Love vs. money: Understanding unique challenges in care workers' labor organizing

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Abstract

The United States is facing a shortage of care workers – a workforce that is comprised mostly of women and is seen as feminized labor. One way to attract more care workers is to improve their working conditions and increase their pay. Yet, when care workers organize, they meet unique opposition in the form of moral outrage. We propose this is because, for some, care workers' labor organizing highlights a tension between the sacred value of care and the secular value of money (i.e., a taboo tradeoff; Tetlock et al. 2000). In this chapter, we will argue that opposition to care workers' labor organizing can be partly explained by how much people view engaging in care work as trading love for money. We relate this to concerns about the commodification of care and endorsement of essentialist beliefs about women as caregivers. Finally, we conclude by proposing ways that scholars can increase public recognition of care work, including support for their labor organizing.

Keywords: care work, labor organizing, sacred values, gender, morality

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In every society, children need to be raised (e.g., by parents), taught to read and do math (e.g., by teachers), and be taken care of when they are sick (e.g., by healthcare professionals). Indeed, every society relies on care workers to meet their basic needs. Care workers, like those described above, are responsible for meeting the emotional, psychological, developmental, and/or physical needs of others (England, Budig, and Folbre 2002). Throughout history, women have attended to many of these dependencies, not just for children, but for any family or community members who are unable to be fully independent themselves (Kittay 1995). The labor involved in raising children, teaching children, or caring for children has been seen as part of their familial and community obligations. Women who were wealthy enough to avoid performing care labor themselves often outsource some or all of the work to other women, usually from lower class backgrounds and from racial minority groups (ILO 2018). In the United States, as in many other societies, a gendered division of labor has ensured that many women perform care labor for little or no pay (Duffy 2011). These low wages have contributed, in part, to the care shortage in the United States.

Current Care Shortage in the United States

Many struggle to find assistance caring for elderly relatives or their children. Increased demands for care, high turnover rates, and an inability to fill vacancies in care work have contributed to this growing shortage. For example, as the baby boom cohort reached retirement, the need for necessary health and personal care services for the elderly increased (Smith and Baughman 2007). The need for nurses has also increased, particularly in the COVID-19 pandemic. Many healthcare facilities that were already understaffed, had high patient-to-nurse ratios, and required their nurses to work long shifts worsened at the start of the pandemic

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(Romero and Bhatt 2021). Recent data from the Association of American Medical Colleges (2021) also projects an estimated shortage between 37,800 and 124,000 physicians by 2034, including shortfalls in both primary and specialty care. Many more examples demonstrate a growing shortage of care workers, though we only highlighted a few (e.g., Haspel 2021; Famakinwa 2021). Low wages, adverse working conditions, and high turnover rates are responsible for the shortage in most care professions (Haddad, Annamaraju, and Toney-Butler 2021; García and Weiss 2019; Espinoza 2017). However, the largest driving force behind turnover rates in care work is low pay.

Low Wages in Care Work

Although care work is socially valued, its workers often experience low levels of pay for their expertise. For example, an examination of U.S. Census data found that workers in occupations involving care were paid 6% less than people in other types of occupations, even when accounting for job characteristics, including education and skill (England et al., 2002). Evidence of this wage penalty (also referred to as a “care penalty”) has been replicated within the private and public sectors, among men and women, and across several countries. For example, care work carries a wage penalty for men in the private sector in Finland, France, Canada, the United States, and Mexico, among other countries (Budig and Misra 2010)¹. Women also experience a care penalty in the private sector, but most commonly experience wage penalties in the public sector. Finally, although men experience more care penalties than their female counterparts, the wage penalties experienced by female care workers are more severe (Budig and Misra 2010). Additional research has replicated wage penalties for nurturant and reproductive

¹ Some countries are exceptions. For example, both men and women in Sweden earn bonuses for engaging in care work, and women earn bonuses for engaging in care work in Germany and the Netherlands (Budig and Misra 2010).

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occupations (Barron and West 2013; Duffy 2007) and among occupations with higher levels of emotional labor demands, such as those in care work (Glomb, Kammeyer-Mueller, and Rotundo 2004). Taken together, this research suggests that working in occupations involving care reduces earnings for both women and men.

Importance of Care Workers During COVID-19

The COVID-19 pandemic highlighted something that many care theorists already know: care work is essential to a functioning society. Yet, even as care workers were praised for their commitment to their patients and students during the COVID-19 pandemic, many continued to experience low wages, despite their increased workload and hazard. For example, Gautham, Smith, and Folbre (forthcoming) found that essential workers in care services (health, education, and social service industries) were paid less than other essential workers with comparable personal and work characteristics (those in law enforcement, support and waste services, transportation, agriculture, retail, and financial industries). Relatedly, op-eds with headlines like “America Never Valued Care Workers. Then a Pandemic Hit” (Covert 2020) and “Essential but Undervalued: Millions of Health Care Workers Aren’t Getting the Pay or Respect they Deserve in the COVID-19 Pandemic” (Kinder 2020) highlight the economic impact of the COVID-19 pandemic on care workers already experiencing challenges in their workplace.

The care shortage and worsening conditions make it all the more urgent to understand *why* low wages persist in care work. Several sociological and economic theories have been used to explain these low wages, including the *fears of commodification argument*, and the *devaluation hypothesis*, which we will review below. One way we might imagine that care workers could increase their wages would be through labor organizing. But, as we posit in this chapter, care workers face unique opposition when they organize for better working conditions

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and higher pay. We argue that this unique opposition is moral outrage, and we will outline why we think that care workers might elicit outrage (from some) when they organize. Finally, we will provide evidence that paying care workers is critical to preventing their exploitation (Walker 2007). We will present some preliminary data to suggest that this is the case.

Why do Low Wages Persist in Care Work?

At the core of the issue that care workers face is a perception that there is a tradeoff between love and money in their work. First, we outline *the commodification argument* and *the devaluation hypothesis*, which each seek to explain low wages in care work through this broad lens. Then, we turn to our main question about care workers and labor organizing and find that perceptions of this same tradeoff contribute to the outrage care workers face.

The Commodification Argument

One way that people have tried to understand why low wages persist in care work is by exploring the market value of care. Many of the views surrounding paid care emerge from dualistic views about gender; because males and females are opposite, beliefs about “women, family, love, and altruism” are distinct from beliefs about “men, rationality, and market-exchange” (Nelson and England 2002). This dichotomy suggests that it is not possible for love and money to exist in the same place (just as men and women cannot exist in the same place) or that waged labor can only erode or contaminate the value of love (Zelizer 2002). What these views are essentially debating is the boundaries that exist between objects that can be commodified and those that cannot.

Proponents of economic imperialism (Boulding 1969) favor the idea that everything can be explained in terms of a market transaction. Commodification is the process by which objects (activities, skills, etc.) are represented in terms of market transactions, particularly through an

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exchange of money (Carvalho and Rodrigues 2015). Two major arguments dominate the debate surrounding what, and when, objects should be commodified: the separate spheres thesis, which proposes that separate spheres exist for the market and non-market, and an opposing view that suggests there is room for complex relationships between market and non-market values (they are not dichotomous). We focus on the former in thinking about the commodification of care.

The separate spheres thesis argues that boundaries exist between objects that can be commodified and those that cannot. Sandel (1998) makes this point clear through discussions surrounding the moral limitations of commodification, as justified by concerns regarding coercion and corruption. First, Sandel (1998) argues that market exchanges are not always voluntary. Consider an individual who chooses to sell their organs. Although the individual may consent to selling their organs, they may be constrained by economic inequality (e.g., the need to buy food for one's family). That is, even where there appears to be consent in a market transaction, coercion may still exist in the background due to unfair conditions. Second, Sandel (1998) argues that moral and civic goods can be corrupted if they are given market values. Here, selling organs would be degrading for both the rich and poor, because it violates the sanctity of human life. Taken together, these claims suggest that there are certain goods that cannot be given market values.

Some scholars suggest that certain types of labor (e.g., reproductive labor) should also exist outside of current labor markets. According to this view, extending the market to include the personal and private spheres, as in surrogacy or sex work, is improper because it fails to respect the intrinsic nature of reproductive or sexual labor (Satz 2010). Instead, many argue that reproductive labor should exist outside of other forms of human labor because it is fundamentally different, either because of biological features involved in the work (Satz 2010) or

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because it is more central to a woman's identity than productive labor (Pateman 1988). These views have been coined the essentialist thesis, because it holds that reproductive labor is *essentially* something that should not be bought and sold.

In short, arguments against the commodification of care rest on two key points: that certain goods would lose their intrinsic values if they were commodified, and that care labor is intrinsically different than other forms of productive labor because it represents essentialist differences between women and men. It is within this space that most discussions surrounding care reside.

Commodification and quality of care

Care is often thought to exist outside of the market. However, market values are already given to care, as individuals are already paid to provide love and affection to others in paid care professions (e.g., in nursing). Reminding others that care is commodified shifts the discussion from whether market values *should* be given to care (and how much), to whether higher pay in care work corrupts the moral value of care. In other words, the discussion shifts toward fears that commodification (i.e., via higher pay) will reduce the interpersonal elements that give care work meaning (we hereafter refer to this as the “fear of commodification”).

Some evidence shows that these fears ring true for many Americans. For example, while acknowledging that some care workers do provide genuine care, feminist economist Himmelweit (1999) claimed that paying for care reduces its quality and authenticity; genuine care remains only if it resists complete commodification (Himmelweit 1999). Similarly, Held (2002) argues that the value of care only remains if it exists outside of the private sector, where market norms prevail. Finally, McCloskey (1996) wrote that if childcare “were paid labor, the love would disappear. Love in this regard is the *opposite of market exchange*.” Representative of these fears

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is evidence that including gifts in market institutions makes them devoid of their intrinsic value (Anderson 1993) and that extrinsic motivators can diminish intrinsic motivation (Frey 1997; Deci, Koestner, and Ryan 1999).

To date, no quantitative work has directly examined the fear of commodification in care work. In this chapter, we propose one measure that captures fears surrounding the commodification of care and attempt to distinguish those fears from beliefs about gender.

The devaluation hypothesis and the gender pay gap

As mentioned in our previous section, beliefs about care work are grounded in one's beliefs about women and family, and men and work. This dichotomy has inadvertently led to occupational segregation (i.e., women's increasing participation in paid care work), has contributed to a widening gender pay gap, and has led to the devaluation of care.

Women's labor force participation has been at a steady increase over the last few decades (56.8 % in 2016 compared to 20% in 1900). Yet, while the gap between women and men's labor force participation is decreasing, there continue to be differences in women and men's wages, in large part due to occupational segregation (Blau and Winkler 2017). Women are concentrated in office and support occupations (e.g., secretaries), service occupations (e.g., childcare workers), and professional care occupations (e.g., teachers, registered nurses). In other words, women are concentrated in occupations with low pay. Some research has shown that predominantly female occupations pay less than predominantly male occupations after adjusting for skill requirements and working conditions (e.g., Barron and West 2013; Budig and Misra 2010; England, Budig, and Folbre 2002). These penalties are faced by both women and men in predominantly female occupations. Unsurprisingly, care work demonstrates this same pattern. Women and men in occupations involving care face a wage penalty. Analyses of interactive service work (a broader

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category that subsumes care work, such as waitressing) find that both men and women earn less in occupations in this broad category of work. Similarly, jobs associated with nurturance (measured by skillset and independently rated by undergraduates) carry a net wage penalty, even after controlling for skill and educational requirements, cognitive demands, and type of occupation (England et al., 1994). Others have reproduced the wage penalties for nurturant and reproductive occupations (Barron and West 2013; Budig and Misra 2010; Duffy 2011; England, Budig, and Folbre 2002), as well as occupations high in emotional labor demands (Glomb, Kammeyer-Mueller, and Rotundo 2004).

Women's lower wages can also be explained by traditional gender roles, particularly women's larger role in household labor. Given that women perform the majority of household responsibilities, including caregiving, they often put in less hours or less effort in their work, contributing to their lower wages. Indeed, Hersch (2009) found that, holding all else equal, increased hours spent on housework were associated with lower wages. To this end, care work faces a wage penalty because it is reflective of work that women are expected to do at home for free.

Association of care with women and mothering

Given that care work is highly feminized and associated with work that women should do for free, it may come as no surprise that care work is viewed as lower in status than other careers. This is reflected in pay gaps between care and non-care occupations (e.g., Allegretto and Mishel 2016; ILOSTAT 2015), lower interest in health and education careers compared to science careers, particularly among men (Block, Croft, and Schmader 2018), and lower perceived worth to society (Block, Croft, and Schmader 2018). Some suggest that the lower perceived worth of care work stems from its association with women and motherhood. That is, because women are

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associated with care, and women are devalued in most societies, care work is also devalued (England 2005). Indeed, most feminist discussions surrounding care suggest that gender is the key explanatory factor for persisting low wages in care work; care is devalued in economic, political, and ethical terms because it is an activity undertaken by women (Fine 2015). To this end, many women undertake the role of caregiver because dependency is central to care, and dependents (i.e., children, the elderly) would be unable to survive or thrive without assistance in meeting their basic needs (Kittay 2013). Unfortunately, naturalizing women's social roles as caregivers can make it seem like they don't need to be compensated for performing care labor (Walker 2007). In taking on the role of caregivers, many women face the consequences associated with care work, namely, low pay.

What's a care worker to do?

For those who wish to stay in the care profession or have no choice, what can they do to improve their conditions? One option, when faced with low wages and poor working conditions, is for the workforce to band together and advocate for higher pay, (i.e., to participate in labor organizing). Labor organizing occurs when a group of workers collectively bargain with their employers, usually in unions, to improve their working conditions and wages. Although labor organizing is generally associated with strikes-the withholding of work to disrupt the workplace-it can consist of a variety of actions, including petition signing, phone banking, and demonstrations, much like other social movements (Carriere 2020). Organizing has brought workers the five-day work week (Sopher 2014), parental leave (Scholar 2016), higher wages (Robin 2021), and policy changes in the workplace (e.g., child labor and anti-discrimination laws; Schuman 2017; Arnesen 2021).

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One component critical to the success of labor organizing is a strong ingroup identity among its workers (Carriere 2020). This poses a challenge for care workers who are employed by private agencies or individual clients because they have no obvious workplace or workplace culture (Stacey 2011). Home care aides and childcare workers, in particular, are employed by several clients and often have very little contact with other caregivers. Unionizing is also difficult for care workers because they may have little time to participate in union activities or may be unwilling to pay union dues, in part due to their low wages. Care workers may also face structural obstacles to labor organizing resulting from their social positionality as a group with intersecting forms of marginalization (e.g., race, gender, and class; Anderson 2010; Gonalons-Pons 2021). Finally, persisting cynicism about unions remains a challenge for unionization among home care workers. Promises of higher wages and greater benefits are not enough to convince aides to pursue unionization (Stacey 2011).

State and federal regulations also influence the likelihood that workers may go on strike. Some legislation, including the Public Employees' Fair Employment Act (i.e., the Taylor Law) in New York (New York Public Employment Relations Board 2021), prohibit teachers and other public employees from going on strike². Other regulations that aim to protect workers often exclude care workers. The Fair Labor Standards Act (FLSA), for example, eliminates conditions detrimental to the standard of living necessary for workers, but did not extend coverage to domestic employees until 1974 (Biklen 2003) and direct care workers until 2015 (U.S. Department of Labor 2013). Questions over whether the FLSA protects other care workers

² The Taylor Law allows for unionization in the workplace and collective bargaining with employers but prohibits strike action. Similar laws prohibit teacher strikes in other states. In fact, teacher strikes are only legal in 13 states as of 2019 (Nittler 2019). This of course, does not mean that teachers will always adhere to those laws.

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remain, particularly under the companionship exemption, which states that workers who provide “fellowship and protection” do not qualify for overtime pay when workers are employed by an individual, family, or household (U.S. Department of Labor 2013). Whether at the state or federal level, legislation today reflects persisting tensions within care work: that there should be a boundary between paid labor and intimate care. In addition to these logistical and legal hurdles, there is a perceived moral hurdle as well.

Care Work and Moral Emotions

In addition to these logistical hurdles, care workers sometimes feel guilt when they organize. Specifically, Huget (2020) found that care workers often experience complex moral emotions (e.g., of guilt) when choosing between withstanding intolerable working conditions or abandoning those in their care. For example, in contemplating the possibility of their own strike, one nurse mentioned that she would feel “very uncomfortable being on strike...[it’s] a humiliating experience.” Similarly, in response to a strike in California, another nurse claimed that “Nurses do not come into this profession to strike...We’re here because we want to provide safe patient care, but our employer leaves us no choice” (Colliver and Bulwa 2011). Nurses, like other care workers, feel conflicting emotions when contemplating a strike³. Third party observers notice the moral conflict too. In talking about teachers on strike in West Virginia, for instance, one student noted that “a lot of them felt down during the strike, like they were failing us by not being in class.” As made clear by both the nurses and students, care workers feel a moral conflict when they make a decision between providing care to their patients (love) or going on strike for higher wages (money).

³ This is sometimes referred to as the prisoner of love argument, because care workers’ attachment to their recipients makes it difficult to withhold services for higher pay (England and Folbre 2003).

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We also see evidence of moral emotions from some observers of care workers who go on strike. But, rather than guilt, we sometimes see moral outrage: Harsh character attributions to those believed to have violated ethical values, often expressed as a combination of anger and disgust (Giner-Sorolla and Chapman 2017). For instance, in response to striking teachers in California, former U.S. Secretary of Education Betsy DeVos condemned teachers by suggesting that they were putting their own interests above those of their students (Balingit 2018). Others condemn healthcare workers who go on strike because it violates an informal agreement: when healthcare workers accept a job offer, they are voluntarily accepting their obligations, which prohibit them from striking in order to protect their patients (Clark 1979; Brecher 1985). Finally, countless examples of op-eds highlight moral outrage against care workers' labor organizing, including "Teachers Unions Bully Cities into Submission" (Washington Examiner 2020) and "Strike Today to Complicate Daycare for Poor" (Kaufman 2004), which highlight outrage against teachers and childcare workers, respectively. The outrage seems specific to the moment when care workers organize, few express outrage over the mere existence of nurses or teachers. It may be that the act of a strike or other demonstration highlights the tradeoff between love and money inherent in care work that is usually invisible or ignored in everyday life.

Understanding Moral Outrage

Sacred values and taboo tradeoffs

Every culture has a set of values they hold to be sacred. The sanctity of human life, the need to protect children, and the need to preserve love and care are just some examples of sacred values. Trading those values against secular values (like money) is considered taboo (Tetlock et al. 2000). For instance, sanctioning an economic market for human organs, selling unwanted

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children to the highest bidder, or selling love, care, and sex, are all seen as taboo tradeoffs because they put a finite value on things that have moral importance (Schoemaker and Tetlock 2012). Sacred values differ from material values in that they incorporate moral beliefs and are thought to be absolute, inviolable, and are thus protected from tradeoffs with other values (Atran and Axelrod 2008).

According to the Sacred Values Protection Model, when observers believe a decision maker has entertained proscribed thoughts, like a taboo tradeoff, they respond with moral outrage (e.g., contempt, anger, and disgust; Tetlock et al., 2000). It is possible that for some, care work can be perceived as a taboo tradeoff because it straddles the divide between activities performed out of love and those performed for pay. We suspect that many do not consider the potential taboo tradeoff in familiar care professions, like nursing and teaching, but that advocating for increased pay and better working conditions can make this possibility salient--and provide justification for opposing strikes, not meeting care workers demands, or pressuring care workers not to organize at all.

A second component of the Sacred Values Protection Model predicts that decision makers will feel tainted by contemplating a taboo tradeoff and will engage in symbolic acts of moral cleansing. In one study, Tetlock et al. (2000) found that participants judged a hospital administrator worse, and rated him as socially tarnished, after he contemplated a taboo tradeoff between life and money. Even when the hospital administrator ultimately chose life over money, participants who read about the taboo tradeoff sought moral cleansing by volunteering in a campaign to increase organ donations. In line with this notion, organizers have found that a majority of childcare workers mobilize only if they could advocate on behalf of the children and preserve their sense of being good care providers (MacDonald and Merril 2002). That is, care

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workers organize when they can maintain their moral selves. In line with the Sacred Values Protection Model, when tradeoffs are unavoidable, workers may resort to reframing taboo tradeoffs as tragic tradeoffs (a tradeoff between two sacred values), by suggesting that labor organizing is necessary in order to protect patient care. In doing so, workers are affirming their commitment to care as a sacred value. Accordingly, it is possible then that third parties will also expect care workers who organize to either frame their efforts in terms of better care for patients or to subsequently engage in acts of moral cleansing or both.

Care is a sacred value

Care is central to all that we do. It is no surprise, then, that care has been established as one of the most dominant concerns in moral decision-making. Within moral psychology, care is framed as the inverse of harm (Haidt and Graham 2007). As discussed by Haidt and colleagues, the harm/care foundation evolved from mothers' needs to protect and care for their children. As such, harm/care is triggered by signs of suffering and is characterized by kindness, compassion, and nurturance toward victims of harm (Haidt and Graham 2007). Some researchers argue that harm is the most basic moral concern, and that all other concerns essentially reduce to concerns of harm (Schein and Gray 2015; Gray, Young, and Waytz 2012). In other domains of research, care has been given specific attention. Feminist scholars have emphasized an *ethic of care*, which takes responsibilities, relationships, and dependencies into account in moral reasoning (Gilligan and Attanucci 1988; Noddings 2012). Unsurprisingly, the ethics of care shape care work. Nurses, for example, apply the ethics of care into practice by establishing their moral commitment to make intentional connections with their patients as part of their profession (Lachman 2012).

Present Research

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In sum, we are expanding the Sacred Values Protection Model to help us understand the dilemma faced by care workers who want to advocate for better working conditions (Huget 2020), and specifically, the outrage that care workers face when they do. While the Sacred Values Protection Mode has been previously used to understand opposition to some forms of care labor (e.g., sex work; Schoemaker and Tetlock 2012), this is the first time that it has been used to understand moral opposition to labor organizing. Accordingly, the primary goals of this research were to examine whether perceptions of love and money in care work were associated with support for teachers' labor organizing and the desire to see teachers "morally cleanse" after contemplating a strike. To do this, we created novel measures of support for labor organizing, fear of commodification, and taboo trade-offs. We predicted that increased perceptions of love and money in care work would be negatively associated with support for care workers' labor organizing. In this study, we focused on teachers' labor organizing because they are historically met with the most (visible) moral outrage when they organize, as indicated by popular media headlines showcasing opposition (e.g., Domanico 2020). Importantly, at the time of data collection, teachers were also preparing to return to in-person teaching during the pandemic and were ramping up their organizing.

Methods

To test this, we collected data from 40 consenting participants, recruited through Prolific, an online survey platform. Participants ranged in age from 18–58 ($M_{\text{age}} = 29.15$, $SD_{\text{age}} = 10.25$, 53% Female, 45% Male, 63% White). All respondents were paid \$1.10 for their participation and were debriefed at the end of the study. Post-hoc sensitivity analyses using G*Power confirmed that our sample provided us 92% power to detect a significant relationship between fears of

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commodification and support for labor organizing ($r = -.50$), and 99% power to detect a relationship between taboo tradeoffs and support for labor organizing ($r = -.70$).

Materials

Strike scenario

Participants read through a strike scenario adapted from a decade-long battle between the United Federation of Teachers and New York City (Brody 2020). In the scenario, as in real-life, teachers were demanding money that they were owed from the city. The strike scenario read,

“In 2014, New York City and its teachers’ union struck a deal to secure a \$900 million back pay (i.e., payment for work done in the past that was withheld) for its teachers. Now, NYC officials say they can’t afford to pay the lump sum owed to its teachers because of the COVID-19 pandemic. The officials claim that the delayed payment will help the city save money during a time of fiscal crisis. The teachers’ union says they are owed the money, especially as they are also facing hazardous conditions in the classroom during the pandemic.

The teachers’ union **will consider going on strike** in protest over the city’s decision to delay the final payment the teachers are owed. The teachers are demanding that the city pay them the lump sum owed before they return to teaching.”

Support for teacher’s organizing

Strike attitudes

We generated three items to measure attitudes toward the teachers’ strike: “Is it appropriate for the teachers to consider a strike?”; “Is it reasonable for the teachers to consider a strike?”; “Is it justifiable for the teachers to consider a strike?” (1 = *Not at all* to 7 = *Extremely*).

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The combined items obtained high reliability, Cronbach's $\alpha = .85$, and were used to create a composite measure of strike attitudes.

Support for labor organizing

We generated nine items to assess support for teachers' labor organizing. Sample items included, "It's okay for teachers to go on strike in order to get the money they are owed)" and "Teachers should be happy with the wages they currently have" (reverse-scored). Items were rated on a Likert scale (1 = *Strongly disagree* to 7 = *Strongly agree*) and obtained high reliability, Cronbach's $\alpha = 0.87$.

Moral cleansing

We generated five items to measure the desire to see workers morally cleanse (i.e., affirm their commitment to their students) by engaging in more acts of unpaid labor: Whether the teachers go through with the strike or not, they should "volunteer for overtime"; "Work extra shifts, even if it is unpaid"; "Stay late helping students manage stress"; "Put in extra hours taking care of their students, even if it is unpaid"; and "Show they are in their profession for more than just money" (1 = *Strongly disagree* to 7 = *Strongly agree*), $\alpha = 0.81$.⁴

Perceptions of love and money

Fears of commodification

We generated three items to measure fears of commodification in care work: "Teachers' wages must stay as they are to make sure that only the most passionate people are teachers"; "Higher pay in teaching could lower the interpersonal elements that make students feel cared

⁴ For similar reasoning about the relationship between passion in work and exploitation see Kim et al., 2020.

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for”; and “If teachers' wages go up, there would be an influx of workers who gravitate toward teaching just for the money” (1 = *strongly disagree* to 7 = *strongly agree*), Cronbach's $\alpha = .63$.

Taboo tradeoffs

We generated eight items to measure how offensive or permissible participants perceived care work to be, e.g., “Paying someone else to raise your child”; “Paying someone else to wash and clothe your sick relative” (1 = *Not at all offensive* to 7 = *Highly offensive*), Cronbach's $\alpha = .58^5$. The full scale is listed in the appendix.

Gender theories

Given the *devaluation hypothesis*, we were also interested in examining whether endorsement of gender norms and their associated roles in society moderated support for labor organizing. We used two measures of beliefs about gender: sex role essentialism and beliefs in social roles. We chose these theories because they capture beliefs that men and women have separate and natural skills because of their sex, which determine how they should act in society.

Sex role essentialism

Six items from the Modified Sex Role Egalitarianism Scale (Gordon 2016) were used to measure essentialist beliefs because they captured feelings about women as caregivers and beliefs about the types of jobs that women should work in. Sample items include, “Women are naturally inclined to be more caring and nurturing” and “Women are naturally inclined to excel in jobs such as secretary, nurse, and teacher” (1 = *Strongly disagree* to 7 = *Strongly agree*), $\alpha = 0.92$.

⁵ Deleting one item did not drastically improve the reliability of the scale ($\alpha = .58$ compared to a $\alpha = .61$ with item removed), so we included the full range of items.

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Social roles

Four items from the Social Roles Questionnaire (Baber and Tucker 2006) were used to measure attitudes about women as workers. Sample items include, “Some types of work are just not appropriate for women” and “Mothers should only work if necessary” (1 = *Strongly disagree* to 7 = *Strongly agree*), $\alpha = 0.79$.

Demographics

Finally, participants indicated their gender identity, age, race, political identity, and occupation status (i.e., whether they were care workers).

Procedure

After informed consent, participants were told that they would be reading about workplace experiences during the COVID-19 pandemic. Participants were then given a scenario regarding a teacher union’s threat to strike for back pay (i.e., teachers wanting the money they are owed). Next, participants responded to questions about how appropriate they thought it was for the teachers to consider a strike, how much they supported teachers’ organizing, and their desire for teachers’ moral cleansing (questions presented in random order). Finally, participants answered questions regarding tensions of mixing love and money in care work (i.e., fears of commodification, taboo tradeoffs), beliefs about gender norms, and the demographic questions. Participants were debriefed at the end of the survey.

Results

Overall, participants were strong supporters of teachers’ labor organizing ($M = 5.54$, $SD = 0.99$) and had positive attitudes toward the teachers’ strike ($M = 5.31$, $SD = 1.37$). Below, we examine unique predictors of support for and attitudes toward the teachers’ strike.

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In line with our hypotheses, fears of commodification, $r = -.48$, 95% $CI [-.69, -.20]$, $t(38) = -3.40$, $p = .002$, and taboo tradeoffs, $r = -.61$, 95% $CI [-.77, -.36]$, $t(38) = -4.71$, $p < .001$, were negatively associated with strike attitudes. Similarly, fears of commodification, $r = -.50$, 95% $CI [-.70, -.22]$, $t(38) = -3.55$, $p = .001$, and taboo tradeoffs, $r = -.70$, 95% $CI [-.83, -.50]$, $t(38) = -6.06$, $p < .001$, were negatively associated with support for labor organizing. As fears of commodification and perceived taboo tradeoffs in care work increased, attitudes toward the teachers' strike and support for labor organizing decreased (see Figure 1).

Fig. 1. Scatter plot and fitted regression lines depicting increases in fears of commodification and taboo tradeoffs are negatively associated with strike attitudes (top panel) and support for labor organizing (bottom panel).

Finally, consistent with the Sacred Values Protection Model, fears of commodification, $r = .35$, 95% $CI [.04, .59]$, $t(38) = 2.29$, $p = .03$, and taboo tradeoffs, $r = .46$, 95% $CI [.18, .68]$, $t(38) = 3.23$, $p = .003$, were positively associated with the desire to see teachers morally cleanse (see Figure 2). These results were unaffected by participant gender, p 's $> .05$, indicating that both men and women are less supportive of teachers' labor organizing when they perceive teaching as trading love for money.

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Fig. 2. Scatter plot and fitted regression lines depicting increases in fears of commodification and taboo tradeoffs are positively associated with desire for moral cleansing.

In an exploratory fashion, we were interested in examining whether endorsement of gender norms moderated any of the previous relationships. We did not find that sex role essentialism and beliefs in social roles moderated the relationships between perceptions of love and money and strike attitudes, support for labor organizing, or desire for moral cleansing (all p 's $> .05$). When looking at endorsement of gender norms as individual predictors, we found that sex role essentialism, $r = -.58$, 95% $CI [-.75, -.32]$, $t(38) = -4.36$, $p < .001$, and beliefs in social roles, $r = -.53$, 95% $CI [-.72, -.26]$, $t(38) = -3.82$, $p < .001$, were negatively associated with strike attitudes. Similarly, sex role essentialism, $r = -.44$, 95% $CI [-.66, -.15]$, $t(38) = -3.04$, $p = .004$, and beliefs in social roles, $r = -.58$, 95% $CI [-.75, -.33]$, $t(38) = -4.37$, $p < .001$, were negatively associated with support for labor organizing. Beliefs about gender norms did not influence the desire to see teachers morally cleanse, (all p 's $> .05$). In sum, both attitudes about tensions between love and money in care work, and attitudes and gendered roles in society, each separately explain variation in support for teachers' labor organizing, providing some support for all three theories to reviewed above, *fears of commodification*, *the devaluation hypothesis*, and *the Sacred Values Protection Model*.

Discussion

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In the present research, we found evidence that perceptions of a tradeoff between love and money in care work were negatively associated with attitudes toward teachers merely contemplating a strike and support for teachers' labor organizing – and the desire to see teachers who contemplate a strike engage in moral cleansing. These results remained even when we accounted for beliefs about women as caregivers (i.e., sex role essentialism, beliefs in social roles) and participant gender. Altogether, our research provides preliminary evidence that perceptions of love and money in care work are associated with opposition to care workers' labor organizing and are distinct from beliefs about women as caregivers.

We also found that sex role essentialism and beliefs in social roles negatively predict support for teachers' organizing. Importantly, both of these theories are used to enforce women's roles as mothers and caregivers. And, as we know from the *devaluation hypothesis*, the association of care work with mothering reinforces the idea that care labor should be performed without pay. Organizing for higher wages violates this belief. Critically, organizing for better working conditions is also *agentic*, which women are stereotyped not to be (Heilman and Caleo 2018). For those who strongly endorse essentialist beliefs about sex and the roles that people of different sexes are meant to take on in society, the agentic act of organizing may go against the roles that females are meant to inhabit, and may therefore penalize women who advocate for higher pay, including care workers. It could be the case that care workers who negotiate for higher compensation face social consequences because negotiations are associated with the masculine stereotype of the breadwinning man and contradicts the normative expectation of women as caregivers (e.g., Eagly 1987; Bowles, Riley, and Lai 2007).

Implications

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These novel findings contribute to a growing literature in sociology, philosophy, and feminist economics by bringing together theories on care from different fields (e.g., Gilligan 1993; Kittay 1995). To this end, this research is the first to relate the belief that care cannot be commodified with opposition to labor organizing. Importantly, this research does not argue that care *shouldn't* be commodified. Rather, we propose, like many feminists before us, that thinking about the commodification of care – either as a payment for services with a price set by market mechanisms or as a subsidy that makes care work possible (Kittay 2013) – is important for preventing exploitation.

We have also generated measures for different perceptions regarding support for care workers' labor organizing and connected this to beliefs about gender essentialism. Historically, conversations about gender essentialism and labor organizing have not intersected, especially within philosophy. But, as we show, there is a relationship between the two spheres. In order to improve the working conditions of care workers (and other workers whose professions are tied to essentialized identities), we must consider how features of identity that are seen as defining of the person, immutable, and non-optional for holding that identity, can make advocating for change uniquely difficult.

Although we provide evidence for this relationship, many feminists have already noted this in their writing about care. For instance, one feminist scholar claimed that there is a fine line between naturalizing women's social identities as caregivers and exploiting them (Walker 2007). To prevent exploitation, public policies must therefore recognize that many people have social identities that make care and work interconnected and focus on balancing the responsibilities of the two (Robinson 2006). Scholars can also work to distinguish between natural and ethical caring, because the former suggests that people do not need to be paid to provide care.

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Finally, this research is the first to apply the *Sacred Values Protection Model* to labor organizing by proposing that care workers face moral outrage when they organize because they highlight the tradeoff between love and money inherent in their work. This tradeoff poses a non-negotiable conflict for care workers, in that it becomes impossible to satisfy their desire to maintain care as a sacred value while also successfully seeking higher wages (Tessman 2014).

In summary, our research has implications for the way that scholars talk about care work. Commodification, though it is seemingly in conflict with ideas about essentialism and the sacred value of care, is actually one mechanism through which care workers can be protected.

Limitations and future directions

Our research had several limitations. First, the study does not include a representative sample, from which we can accurately generalize our conclusions. Most of the participants in our study were White (63%) and from middle to upper-middle class backgrounds (65%). It is likely that our participants did not reflect the attitudes that most Americans feel toward care workers because care work tends to be lower in status. Future research should explore opposition to care workers' labor organizing among a sample that is racially and economically diverse. Relatedly, care occupations are also segregated by race and may lead participants to reference the racial stereotypes of caregivers. For example, immigrants, Latinas, and Black women are overrepresented as childcare workers and home care aides (relative to their proportion of the U.S. population), while most nurses (73%) and teachers (79%) are White women (U.S. Department of Health and Human Services 2019; U.S. Department of Education 2020). Future research can explore the role of race in support for care workers labor organizing.

Second, our distribution of support for labor organizing was negatively skewed. Although there was some variability in support among our participants, most were in favor of teachers'

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labor organizing, despite evidence that opposition exists in the real world (Balingit 2018; Darby 2018). One reason we may not be getting the full range of opposition is because it may be driven, in part, by political ideology. Moral outrage against teachers' labor organizing tends to come from conservative voices, as evidenced by popular media outlets (e.g., Markowicz 2021). Indeed, exploratory analyses show that conservatism is negatively associated with strike attitudes, $r = -0.58, p < .001, 95\% CI [-0.76, -0.33]$, support for labor organizing, $r = -0.74, p < .001, 95\% CI [-0.85, -0.56]$, and positively associated with the desire to see teachers morally cleanse, $r = 0.38, p = .02, 95\% CI [0.08, 0.62]$. This suggests that political ideology may drive opposition. Much more research is needed in order to understand the factors that drive support for labor organizing. Further research should expand to other more indirect measures of support for labor organizing efforts to minimize potential confounds with political ideology.

Third, our taboo tradeoffs scale had low reliability among its items. One reason this may have occurred is because this is the first time the Sacred Values Protection Model (Tetlock et al., 2000) has been applied to labor organizing, and adapting the scale into another domain can reduce its reliability. Taboo tradeoffs in care work also have large variability. For example, some might find it offensive to pay another person to *breastfeed* their child, but not *take care* of their child. Future research should expand the number of items and increase the ways taboo tradeoffs are measured within care work. Further research should hone this measure.

Finally, our work is limited by a lack of discriminant validity. Although we were able to establish that tensions between love and money predict opposition to care workers' labor organizing, we were unable to establish that the phenomenon exists in care work alone, because we did not compare support for teachers' labor organizing to organizing in other occupations. It is possible that fears of commodification and perceived taboo tradeoffs are associated with

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opposition to labor organizing in *any* occupation. Future research should compare support for labor organizing between care workers and those in other occupations, including truckers and auto workers, which have a deep history of collective action in the United States (International Brotherhood of Teamsters, n.d.; United Auto Workers, n.d.).

Making care count

As demonstrated in sociology and feminist economics, there is a care shortage in the United States (Haddad, Annamaraju, and Toney-Butler 2021; García and Weiss 2019; Espinoza 2017). Nurses, teachers, and home care aides face high turnover rates and an inability to fill their vacancies due to low wages and difficult working conditions, especially during the pandemic. One of the primary reasons for the undervaluation of care work, as we have established throughout this paper, is the struggle to give a monetary value to care. So, how can we make care count?

Perhaps the most important way that scholars can increase public recognition of care work, including support for labor organizing, is by building a vocabulary that adequately captures the whole of care work – the interpersonal relationships, skilled interventions, and technical expertise involved in the work. Essentially, this involves shifting the conversation from thinking about care work as pitting love *versus* money, to thinking about care work as being at the intersection of love *and* money. Scholars can do this in two ways. First, and in line with some of the strategies care workers use to advocate for higher wages, care workers can frame their work using a vocabulary of skill (i.e., highlighting technical skills) and virtue (i.e., highlighting the relational components of care work) to highlight the complexity of care work (MacDonald and Merrill 2002). Second, in line with the Sacred Values Protection Model, care workers can reframe labor organizing as necessary in order to protect patient care. By reframing the taboo

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tradeoff in care work as unavoidable (e.g., a tragic tradeoff), care workers may reduce moral outrage toward their organizing. Regardless of the strategy chosen to increase support for care workers' labor organizing, changing the vocabulary used to talk about the skills involved in care work can help increase the efficacy of care workers' labor organizing.

Conclusion

In this chapter, we demonstrate that opposition to care workers' labor organizing can be partly explained by how much people view engaging in care work as trading love for money. Specifically, we found evidence that care work may be perceived as a taboo tradeoff because it blurs the divide between activities performed out of love and those performed for pay, and this tension becomes salient during strikes. Understanding the unique challenges that care workers face when organizing is a critical first step in increasing public support for care workers' labor organizing.

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