



Original article

Sick of Inequality: Gender and Support for Paid Sick Days

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ABSTRACT

Background: The availability of paid sick days (PSD) is on the forefront of policy issues relating to women's health and well-being. Previous research regarding PSD and other forms of family–work balance legislation has linked access to paid time off from work for addressing one's own or another's health concerns to a range of health benefits for working women and their families. In general, public support for such policies is high, but little work has tested the extent to which support extends to PSD. Researchers have yet to engage in a rigorous statistical analysis of public opinion on PSD, including whether opinion varies by gender.

Methods: Using data from a 2013 poll of adults in New Jersey ($n = 925$), we bridged this research gap by conducting the first multivariate analysis of public attitudes toward PSD.

Results: As expected, we found markedly high levels of support for PSD across all respondents, with a preponderance of most sociodemographic categories supporting proposed PSD legislation in New Jersey. We also found that gender was a strong predictor of support for PSD, with women significantly (odds ratio, 1.916; $p \leq .01$) more likely than men to be in favor of such legislation.

Conclusions: We discuss the implications of our findings for future work on PSD as well as for research concerning women, wellness, and work-life legislation more broadly.

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As the number of women in the workforce and the proportion of dual-earner families continue to increase, researchers and policy makers have begun to focus on workplace policies that will help women as well as men to be productive workers and responsible family members. On the forefront of policy issues relating to women's health and well-being is the availability of paid sick days (PSD; also called "earned sick days")—a term used to refer to time off that employees earn and can use to recover from illnesses or care for sick family members. Such policies are of particular importance for female workers. Prior research suggests that women are more likely than men to benefit from sick leave. Women function as society's main caregivers—not only for children, but also for the elderly and the disabled (Heymann, 2000; National Alliance for Caregiving & AARP, 2009;

Smith & Schaefer, 2012). Accordingly, prior work has identified clear differences in leave-taking behavior by gender (Henrekson & Persson, 2004), and has indicated that women miss work more often than men to care for sick children (Smith & Schaefer, 2012).

The presence of young children increases women's, but not men's, likelihood of missing work, and this likelihood is further increased for women with young children. Each child under the age of 6 adds about 5% to the probability that a mother will be absent from work during a single year (Vistnes, 1997). Moreover, poor women are among the sociodemographic groups with the least access to leave: two-thirds of low-income women and three-fourths of very poor women do not get paid when they miss work to care for sick children (Wyn, Ojeda, Ranji, & Salganicoff, 2003).¹ In fact, one study (Oxfam America, 2013)

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¹ Both men and women in lower income brackets are at a disadvantage when it comes to paid sick days; for instance, workers with annual personal earnings at or below \$14,999 are less likely than workers with higher earnings to have access (O'Connor, Hayes, & Gault, 2014).

found that 19% of low-wage working mothers had lost a job from being sick or caring for a sick child.

Previous research regarding other forms of health-related, family–work balance legislation has indicated that public support for these kinds of policies is notably high across socio-demographic groups (Milkman & Appelbaum, 2013), but little work has tested whether this applies to PSD. Although existing scholarship has brought attention to the benefits of providing PSD for workers (Lovell, 2004; Hill, 2013; Miller & Williams, 2012) and has examined patterns in leave-taking behavior (Heymann, 2000; Lovell, 2004; Smith & Schaefer, 2012), no published work of which we are aware has engaged in a rigorous, statistical analysis of public opinion regarding this issue. Some researchers and policy experts have conducted analyses of public opinion regarding PSD, but there has been limited distribution of these results in scholarly arenas and reporting has been primarily confined to brief reports (Institute for Women's Policy Research, 2010; YouGov, 2013).²

Aside from a publication evaluating employers' attitudes toward paid leave in San Francisco (Boots, Martinson, & Danziger, 2009), only three publicly available documents, of which we are aware, have investigated public opinions regarding PSD by sociodemographic group. These documents include a 2010 report from the National Opinion Research Center (Smith & Kim, 2010) and two 2011 reports from the National Partnership for Women and Families assessing the opinions of registered voters in Connecticut (2011a) and in Philadelphia, Connecticut, and Denver (2011b). However, this previous work—although methodologically sound—does not probe whether differences between sociodemographic categories are significant and, for the most part, does not explore relationships between explanatory variables. By testing for statistical significance, we contribute additional rigor. Significance testing suggests both that our findings are not simply the artifact of one particular poll and that differences by group would be replicated upon additional polling in New Jersey.

Further, these prior reports are largely policy oriented and are not geared for academic audiences; our work creates a critical bridge between academia and the policy sphere. PSDs are a crucial political issue at the crux of gender, work, family, and health that should concern both policy makers and academics. In a recent report comparing sick day laws in 22 countries, the Center for Economic Policy Research found that only three countries—the United States, Canada, and Japan—have no national policy compelling employers to provide sick days for employees who needed to miss 5 days of work to recover from the flu (Heymann, Rho, Schmitt, & Earle, 2009). More than one-third of the private industry workers in the United States (39%) are not provided paid time off from work when they are ill (U.S. Bureau of Labor Statistics, 2014). An even greater share of the workforce—54%—is unable to take time off from work to care for sick children without losing pay or using vacation time (Galinsky, Bond, & Hill, 2004). Eighty-three percent of workers go to work when they are ill, and 21% do this because they are saving their sick leave to stay home with ill children (ComPsych Corporation, 2008).

Public support is one crucial catalyst for policy change. In fact, previous research has indicated that voters are inclined to use a candidate's position on the issue of PSD legislation to inform their voting decisions (National Partnership for Women and Families, 2011b, 2014). Although prior work has demonstrated the importance of PSD policies, particularly to the health and well-being of

female workers, it is critical from both a policy perspective and a research standpoint to understand where dissent and agreement arise. Our access to unique data from a Rutgers–Eggleton poll of adults in New Jersey (N = 925) has allowed us to provide, for the first time, a systematic, multivariate analysis of public attitudes surrounding this issue of critical importance to working women. Our findings have implications for work on PSD and other work–family balance policies, as well as for broader scholarship at the intersection of gender, work, and health.

Material and Methods

Study Sample

Data were drawn from a sample of 925 adults in New Jersey who responded to a Rutgers–Eggleton Poll conducted from September 3 to 9, 2013. Using random digit dialing (both landline and cell phone), the survey selected a random sample of New Jersey residents. This telephone poll included 782 landline and 143 cell phone adults.

Any New Jersey adult 18 or over was eligible for the poll, which had a response rate of 22%. The sampling error was ± 3.2 percentage points, at a 95% CI. Data were weighted, based on the most recent U.S. Census data, to be representative of adults in New Jersey. Weighting reflected known parameters in the New Jersey population: gender, age, race, and Hispanic ethnicity.

An assent statement was read to each respondent and the response recorded. The respondent's participation was terminated if she did not give assent. Informed consent was not written or signed. The study was approved by the Rutgers University–New Brunswick Institutional Review Board.

Variables and Hypotheses

We examined the likelihood of favoring (“strongly favoring” or “somewhat favoring,” versus “somewhat opposing” or “strongly opposing”) a proposed PSD bill in New Jersey. Respondents were asked a two questions focusing on the topic of PSD. The first asked whether the respondent favored requiring all employers to provide PSD in general:

Now I'd like to ask you about paid sick days, also called “earned sick days” or “sick pay.” This is time off employees earn and are able to use when they need to stay home and care for their own illness or a sick family member. They can use this time off without losing their job or a days' wages. Not all workplaces offer paid sick days. But some cities and states have passed or are considering laws requiring all employers to provide access to paid sick days for employees. In general, do you strongly favor, somewhat favor, somewhat oppose, or strongly oppose requiring all employers to provide employees with a minimum number of paid sick days to care for themselves or immediate family members?

The second question asked whether the respondent would favor the specific New Jersey legislation:

The state legislature is considering a bill giving all New Jersey employees access to paid sick time. Employees would earn 1 hour of paid sick time for every 30 hours worked. Sick time could be used for the employee or a family member in the event of illness, injury, or domestic violence. This would set a minimum state standard, and employers could provide more sick time if desired. Based on this description, what is your opinion NOW about paid sick days?

² For a summary of available PSD polling data, see Anzalone Liszt Research, 2011.

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