The boundary work that men and women do in order to define themselves as different from those who deviate from locally-defined expectations provides evidence for understanding these relationships. For both genders, being “good” men and “good” women in the realms of work and family has specific meanings that can be placed along continuums (see Figure 2). Employment options for men in Independence Creek are fairly limited by the locally-defined expectations about men’s work and roles and the structure of the local labor market. Despite the recent rise in the popularity of the idea that women are throwing off their feminine roles within the family in favor of breadwinning and stay-at-home dads (Rosin, 2010; Williams, 2012), this study finds little qualitative evidence for the perspective that gender norms and ideologies are dramatically shifting in Independence Creek. Idleness, which often resulted in being a stay-at-home dad, although it is rarely described in this manner, is unacceptable. Additionally, for many rural men, education is unappealing, yet jobs that require less than a college degree are scarce. This chapter critically assesses how what men want from work is intimately linked to beliefs about rural masculinity. Next, this chapter examines the

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<th>“Good” men</th>
<th>“Good” rural men</th>
<th>“Bad” rural men</th>
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<tr>
<td>Hegemonic masculinity</td>
<td>Rural masculinity</td>
<td>Protest masculinity</td>
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<tr>
<td>Prestige, power, sole provider, married</td>
<td>Provider, outdoorsman, risk taker, non-academic</td>
<td>Idle, non-provider, drug/alcohol addicted</td>
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Figure 2. Continuum of Masculinity in Independence Creek
actual options men have for employment and how they find and maintain jobs that fit within their
gendered expectations. For men both with and without post-secondary education, social status
and connections to those who control local employment is vital in landing a local job. For less
educated men without these connections, commuting long distances to engage in masculine
employment is an acceptable alternative to failing to secure local masculine employment.

Finally, this chapter concludes with a discussion of how the reality of men’s work (or lack
thereof) in Independence Creek impacts their roles as partners, husbands, and fathers within the
home. Beliefs about rural masculinity guides work values and expectations, makes many local
jobs invisible (because they are “women’s work”), and for many families, adds strain on the
family because of the necessity of commuting and working long hours.

Men’s Work Values and Suitable Employment for Men

Two primary categories of work values (see Table 3) have emerged in the current, mostly
quantitative, research which has spanned four decades (Johnson, 2005; Johnson et al., 2012;
Mortimer & Lorence, 1979). First, extrinsic work values indicate the importance of particular job
conditions related to pay, stability, security, and prestige. These types of work rewards are seen
as having value that can translate into other rewards both within and outside the workplace.

<table>
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<th>Extrinsic</th>
<th>Intrinsic</th>
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<tr>
<td>Good pay</td>
<td>Independent decision making</td>
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<tr>
<td>Steady job</td>
<td>Responsibility</td>
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<tr>
<td>Advancement opportunities</td>
<td>Use skills</td>
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<tr>
<td>Highly regarded</td>
<td>Learn new things</td>
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<tr>
<td></td>
<td>Be helpful</td>
</tr>
<tr>
<td></td>
<td>Work with people</td>
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*Adapted from Johnson, Sage, & Mortimer, 2011
Intrinsic values captures the second broad category of work conditions or tasks that are rewarding in and of themselves, such as having responsibility, working with people, having opportunity to use knowledge and skills, and being helpful. The extent to which individuals identify with extrinsic and intrinsic values helps shape their occupational choices as well as job satisfaction (Johnson & Moritmer, 2011; Mortimer & Lorence, 1979). Previous research on work values provides an important backdrop for this study, as adults in Independence Creek rely on their work values and perceived opportunities to make choices about whether to take or pursue local positions or to commute for work.

Gender is a strong predictors of work values (Marini et al., 1996). These work values can also be related back to hegemonic masculinity in the United States. In general, research consistently finds that young women tend to have higher intrinsic work values (i.e. helping others, learning new things, having an interesting job), than do young men (Marini et al., 1996; Johnson, 2002) and most certainly, these types of rewards tend to be concentrated in work that is seen as more feminine (e.g. health care, education, social services). While earlier research found women did not value extrinsic work rewards as much as men (Neil & Snizek, 1987; Lindsay & Knox, 1984), more recent research show that women’s and men’s extrinsic work values are very similar (Rowe & Snizek, 1995; Twenge et al., 2010).

For men in Independence Creek, work values are tied to the way in which rural masculinity is expressed and performed. In terms of representations of masculinity, Lamont (2000) found that working class men tend to favor attainable attributes such as breadwinning, having a strong work ethic, and integrity over less attainable attributes such as wealth, education, and prestige. In terms of extrinsic values, pay, job security, and prestige were important for men as it relates to being good providers. Intrinsic work values, in the more feminine sense discussed
above (i.e., working with and helping people) were occasionally mentioned by the men in this study, but men tended to express a desire for other intrinsic work rewards such as having a job where new skills are being learned and applied. The loss of good paying jobs has meant men had to find new ways to affirm their masculinity. Partners and wives who described their husbands’ work in traditionally masculine fields talked about how they completed short-term certifications and apprenticeships that allowed them to engage more intensely with the more dangerous aspects of their fields (such as becoming electric line specialists for the utilities company or gaining certification to work with explosives). The few men working in health care were much more likely than the women in this study to talk about their desire to move into specialized areas of health care delivery, although women were still more likely to express a desire to become registered nurses. As discussed earlier in this chapter, this is possibly because moving into specialized fields is one way men can create and maintain masculine niches within feminine fields.

Although being a sole breadwinner in Independence Creek is more difficult now than it was in the past, good pay is still important to the men in this community. Several individuals mentioned the good wages earned at Sparkman Mineral Refinery and the incredible hit the community took when it closed its doors over a decade ago. Phillip Gallard, the middle-aged respiratory therapist who had worked at Sparkman for several years talked about how he came to be employed there in the company’s early years.

I finished working for the [Department of Natural Resources] the previous fall and I was collecting unemployment until I got a job…Well, this new business called [Sparkman Mineral Refinery] was starting up and it paid, at that time, very
good wages. They called me for an interview, which I couldn’t refuse, and they wanted to hire me as a laborer and I couldn’t refuse the money at the time.

Traditionally masculine fields such as construction and logging tend to have higher rates of pay, although they are also notoriously less stable and tend to be more seasonal than other fields. However, this does not seem to deter many men from the work. Constance Hawley, a 23-year-old dental hygienist student in Appleton, talked about her boyfriend’s decision to leave direct care work for construction:

He was doing the NAC work but then it just wasn’t consistent enough, especially being supplemental [in acute care]…So he is actually setting houses just to make extra money— really good money. He is making like $25 an hour.

Although her boyfriend was working six days a week at the time of this study, this type of work is very sensitive to changes in the economy and tends to follow a “boom or bust” pattern, much like logging and other masculine fields. Job stability (having a job with stable hours, schedules, pay, and year-long employment) within this field is also low.

Most men did not seem too concerned about job stability in this study. With the exception of one man who was in a unique situation as primary caregiver for his ailing daughter, only women talked about the importance of having regular schedules and hours that would accommodate their family’s needs (for themselves and sometimes their partners). When Sparkman Mineral Refinery was open and employing numerous men in the community, the hours were long and hard. Shifts rotated regularly for laborers and engineers. These types of
work conditions were not very conducive to working around the needs of family and children and men were not really expected to contribute to the family in this manner.

Job security (feeling confident one’s job or occupation is in demand and secure) as a work reward was important to men in this study. While the jobs men typically held had less job security, men who entered the health care field unanimously identified job security as the primary reason. After nearly two decades at Sparkman Mineral Refinery, Travis Denson, who retrained in health care in his early 40s, had this to say about how he decided to become a medical technician:

When they announced they were closing the plant they said they would have the Trade Act to retrain us if we wanted to go back to school and I am like, ‘Nah, I’ll just go back logging.’ Then I got to thinking about it and I am getting too old to be doing that. I was just looking through the want ads and I saw something for [medical technicians] and it caught my eye. Back then, there were more job openings for this position than there are now.

Attaining good pay and job security helps to affirm men’s rural masculinity. Masculine jobs in Independence Creek have traditionally been unstable and men have not been held accountable for family life issues that would demand a more consistent work schedule, thus, job stability is not something men talk about looking for in their work. Men who cannot attain good pay and job security within Independence Creek have to find other ways to affirm their masculinity, either by travelling for work or developing a masculine identity that looks more like protest masculinity (Connell, 1995) by rejecting work and traditional family values and instead, “spending their lives in a bar.” These men that fall at the latter end of the scale were seldom discussed (and
unfortunately, were not interviewed), but their existence in the social order of Independence Creek is noted by Donna Weathers, the divorced mother of two adult children. When she was asked about dating prospects in her community she had this to say: “Either they have been married or they spend their life in a bar. It is not a pretty picture.” While respondents did not talk about men engaging in violent protest masculinity (Connell), we can see some men are not completely buying into hegemonic masculinity that would gain them access to resources and relationships.

In terms of intrinsic work values, men working in traditionally masculine fields were described as wanting to be outdoors and being drawn to dangerous and physically challenging work. It is not new news that rural masculinity is often tied up in a connection to the land and nature (Campbell & Bell, 2000; Sherman, 2009), but most research has ignored how this valuing of the outdoors and nature matters in terms of work values and occupational preferences (see Desmond, 2006 for an exception). Constance Hawley, the student living in Appleton talked about why her boyfriend fore-went school in favor of his job in construction:

He wanted to go into [radiology], but I think he’s seen how much work it took for me and how much dedication and studying and…he doesn't like to stay inside that long. Like he likes to be out and about.

Holly Beyers, the 24-year-old mother of an infant and part-time NAC, described her boyfriend’s job as this: “It’s a [sandstone] plant and they ship their fine sands all over the world…he happens to be the driller for them. So he gets to do all the fun blasting— dynamite stuff.” Holly went on to proudly explain the different types of certifications her husband needed to complete to work
with such dangerous materials, although she admitted he was dragging his feet on some of it because of the math portions.

   You can read a book and take a test. They just need a lot of math behind it, I guess. I was like, ‘Oh, I can help you with that!’ This would be perfect because he hates math…I loved it. That was my favorite in high school.

In health care, few of the men actually doing direct care work talked about the intrinsic rewards. However, a couple of the men talked about the importance of communicating with the residents. For instance, Paul Hillman, the logger-turned-NAC in acute care had this to say about patient care:

   There are some aides that like to go fast, fast, fast, rush, rush, rush and do everything. I like to slow down a little bit and talk to them….you get to learn about their lives and you get to listen and then if you ever get in an uncomfortable position, you have something to fall back on—a common ground to talk about and that kind of thing. So, pay attention, listen to your guys, read their personal histories…some of it’s incredible.

However, a majority of men in health care talked about intrinsic work rewards that allowed them to learn and apply new skills which could then be translated into moving into more specialized or masculine areas of health care. Greg Albrecht, a married 58-year-old former business owner who had recently became a NAC in acute care had this to say when asked if there were certain departments: “As I learn more in my job and see the other departments and how I can fit into that
– yeah – the more I learn the better off I am. You stop learning, you start dying.” Although Greg strongly values learning new skills and was initially interested in returning to school to gain credentials in health care that would help him advance, he feels at this point he is simply too old and it would take too long. Unlike the older women in this study who talked about their regrets about failing to complete higher education, men were not as concerned about this. They were generally proud of the masculine work they did in their twenties, when this type of work was still readily available.

Many of the men that moved from more masculine fields into health care reminisced about working outside and performing jobs that were physical and dangerous. Phillip Gallardo, the middle-aged divorced man who was employed by Sparkman for over 12 years before using retraining monies to complete his respiratory therapist license had this to say about his work at the plant:

I miss the old days. We would have to put on these big suits and these big hoods. Mask. Respirators. Big gloves and go in and take these furnaces apart and sparks, molten material all over the place. It would take us maybe an hour to do this component and then we’d get a couple hours to rest and recuperate and do it all over again.

This type of reminiscing was a way for men to hang on to their ties to masculine work and this source of rural masculinity, even as they engaged in more feminized work.

For men, the rural masculine norms were strongly present in the types of work that was identified as “men’s work.” Among the men mentioned in this study were ski patrolmen, Hotshot
Firefighters\textsuperscript{4}, loggers, long haul truck drivers, miners, and several men who traveled long
distances to work in construction and other traditionally masculine fields. Some men in
Independence Creek regularly travel to Alaska to commercial fish, do construction, and labor in
the oil fields. Working in dangerous and difficult jobs provided many men in Independence
Creek with a sense of masculine identity. After reading a newspaper article about the ten most
dangerous jobs in the United States, Leslie Shorey, a 17-year-old high school junior, shared what
her dad had to say about the work he has done throughout his adult life: “My dad is like, ‘I’ve
worked those jobs my whole life.’” Another young woman and single mother of one toddler,
Dawn Lincoln, talks about her father’s work: “My dad…he was a logger. He drove truck…He is
on disability now. He has had two knee replacements. Back surgery. He has worked hard.”
Masculine jobs were described as not only dangerous, but also very physically demanding.
Although a few of the women interviewed were drawn to more masculine fields in the past
because of the high pay and excellent benefits, most women agreed that some work was simply
“meant for men.” A few women worked at Sparkman Mineral Refinery as laborers and
professionals, but they generally did not last. Some respondents relayed stories of sexual
harassment and hostile working conditions for women, which they or someone they know had
experienced. Nancy Beardan, a grandmother nearing fifty who worked briefly at Sparkman in the
late ‘80s, had this to say about women working at the plant:

\begin{quote}
I am a little bit old school because of the age I am. I worked in a job that I
believed should have only been men. But I worked at [Sparkman Mineral
Refinery] and I ran a [rock drill]. I mean, I got it. And I can do the work. I didn’t
\end{quote}

\textsuperscript{4} An elite group of firefighters extensively trained in wildfire suppression for remote areas with little logistical assistance.
necessarily do it well, but I did it to the best of my ability. But I was in an environment that was really meant for men. And yes, women can do it, but…

Travis Denson, a middle-aged married man who used retraining benefits to become a medical technician after he lost his job at the plant just over a decade ago, tried to explain the difference between working in health care and working at Sparkman.

We had a few women work out there, but not many. It was— this job— I am not saying you didn’t have to think out there because you did or you would get hurt, but here it is not very physical— of course we are lifting patients and stuff, but here it is more mental and that was more physical.

By defining risk-taking and physicality as masculine, jobs that are dangerous and laboriously demanding are seen as off-limits to women. If women attempted to put themselves in those settings, they were expected to deal with the consequences of working with men in a very masculine setting. While some respondents talked about women and men both being heavily involved in family farming and dairy work, working in timber, manufacturing, and mining were seen as men’s jobs.

However, this gender division in relation to “men’s work” did not stop respondents (mostly women in health care, and some men in administrator positions) from encouraging men to engage in the more readily available feminine occupations. Several respondents felt men were particularly well-suited for working in health care. The women in this study applaud men for showing their “softer” side and reducing the amount of “female drama” at the workplace, while also appreciating having someone around to move heavy things or fix broken down furniture or
electronics. Nancy Bearden, the middle-aged grandmother who earlier argued that some environments were just “really meant for men” did not feel the same about the boundaries around women and care work. “I love seeing male nurses. It is so nice to see the soft side of a man being interested in the medical field.” Janice Matson, a married 52-year-old mother of three who sits on the hospital auxiliary board went as far as to suggest that men who work in direct care were following a particular calling: “Men just don’t generally go into this kind of work. But if they do, it is more of like a calling or a ministry to them, I think, to be helping like this.” Others argued that it was not just about men stepping out of their traditionally masculine roles. Monica Ennis, who had worked with several men throughout the years, felt they brought different attributes to the job.

It’s really nice to have somebody big and strong around to do stuff. For the most part, I enjoy working with them. They’re easier going, there’s less drama. There’s less complaining and bickering.

Indeed, being “big and strong” in direct care work was actually something that was quite useful, despite the occupation being dominated by women. Recently, more and more elderly individuals are staying in their homes longer with the help of home visiting caregivers. This means that those entering into long-term care facilities tend to be what respondents in this study call “heavy cares.” These patients tend to not be able to transfer themselves from place to place, need assistance with toileting, dressing, and eating. Many are also unable to communicate or have cognitive challenges that makes caring for them time intensive and often repetitive. Taking care of these residents requires patience, strategy, and physical strength. Multiple respondents working in direct health care, especially in the long term care setting talked about physical
difficulties they experienced from doing this type of work. Debbie Landrum, a 30-year-old single mother of one elementary aged child works supplemental in long-term care and complained that the lifting was “not so great, but it’s just part of it.” Several others complained of the exhaustion that comes with spending eight to nine hours constantly on their feet, running from room to room and resident to resident.

Whether it is because of the need to lift patients or the constant busyness, respondents tended to agree that this type of work tends to have lasting physical effects on women’s bodies. As Debra Buckland, the 45-year-old married mother of two grown children and a paraprofessional at the middle school pointed out early in the study, “[Nursing assistants] just have to be so strong…they just have to be so strong that I think it breaks people down.” Gordon Willingham, a hospital administrator planning on retirement in the next five years shared Debra’s concern and blamed the work physicality for high turnover.

The work in long-term care facilities is very physical. And so staff doing the physical tasks can burn out their bodies and so most of the time, you will see a higher turnover in skilled nursing facilities.

The physicality of women’s work in Independence Creek seems to be overlooked, especially when being compared to men’s rural labor. Men do not perceive health care work as physically demanding, even in terms of patient lifting which can be very problematic for the women who traditionally work in this field.

As in previous research (Egeland & Brown, 1988; Evans, 1997; Williams, 1995), when men do make the transition into local health care successfully in Independence Creek, they tend to find masculine niches that enable them maintain their own sense of masculinity. Paul Hillman,
a married NAC in his 40s who had worked in both long-term care and on the acute floor, embraced the reception he receives from his coworkers who are nearly all women.

They like me. ‘Can you fix that?’ or ‘Can you move the TV?’ They’re kind of like that. ‘Gosh! You are here! We would have never got that fixed or never got that moved.’

However, this transition was not without sacrifice for Paul. After working more than two decades in the timber industry, his friends and family teased him and questioned his decision to move into health care:

People were like, ‘What are you thinking?...Really, you are going to do that?’ I gotta do something. And they are like, ‘Oh, you are not going to make it.’ And when I made it they are like, ‘I didn’t think you had it in you, but you do.’

Other men adjusted to working in health care by quickly exiting or avoiding long-term care work in favor of health occupations that are seen as more masculine and prestigious, such as emergency and acute care. Henry Chadwick, a middle-aged divorced father of four and voluntary EMT/Firefighter in Brondly, a smaller town about a half hour away, talked about the enjoying the rush of emergency work. During his interview, it was clear that his primary identity lies in this work, even though he works full-time as a grounds and building maintenance person for a local long-term care facility. When Henry talks about this job he has done for the past decade, he is adamant about his disconnect from the care aspect of long-term care.

I’m all through long term care and [residents] have said multiple times, ‘Will you help me?’ And I turn around and say, ‘Well, as long as you’re there, you tell me
what to do and I will assist you.’ But technically, I cannot touch a patient, get
them into bed or do anything with them because I don’t have that certification as
an NAC or what not.

*Have you ever thought about going that route?*

I did at one time, but the thing with…long term care is the elderly, so you’re
gonna be doing anything from dressing them to changing them to bathing ‘em and
that’s not the area that I’d really like to get into.

Teachers in Chapter Three suggested that young men’s motivations for taking the NAC course
were because they wanted to become EMTs. Henry helps explain the types of tasks that would
make him and other men less interested in this type of direct care work. Those types of tasks are
feminized and tend to bring less social status. Carolyn Patten, the middle-aged married mother of
three young adult children who works in administration at the hospital, had this to say about the
allure of EMT work.

> Myself, it doesn’t appeal to me at all. I’m not into drama, I think is part of it and
> they seem to have some draw to that. That life isn’t exciting enough and I gotta go
> find it…I think that there might be even some, you know, social stature, people
> respect that role. They recognize that it’s a very valuable need.

EMT work in Independence Creek and the surrounding area is volunteer-based, paying only a
small stipend for each call they participate in. Doing volunteer EMT work alone rarely provides
enough to support an individual, let alone a family. However, as Carolyn points out, this more
masculine occupation in health care carries special status.
Finally, men who find themselves in low- and middle-status health care positions (such as NACs, physical therapy aides, and RNs) performed care work in a fashion that is more conducive to rural masculinity. Students and workers alike talked about the unique role they, as men, can play in the lives of residents, especially the lives of the men living in the long-term care facilities. Brent Wakefield, the 17-year-old junior interested in the medical field observed that “the guys like when there is a boy there because they have someone to tell their boy stories to that is not one of the people that’s already heard it.” In addition to recognizing coworkers’ expectations regarding his ability to move and fix things, Paul Hillman also felt like Brent when it came to the men living in long-term care.

There are a few guys like to talk sports and all that kind of stuff because the women don’t talk sports, don’t talk baseball, don’t talk football, you know? But, I go in and we talk sports and cars and all kinds of stuff.

Furthermore, employees are not the only ones defining the types of care that can be provided by certain staff members. Several men and women admitted that some of the residents were less than comfortable with men doing personal care. Most didn’t seem to see this as a particular barrier. Almost without exception, there are female coworkers available to take care of those tasks for them. In fact, although Monica admitted enjoyed working with men more than women, she did mention that some male coworkers seemed to try to push their work off on their fellow female employees. Samuel Kohler, an unemployed 24-year-old single man who decided not to use his certification after completing the adult class had this to say about his experiences in the clinical portion of the course:
The girls were talking about how they cleaned people and I didn’t get the chance to do that when I was in the class. Maybe it was just because I wasn’t forward enough, but it was weird… Maybe I was too tall. I did kind of sneak away with one of the guys and play chess with him though.

Prior research on men in nursing and other fields dominated by women confirms the findings in this study. Williams (1995) suggests men report experiencing what she calls the “glass escalator.” Many of the nurses Williams interviewed reported being pushed toward administration and out of direct care work. For some this was problematic because they liked patient care, but for most, they reported feeling more comfortable in a leadership or administrative role. This helps explain why male nurses make more than female nurses, on average. Additionally, Egeland and Brown (1988) report that men in female-dominated industries such as nursing create “islands of masculinity” to cope with the disconnect between their occupation and their masculine identity. For instance, Evans (1997) finds that one way men protect their masculinity is to enter nursing specialties that emphasize masculine characteristics such as psychiatry (strength), anesthesiology (technical knowledge and autonomy), and emergency care (cool-headedness). These specialized areas in nursing and care work also tend to pay more (Bureau of Labor Statistics, 2011). Furthermore, Evans argues that the patriarchal nature of the health care field, in general, privileges male nurses more than female nurses because women performing their gender within this system, tend to nurture the careers of their male colleagues.

Norms and expectations around work and caregiving are strongly linked to beliefs about masculinity for the men in Independence Creek. Being a good provider continues to be important
for men described in this study. Having job security and learning and applying new skills was emphasized by men, although they were not particularly interested in pursuing formal education and would rather learn on the job. Having regular schedules and routine hours that would be more conducive to helping out at home with children and family obligation was less important for men than for women. Instead, dangerous and physically challenging work was idealized for men and off limits to women. However, many women in this study encouraged men to enter into more feminine fields, to offer masculine resources while also showing a “softer side” of men. Men who did choose to enter health care, did these jobs in a manner that was more consistent with the traditional masculinity championed in Independence Creek. Hegemonic masculinity continues to dictate men’s lives and expectations for men, even if the local current labor market structures present challenges to fulfilling these expectations. By understanding what men value in terms of paid labor, we can better understand how the local labor market is perceived in terms of jobs for men and how access is granted or denied within the context of this community.

Perceptions Of and Access to the Local Labor Market

In general, performing masculinity in a way that is consistent with the local expectations in Independence Creek, means engaging in physical, risky jobs. Unfortunately, the recent recession has hit these types of jobs the hardest. During the first half of the Great Recession, a little more than half of the jobs lost were in the manufacturing and construction sectors (Goodman & Mance, 2011). According to Goodman and Mance, after a decade of continuous decline, manufacturing experienced a spike in job losses of about 15 percent during the recession, while jobs in construction fell by slightly more than a quarter between April of 2006 and December of 2010. This has left many less-educated younger men scrambling to find employment that can pay the bills while also fitting with their particular notion of gender-
appropriate work. Commuting for work in Harrison County has risen significantly since the beginning of the recession and it seems likely this is due to the loss of masculine jobs.

Shared beliefs about rurality and gender intersect in this study to create variations in beliefs about local employment opportunities. Compounding these factors is the privileging of hegemonic masculinity. Men in Independence Creek generally engage in work that appeals to what is locally-defined as appropriate work for men. This includes working in timber, manufacturing, and construction, even if it means traveling long distances and being away from family for days, weeks, or months at a time. These types of jobs are strictly off limits to women and those who attempt to cross these gender-based boundaries often suffer the consequences. For example, Leslie Shorey, the high school junior who has two younger sisters still in middle school shared this about her mother’s experience at Sparkman:

My mom went to college to be a [chemical engineer]. And she got a job at Alcoa. And she said like she liked doing her job, but she said she was kind of sexually harassed. Because, like my mom was cute and she was young and she said she was kind of scared. She felt so uncomfortable working there. So, she met my dad and they got married eventually and just after awhile she stopped working there—to raise kids. And then she got a job at the [Chamber of Commerce] as a secretary.

At the official end of the Great Recession, the only sectors not drastically impacted by the recession were education, health care, and government (Goodman & Mance, 2011). Most respondents agreed that there were simply “no jobs” in Independence Creek. Bill Machen, the high school history teacher, summarizes what most others had to say about the local labor market,
There’s just no jobs. Our community has had just zero ability to draw any kind of employment base to our area. You know, manufacturing…very little manufacturing, hardly any. Agriculture’s going down. Logging is collaborated now, so it’s got one or two big people.

Tina Boler, the nurse administrator in her mid-30s shared Bill’s perspective, but noted that women’s jobs were actually still feasible, especially for individuals degreed in those fields. “Not many people can find jobs. Well, unless you have a degree in some education or nursing field or medical field.” In this study, when individuals are expressing their concern about there being “no jobs” in Independence Creek, they are actually expressing concern for the lack of “men’s jobs” that pay a family wage and require little education. Despite the local labor market becoming highly feminized, people continue to hang on to the ideal of a masculinized labor market, which seems to make the majority of jobs in Independence Creek almost invisible.

This perception means that there are many men competing for the very limited locally-available masculine jobs in both professional and skilled labor sectors. As with education, social status related to financial resources, multigenerational family connections to the community, and family structure mattered in terms of who is considered for local jobs. Being the son of a local business owner was routinely described as one way men stay or return to the community after college and achieve local employment. Although there are less than two dozen locally-owned businesses, several of them are run by multiple generations of the same family and these family names are well-known and respected within the community. Few people enter into employment in local establishments without some kind of connection. Andrew Pruitt, a local doctor who left Independence Creek to pursue medical school before being courted back to the community, had
this to say about his return: “As time went on, it kind of worked out. My boss almost saved the job for me…my boss actually worked by himself for about a year and a half, waiting for me to get out of school.”

The same can be said for lower-status local masculine work. Debra Buckland, the middle-aged paraprofessional at the middle school sums up the typical occupations for men who return to Independence Creek without degrees:

They usually come back having gone to school for a while. It didn’t work out and so I’m working as a roofer with my uncle. That type of thing and they have a family connection that has gotten them a job. And boys seem to have an easier time working with their hands, building or mechanics or something.

For sure, Rebecca Barger, the young married mother of four girls, explained how her husband has both successfully and unsuccessfully relied on his family connections and supports to secure local employment.

When he got the job [in Appleton], we actually lived in [Independence Creek] for six months. And then we moved to [Appleton] because he didn’t like commuting. We lived in [Appleton] and he kept that same job and then we didn’t like being in [Appleton], because we are not city people…he got a job with his dad— they had a family business…he logged. The industry is not doing so hot right now, so he got laid off right before Christmas this year…It’s been great trying to make house payments and what not.
Rebecca’s husband is currently out of the state completing his training to be a HVAC (heating, ventilation, and air conditioning) specialist.

Young men in Independence Creek from lower status families struggle to break into the local labor market. Donna Weathers, the 52-year-old divorced mother of two young adult children talked about her son needing summer and after school employment during high school and why she believes he was never able to land a job with the local businesses.

I don't think we had [McDonald’s] and we didn’t have [Taco Bell]. I think all we had was [Wendy’s]. And so it was like there was hardly any—the sad thing is if you didn’t have the right last name you wouldn’t get hired anywhere here. And because we worked in [Appleton], people didn’t know us. They didn’t know our last name.

Her son eventually was hired through a special program by the school district to work with the information technology coordinator, but she still worried about what he will do for employment when he returns home in the summer after being on a mission for two years.

He is hoping to maybe come back and work with that person again for a little bit. He is trying to put feelers out there…he knows well and I have talked to some of his friend’s parents and they are like ‘there is no jobs here.’ So their kids don’t even come home for the summer. You know, and they’ve got the right last names.

Although Donna talked proudly of her son’s position at the high school which gave him elevated status and privileges, she still argues that employment for young men without the ‘right’ last name is hard to come by. Young men from the most marginalized families in the community,
those who were poor, those with limited ties to the community, or those who grew up in single-parent households, were described in the most disparagingly manner. Theresa Anderson, the 54-year-old mother of four grown children who works at the high school, reflected on a recent observation she made of some young men who had grown up in the small apartment complex designated for public housing in the middle of town:

There were a group of boys over sitting on somebody's car hood...that didn't quite graduate last year...Some of those kids, we've seen them walking the streets, we know they live over in the low-income housing all together in the apartment that they're paying 80 dollars a month for and you know, I don't know if some of them will ever get anywhere and it's, it's sad.

Although men’s jobs were hard to come by, health care institutions were desperate for direct care workers. Of course, these jobs were primarily viewed as women’s work. Even with the high demand for local health care workers that can provide stable and secure employment, most men in Independence Creek avoided these positions and instead engaged in masculine jobs, either locally or by commuting to Wrightburg, Appleton, or further in order find the types of employment they desire. Of the 18 partnered women in the study, half of their partners had employment outside of Harrison County. Commuting for work, like commuting for education, was very time consuming for most men. Sherry Dobbins, a married mother of four boys shared this about her husband’s logging job:

He works— you know, being gone 14-15 hours a day all year. Because even if you are working on a job for 8 or 10-hour days—usually you have to drive a
couple hours to get there. And then it is a couple hours back. So by the time you are done, it’s a 14-hour day.

Similarly, Tina Boler, the nurse administrator in her mid-30s talked about her husband’s job:

He works for a [refrigeration company]...So he travels from [Wrightburg]...he covers from [Snoqualmie Pass], all the way to the boarder. I mean, he covers a million miles of [refrigeration] systems...So, he’s a travelling man. He puts on a lot of miles.

Although these jobs tend to pay more per hour than local health care jobs (especially compared to entry-level position), worker must also consider significant costs in travel, equipment, and time. Phillip Gallardo, the 55-year-old respiratory therapist reported making slightly higher wages as a respiratory therapist than he did at Sparkman, but he admitted that the benefits and severance pay were better at the mineral refinery plant. Paul Hillman, a NAC in acute care, argued that his career change was primarily due to needed steady, secure work (something discussed later in this chapter). While these two men and a few others like them found the costs of engaging in unreliable masculine labor too risky, many men with wives and partners in Independence Creek were willing to sacrifice time with their families in their home communities, in order to earn a better wage while also fostering their masculine identity. However, these men were extremely difficult to get to commit to interviews, and although three travelling men did agree to be interviewed, they repeatedly cancelled. It is understandable that these men resisted committing the very limited time they had at home to engage in an interview. The next section further explores how men’s employment shapes the roles they play within the family.
Being Partners, Husbands, and Fathers

The work men did, either locally or elsewhere influenced the way in which they perceived themselves and how they were perceived by their partners and children. This section examines how working locally (in either masculine or feminine fields) allowed men greater flexibility in the types of contributions they could make in meeting daily family needs. Commuting for more masculine jobs complicated men’s ability to contribute, outside of financially, especially when commuting meant staying elsewhere for long durations or being gone from home 14 to 15 hours a day. Finally, this section concludes with a discussion of how providing financially and securing benefits for their families is still important to the men in this study and was often described as a justification for moving from more masculine fields into health care.

While there were few local opportunities to work in masculine fields in Independence Creek, men and women in this study described locally-employed men as mostly engaged with the family in primarily traditionally masculine ways. Men employed locally in more masculine jobs often coached their kids’ sports teams and took them hunting, fishing, and did other outdoor-related activities with their families. They tended to subscribe to a “work hard, play hard” approach to life. Jenny Burrill, the married mother of five, talked about what her family does for fun: “We ski. We camp. We do a lot of sports games. Go to the Mariners⁵, do baseball. My husband’s a big baseball fan, so we kind of adopted that.” John (Jenny’s husband) enjoyed masculine recreational activities and worked locally in construction, but also helped out with child care and transporting the kids to and from activities. Both of Jenny’s and John’s families have lived in Independence Creek for multiple generations. This became very important when

⁵ The Mariners is the closest professional baseball team, located in Seattle (about 6 hours away from Independence Creek).
they had their fourth child and Jenny desperately needed John in the area to help with the growing family. When the company he worked for asked John to do out of town work, he would simply tell them, “No, my wife works so that I don’t have to leave out of town. I need to be home.” His social status and connections has made this possible. As Sherman (2009; 2011) found, John’s more flexible attitude and more willingness to actively engage in parenting seems to make his relationship with Jenny more stable. Jenny’s description of John’s engagement with their kids in terms of recreational activities was fairly typical of how others described their husbands.

Men who had transitioned into direct care work from more masculine fields in order to be employed locally often had unique situations that led to their transition. Some even emphasized the work-family benefits as important to them. For example, Paul Hillman explained that before he became a nursing assistant, he was gone out of town for work much of the time, meaning his wife had to be home with their daughter,

She had worked off and on, but mainly she was – you know, after the daughter was born and she got [leukemia], she stayed home. And I was gone so much she had to be home.

Although the money Paul made in the timber industry was good, he needed more reliable employment that could also guarantee his benefits. After pulling green chain in various lumber mills and working out in the woods on logging crews for most of his adult life, Paul had this to say about his reasons for entering health care after his daughter was diagnosed with leukemia:

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6 Some older lumber mills use a product delivery system that has been coined the “green chain” (probably because the timber product is still green when it arrives to the mill). In this system, men stand alongside a moving belt and pull pieces of lumber that matches the required dimensions and sort it into different piles. This is very strenuous, dirty, repetitious work.
I didn’t have great insurance working in the woods. You don’t have that opportunity—small companies, job to job, bouncing around a lot. I mean, you just sit there and scratch your head, where am I going to get health insurance for my [daughter]? The hospital. Hello, it’s probably got the best health insurance in the world! Which, there are great benefits here. They are wonderful.

Now Paul’s wife works part-time and because of his unique parenting situation, he was also the only man to talk about his need to approach administration with a change of shift request, which he noted, was easy to obtain while also retaining his medical and work benefits.

I mean, they will bend over backwards to help you. And that’s another thing I didn’t have was the coworkers going out of their way to help you. Your management and employee relationship in timber is so different. Here it is a whole different ballgame and they are very supportive and they do try everything they can to help you, which makes it easier on me to make the transition. It made it real easy for me.

Men in health care still tended to feel the pressure to be good providers and the decision to retrain was often thwarted by financial concerns. When asked about any challenges he faced when going back to school to become a medical technician after being laid off from Sparkman, Travis Denson, a then married father of four nearing 40, talked about his fears:

I guess the biggest challenge was just making sure the unemployment was gonna last, because even though my wife got that job, it wasn’t enough to pay all the bills, so we needed the extra money. And I still had, at that time, my oldest had
just graduated from high school— I still had three kids at home. So that was pretty stressful.

While Travis reported that he does not earn as much money as he did in his previous occupation, he is happy the work is steady and he now has health insurance and other benefits he did not have at the mill.

Locally-employed men in more professional positions still tended to have families that emulated the breadwinning father/stay-at-home mother household and felt the amount of time they spent with their child was limited. Gordon Willingham, a hospital administrator nearing retirement shared similar experiences as some of the more professional men in Independence Creek:

We were married and had our first child and two more to follow. It was very busy, but I was blessed to have a wife that was very gracious, very caring and took care of the children. You know, when you gain something in life over here on this side, there is always a balance. And it’s a scale. And I had to give up something over here and that was being with the children.

These men were able to engage in a form of masculinity that more closely resembled hegemonic masculinity (by occupying positions of power and prestige within the community) and thus, were afforded more social status than other men in Independence Creek. This is similar to what Davis (2000) found when studying a fishing village where most of the fishing families had lost their livelihoods and with them, their status. After this, a new class of social elite arose which was made up of those who were able to secure local permanent employment in the schools and health
care, while those suffering unemployment and those dependent on welfare became part of the under-class. While Independence Creek did not suffer the extensive rapid change experienced by those in Davis’ study, occupying permanent positions in education and health care do appear to elevate one’s social position. Being locally-employed in skilled labor seemed to allow for more time and interactions with family and children than being a locally-employed professional because of the increased pressure to be committed to one’s career and the commitment to the breadwinner/homemaker model. However, locally-employed professional fathers were still described as spending more time with their children and families than those who commuted for work and tended to occupy more privileged positions in the social hierarchy.

Women who talked about their partners and husbands commuting for work typically did so while acknowledging the lack of involvement they have in the day-to-day management of family life. Emily Braswell, the married mother of three who works full-time as a unit clerk had this to say about her husband’s construction job:

Because of the economy, everybody underbids everybody. So, you have to do everything dirt cheap and you have to go where ever the work is and it is a lot of the times, it’s far. Like, he’s got two jobs this week that he’s doing in Alaska – flying up there to do that. He does a lot in [Centerville] and in areas like that. So, he’s gone. Which, it’s hard because I’m at work and then I come back with all these kids and then he’s gone for a few days and comes back and then he’s tired and so…he wants a break and I’ve been ready for a break!

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7 A city about 4 hours away.
Emily’s husband attempted to learn a new trade in order to get away from the constant travel demanded by his job in construction, to no avail:

He went through a [blacksmith] course, but he’s always done construction and he’s back at that anyways because there’s no work out there. The only people that were coming in wanting some work done was his family and they want it done for free and it was driving me nuts because I would end up paying for his gas…and all those stupid supplies…but it was a good trade for him to learn. He’s really good at it, so I’m happy he did that.

Women in this study tended to accept, although sometimes reluctantly, the sacrifice of having a partner or husband who was gone for much of the time because of work. Rebecca Barger, the young married mother of four whose husband was completing HVAC training at the time of this study, had this to say about their future.

You either get hired with a company or you get hired construction and if you get hired construction, then you have to move. You don’t get to just move to one place and then stay there, you have to move all the time, so, I am hoping that’s not the case because then he will be living in a fifth wheel and I’ll be by myself with four kids.

While Rebecca is currently a stay-at-home mom, women like Emily are also balancing work with being the primary family caretaker. Some, like Emily, relied on outside childcare (usually an in-home care provider) to enable them to work while their partners and husbands were away. Others worked opposing schedules in order to avoid paying for child care. Sherry Dobbins, the
married mother of four whose husband is away from home 14 to 15 hours a day for work talked about how she arranges her schedule so her husband can be with the kids when she is working.

From the time I started working here, I always worked like every other weekend, but it was perfect because my husband worked Monday through Friday. So he is home with the kids when they were little. And I would work the weekends, so we could have that two incomes without having to find other childcare.

While this allowed Sherry and her husband to share child care responsibilities, it also meant spending less time together as a couple. Enabling men to engage in masculine work helps them (and their families) maintain their status in the community. Although these men did not attain the education necessary to secure the higher status professional jobs, they are able to engage in an alternative masculinity that allows them to maintain the status that is attainable.

**Conclusions**

Hegemonic masculine ideals are important in Independence Creek and this is demonstrated in a number of ways in relation to work and family. By emphasizing the provider role and gender-appropriate work in masculine fields such as construction, logging, and mining, men in this community rarely even acknowledge or consider employment in health care, despite it being locally-available. While men do not show much interest in health care work, women were very encouraging of men entering the field. The perceived masculine traits men could bring to direct care (such as less emotional drama and physical strength) were highlighted by several women in this study. The minority of men who had entered into direct care work managed to maintain their traditional masculinity through avoiding the most intimate care work and by emphasizing and performing the masculine activities others felt were valuable (such as heavy
lifting and moving furniture). How men and women are doing gender in this setting serves to perpetuate the domination of men and masculinity, even in this feminized work environment. Women must take on extra work in performing personal cares in exchange for having men in their work place. These men generally move quickly out of direct care and are encouraged to move into specialized areas of health care. Because both men and women privilege the hegemonic masculinity, they create opportunities for men to be in positions of power and prestige, or at the very least, specialness.

Despite some men moving into health care, the majority of men in Independence Creek either used their social status to gain access to local masculine employment or commuted long distances to obtain acceptable work. Men with degrees in professional fields were often courted back to the community with promises of jobs and high status in the community. These men tended to have strong roots and many extended family members living in the area. In this study, I find that having local employment is important in determining how much men are perceived as contributing to their family’s day-to-day well-being. Men in professional degrees tend to describe the sacrifices they made in order to advance their careers while their wives were stay-at-home mothers. Men who were able to land local jobs in timber, construction, or mining, were more likely than the professional fathers to be described as involved in their children’s and sports and family’s recreational activities. Similar to Sherman’s findings (2009; 2011) this is a major way men are perceived as being active fathers. Many men were unable to secure local (masculine) employment and thus travelled long distances to provide financially for their families. This meant little time with their families and although women accepted this reality, they also felt the strain of being lone caregivers and often had to work themselves.
References


CHAPTER FIVE

“FAMILY COMES FIRST”: WOMEN AND WORK

I always, always will choose my family over my job and that’s why I’ve quit like three times, and came back...if there was anything wrong with my children, I would just leave. I mean, I wouldn’t really even ask them. I would just say, ‘I have to go.’

Emily Braswell, Hospital Unit Clerk and married mother of three

As with men, women in Independence Creek find ways to navigate the various roles they occupy within the context of locally-defined gender expectations. While expectations for men tend to favor hegemonic masculinity (or a rural masculinity that gets men as close to hegemonic masculinity as possible), women are torn between two competing notions of femininity, being good mothers and wives that stay home with their children or being good workers and providers that contribute to their family’s economic well-being. Although these competing ideas are presented as two separate options, many women are finding ways to do both. Like Emily (above), many women create a line between family and work or family and education that generally favors motherhood and children. Expectations for women with fewer resources and less social status are different than those held for women with moderate- to high-earning husbands. Just as others have noted in previous research, poor women in Independence Creek are expected to work any job available in order to avoid dependency on the government (Collins & Mayer, 2010; Coontz, 2011). Collins and Mayer argue that this expectation drove welfare reform
and created an underclass of women workers who can be paid to do the care work that allows other women to better balance work and family.

Building on the previous chapter, the first section of this chapter explores women’s work values and what types of work are described as appropriate for women and how it is related to be “good” women in relation to work and family. While pay and job security were important to women, job stability and intrinsic rewards were more important to women in this study than they were to men. The emotional labor (Wharton, 2009) women perform in this setting provided intrinsic rewards, but also presented challenges that some women found quite troublesome. Additionally, the physicality of the jobs being performed in health care was also problematic.

The second section of this chapter examines perceptions of local employment opportunities in health care and who has access to them. This discussion focuses on lower status women who are viewed as either deserving or undeserving of being considered for low-wage care work. Many of these women use feminized labor to negotiate the tension they experience between being “good” women and “bad” women (see Figure 3). While men’s masculinity was more defined by

<table>
<thead>
<tr>
<th>“Good” women Homemaker/Breadwinner</th>
<th>“Good” poor women Working while putting family first</th>
<th>“Bad” poor women Single mothers on welfare</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurturing, caretaking, manages home sphere, volunteers</td>
<td>Nurturing, caretaking, manages home sphere, paid care work</td>
<td>Dependent, entitled, lazy, creating the next generation of degenerates</td>
</tr>
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Figure 3. Continuum of Femininity in Independence Creek

rurality, women’s femininity is more strongly linked to family structure and dependency. This chapter concludes with a discussion of the discourses women in Independence Creek use to talk about their efforts to balance work and family obligations.
Women’s Work Values and Suitable Employment for Women

While women emphasized their roles within their families as mothers, daughters, and sisters, several women also expressed extrinsic and intrinsic work values when talking about the types of work they currently did or had done in the past. Like men, women emphasized pay and job security (feeling confident about being able to find and maintain employment), but also emphasized job stability (having consistent schedules and hours) more. Unlike men, intrinsic work values around working with and helping people were discussed as intricately linked to women’s self-identity. Women routinely talked about having to “have a heart” for this type of work and linked it to women’s “natural” caretaking instincts.

Most of the women in this study talked about how “in an ideal world” they would not have to work for pay and they would be free to take care of their homes, children, and community. However, because being in the paid labor market was necessary for almost all the women interviewed, they did express concerns about being paid a fair wage. Pay was an important extrinsic work reward that several women talked about in this study. However, most of the women talking less about their financial provider role than they did about other roles they played in the family. Overall, the working women in this study were concerned about securing a level of pay that would allow their family to survive financially. The entry-level direct care work was often described as a better than other service-oriented jobs available in Independence Creek. Wendy Butler, an 18-year-old who landed a home health aide position after taking the medical careers class and who hoped to become a pediatrician someday, had this to say:

You actually go into their home and help them. It’s really cool. [My aunt] was really excited when I told her I took this class…’cause I work at [Burger King] and they get significantly a lot better [pay] than you do at fast food.
These respondents noted the slightly higher than minimum wage starting pay as a real incentive for entering direct care work, even if the work was not ideal. Leslie Shorey, the 17-year-old high school junior who is interested in dermatology explained how she knows people who were making $10 an hour doing this work and shared, “You know, you wouldn’t think $2 [an hour] would help that much, but it makes the biggest difference.” Hospital and school administration also pointed to the slightly higher than minimum wage pay as a significant incentive for young people to become certified as nursing assistants. For those who had already entered or who were planning to enter nursing, pay was often cited as a motivating factor. For others, it was a good place to start, but they recognized that they could not support themselves or help support a family on an aide’s pay. Constance Hawley, the young woman living in Appleton and finishing her dental hygienist certification had this to say: “The NAC work was great but, you know, you max out at $15, anymore. That’s not enough to support yourself.” Although she was not yet married or a parent, Constance plans to complete some kind of education in order to earn a living, even as a single adult.

In addition to pay, women can also uniquely provide for their families by securing health insurance benefits, something that is difficult to come by in Independence Creek. Joe Wilhelm, a married middle-aged nurse supervisor argued that women typically go into health care to secure health insurance for their families:

I’ve seen a lot of nurses work just enough to get benefits because hubby worked construction or something to that adage, that made good money, but didn’t necessarily have the benefits, so the wife would work for the benefits and the husband would work for the cash.
In considering the way Joe frames this observation, we can see that this depiction protects men’s position within the family as the provider or wage-earner, another way of promoting hegemonic masculinity. Carolyn Patten, a hospital administrator in her mid-50s shared this about her decision to enter into the health care field when her husband was considering going to a technical college in Appleton: “We started [a child care center] and that was good, but I soon discovered that if my husband was going to quit his job at [the mill] for self-employment…that I would need benefits.” Although her job has allowed her to grow professionally in ways she never imagined, Carolyn originally became an NAC to secure the health insurance benefits for her growing children. Although men also cited this as a motivation for entering health care (see Paul Hillman in Chapter Four), it was much more common among women. Women from higher status families who held college degrees often held positions that allowed them access to affordable health and work benefits for themselves and their families. However, women from lower status families with little education rarely could afford the personal premiums to buy into the health insurance offered. While Joe felt many nurses were working just enough to qualify and afford health care coverage for their families, he admits that nursing assistants were rarely in the same position.

Take a nurses’ aide who makes 11 dollars an hour – she can’t pay for health insurance for her family. She can’t work enough hours to pay health insurance. So, she’s covered, because it’s part of her reasonable package, but as soon as you say a spouse and children, I know it’s over 600 a pay period.

This is one way in which social inequality continues to be reproduced. Like the women discussed in Collins and Mayer (2010) study on welfare reform, many of these women are one illness,
injury, or family crisis away from being jobless and back to where they began at the very bottom of the social hierarchy.

Like men, job security was also important to women in this study. A little more than a third of the women talked about how having skills and training in health care and more specifically, nursing and direct care work, gave either themselves or others in their community security in the local labor market by helping them obtain credentials for which demand was high. Meg Sparling, the Director of Education talked about the demand for the NAC courses and how she believes workers are looking for something reliable in the current poor economy,

I get calls almost weekly, I do get calls weekly, about “When’s the next class starting? How do I get in it?” And I know that economically, especially the last two years, people are bankruptcying, there is still work in health care.

Stephanie Fagan, an 18-year-old CNA at a local long-term care facility reported that she regularly encourages her friends to take the NAC training because “You always have a job somewhere, because somebody is always gonna get sick.” Martina Sapien, the young NAC in acute care who aspires to become an ultrasound technician, shared a similar perspective, although she was not as enthusiastic as Stephanie about her decision to become an NAC. “NACs are kind of – I wouldn’t say that they’re in high demand, because for a penny, you can have ten aides, but typically, you can find a job almost anywhere…It was an okay choice.” Nurses tended to express similar feeling about why they chose to enter health care. Robin Tinsley, the single mother of two had this to say about how she decided to become a nurse: “RNs were in demand. They could get a job anywhere. I had to pick something that I knew I could do, and I had to pick something that I knew I would get a job at.”
Unlike men, job stability was very important to the working women in this study. Having job stability meant having a regular schedule that did not change from day to day or week to week and not having to worry about being sent home early or called off from work all together because of changes in patient loads. Women talked about problems with shift work, being supplemental, on-call, and sent home because of low census. Being supplemental meant holding a position in which workers sign up for as many open shifts as they like at the beginning of the month, as long as they do not exceed full-time or 40 hours a week. These are used primarily for DCW and RN floor positions. While some workers can use this flexibility to accommodate family and school obligations, drawbacks of these positions include not being able to obtain full-time work and being sent home when patient census (the number of residents or patients in residence) is low. In general, census remains stable in long-term care, but workers are often called off or sent home early on the hospital’s acute care floor. Typically, new CNAs start at the hospital or in long-term care as supplemental. Despite being described by others as one of the long-term care facility’s best employees, Stephanie Fagan, the 18-year-old NAC had this to say about the stability of her hours:

I first started working as supplemental and going to school, and once I got out of doing supplemental I had a lot of hours and then, out of nowhere, they just totally dropped to where I was only getting maybe $300 on a paycheck— that was it. Driving back and forth from school from where I was living, that just wasn’t cutting it.

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8 Low census occurs mostly in acute care where patient admittance to and discharge from the hospital varies greatly. This creates situations of “low” census where there are not enough patients to justify having an aide on duty.
Again, contributing to the reproduction of social inequality, the individuals in these positions generally accrued sick and vacation time, but do not have the option of health insurance benefits. Most of respondents talking about job stability reported they disliked the unpredictability in their hours, schedules, and subsequent pay. However, a small minority of women did report that they valued the flexibility that came with working supplemental because it was easier to work around a second job, family obligations, or school. Debbie Landrum, a 30-year-old single mother who works supplemental as a NAC while she is completing her prerequisites for nursing shared that “[They] are really, really willing to work with you. I never know what my schedule is going to be from quarter to quarter, so this helps. I like to keep busy, but I like the flexibility.”

While extrinsic values were very important to women and their families, they pale in comparison to the passionate way in which women talked about intrinsic work rewards. These intrinsic rewards were often related to the emotional labor they perform at work. Emotional labor can be defined as the effort it takes to regulate one’s emotions in order to influence others in a particular way (Hochschild, 1983/2003; Wharton & Erickson, 1995; Wharton, 2009). A large amount of research has been done in this field and consistently finds that some work (usually work considered women’s work) requires more emotional labor than other work (Guy & Nelson, 2004; Wharton, 2009). For instance, service workers are often required to be caring, kind, and friendly, even when they may not feel like doing so. Women in this study worked to make sense of how their paid labor fit within their sense of femininity and overall identity. Being caring, compassionate, displaying empathy, and having respect for the elderly and ill were all described as characteristics of good caregivers and natural aspects of being women. Wendy Butler, the 18-year-old single woman who had recently completed the adult NAC class and was currently working as a home health aide had this to say: “I just like the idea of helping people. That’s
always been my kind of thing.” Women in this study valued fulfilling roles in which they feel personally important, and jobs which allow them to feel as if they are improving the quality of life of others by providing some very basic, but often vital services. Only women remarked that they “always knew they wanted to be a nurse” or to work in health care. Men generally found their way into health care after pursuing other types of work.

Many women explained their particular attraction to care work as being related to their belief that if not for them and their willingness to do the tough and demanding work, the residents would be left with no one to care for their physical, social, and emotional needs as they near the ends of their lives. Much of what they describe helps define them as feminine women, even if they cannot fulfill the ideal of traditional femininity. Stephanie Fagan, an 18-year-old NAC in long-term care felt strongly about this responsibility as a care worker:

I make it a habit of making them laugh and get them to giggle...that makes me happy inside. I just like making them happy and feeling like they are at home...who else do they have rather than you to be there for them and make them happy? No one, because their family never shows up. Or they don’t have family. Or their family is gone, so, who else are they going to look forward to...It’s kind of like you are family…It’s sad, but then again, you are actually making the last couple years of their lives the best that they have ever had.

Similarly, Victoria Conroy, a divorced woman in her mid-40s who had recently left retail to pursue health care work had this to say:

I think it is just fulfilling to get to know you made a difference. Because at this point for some of the folks in the long-term care, it’s the little tiniest things that
are going to make the biggest difference to them. And that’s all they have, you know?

Being a good caregiver and a good woman meant going above and beyond what is already expected to meet the physical, emotional, and social needs of the individuals being cared for, despite the already grueling demands on care workers’ time. Tamela Thurston, a high school junior enrolled in the medical careers class talked about the type of caregiver she hopes to be when she becomes certified:

Going out of their way to do the extra— not just what has to be done, but do the extra stuff...Like making sure their bed is perfect, not just making it half-assed. Making sure it is actually done well. That they have enough covers. There was one lady that needed hot blankets and some of the NACs would get her the hot blankets when she wanted them.

Robin Tinsley, who earlier talked about job security as drawing her to nursing, also had this to say about the intrinsic rewards of taking care of people:

I chose nursing because I love – it’s so rewarding to help people. I’m a giver and that’s sorta like a self-confirmation thing. I’ll help you and that way, you’ll love me and…and I knew I could learn it and I knew I would be good at it because I’m just an instant good caretaker.

Being compassionate, caring, and respectful are considered prerequisites for being successful in direct care work. There is also an expectation that care workers should value the
work they do above and beyond simply getting paid. However, the intrinsic work rewards described by care workers also tend to come at the price of emotional stress that some have a hard time dealing with. Expressing such a deep-seeded ethos of caring and believing that the well-being and happiness of several elderly individuals depends heavily on your ability to perform your job well may demand a level of emotional maturity that is hard to maintain in such a high-stress work environment. Several respondents talked about their difficulties with dealing with end of life issues. For many, it was difficult to see the residents deteriorate physically and mentally in the final days of their lives. Although still very young, 17-year-old Tamela Thurston anticipated working with the elderly in long term care could be difficult because she thought that “the state that they were in was pretty sad.” Stephanie Fagan, the 18-year-old who spoke earlier about the important role she plays in the lives of the people she cares for talked at length about the role a resident played in helping her on days when work got rough.

When I was a student there was one guy. And he had taught me so much. He had no family, he had nobody. Nobody at all…I’d be really, really busy, running around with my head cut off kind of busy— and he’d grab me and take me in his room and be like…take a breath, sit down and have a break. I cried like a baby when he passed— pretty much we were the only people there for him.

Despite her feelings of gratitude for his care in her times of need, she also mourned the fact that she and the other care workers were his only source of human connection. Others also stressed the frustration they feel when absent family members try to take over care in the final weeks of life, but really do not have any understanding of what their family member likes or needs.
These challenges were often cited as justification for seeking other employment or upward mobility. Martina Sapien, the 20-year-old acute NAC who is interested in becoming an ultrasound technician had this to say about her reasons for wanting to leave NAC work: “I really think that [ultrasound] would be cool because ...you wouldn’t have to be the one to give someone the bad news or you know, you don’t really get attached to the people.” Alluding to difficulties she had dealing with family and end of life issues, Elizabeth Sherrill, shared similar feeling about why she left long term care to become a receptionist at a local doctor’s office. “When you get burnt out in long-term care, you need to quit. I mean, I did it for four years and I had to quit...It’s emotionally too much. That was the biggest part.” The amount of emotional labor women must perform in the health care setting can create an incredible burden.

As discussed in Chapter Four, masculine jobs, usually physically challenging and somewhat dangerous, were generally off limits to women in Independence Creek. Instead, women were seen as very well-suited for the direct care work that was available in the community. Caregivers were expected to be compassionate and innately drawn to taking care of others (D’Antonio, 2010). As nursing and paid care work developed as an occupation, these characteristics came to be defined as unique to the performance of femininity (O’Lynn, 2004; 2007; Villeneuve, 1994). Dawn Lincoln, a 25-year-old single mother of one who moved back to Independence Creek after living in Appleton for a few years, talked about the characteristics she believed made health care workers successful:

Healthcare is all about helping people. And if you don’t enjoy helping people and enjoy helping them get better, or have the stomach for some of things that happen— then yeah, I can see why people get turned off from it...You have to have a real heart, especially for CNA work...If you just want a paycheck, there
are waitresses, there are janitors—there are all the kinds of stuff. But you have to have a heart in order to work in this field.

For Dawn and other women like her, being good caregivers meant having “real” hearts for the work. Kathleen Iverson, a married mother of four who recently completed her RN, shared similar feelings about the NAC classes:

It is not just a cooking class. You know? It’s their life and that was important to me and it still is important to the people that are here. So, if you are not passionate about it, then you should try something else because you gotta have passion for healthcare— for caring for people.

Evans (1997) suggests that nursing remains one of the most segregated occupations because of the feminine attributes related to nurturing and caring for others. As nursing became more professionalized, the belief that all women have the natural tendencies to be nurses became almost institutionalized (Dossey, 2000).

Additionally, suitable paid labor for women was often described as that which reflected the unpaid work they do at home. Holly Beyers, the 24-year-old mother of one had this to say:

People may look at some of the stuff you do and be like, “That’s absolutely disgusting”, but you are going to do it at some point in your life—change a diaper, clean up puke, food lodged in the mouth— you are going to have to deal with it with your own kids.
These types of reference to other life roles were only expressed by the women in this study. Making a link between the unpaid work women might rather be doing at home (if given the choice) and the paid work they must do may help affirm their sense of femininity, even if they cannot live up to the locally-defined stay-at-home ideal. Others referenced the importance of the work and adjusted to the unpleasant chores. Emily Braswell, a married mother of three children who started in long term care before becoming a unit clerk had this to say about her initial position:

It’s Flem and poop…When we first started over there it wasn’t so bad, it was a little grosser than I wanted it to be…I left…It was like, ‘I’m not doing this.’ But then it got, it got easier.

Indeed, this goes along with the idea that care work is hidden and seen as a ‘natural extension’ of women’s work (Hesse-Biber & Carter, 2005). Meg Sparling, the Director of Education at the Hospital noted how many of the women who come into health care have their own experiences with taking care of their elderly or disabled family members while they performed unpaid care work within their family. “I’ve had a lot of women tell me, ‘Oh, I took care of my parents’ or ‘I took care of my aunt and I saw that I like it.’”

However, as noted earlier in Chapter Four, taking care of patients and residents requires a good deal of physical strength and endurance. Although most of the women in this study are currently engaged in this work and thus, did not talk about any noticeable permanent disabilities in relation to the physicality of the job, among care workers it is not uncommon (Dawson & Harrington, 2012). According to the U.S. Bureau of Labor Statistics, in 2010 nursing assistants and orderlies experience musculoskeletal injuries more than any other category of worker and
have the third highest incidence of nonfatal injuries at work resulting in missing work (U.S Bureau of Labor Statistics, 2011), just below bus drivers and police officers. Over half of the injuries caused in this setting are due to overexertion (U.S. Bureau of Labor Statistics, 2006). In fact, in 2012, the Department of Labor developed a special plan to focus on the workplace injuries suffered by care workers (DOL/OSHA, 2012). Multiple respondents working in direct health care, especially in long term care, talked about physical difficulties they experienced from doing this type of work. Debbie Landrum, a 30-year-old single mother of one elementary-aged child works supplemental in long-term care complained that the lifting was “not so great, but it’s just part of it.” Several others complained of the exhaustion that comes with spending eight to nine hours constantly on their feet, running from room to room and resident to resident. Whether it is because of the need to lift patients or the constant busyness, respondents tended to agree that this type of work tends to have lasting physical effects on women’s bodies.

Some felt the physical aspects of direct care work was also particularly problematic for pregnant women. Monica Ennis, the mother of three small children in her mid-20s talked about working through her most recent pregnancy.

The doctor didn’t mind me working. He said part-time, but he put restrictions like, no lifting over 25 pounds and no prolonged time on your feet and that’s my whole job, so…if I can find something…that’s a lot more relaxed and not having to run, I mean, there’s times at work you have to run— there’s five people calling.

Despite doctor’s orders, the income from Monica’s paid labor was her family’s only source of income. While she was pregnant Holly Beyers, the mother of one infant worked through her
pregnancy in hopes of securing a spot in the on-site nursing program, but admitted it was difficult.

I think the only thing is the lifting and when you are pregnant. I wouldn’t advise that very much. And our hospital floors are horrible because they are concrete, so your legs are like shooting pains when you are done.

With women of prime childbearing age making up the majority of workers in this occupation, this should give employers and policymakers cause for concern.

The pressure to “do more with less” also created emotional and physical stress for the direct care workers in this study. Some care workers felt the emotional pressure of never having enough time to do proper care. While many agreed that being a good care worker was going above and beyond expectations while also taking the time to slow down and listen to residents, several also realized that this was next to impossible. Some attributed this stress to being under staffed, although most of the respondents who talked about staffing felt staffing at Independence Creek Hospital was pretty good for a rural hospital. Being stressed, constantly busy, and “power walking” seemed to be perceived as an expectation of the type of work being done. Eric Beebe, the 19-year-old university student observed that

NACs definitely were very busy and stressed, as were the nurses. Maybe to a lesser extent than the NACs. I don't know if there actually is a shortage, but they definitely did seem stressed and busy. I don't know if that was because of a shortage or simply because that is in part of the job description to some extent.
Valerie Newcomb, the 35-year-old dental assistant who formerly worked in long-term care as an NAC and has family that works at the hospital, had this to say about the growing workload and her perceptions of administration:

They don’t want to hear that you don’t have time. You add more, but your room isn’t getting cleaned or your patient was mad, you know…that could just be the economic times, but I feel like it’s just over the past I don’t know how many years, it’s just gotten worse and worse. Even before the recession. It’s always been, “Do more with less.”

While women did value pay, benefits, job security, and workplace stability in a similar fashion as the men in this study, they tended to emphasize job stability and intrinsic work rewards such as working with and helping people, describing these work rewards as something central to their overall sense of being women and members of the community. Job stability was also important in terms of balancing work and family and will be further explored in the final section of this chapter regarding how working women put family first. Having varying schedules and unreliable incomes can be very distressing, especially for those who are the sole financial providers for their families. Regardless, most of the women working as caregivers found the work intrinsically rewarding and validating, even if the emotional and physical labor aspects take a toll on the mind and body.

Perceptions of and Access to the Local Labor Market

In Independence Creek, about the only employment left in the paid labor market is feminized labor in health care, education, and service. With over 90 percent of health care support service jobs statewide being occupied by women (Washington State Employment
Security Department, 2010), it is not surprising that most of the direct care workers observed and interviewed in this study were women. For partnered women who had to work for financial reasons, engaging in paid care giving fit well with their sense of femininity and confirmed their gender identities and roles outside of the paid labor market while preserving the breadwinner status for their partners. This section explores the perceived abundance of open opportunity in healthcare and how social status within Independence Creek influences actual access to job openings. While women from higher status families who enter into direct care work were expected to quickly move beyond it (usually by leaving to attend college), the focus of this chapter is how poorer women with lower social status navigate this system where feminized low-wage paid work is privileged over feminized dependency. Women not dependent on welfare can use direct care work to establish their work ethic while still demonstrating their femininity. Women with the lowest social status in Independence Creek, those depending on state assistance, are at high risk of being perceived as less serious about their bid for a job.

Many individuals in this study agreed that local NAC training and certification was an important bridge to immediate local employment that was high in demand for individuals not college bound. Bill Machen, the 52-year-old married high school history teacher had this to say: “You can just transfer from the medical careers class to employment— gainful employment opportunities.” In this sense, the local trainings were described as very positive for the community because they give place-bound and returning women with little education the opportunity to complete training that could lead to stable work that pays more than other jobs these individuals might be qualified for. Debra Buckland, a middle-aged paraprofessional at the middle school, had this to say about women who return to Independence Creek without college degrees: “Girls end up working at fast food or, if they’re lucky enough, they get on at the
school…They do nurses aid training at the hospital, so they do that a lot too.” From Debra’s assessment, we can see that jobs in fast food and direct care are abundant, while entry-level jobs at the schools are less available (and perhaps more prestigious).

Some talked about the jobs more abstractly, as good for young women, especially those with children. Valerie Newcomb, a 35-year-old remarried mother of four teenage children who took the class herself in high school before becoming a dental assistant, summed up the sentiments of several respondents regarding the role of these trainings in Independence Creek:

It give a lot of these kids, like there was a pregnant teenage girl, who had a baby and I don’t know if she’s even stayed in or if she’s gone to college or what she’s doing, but it gave her a little bit of hope….girls who don’t think they’re gonna go anywhere in their lives…it gives these girls something. A job, some training – they’re not gonna go to college. They’re not gonna get out of this town, but at least let’s help them not be on welfare. Let’s get them a training before they get too far, where all they’re doing is living off the system.

Here we can see what Coontz (2011) describes as a shift from valuing stay-at-home motherhood for all women, to only affording this privilege to more well-off mothers. In fact, Valerie summarized the local feelings about feminized dependency very clearly, showing that poor women not engaging in paid labor lack work ethic and will eventually be “living off the system.” Also, note the link between “not gonna go to college” and “not gonna get out of this town” and the subsequent, almost inevitable dependency on welfare for these women. The local trainings and certification program gives low status women the opportunity to prove their worth through feminized low-wage paid labor.
In general, the training and subsequent work was seen as open to anyone who was motivated to pursue it, especially as an adult (sometimes high school juniors would have to wait to get into the high school class as seniors). The adult class and subsequent employment opportunities were seen as a way for young women from poor and lower status backgrounds to prove themselves as hard workers and worthy of employment. Despite coming from lower status family that was described as alcoholic and dysfunctional by others in the community, Stephanie Fagan, the 18-year-old NAC, was one of the young women was able to transition into full-time stable employment, after a period of instability related to working supplemental.

I think that’s the reason why [my supervisor] has a lot of respect for me. Out of my class, I was the only one that showed up at four o’clock…to actually go to clinicals at six in the morning…I actually followed through with it and I took the opportunity that she gave me.

Rose Loomis (from Chapter Three), the former single mother who commuted to put herself though nursing school while working as a NAC and was very adamant that she “wouldn’t get on welfare and get food stamps or anything” because she “was too proud for that”, illuminates the most common perceptions of women who rely on public assistance, regardless of their educational pursuits.

Abstractly, low wage work, and more specifically, direct care work was seen as a solution to solving the community’s welfare dependency issues. However, as with educational resources, some respondents felt that not having the right name also left many young adults out of the running for low-wage, entry-level work. Attitudes about welfare use and what it implies about work ethic can also create barriers that were real in their consequences for some women in
Independence Creek. For instance, Phillip Gallardo, the divorced 55-year-old nurse who previously worked at Sparkman’s and routinely sits in on interviews for long-term care, had this to say when asked about the types of applicants they see:

Really, there is a lot of young females that are kind of on state assistance type thing and they have to go through the channels, you know, had to apply for jobs. They say, “Hey, there is the NAC program, you need to start working” and they send those NACs—they take the classes. They take it to go through the hoops. But the serious ones are the ones that want to get into healthcare later. They are interested in maybe becoming a nurse or some aspect of the medical profession.

While some are able to overcome this obstacle, usually through completing education, unfortunately, social stigma attached to public assistance shapes the way individuals are viewed when they are pursuing employment.

Attitudes about the openness of access to this type of employment often led others in the community to blame poor, unemployed women who do not take advantage of the available employment. Women working in long-term and acute care tend to blame the lack of success of young women trying to get jobs in health care on personal motivation and poor choices. Stephanie Fagan, the 18-year-old NAC, complained about her friend who recently tried to complete the course to find employment:

One of my friends asked about the class and, you know, I help a lot. I am like, “Okay, I will talk to [my supervisor]. I’ll let her know.”… It’s a good opportunity. It gets you in. You have your foot in the door…and I got my friend in the class and I tried really hard—the next thing you know, she just throws it all away. And
that irks me because they have an awesome opportunity to do something with their life and always have a job wherever they go, and they just throw it away…

And now she has a child and, not married and, she just throws it away.

Even Robin Tinsley, the single mother who had combined work and public assistance to get herself through nursing school, felt that a lack of personal motivation and work ethic led to failure among those who were unsuccessful in completing training or landing jobs. When asked if she felt there were some people more able to do this kind of training, education, and work, she answered: “There are some that are more willing to. It’s not a matter of able. It’s a matter of willing. There are some that are more willing to.” She goes on to elaborate on the various factors that influence people’s willingness to pursue better employment or education.

Sometimes it’s age. Sometimes it’s mindset. Living in a small town, I think you see it less because there’s a mindset of, “I’m just doing this job until I get married, have kids, blah, blah, blah.”

To the residents of Independence Creek, young poor women can be categorized into two groups, the deserving poor (those who engage in low-wage care work) and the undeserving poor (those who depend on welfare and lack work ethic). Low status women like Stephanie, who go above and beyond expectations by exceeding unpaid clinical hours during the training or Rose, who refused state-sponsored benefits they are qualified to receive while putting themselves through nursing school as single mothers, are able to maintain their own sense of dignity and femininity while demonstrating to the community that they are worthy of these work opportunities because they possess the necessary work ethic. Women who complete the trainings
as part of their WorkFirst\textsuperscript{9} requirements were generally perceived as less committed to work and generally a drain on the community.

How Working Women Put Family First

This final section of Chapter Five outlines the experiences women have in balancing work and family and how women routinely put family first, even when the jobs available at the lower end of the labor market make this task extremely difficult (Collins & Mayer, 2010). The ideal of the stay-at-home mother was something that mattered greatly to most of the women in this study, even if it was not a real economic possibility. However, it is important to remember that poor women who stay at home with their children are judged harshly within the community. Thus, engaging in feminized low-wage paid work, which requires a great deal of organization and sacrifice, is an acceptable alternative to feminized dependency. Employed mothers talked at length about how they try to arrange their work lives around their family and parental obligations. I conclude with a discussion of the how women identify justifications for their participation in paid labor that help them reconcile the conflict they feel between the stay-at-home ideal and their (sometimes enjoyable) paid work.

The “Stay-at-Home Mom” Ideal

Both men and women in this study talked at length about the importance of having mothers who stayed home to raise children while men were the primary breadwinners, especially when children were younger. Nancy Beardon, a middle-aged married mother whose children were among the fourth generation in her family to live in Independence Creek, shared her concerns about the state of the family and her unusual upbringing in a dual-earning family.

\textsuperscript{9}The WorkFirst program is Washington State’s answer to moving families (mostly women) from TANF (state cash benefits) to employment.
I had two parents with two jobs. I was an oddity. I mean, because most of the moms in my neighborhood were stay-at-home moms. And as a kid, I remember being jealous of the kids that their moms made these fancy cookies or cupcakes… the changes that you saw from all those ‘50s and ‘60s moms that stay at home…And now it is a necessity. Yet, I wish there was more moms getting to stay at home with their kids while dads work.

Nancy admitted that she decided to stay home with her children while they were young, partially because of the stigma she felt growing up. She felt lucky that was able to do this, and saddened that many families no longer have this option. Younger women also saw stay-at-home mothers as important. Constance Hawley, a 23-year-old dental hygienist student in Appleton, talked about her friend who put both education and employment on the back burner:

My best friend that got me interested — that had gone to school, she started a family, got married, had kids— still wants to become an RN one day, but she is totally fine putting that on that on a back, back burner. She wants to raise her family. She is a stay-at-home mom. She wants to do that first. I mean, she started her education and had been working, but she is gonna just raise her family and then maybe one day, once the kids are out of the house and she’s bored, maybe she will go back.

Respondents young and old fondly talked about young women who were willing to sacrifice work and education to raise their children. However, remember that some of the women, like Debra Buckland from Chapter Three, shared their regrets of leaving college for marriage and
family without ever completing their degrees. A generation later, women like young Holly Beyers are actively engaged in the same decision-making process that highlights the conflicting goals of motherhood and work.

Some women highlighted their value of staying home by describing the regret they experienced because of the limitations their paid labor placed on their ability to participate in some family functions or their children’s activities. Valerie Newcomb, the married dental assistant in her mid-30s with four children, complained about how work interfered with her ability to spend time with her children.

I was always working. I had to go back to work when [Jenny] was 4 weeks old. Oh! It was just horrible. Horrible, horrible. And so, I never felt like I ever, ever got to spend enough time with her… I’ve always had to work. I’ve worked almost since I was 16, 17…I’ve always just wanted to have kids and be a stay at home mom. I want to have a chance to get bored at being that and then maybe volunteer or do whatever.

Lisa Ryder, a woman in her 50s talked about how she struggled with balancing work and family:

I guess the worst part was working for the [dentist] during a lot of school years…without sounding negative, you just can’t leave work to go watch baseball or to go watch my son and things like that. So, that was the hardest part.

Both groups of women (those who could stay-at-home in the breadwinner/homemaker model and those who were forced to work) expressed feelings of regret. The perspectives of the women described in Friedan’s *The Feminist Mystique* (1963) can be heard clearly among these women,
regardless of which generation they belong to. For the women in Independence Creek, the
“stalled revolution” Hochschild (1997; 2012) argues was sweeping the nation in the 1990s seems
to have barely gotten started in this community.

*Putting Family First*

For many women in the paid labor market, extraordinary effort must be made in order to
avoid the kinds of regret described by Valerie and Lisa. Discussions regarding work schedules
and the importance of job stability (e.g. having the same schedules/shifts every day/week) were
almost universally connected to obligations of motherhood. The majority of the women in this
study did not have partners who helped with the “second shift” (Hochschild, 1983/2012) tasks
related to running a home and caring for children. Their experiences were similar to those who
did not have partners. Tina Boler, the 36-year-old nurse administrator, struggled to deal with
irregular schedules in the early part of her career in nursing:

> At that point in my life I…had a small child…And I was going through a divorce
> and I have a lot of family here and they are a huge support for me, but working
> evenings, or working nights, it was too hard to leave her at a stranger’s house or
> find a babysitter for those hours.

Rebecca Barger, the married mother of four young daughters, gave up on paid employment after
trying to juggle arranging and orchestrating affordable and quality childcare on her own when
her first born was a toddler.

> It was kind of a nightmare to be honest with you. I started work at 6 o’clock in the
> morning in [Wrightburg] and she lived in [Bluewood]. So, I had to leave my
> house at like 5 with a 3-year-old and drive her to [Bluewood]...I would go and
drop her off with her and then I would go to work and then I would drive back up there and pick her up. I worked on four on, two off and she had her almost all the time.

Like many women in Independence Creek, Rebecca found herself solely responsible for childcare arrangements and transportation needs that resulted from women being in the paid labor market. Emily, the married mother of three who talked about quitting her job three times in order to put her family and children first, shared the stipulations she placed on returning to work. “I came back, but I told them I wanted a job that was more to my family’s schedule.” Some of these women did have more bargaining power than others. Tina had a four-year degree and close friends in administration that helped her acquire a job that would help make her family obligations easier to meet. On the other hand, Rebecca decided to leave the paid labor market and simply make due on her husband’s unpredictable salary because child care costs, along with the time it took to make child care happen, were just too much.

*Working Women’s Discourses*

With most women wanting to stay home, but not being able to do so, women describe various reasons why they must work and a few talked about why they like to. Financial need and obligations was the primary reason women worked, especially single and low-income mothers. Monica Ennis, the mother with three toddler-aged children whose husband has been gone on a religious mission for more than two years, struggled with her desire to be a stay-at-home mother. “I’ve had to work because of the circumstances. It’s not that I want to. If I could stay home all the time, I would. Now having children, the bills don’t always agree with that.” With her husband gone and only able to contribute very little to her household, Monica pays a little more
than a third of her monthly income as a nursing assistant on in-home childcare. The majority of the remaining earnings go to rent.

Some single mothers were looking for entry-level work after leaving a relationship, while others described preparing themselves for potentially needing to support themselves. When the adult NAC class was first getting underway in the early 90s, Lisa Ryder, a 54-year-old remarried grandmother of six, arrived in Independence Creek as a single mother of three small children, looking for a fresh start. She had no prior paid work experience and this class seemed like one of the few options. As she observed, “even back then, it was really the only job.” Although the emotional burden of doing long-term care and direct NAC work was too much for Lisa, she was able to use her new certification from the training to land an office job with a local dentist. Similarly, Rebecca Barger, a married 25-year-old with four young daughters, talked about why she took the class shortly after high school:

Well, me and husband weren’t doing great at the time and so I thought I better do something to be able to take care of myself. And at that time I really couldn’t afford to do much of anything…So, I did that and I had a job pretty much right after I graduated.

A small, but notable minority of working mothers talked about their need to have their own experiences outside the home. Coontz (2011) argues that The Feminine Mystique gave stay-at-home wives and mothers permission to be unhappy with the limitation that had been set on them and in this study, some women struggle with the stay-at-home ideal. Despite Emily’s frustration with paid labor and her need to always put her family first, she also reported difficulties with being a stay-at-home mother, even when her children were preschool-aged.
When I had [Sam], [Jessica] was only just turning two and so she still would not sleep during the day because she was up and about and [Sam] would not sleep at night and so it was kinda like having those two jobs again! I thought I was going to lose my mind. But, I actually hated it worse being at home. I couldn’t stay at home. I couldn’t be a stay at home mom. I needed to talk to somebody more that was just learning their ABCs.

During the interview with Emily, she struggled back and forth with what society expects, what the realities of her life are, and what she actually wants for herself. The social crisis that critics argued Friedan had started with her release of *The Feminine Mystique* was happening for Emily on a very personal level. Sherry Dobbins, a married mother of four school-aged children, with strong ties to the labor market before having children talked about her time as a stay-at-home mom and her return to the labor market when the last of her boys started the first grade:

Once the kids were more in school, I needed to be gone if they were gone. You know how it is? You’ve had them around and then it is like no one is in the house. That’s not nice. I don't like to be home alone…You’re just kind of like, what am I supposed to do now? So, it’s better— you don’t think about it so much if you are out.

Sherry was much more accepting of her employment pathway and had fewer regrets than others in the study. This could be because she has applied to the on-site nursing program and anticipates she will be accepted. The educational sacrifices she made when her children were younger can now be achieved without sacrificing her obligations as a mother and wife. Holly Beyers, the 24-
year-old mother of an infant who lives outside of town with her boyfriend, pointed out the clear tension she experiences between staying home and being in the paid labor market.

It’s really a debatable topic right now…Even with weekends with dad…that’s our family time, on the weekends when he’s not working…and he doesn’t want me to work. I love to contribute my share if I can, but he doesn’t ask for anything. So, that’s the debate. It’s that I also love to have my outside of the home stuff, too.

Finally, women in health care (even in lower status positions) were particularly proud of the medical connections, insider knowledge, and services they had special access to because of their positions. When family members were in need of care, many women talked about the role they played in making this happen. Emily Braswell, the married mother of three who returned to her job only after being able to negotiate for a position that was more conducive to her family needs, shared a story about when her dad needed care for a knee injury: “My [dad] messed up his [knee] really bad and doesn’t have insurance and [Dr. Nichols] was like, ‘Just bring him in. I’ll see him.’” Similarly, Elizabeth Sherrill, a single woman in her mid-30s who works as a receptionist for a local doctor’s office, talked about her grandmother who has extensive health care needs.

I can call down [to the hospital] and say, “Hey, I have to bring my [grandmother]” or “Can you give me advice on this?” and I know it sounds super corny, but it is like a family of people that you know you can depend on.

While these women occupy lower status positions in health care and both have made multiple attempts at pursuing nursing degrees, having this insider status seems to make them feel better
about the drawbacks of their current positions. Other women described how taking a job in health care allowed them to increase their own medical knowledge that helped them care for their family members. April Zimmer, a 19-year-old single student, described her motivation for pursuing health care after her father was diagnosed with prostate cancer.

My [dad] had cancer…and that is why I wanted to shadow so bad, was because I feel like I don’t have any idea about what’s going on – like how it works or the facility and what departments there are and what the ranking is and all that stuff. I really need to understand what is going on.

Victoria Conroy, a divorced woman in her early 40s who recently left retail for health care, talked about wanting to care for her aging grandfather.

He has ten acres of land and there are two trailer houses that are fairly close – He lives in one and I rent the other one out from him. So he has got someone there. As the days go by, there is a little bit more each day that he can’t do. When I first came over here, it was like shoveling snow was kind of hard for him or carrying wood or mowing his lawn. Now it is driving him around and grocery shopping.

Although many of these women have lower status within the community, working in health care grants unique benefits that working in other low-wage work would not offer. While working in health care is challenging, it also can help women be better mothers, sisters, daughters, and friends. Of course, these connections are not necessarily available to everyone and the women were talked about receiving tangible rewards for working in health care (an “in” with a doctor or getting specific advice without paying), had been in the field for some time. The women who
talked about improving their own medical knowledge in order to better help their sick family
members were less connected.

Conclusions

In general, most women and men in Independence Creek are performing gender in a way
that is consistent with traditional gender roles and there is little evidence that the women’s
movement changed beliefs about women and their roles within the family. However, economic
realities are forcing women into the labor market and these women must adapt to this while still
preserving their sense of femininity and allowing hegemonic masculinity to be maintained.
Women in this study who had to work did expect to be paid fairly for the job they do, but
emphasized working just enough to ensure their family’s economic stability (and to avoid being
unable to perform their roles as mothers and partners). Women were also able to contribute to
their family’s financial well-being by securing health insurance. This is seemingly less
threatening to the privileged role of provider reserved for men. Working women were most
concerned about job instability (irregular schedules and being sent home early or called off all
together) as they struggled to balance the demands of work with their family obligations. Women
felt passionately about the intrinsic work rewards that resulted from their emotional labor related
to working with and helping people. However, many women noted that the emotional and
physical costs of meeting the needs of the elderly and sick were challenging.

Although most respondents agreed that there was little employment opportunity in
Independence Creek, they were generally talking about men’s employment opportunities and
usually would qualify their statements to point out that jobs in health care and education did
actually exist. Demand for direct care workers is high, and the short NAC training is seen as a
bridge to immediate stable employment, especially for young women with children who are at
risk for welfare dependency. These types of feminized jobs provide poor and lower status women with opportunities to prove themselves as hard workers and thus, worthy of employment. This also meant that women who were unsuccessful in securing employment were generally blamed for being lazy or unwilling to work hard. However, as noted in this chapter, women perceived as taking the adult NAC course as part of their WorkFirst requirements were generally seen as less serious by interviewers. This presents a clear distinction between who is provided more open access to these low-wage jobs and who has to work harder to be seen as worthy.

Working women put family first by idealizing the stay-at-home mother, at least when children are preschool-aged. This leaves the role of family provider open for men. Many women who had to work when their children were young talked about their regrets and the things they felt they missed because of their paid labor. Women who could, generally rearranged their work schedules, cut back, or even quit, in some instances, in order to accommodate their children and families. Perhaps because of the stay-at-home mother ideal held by many women in this study, most women explained how it was financially necessary for them to work outside the home. Only a handful actually said they could not stand to be stay-at-home mothers and preferred paid labor. Finally, some women in this study were able to identify the aspects of their paid labor that helped them be better mothers, wives, sisters, aunts, and daughters, such as having insider access to medical staff, knowledge, and services. Creating this kind of discourse helped them feel better about their inability to be stay-at-home mothers and also distinguished them from the lower status mothers who worked in less beneficial service jobs or who were dependent on the government.
References


CHAPTER SIX

CONCLUSION: DO GENDER AND SOCIAL HIERARCHIES GET IN THE WAY OF RECRUITING RURAL CARE WORKERS?

As I sat at the dining room table with 25-year-old Rebecca Barger and her 3-month-old baby girl in her modular home in a wooded development above Lake Penny, she told me about becoming a mother, a wife, a reluctant worker, and then a stay-at-home mom. She is a tiny, pleasant young woman and told me as she met me at the door that she was embarrassed that she didn’t get more ‘dressed up.’ Her three older daughters range in age from three to nine. You may remember from Chapter Four that her husband, who she married after the birth of their second child, was completing a training program out-of-state at the time of the study. Rebecca had weak attachments to school and her peers growing up. In Chapter Five I shared that she had pursued her NAC because she was concerned about the state of her relationship, but in the end, the hassle of dealing with child care and transportation made using her certification for paid work a “nightmare” and not really worth the low pay.

Rebecca and her husband struggle at the lower end of the social hierarchy. The pressure to adhere to traditional family and gender roles are powerful. Even when Rebecca was unsure about her relationship, attempting to secure paid employment that would allow her and her four children to survive without relying on welfare seemed impossible. These young parents turn to parents and extended family in times of dire financial strain as part of their strategy to maintain what little social status they have, rather than pursue the financial, food, and medical benefits they would qualify for from the state. She recognized that working in health care offered job security, but there were just too many other obstacles that many working women face in Independence Creek. From her description, her husband’s life was governed by masculine
expectations, which meant that because he could not maintain local masculine employment, he
had to move away from his young daughters and wife in order to pursue training that will help
him secure masculine employment in the future. However, there is no guarantee that it will be
local employment, and this family may live out its young (and potentially old) lives with him
living in a fifth-wheel during the work week and visiting home on the weekends.

There is a growing problem of recruiting and retaining RNs and DCWs in rural areas and
this is certainly the case in Independence Creek. Despite there being plenty of local jobs in health
care, health care institutions continue to struggle in filling these positions, often having to use
costly temporary agencies for both nurses and aides. Current interventions for addressing these
shortages often fail to acknowledge the very gendered nature of this problem. No research to
date has questioned what this means for women and men in rural communities where these
women’s jobs are becoming the only jobs. This dissertation deepens our understanding of this
issue by systematically examining how gender and social status impact who is interested in these
jobs, who is recruited, and who is actually hired. Women are still the vast majority of students
(and applicants) in the high school medical careers class and adult NAC courses offered by the
hospital and only women have been admitted into the on-site nursing program. By creating a
better understanding of the discourses and locally constructed hierarchies of gender that men and
women in Independence Creek use to make sense of the education, work, and family options
they perceive and pursue, I have broaden our overall understanding of how gender and social
status interact with actual local education and labor market opportunities.

Educational Expectations and Access

Because of geographic isolation, many men and women coming of age in Independence
Creek must make tough decisions about post-secondary education. For men, ultimately living up
to hegemonic masculine ideals (Connell, 1995) means leaving to complete a college degree that will grant them better access to occupations that garner more power and prestige. Those who remain in Independence Creek describe these men in terms of their prestigious occupations. Women who have left, obtained degrees, and never returned are more often than not, described in terms of their family development and obligations which have enabled the men they are partnered with to pursue masculine, prestigious occupations. Those staying in Independence Creek tend to subscribe to a less hegemonic rural masculinity (Desmond, 2006; Sherman, 2009) that is privileged within the community, emphasizing connection to the outdoors, risk-taking, and non-academic, less-formal acquisition of skills and qualifications that enable them to work in masculine fields such as logging or construction. Because the local labor market provides less of these types of opportunities than it did in the past, men from Independence Creek are finding commuting and sometimes staying away from home for short or long periods of time even more necessary than in the past. This is not uncommon, but has rarely been investigated in terms of what it means for family life (See Davis, 2000 for an exception). Thus, rural men from affluent backgrounds with stable families and long histories within the community are encouraged to pursue higher education and are expected to be successful in masculine fields, usually away from Independence Creek. The minority of men that return with degrees are almost courted back to the community to occupy privileged positions within the local economic and social structure. This type of pattern was also documented by Carr and Kefalas (2009) in their study in one rural town in Iowa. These men would be among what Carr and Kefalas coined the “high flyers”.

However, Carr and Kefalas (2009) failed to explore the gendered nature of how returners are viewed and while men are courted back, many pity the women who return. Even when they return with degrees, they seem to be judged more as what Carr and Kefalas (2009) called the
“boomerangs” - Individuals who tried life out in the “real” world, but did not like it or could manage it. While many of the women are being torn between two notions of femininity (one that emphasizes motherhood and one that emphasizes work), most women in Independence Creek still privilege being mothers and wives or partners over being workers or having careers. Several respondents, both younger and older, talked about quitting college after getting married or after their first child was born. More privileged men within the community sometimes criticized women for giving up more prestigious educational opportunities in order to be closer to home. Luke Taylor, a young science teacher at the high school had this to share about one young woman’s educational choices:

Some families are really strong and connected, so when a kid does go away to college they don’t last very long in college because they want to be close to family. I know one kid had a full-ride, UDub, went there, then she transferred to Eastern to be closer. You know, which is like ‘okay…you had a full-ride to U-Dub and you’re going to Eastern’!?"

It is important to note that this kind of criticism for being homesick was only directed at young women who returned to the community or eastern side of the state. While women were performing their gender in a way that was consistent with local expectations of traditional femininity, they were also being disparaged for it. Because respondents did not talk about women who had left and completed degrees and pursued prestigious degrees elsewhere, it is unclear if women are “damned if they do and damned if they don’t” (thus, reproducing contested

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10 In terms of prestige, University of Washington, located in Seattle, is much more prestigious than Eastern Washington University.
notions of femininity) or if the women who succeed in careers away from Independence Creek are simply not on the fore-fronts of respondents minds.

Women with more resources are able to make being stay-at-home mothers a reality (at least while their children are young), but other must negotiate the reality that they need to contribute to the financial well-being of their families. Like Rebecca, these women struggle to justify the costs of paid labor with the costs of not being at home with her children, all under the pressure of feminine expectations for mothers in Independence Creek. Also, just as Coontz (2011) points out, welfare dependent mothers are one group of women that community members did not believe should be afforded the privilege of staying home with their children. Women with the lowest social status in the community are expected to work outside the home, regardless of the stay-at-home ideal. This expectation, as Collins and Mayer (2010) suggest, should create an army of poor mothers poised to perform the low-wage care work that enables women with more resources to negotiate family and work in a less contested fashion. This however, does not seem to be the case in this rural community. These women are seen by potential employers in Independence Creek as less serious about being in the paid labor market. Instead, employers are turning to women who come to the work seemingly on their own accord. Yet, struggling non-profit care facilities cannot afford to find ways to help these women balance work and family, creating a revolving door of workers in and out of low-wage work. Collins and Mayer’s work found important systemic effects of welfare reform in the urban setting, but this dissertation suggests that it may not easily transfer to the rural countryside. The intersection of local beliefs about welfare recipients and gender expectations for women seems to complicate this community’s ability to connect women being forced off welfare into low-wage work and the actual employers providing the low-wage work.
Who Wants These Low-Wage Care Worker Jobs?

With less-educated men running out of local employment options and less-educated women being forced into the paid labor market, it seems like local health care facilities should have no problem filling these entry-level positions. During the course of this study there was at least one nursing position and two NAC positions open at the hospital and long term care facility at any given time. Similar trends existed at the other local care facilities and the home health care agency struggled to meet the needs of the home-based clients, desperately needing nurses and aides. It could be that part of the problem is these jobs could be labeled “bad” jobs (Mitzik & Zeidenberg, 2007), even the nursing jobs that require at least a two-year degree.

To distinguish between “bad” and “good” jobs, researchers look at a number of factors which are primarily related to extrinsic work rewards. First, to be a “good” job in the United States, the job must pay a decent wage (Mitnik & Zeidenberg, 2007). Mitnik and Zeidenberg suggest that a “good” wage is one in which a single full-time earner can support a family of four at higher than 150 percent of the poverty threshold. These authors find that in just looking at wages alone, 60 million people over the age of 17, or a little over half, were in poverty or low wage jobs in 2000. Job stability and character of the workplace (Nelson & Smith, 1999) are also important in identifying a job as “bad” or “good”. According to Nelson and Smith, good jobs are those which are full-time and year round. In turn, bad jobs are those which are temporary, part-time, and/or seasonal. Good jobs are also characterized by having a regular schedule which does not vary from day to day or week to week. Additionally, workplace characteristics which would imply a good job include benefits (at least being available) and overall workplace stability (few layoffs, little concern about financial stability of the company). Finally, good jobs provide
opportunities for advancement through increased access skills-training and education (Mitnik & Zeidenberg).

In 2011, one would need to earn $16.77/hour or higher working full-time to be in a “good” job or one that would allow a single full-time earner support a family of four at above 150 percent of the poverty threshold (Mitnik & Zeidenberg, 2007). In Eastern Washington in 2011, the average wage for health care support occupations was $12.71/hour, what Mitnik and Zeidenberg (2007) would label just above a “poverty” wage. In December of 2011, current job openings in health care in Independence Creek included a part-time home caregiver, part-time CNAs for all shifts in acute care, a medical office representative, and a nurse supervisor. Starting hourly pay for the home caregiver position was the lowest of the listings at $9.44, which is 77 cents higher than the Washington State minimum wage in 2011. The part-time acute care CNA positions started a bit higher at $11.06 an hour. The medical office representative was full-time and started at $12.36 an hour. The only position listed at the time which exceeded the hourly wage for a “good” job was the nurse supervisor positions which was listed as “on-call” and started at $29.33. A nurse taking this position would need to average more than 22 hours a week to reach “good” job pay. Clearly, having at least an ADN or a BSN increases the chances that one can earn enough to consider the pay “good”. Of the listings, only one (the medical office representative) was guaranteed full-time. Just by standards of pay, many of the jobs in the health care field, especially in skilled-nursing facilities and home health care, might be considered “bad” jobs. Many respondents in this study expressed concerns about job stability, access to employment and insurance benefits, and access to skills-training and education.

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11 Minimum wage increased to $9.04 in January of 2012 (Washington State Department of Labor and Industries).
However, as discussed, many women pursue and enjoy these jobs that Mitnik and Zeidenberg (2007) and Nelson and Smith (1999) would call “bad” jobs. Despite the negative aspects (e.g. back-breaking physicality, intense emotional labor) of care work, many people in this study believe this industry is important to their community and provide insightful discourses which help to rationalize the decision to continue working in what most consider a “bad” job. The women, in doing care work, talk about doing it because they feel like it is important and that they feel good knowing that residents feel like they can depend on them. Although women report these types of intrinsic rewards, they also report feeling obligated and important in the care of other individuals. Almost like the “prisoner of love” argument presented by Folbre (2001), the workers in this study become attached to those they care for and thus are much less likely to leave their job or care work because of the obligations they feel to the residents. For the respondents in this study, discussion regarding this area centered around two primary points regarding the general importance of care and also being the lone source of care and support for the elderly who have been institutionalized in the long-term care facility. For women, performing care work provided a source of identity. Being caring, compassionate, displaying empathy, and having respect for the elderly were all described as characteristics of good caregivers and thus, good women. For women who do have to work in the paid labor market, doing care work helps affirm their femininity within the social context of Independence Creek.

This work confirms that little has changed in terms of how men “do” care work in masculine fashions. As in previous work, (Egeland & Brown, 1988; Williams, 1995; Evans, 1997) men in this study who pursued direct care work successfully, were still able to maintain masculine ideals by emphasizing the masculine tasks, such as emphasizing their physical strength and participating in more specialized (and prestigious) health care occupations. They
also tended to work the same shifts (often evenings and nights) in order to “not be the only man” on the floor. However, this dissertation also finds that men do other things in direct care in order to maintain their sense of masculinity. Men reported being more communicative than caretaking in their approach to patient care. The men in this study emphasized the importance of getting to know patients, spending time talking to men about manly things (like sports and hunting). These types of behaviors have not been noted in earlier studies on men in health care. Additionally, the men often relied on women co-workers to come to their aid to complete the most intimate and feminized caretaking tasks. Women picked up the slack in terms of bathing, showering, perineal care\(^{12}\), and toileting. Patient discomfort with men as caregivers also tended to complicate the situation. Despite the added workload, women praised and appreciated men in care work for their physical strength, ability to fix things, and propensity to avoid drama at work.

**Reproducing Social and Gender Inequality**

Social and gender inequality are being reproduced within the local system of education and labor. Women, especially poor women, were expected to take up the low-wage care work in order to keep their families off of state assistance. Many respondents felt that direct care workers were “overworked and underpaid.” Emily Braswell, the mother of three young children and full-time unit clerk expressed her frustration with the differences in pay among low-level positions in the hospital and long-term care facility. “[Long-term care] was hard, physical work and you get paid less doing that than just paper work.” As we move up the ladder in prestige within the local health care system, women are better able to purchase the services they need to better balance work and family. Unfortunately, just as Collins and Mayer (2010) and Coontz (2011) suggest, this leaves those women at the very bottom (those providing the care) without many options.

\(^{12}\) This term refers to the act of cleaning the genitals and recital areas of the body.
Some men and women can use their local connections and family social status to gain access to the limited local opportunities, which perpetuates social inequality as well. This is especially true for local rural men who are competing for very limited masculine work. Men have a better chance of landing these local jobs if they have developed what Desmond (2006) calls a rural-masculine habitus. Having learned construction, logging, or farming skills while growing up gives some men more leverage in the local labor market, especially if this can be combined with social status. For women, gaining entry into low-wage work is less difficult, but mobility within the workplace is enhanced by having social connections. For instance, When Tina Boler, a then single mother in her mid-20s with a bachelor’s in nursing was trying to solve her problems with finding child care for the erratic shift work that new nurses are often stuck with, she was able to use her family’s long standing history in the community and her degree to negotiate for a new position. At the time, Tina’s direct supervisor was a close family friend and they worked together to convince the hospital to create a new 8am to 4pm nurse manager position that would accommodate the schedule of a working single mother while still retaining her much needed medical benefits. Combined, Tina’s social connections and valuable four-year degree made the new arrangements possible. For most of the entry-level direct care workers, the work schedule and administration are viewed as inflexible and sometimes difficult to balance. Having these connections and status that leads to unequal privileges promotes the reproduction of social inequality within Independence Creek.

In Independence Creek, men and masculinity continue to be privileged over women and femininity. While hegemonic masculinity is not really attainable for most men in the community, men can still ascribe to a privileged rural masculinity to maintain status. Although women suffer some of the negative outcomes of this form of masculinity (e.g. educated women not able to find
suitable partners, some wives and partners having to manage home and paid labor on their own while their husbands and partners work long hours out of town), they generally accept that this is the reality of maintaining these types of masculine and feminine ideals. Even though women now must be in the paid labor market, the expectation continues to be that they will also be responsible for the household and family needs. Men who were able to work more locally did have an easier time contributing to their family life by transporting children to and from school or coaching local sports teams, but again, there is very limited local masculine work.

While this type of social and gender reproduction is not necessarily a new story, this dissertation adds to existing literature by situating the reproduction of inequality within a rural context where local institutions have made notable efforts to increase access to better wage jobs in health care, while most of the community would rather see the return of more masculine work (thus enabling the community to maintain a masculinized labor market). Unfortunately, the locally-defined expectations related to social status and gender make it difficult for these new structures to make any headway in reducing inequality within the existing social hierarchy.

Finding Solutions in Rural America

The rural health care system is under political and financial scrutiny in terms of its ability to deliver efficient, quality care. Work place stability (i.e., little fear of layoffs, closures, or downsizing) in rural health care was also something that concerned several respondents. During the time this study took place state support for rural health care facilities, especially those in “critical access areas,” was being considered for reduction because of the massive cuts the Washington State legislature needed to make to the annual budget. Washington State laws require that the budget be balanced every year, which in lean times puts a lot of pressure on education, health care, and other social services heavily funded by state dollars. Many people in
this study worried about losing their hospital. Women’s concerns were primarily tied to what the loss of the hospital or long-term care facilities would mean for the community or how the workplace instability put added pressure on direct care workers. According to existing research, when workplace stability is perceived as high, respondents report little fear of layoffs, closures, or downsizing (Nelson & Smith, 1999). Over half of those who talked about workplace stability were primarily concerned about unstable funding, potential closure, layoffs, and understaffing.

Many women and their families depend on this rural health care industry not only to maintain a sense of femininity (in relation to hegemonic masculinity), but for real financial survival. The women at the very bottom of the social hierarchy, those receiving welfare benefits and thus, mandated by the government to attend trainings and apply for available jobs, seem to be the least likely to be considered for employment openings. While the low-wage care work jobs cannot be considered family wage or “good” jobs, women who work in these positions find ways to manage, while providing a vital service to their community. This however, must be counterbalanced with the fact that the provision of these services is often at the expense of their own ability to balance work and family and their family’s well-being.
References


APPENDIX A. INTERVIEW SCHEDULE

One-on-One Interview Schedule

Preamble: Study topic/purpose
Written informed consent
Permission to record

Section 1: Introduction
- How long have you/did you live in Independence Valley?
- What is/was Independence Valley like? What do/did you like/dislike about living here/there?
- What types of jobs are in Independence Valley? Can you tell me what your friends do for work?

Section 2: Experiences in Health Care Education and Work
- How did you become interested in health care OR why did you take the Medical Careers class (some people were simply enrolled)?
- Were you ever interested in doing something else?
- How did you learn about the Medical Careers/Adult CNA Class?
  - Did you know people who worked in health care?
  - How did you get enrolled?
- Can you tell me what being in the [Medical Careers/Adult CNA Class is/was like? What did/do you like best/least? Work load? Did you make friends?
- What was it like interacting with the staff? Other students? Patients?
- How far do you think you will go in school?
- For people who did not pursue or do not think they will pursue health care:
  - What made you decide not to pursue health care?
  - Is there anything that would bring you back to health care?

Section 3: Work
- What types of things have you done for work in the past?
- What did you like the most/least?
- How did you end up doing those things?
- What do you do for work now?
  PROBE: Employed - How long have you been at this job? How do you like it? Is it what you expected you would be doing? How did you get this job?
  PROBE: Unemployed - How is that working for you right now? Are you looking for work?
- What type of work would you like to do in the future?
  - What types of training, experience, and/or education would that take? Where can you get that training, experience, and/or education?
  - For people employed in rural health care: What type of opportunities for advancement do you have at your work? Would you consider pursuing these? Why? Why not?
Section 4: Family and Current Relationship Status

- What is your family/parents like?
- How far did your parents go in school?
- What did/do they do for work?
- Do you have family that lives close to you now? How often do you see them?
- Did your parents grow up or go to school in Independence Valley?
- Are you in a relationship? If YES: When did you meet? How did you meet?
- Do you have any children? If YES: How old is/are he/she/them? For school aged children: Where do they go to school? How do you like it?
- Can you tell me about challenges you and your family have faced?
- Are you where you thought you would be at this point in your life?
- For those who have left:
  - Why did you leave Independence Valley? Would you ever move back?

Section 5: Wrap up

- How old are you?
- Is there anything else you would like to add about your experiences in Independence Valley or your experiences with moving, education, work, or the health care field?
- Can you tell me about your classmates? Do you think any of them would be interested in talking with me?