Like women, men who are hands-on care workers also experience a wage penalty.

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With the decline of the manufacturing-based economy there is evidence that more men are moving into care work occupations, jobs which have tended to be lower paid than others, when all factors are held equal. In new research, **Janette Dill** *examines what happens to men when they enter feminized occupations such as care work. She finds that in lower-skilled direct care occupations, such as nursing assistants, men earned 10 percent less than their blue-collar counterparts. When it came to more skilled frontline allied health occupations such as ultrasound technicians, men earned 22 percent more showing evidence of a 'glass-elevator' effect.*

The shift from a manufacturing-based economy to a service-based economy – sometimes referred to as The New Economy – has been very difficult for low- and middle-skill men, or men without a four-year college degree. Their wages have stagnated or declined, and job availability in many traditional male-dominated occupations, such as manufacturing and production, has decreased. Given this context, there is some evidence that more men are moving into care work occupations, or work that contributes to the physical, mental, social, and/or emotional well-being of others and whose primary labor process involves face-to-face relationships with those for whom they care. But how do low- and middle-skill men fare when they enter care work occupations?

It is well documented that occupations that involve paid care work such as child and health care, are valued less; care workers earn lower wages compared to other workers when we take into account other work-related factors, such as education and work experience.

Further, most care work occupations are feminized occupations, meaning that the majority of workers in these occupations are women. In some common care work occupations, such as home health aides or nursing assistants, women make up as much as 95 percent of the workforce. Feminized occupations typically pay less than occupations where the workforce is predominately male, but feminized *care work* occupations are devalued to an even greater extent.

Past research has shown that in many cases, when men enter feminized occupations, they are more likely to earn higher wages as compared to their female counterparts. Men are said to ride the "glass escalator" in pink collar occupations because of their higher likelihood of being promoted, or because they locate themselves in specialties that have higher compensation or prestige.

Given that wages are devalued in care work occupations, we wanted to know: *Does the "glass escalator" help to compensate for the devaluation of care work in terms of men's wages*? In recent research, my colleagues and I used low- and middle-skill health care workers as a case study to examine how men fared in low- and middle-skill care work occupations. These are jobs that are in high demand in today's economy, due to growth in the health care sector.

We distinguished between two groups of health care workers based on the level of training required to work in an occupation. *Direct care occupations* typically require a limited amount of post-high school training or a vocational certificate and include workers such as nursing assistants, patient care technicians, and home health workers. *Frontline allied health occupations* usually require an associate's degree or equivalent training and include workers such as respiratory therapists, ultrasound technicians, and surgical technicians.

On one hand, we found evidence that men experienced a wage penalty for working in care work occupations. When we looked at men who were direct care workers, or those care workers who provide a high level of hands-on care for patients, we found that men across all racial/ethnic groups experienced a “wage penalty” as compared to the general male workforce. When we made comparisons between occupations, we found that direct care workers earned 10 percent less than their blue-collar counterparts in production occupations. This suggests that even in today’s economy, where manufacturing jobs have declined in availability and job quality, men in direct care occupations still experience a substantial “wage penalty” for working in a feminized care work occupation.

On the other hand, there were suggestions throughout our findings that men did experience some advantages in frontline health care occupations. For example, when we looked at trends in earnings, monthly earnings went up consistently over time for both direct care and frontline allied health workers, while men in service, administrative and office, construction, and production occupations experienced stagnant or declining wages in later cohorts. Rising earnings over time for men in frontline health care occupations may help to compensate for the devaluation of care work occupations.

Further, we found that frontline allied health workers did not have earnings that were significantly lower than the general male workforce. In fact, when we controlled for occupation, we found that frontline allied health workers had earnings that were significantly higher (22 percent) than workers in production occupations. These findings lend support to the idea that, at least within frontline allied health occupations, the “glass escalator” may help to mitigate the devaluation of care work, resulting in earnings that are not lower than other occupations.

In sum, we find that men who are in occupations that are most strongly associated with “women’s work” – direct care work occupations – experience a “penalty for caring.” However, frontline allied health workers do not suffer from the same wage disadvantages and are, in fact, better off than many blue-collar workers. Direct care workers also have greater overall job stability in that they are less likely to become unemployed compared to men in other occupations.

While we find some evidence that the devaluation of care work is reflected in the careers of men in frontline health care occupations, there is also evidence that the advantages that men assume in the world of work and the conditions of today’s economy help to overcome the devaluation of care work occupations.

This article is based on the paper, ‘Does the “Glass Escalator” Compensate for the Devaluation of Care Work

Occupations? The Careers of Men in Low- and Middle-Skill Health Care Jobs' in Gender & Society.

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About the author

Janette Dill – *University of Akron*

Janette Dill, PhD, is an Assistant Professor of Sociology at the University of Akron. She researches job quality and career mobility in today's economy, particularly for low- and middle-skill workers. Her current research focuses on the development of career ladders in health care organizations for low-level health care workers.