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Don’t Mother Me:

Organizational Inequality and the Role of Care

Nina Winham

**Introduction**

This paper seeks to respond to a significant study of inequality in organizations published in 2020 by John Amis, Johanna Mair, and Kamal Munir. Titled “The Organizational Reproduction of Inequality” (Amis, Mair, & Munir, 2020), the paper offers findings from a survey of 322 articles, books and reports about organizational inequality, from disciplines ranging from management and organization studies to epidemiology and geography. It is a comprehensive effort to understand the role that organizations play in perpetuating inequality in society, and to identify the specific mechanisms within organizational life by which it persists.

The authors conclude their work with an extensive and detailed call for further research into the mechanisms of continued inequality they have identified. Focusing on five organizational practices (hiring, promotion, role allocation, compensation and organizational structuring) and three underlying myths (efficiency, meritocracy and positive globalization) outlined in their work, they pose specific questions to be investigated, and they urge that researchers “reflect on the pictures we paint of organizations” when teaching in business schools (Amis et al., 2020, p. 20).

The goal of this paper (in development) is to explore the intersections between the call to action of Amis, Mair and Munir, and a provocative concept within care ethics called privileged irresponsibility, developed by feminist political theorist Joan Tronto (1993, 2013). Tronto calls this “getting a pass out of responsibility”, whereby a person in a position of privilege is able to deny the care they receive from a less privileged person. This marginalizes the value of care, and with it, the value of the care-provider. She argues that privileged irresponsibility therefore serves to maintain the position of the relatively powerful, even if it is not a deliberate effort by those in power (Tronto, 1993, p. 111).

Tronto’s argument that *inequality* is perpetuated by the denigration of *care* in society is the starting point for enlisting care ethics to respond to Amis et. al. Meanwhile, Tronto’s focus is primarily the political structuring of care within democracy. As a second point of exploration in this paper, I seek to test her concept of privileged irresponsibility and the erasure of care within the landscape of organizational life, where Amis et. al. have clearly documented that power and opportunity are accessible to some and not to others. Is the systematic denigration of care within organizational life – and perhaps, of those who are associated with care, such as women and people of colour – a factor in the inequality faced by mothers in organizations?

**The Organizational Reproduction of Inequality**

The work of Amis et. al. (2020) aims to understand the role that organizations play in perpetuating inequality beyond their boundaries. Despite rising inequality in general, the authors say, “organizations, and the people who work within them, remain largely invisible,” and organizations are viewed as “rational and neutral.” Since organizations bestow significant economic and social opportunities and status, the authors’ purpose was to reassess this assumed neutrality, and to discover whether organizational processes contribute to the larger problem of systemic inequality in society (p. 1). Their work integrated the findings of 232 articles, 76 books and 14 government and institutional reports that examine aspects of organizational inequality, published in the fields of management, organization studies, geology, social psychology, economics, epidemiology, gender studies, cultural studies, race studies, and geography. The authors conclude convincingly that “organizations are sites where inequality is produced and amplified” (p. 24).

Amis et al. began with three questions: *What* are theorganizational practices that reinforce inequality? *How* do these practices reproduce inequality? *Why* are these dynamics of reproduction so persistent and prevalent across different organizations and domains of activity?

Their review identifies five organizational practices where inequality is produced and reproduced: hiring, promotion, role allocation, compensation, and organizational structuring – the *what* and *how* of their questions – noting that these have a cumulative effect (for example, hiring allows access to particular positions; promotions and role allocations flow from those positions; compensation, based on position, helps determine economic outcomes beyond the organization (p. 2)). Within each practice they identify the specific mechanisms that function in the production of inequality. Additionally, they identify three institutional myths, “widely but not necessarily consciously held ideals that are collectively rationalized and largely unchallenged” (p. 2) that bind the practices into an established operating pattern. These myths are efficiency, meritocracy, and positive globalization, which begin to illuminate the *why* of inequality’s persistence.

**Care Isolated: A Brief History**

Care is defined by Joan Tronto[[1]](#footnote-1) as “*a species activity that includes everything that we do to maintain, continue, and repair our ‘world’ so that we can live in it as well as possible.* That world includes our bodies, our selves, and our environment, all of which we seek to interweave in a complex, life-sustaining web” (Tronto, 1993, p. 103, italics in original). Sustainability authors Ehrenfeld and Hoffman (2013) say care “reflects a consciousness of our interconnectedness with the world (the web of life) and the historic recognition that well-being depends on acting to keep these relationships in a healthy state” (p.77).

However, since the 18th century, care has been largely relegated to the private domain of the home rather than the public domain of work and society. As production industrialized and moved out of the home, women were increasingly isolated in the domestic realm, associated with sentiment and care[[2]](#footnote-2) while men became associated with reason, and the “impersonal, extralocal dynamic of the market” (Smith, 2005, p. 14). In the public realm, disinterested “justice ethics” and universalized, rule-based morality took the forefront, and were utilized in the development of most of the institutions prevalent in our society today (Tronto, 1993). Therefore, *care* has not played a significant role in industrial development, the emergence of professional management practice, the formalizing of markets, or the conceptualization of organizational life.

In the public realm of work, feeling and emotion are suppressed, both for employees (“sense-making, belief, and feeling [became] irrelevant as long as they led to correct practice”) (Jacques, 1996, p. 81), and for managers (“the managerial ethic of self-control imposes solemn rules for self-abnegation”) (Jackall, 1988, p. 48). Care is perceived as a private concern; those who require care are perceived as relatively helpless. Being “needy” is a threat to the ideals of autonomy and being “self-made;” it renders the care-receiver “pitiful” and so reinforces peoples’ tendency to deny that they have any needs. (Tronto, 1993, pp. 111-120). Meanwhile “the cultural designation of women as carers” is still prevalent in society (Edgell, 2006, pp. 173-174). And care – everything done to maintain, continue and repair our world – I suggest is evident throughout many lower- and middle-level organizational jobs, from ensuring the photocopier is working and the coffee is made, to putting special effort into maintaining a company’s professional image and uncomplainingly supporting supervisors with any needs that come up. The better you are at these roles, the easier it is to not see them. Privileged irresponsibility is the situation “where those receiving caring services for their needs do not acknowledge that they are dependent on these services in order to live well in the world” (Zembylas, Bozalek, & Shefer, 2014, p. 205); it is the ability of those who hold privilege “simply to ignore certain hardships that they do not face” (Tronto, 1993, p. 121). It’s not hard to imagine how those who are engaged in such roles, or who simply put in an extra effort to ensure the collective well-being, may find themselves devalued or overlooked when it comes time for a step up in power.

**Intersections**

Two of the myths, and three of the organizational practices examined by Amis et. al., suggest an intersection with privileged irresponsibility. First, they say the underlying belief in efficiency creates organizational structures that concentrate coordination and control, and promotional strategies and task allocation which privilege the unencumbered (i.e. non-caregiver) worker. Meritocracy, the belief that individuals advance based on their ability and performance is so well embedded that the authors note both those who benefit from inequality in the system and those who do not tend to believe that the system is inherently meritocratic (p.19), when their discovery shows indeed it is not. Both efficiency and meritocracy appear to be areas where an individual who is associated with care provision might be left behind, either because they are too valuable to lose from their subservient role, or overly associated with less-respected work.

Of the organizational practices that Amis et. al. identify, role allocation is an area likely to be affected by privileged irresponsibility, or at least by the general sidelining of those who provide care. The authors note that although often presented as neutral and value-free, “the allocation and occupancy of roles reflect entrenched values made manifest” (p.8). They identify two important factors that are implicated in inequality: the demands placed on those in particular roles, and the tasks they are given. In terms of demands, there is a question of who is “suited” to a role, with this often leading to the selection for leadership of those who appear least encumbered, or “more committed.” The preference for the “unencumbered, dedicated worker” (p.9) can favour individuals from higher socio-economic brackets, and/or men, who may be able to present themselves as having fewer responsibilities outside the workplace.

Another area of organizational practice is organizational structure, within which the authors examine organizational culture, hierarchies and bureaucracies. Culture includes language that positions men as actors and women as emotional support, excluding women from advancement; male-associated characteristics such as decisiveness, competiveness, assertiveness, and lack of emotion; and tendencies in female-dominated fields to advance males since they may be viewed as less adept at front-line (therefore “female”) roles. Finally promotion, with the authors’ discussion of its related mechanisms of informal networks, access to mentors, and socialization, is an area where association with caregiving might affect an individual’s opportunities.

The question of whether care subjugated through privileged irresponsibility contributes to the organizational reproduction of inequality is one that begs further examination. Even more critical is the question of whether the denigration of care within organizational practice and culture – given organizations’ prevalence in most peoples’ lives – is a factor that perpetuates historic social divides and impedes flourishing for all society’s members. Says Tronto:

Many political theorists have begun to recognize that the most profound question facing us is the question of “otherness”: how to get along with others who are not like us. Yet the disdain of “others” who do caring (women, slaves, servants) has been virulent in our culture. This dismissal is inextricably bound up with an attempt to deny the importance of care. Those who are powerful are unwilling to admit their dependence upon those who care for them. To treat care as shabby and unimportant helps to maintain the positions of the powerful vis-à-vis those who do care for them. … the result is that the others who are thus created are seen as fit only for functional roles, are seen as utterly different from the privileged selves who have dismissed them, and are not thought of as potential equals. (1993, p. 174)

If denying the importance of care is indeed a factor underpinning inequality across society, it seems certain, given the work by Amis et. al., that care denied helps perpetuate the inequality within organizations as well.

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1. with Berenice Fisher [↑](#footnote-ref-1)
2. Tronto rejects the idea that care is an exclusively female domain: “According to Scottish Enlightenment thinkers, 18th century men exhibited the senses of connection, moral sensibilities, attachment to others and to community that are often attributed to women. This historical fact undermines the notion that some biological, psychological, or universal cultural connection links women to moral sentiments.” (p.57). [↑](#footnote-ref-2)