

Winter Newsletter

Volume 59, Issue 2



Inside The Issue

- Note from the Chair 1-2
- Chair of Health Policy and Research Committee 3
- Chair of Teaching Committee 4-6
- Chair of Membership Committee 6
- Chair of Career and Employment Committee 7-8
- Special Topic: Student Networking 9
- Chair of Publications 10
- Publications by Committee Members 10-12
- Student Section 13-15
- Note from the Newsletter Editor 16

Note from the Chair

Welcome to 2023! Your Medical Sociology Council has been hard at work over the past few months, and I cannot wait to tell you about everything happening behind the scenes. But first, I want to wish everyone a happy and healthy new year. Hopefully, 2023 will usher in fewer Covid transmissions and a continued upswing in time spent with family and friends.

We are planning a fantastic slate of sessions for the 2023 ASA Annual Meeting, which will be held from August 17th-23rd in Philadelphia, PA. This year's theme is the "Educative Power of Sociology." Our programming for this year's conference was designed to address timely topics within the field of Medical Sociology that are likely to inform public policy, public health initiatives, as well as medical or clinical encounters and training. They include the following regular sessions:

Medical Mistrust, Misinformation, and Health

The World Health Organization recently identified the problem of infodemics, in which misinformation leads to mistrust and negative health outcomes. This session will explore issues of misinformation and medical mistrust in the context of health outcomes, healthcare settings, or other aspects of the medical encounter or profession. We welcome papers on a wide range of topics that examine these dynamics.

Session Organizer: Jennifer A. Reich
University of Colorado Denver

Reproductive Justice, Health, and Health Care

This session is devoted to reproductive justice in health and/or health care. Papers that are guided by the framework of reproductive justice to examine health inequities or topics in health policy, health technologies, healthcare interactions, medical education, or medical knowledge are especially welcome.

Session Organizer: Miranda R. Waggoner
Florida State University

Racism, Discrimination, and Impacts on Health and Well-being

This session explores the connections between racism, discrimination, and health (broadly defined). We welcome submissions that address these topics at the micro, mezzo, or macro levels.

Session Organizer: Alexis C. Dennis
McGill University

Structural Inequalities, Medicine, and Health

This session investigates the causes and consequences of structural inequalities relating to health and well-being. Papers on any aspect of the medical encounter, medical professions, health care systems, or population health outcomes are welcome.

Session Organizers: Ryon J. Cobb, University of Georgia and Christy L. Erving, University of Texas at Austin

I am indebted to our session organizers, who stepped up and agreed to lend their subject area expertise, logistical skills, and valuable time to ensure our offerings are thought-provoking and engaging. Thank you! In addition, we will be organizing roundtable sessions coordinated by Christina Bijou and Brandon Moore, as well as the Reeder Address and Awards Ceremony and the annual business meeting. I cannot wait to see everyone in Philadelphia! Please note that the deadline to submit a paper or extended abstract to the 2023 Annual Meeting is Wednesday, February 22, 2023, by 11:59 pm.

Even though we are still in the dead of winter, it is time to consider applying for a Section award. Consider submitting someone's name or your own for consideration. We encourage self-nominations. Descriptions of Medical Sociology Section awards can be found on the ASA website here: <https://www.asanet.org/communities-and-sections/sections/section-award-nomination-calls/#medicalsociology>.

Please note that in addition to the five awards listed, we will also offer a sixth one – the Louise Johnson Scholar Award, which honors a medical sociology graduate student. The winner will receive travel funds of up to \$500 to attend the 2023 ASA meeting. Selection will be based on academic merit and the quality of an accepted ASA paper related to a medical sociology topic. Papers with faculty co-authors are ineligible. Since only individuals who have had a paper accepted to the 2023 annual meeting will be eligible to apply for this award, we will solicit nominations after ASA has announced paper acceptances. Watch for additional information about the Louis Johnson Scholar Award on ASA Connect. Remember that all nominees must be registered members of ASA to be considered for any of our Section awards.

ASA has announced its 2023 election slate for ASA officers, council members at large, and committee members. Ballots will be distributed in April. You can find more information about the candidates here: <https://www.asanet.org/about/governance-and-leadership/election/>.

The Medical Sociology Section has also been hard at work to put together our slate of nominees to run for several Council positions. A special thank you to Joe Harris, the Chair-Elect of the Nominations Committee, who stepped up at the last minute and worked with me to identify members willing to run for various positions. We now have a diverse, dedicated, and talented group of individuals, and I cannot wait to share their names with you in the near future. Additionally, there will be a question on the ballot asking Section members to approve our new DEI Committee, which was established last year as a permanent standing committee. Please take note of this when filling out your election preferences.

Finally, I would like to remind everyone that we no longer send out bimonthly announcements via our listserv. These have been replaced by the Association's move to ASA Connect. If you have not already checked out this new platform, please do so. This is the only way we have to communicate with Section members now. It is easy to navigate and user-friendly. One of the best features is that individuals can post announcements directly to the rest of the Section. Please note that job postings must have a Job Bank ID number to be distributed via ASA Connect.

I hope everyone's semester is off to a smooth start. And remember, the days are already getting longer. Only 49 days until Spring!

Best,
Cynthia Colen



Cynthia Colen
Chair

colen.3@osu.edu

Dobbs and the Sociological Imagination

Daniel Dohan



In June 2022, a gerrymandered Supreme Court overturned decades of established policy in reproductive health justice. Even as experts and organizations continue to unpack its harms, the Dobbs decision calls for broad attention from our community, including from people in health policy and research whose expertise falls outside the realm of reproductive health (I count myself among that number). This column suggests some potential directions for our sociological imaginations.

As soon as the opinion was issued, media coverage emphasized its potential significance for electoral politics. Dobbs represented the culmination of decades of organizing and political action by interest groups aligned with the Republican Party. Pundits wondered what would happen when the dog finally caught the car. Their immediate expectation was that Dobbs would galvanize Democratic voters. Local and special elections in the summer bore out these predictions, especially the Kansans' vote to reject Value Them Both in August. By November, however, inflated gas prices and Mar a Lago searches had altered the political landscape, and the chattering class wondered if Dobbs had crested prematurely. The mid-terms suggest Dobbs has political legs. Health policy and research must remain engaged with efforts to defend reproductive health rights and equity, and this includes research to shed light on ongoing activities of anti-choice voters and organizations.

Our section's interest in Dobbs goes beyond electoral politics to include its personal and social harms. From a medical perspective, an abortion procedure is routine and safe. However, moral, religious, and political valence has transformed a routine procedure into a complex undertaking. Intensive regulation in federal and state law has produced a shifting tapestry of laws, some banning abortion procedures and others protecting abortion rights. Dobbs added fuel to this already-burning regulatory fire. Medical sociologists can shed light on how this complex landscape practically and symbolically restricts access to abortion and the impact of those restrictions on individual life chances and societal equity. The widely-discussed Turnaway Study is one example of such insightful and impactful work. Our community can advance similar work with implications for health equity and activism.

Biomedical practice is another part of the sociological story. Roe and Casey governed an abortion technology that typically involved an invasive procedure upon a pregnant person's body, a procedure that occurred in a clinical space. Dobbs arrives in an environment where medication has changed abortion's relationship to the body and telehealth has changed patients' relationship with medical spaces. These developments have not escaped politicians' attention, and their responses have produced another patchwork of regulation, restriction, and protection. They also push issues of reproductive health into other social spaces, such as those related to privacy and state surveillance, and health professions training and practice. Our section is well-positioned to advance understanding and action related to these institutional shifts in the reproductive health landscape.

Dobbs directed attention to the meanings and implications of reproductive health justice. This served to underscore and amplify the decades-long work of social science scholars and reproductive health activists regarding the equity implications of abortion restriction. As we approach the submission deadline for the annual sociology meeting, I appreciate and encourage our section's work in this arena and look forward to learning more in Philadelphia.

Daniel Dohan

daniel.dohan@ucsf.edu



CHAIR OF TEACHING COMMITTEE

Magdalena Szaflarski and Katie Sweeney, PhD Student

Medical sociology is the fast-growing specialty in undergraduate sociology education. For this column, we interviewed Dr. Christopher Biga, director of the Medical Sociology Undergraduate Program at the University of Alabama at Birmingham (UAB). The goal was to learn more about motivations, processes, and general outcomes for undergraduate medical sociology curricula and degree programs.

Katie Sweeney (KS), a PhD student, conducted this interview with Chris Biga, PhD (CB).



Christopher Biga
Director of Medical Sociology
Undergraduate Program at UAB

KS: I would like to talk to you about the development, current status, and mission of the undergraduate degree program in medical sociology at UAB. First, please tell me about your role in the Department of Sociology at UAB.

CB: I am the director of the undergraduate sociology program and an associate teaching professor. At the college level, I am an equity advisor.

KS: Please briefly describe the undergraduate med-soc program that you direct. What degree/s do you offer?

CB: In the department, we offer two degrees: a Bachelor of Arts in sociology, within that we also offer a concentration in social psychology. We additionally offer a Bachelor of Science in Medical Sociology. The biggest difference between those is that within medical sociology, besides the focus on the institution of medicine, the classes are heavy on research methods and statistics.

KS: What was the impetus for developing an undergraduate degree program in medical sociology at UAB?

CB: The impetus to develop the medical sociology undergraduate program included three focuses. One - is to give students within the field of sociology a direction that would help them get a job in the medical industry outside of being a doctor or a nurse. So it is more of a job-focused degree compared to the general sociology degree. Second, we were developing the Bachelor of Science part to be heavy in statistics and methodology with the intention of helping students get into graduate school. Third, a lot of students are pre-med, pre-dental, or pre-nursing. Once they get into these programs, they realize they maybe do not want to go the doctor route, and medical sociology gives those students another facet to continue down the medical path but not be on the physical/biological science side and can pursue a dimension on the social science side. Another reason was for students who wanted to go to medical or nursing school but wanted a more holistic path.

KS: What information did you gather to guide you in conceptualizing this program?

CB: I had to demonstrate that we looked into this and there would be jobs for this. This is the country's first bachelor of science program in medical sociology. I looked at state data and job growth within the department of labor and statistics to make inferences that these are careers that are going to be available. Careers in the medical field are growing more and more.

KS: What was the process of developing and getting this program approved? Institutional forces that played a role? Other factors beyond institutional?

CB: There is a bureaucratic system that asks you to do A, B, and C. So yeah, there is a back-and-forth. But the nice thing is that within our college, we have a committee that the sole purpose of the curriculum committee at the college level is to help them get ready for the university bureaucracy. So they say, "alright, you want to put together a program, so let's help you do that." And that's where I got a lot of advice about the program.

KS: Now, let's go over some details of the program. What is the current mission of this program?

CB: The current mission is to provide knowledge and prepare students to either supplement their desires to go into the medical field or to provide critical thinking skills and a scientific understanding of literacy for students wanting to be in the medical industry.

KS: What are the degree requirements? What does the curriculum look like? Describe required and elective courses.

CB: There are 38 credit hours and seven required courses: Intro to sociology, intro to medical sociology, medical sociological theory, quantitative methods, qualitative methods, statistics, and capstone research. And then there are 12 hours for elective courses. We are in a unique place for electives. We have courses in minority health, mental health, aging, human sexuality, drugs and society, biology and society, death and dying, a new course on health and sexuality, and a special topics class on COVID-19. No other university has this many medical sociology courses at the undergraduate level. And this is why we have a Bachelor of Science in medical sociology because we can do it as a department.

KS: What is the interest in this program? How many students do you currently have?

CB: So, we started this program in 2017, and within a year of us having the program, we had students in the pipeline already to earn their degree in medical sociology. We started under 10 majors in 2017. Currently, we also have 52 majors in medical sociology.

KS: What kind of knowledge/career preparation do students get?

CB: The biggest thing is to develop their critical thinking skills and their understanding of the social world around them. We encourage our faculty to be applied in their understanding of sociology. So not just teaching sociology as this theoretical framework and all these relationships, but really getting into the weeds of all these dynamics and how these things have effects on individuals. We encourage faculty to talk about what we can do to alleviate these conditions. It is critical thinking around the institution of medicine and the intersectionality in all these institutions, with the dependent variable being medical sociology. The whole thing is to be very cognizant of the complexities in the medical world. And also developing ways to help adjust and change and benefit those things that we see. Second, because it's a Bachelor of Science degree and they have to take quantitative and qualitative methods, the big focus is that they have their preliminary types of studies that assist and prepare students to know how hard research is.

KS: Please describe the culminating and other special experiences (capstone, honors).

CB: We have a capstone course, and different people teach it. I usually do sociological needs assessments for the city of Birmingham, where they interview people, collect their own data from the county demographers, and try to get information to help make suggestions for what they are researching. We do have an honors program as well, where if they are invited into the honors program based on GPA and class ranking, then they can work with a professor to do secondary data analysis or collect their own data for an undergraduate thesis, where many of those students present at the undergraduate expo. Several of those students have taken that research on to present at state-level undergraduate forums and sociological conferences.

KS: What are the most popular courses? Are these courses popular beyond the med soc majors? Who do they appeal to?

CB: The most popular class is Death and Dying. When Dr. Cindy Cain teaches that it is always full, almost all the electives are very popular. Sex and Gender, HIV and Society, Drugs and Society, Mental Health, they all do really well. We serve a lot of other majors. We are focusing on building a medical sociology minor as a complementary degree to public health, biology, chemistry, and overall, just to be successful in medical school even. None of our courses have prerequisites, so you can take them from any department.

KS: What kind of feedback have you received about the program and courses?

CB: We have 52 majors, and that's the best feedback we are getting. We thought initially there would be 15-20 majors, but now it is more popular than our general sociology degree. A lot of it has to do with students seeing job potential. We have students come to UAB specifically to major in Medical Sociology.

KS: Looking forward, what are your plans for growth/further development?

CB: Medical sociology is not offered at Georgia institutions, so we want Georgia students to come to Alabama and get in-state tuition since they would be coming to a program that is not offered in their own state.

KS: What factors are likely to shape the program going forward? Institutional? External/beyond institutional?

CB: The big one is that given how well the program has been perceived, the next step is to recruit people coming to the program out of high school. Before COVID-19 started, we had started doing talks at local high schools to try and sell the program. Starting in the fall of 2023, we want to get back into doing local tours at high schools in the area, specifically about medical sociology. We also want to recruit using brochures and talks at Georgia high schools. I also want to contact all our graduates to see what they are doing now with their degrees in medical sociology.

KS: Anything else that you'd like people to know about this program?

CB: The goal is that we want people to go into the medical field informed about the social processes of that field.

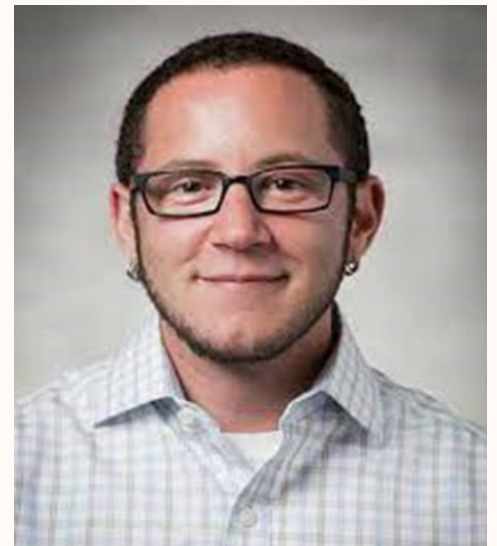
We thank Dr. Biga for his time and for sharing this information. If you would like to learn more about the UAB Undergraduate Medical Sociology programming, please visit [this](#) website.

CHAIR OF MEMBERSHIP COMMITTEE

Hello! This is a gentle reminder to please renew your section membership as soon as possible if you have not already done so. As of Jan. 4, 2023, we have 897 members, which is a slight decrease from the end of the 2022 count when we had 943 members.

ASA section membership renewal serves several important functions: 1. It keeps folks connected to section news, events, updates, and each other. 2. It opens opportunities for awards nominations and serving on committees; and 3. It enables our section to have more sessions during the annual meeting.

If you have any questions or concerns about section membership renewal, have ideas for a membership drive, or would like to join in on the fun of the membership committee, please do not hesitate to reach out to stef shuster, Membership Chair (sshuster@msu.edu)



Stef Shuster
sshuster@msu.edu

Conquering Conferences

TANIA M. JENKINS

I remember my very first ASA. It was in San Francisco, circa 2009 when The Black Eyed Peas' "I Gotta Feeling" was the #1 song on the radio. After waking up the first morning in the most expensive hotel room I'd ever stayed in (until then), I stumbled to the nearest Starbucks to get my caffeine fix. Even in my decaffeinated state, it didn't take long to realize that everyone in line was a sociologist. Lanyards and name badges were ubiquitous, helpfully spelling out everyone's name and institution. When I glanced at the badge of the person standing next to me, my heart nearly stopped. Craig Calhoun. Why did that name sound familiar? Craig Calhoun. Craig Calhoun. Wait - of Calhoun et al. 2007? As in Contemporary Sociological Theory Second Edition's Craig Calhoun, the book we'd read all semester long in social theory? I felt like I was standing next to a movie star. (This was California, after all). I wracked my brain for something witty—or at the very least coherent—to say to the Famous Person standing next to me, but for some reason, nothing sounded right. 'Hey, we read your book in theory class.' No, that sounded lame. 'Hey, are you the same Craig Calhoun who edited a book on contemporary theory?' How many Craig Calhouns could there be?! By the time I had settled on, "Hi, I'm a big fan of your work," he had already placed his order and disappeared, and the barista was staring at me impatiently to get on with it. To this day, I regret not having gotten my act together sooner.

If any of this resonates with you, reader, it is likely because the first (second, third, tenth) time attending an academic conference can be an overwhelming, if not scary, undertaking. It is easy to feel like you don't belong amidst the sea of hundreds, if not thousands, of attendees, all of whom seem to have a better idea of what they're doing than you do. (There's that impostor syndrome rearing its ugly head again). The experience is often even more difficult for individuals from underrepresented and marginalized groups, who can feel downright excluded (it wasn't until recently that gender-inclusive bathrooms were made a priority at ASA, for example). So here are some tips for conquering conferences I've gleaned over the last 10+ years of attending academic meetings, starting with: if you see some Famous Sociologist standing next to you in line for coffee, say hello! Chances are, they'll be delighted to chat with you and feel honored that you're familiar with their work.

Find Your People

First, don't go at it alone. Plan to meet with friends and peers you already know who share similar interests and share the same talks or events together. It will help make the experience less lonely and less awkward to navigate. Also, ask if you can accompany trusted senior colleagues and advisors to events, such as business meetings and receptions, so they can help guide you through the process and introduce you to folks. (see next point).

Now, find new people.

While it may seem tempting to just stick with people you know, actively try to resist that urge. One of the biggest draws of a conference is the opportunity to meet new people. So, attend events for graduate students, junior faculty, and first-time conference attendees to mix and mingle with people who may be similarly new to the scene. Challenge yourself to strike up a conversation with a stranger at a panel or ask for an introduction to a scholar you've long admired. (Or nix the intro and just go and say hello). If there's someone on the program that you'd like to meet with for a longer period of time—say, over coffee—email them ahead of time. Be mindful that some scholars' calendars book out weeks in advance of large conferences like ASA, so if there is someone you really want to meet with, I recommend emailing them 3-4 weeks beforehand.

Build in time to rest.

Now that you've found your people and added new people to the mix, it's time to take a break. I remember crafting a highly curated battle plan for my first ASA. I had folded down dozens of pages in the phone book-like paper program for the panels I wanted to attend, with asterisks, highlighters, and oversize circles indicating which talks in those panels I didn't want to miss. In some cases, I would run from one room to the next, trying to guess when the next talk would start, breathlessly thinking this was what conferencing was all about. And then, inexplicably, my eyelids started getting heavy, and suddenly I needed more coffee than usual. Add in the jetlag, and by the end of the day, I felt like a zombie. Turns out that even for the most extroverted among us, conferencing can be exhausting. What can start out as mental stimulation—the fresh exchange of new research ideas—can quickly turn into mental overload. There's the being "on" all the time, from the early morning hours to late into the night, with colleagues and peers—not to mention potential mentors and employers. And then there's all the usual exhaustion that comes with travel, hotels, and jet lag. So, resist the FOMO just a bit, and plan breaks to rest and recharge so you don't end up overdoing it.

Finally, keep at it.

The truth is, it takes practice and experience to feel comfortable (if not quite at ease) at academic meetings. I don't know if there's an exact number—that would be an interesting sociological study to conduct—but depending on the person, it can take three or four or five or more times attending the same conference before you start recognizing people or people start recognizing you, and for the whole experience to become more enjoyable overall. That's why I often advise new graduate students to get in the habit early of attending conferences; that way, by the time they are more senior and nearing the job market, those conferences will hopefully feel less intimidating and more inviting.

If you have suggested career & employment topics you'd like to see addressed in future newsletters, please send them to: tania.jenkins@unc.edu



Tania Jenkins

tania.jenkins@unc.edu

SPECIAL TOPICS: STUDENT NETWORKING

Building and maintaining professional relationships in academia (and beyond!) can be an elusive science, even for sociologists. Between coursework, reading, service, research, and life, it can be difficult to find the time to build and maintain a strong professional network. Below are some tips and tricks to help you get started:

PREPARE

Before you start sending out “ties” for connection (borrowing a term from social network analysis), you can do some simple things to help make a good impression, and help people remember you. These can include:

- Adding a profile picture to your email or ASA connect account
- Setting up an automatic signature with your name, pronouns, credentials, link to your profile on a department website, link to your CV, or your latest publication information.

The possibilities are endless for email signatures, but you don't want too much information, as it can look busy. Put what you feel is the most important information for people to know about you.

Once you set up your signature, it will automatically be sent with all of your emails, so you don't have to worry about forgetting to include your name, CV, or other important information.



Danielle Maestas

Student Editor Chair

maestas.d@northeastern.edu

BUILD

Sending out introduction emails or messages can be intimidating, but it doesn't have to be. It is important to remember that, generally, most people like it when people are interested in their work.

Since everyone is very busy, keep your email as short as possible. A quick summary about you, where you work or study, and how your research interests align is a good start. If you are inquiring about a position or opportunity you saw, mention it and make sure you include any information the posting asked for.

If you are reaching out to faculty for potential research involvement, it is always a good rule of thumb to include your CV with your introductory email.

Finally, close the email with a request for a potential time to discuss if they are interested and thank them for their time. For example: “If you are interested, I would love to schedule a time to meet over the next few weeks. Please let me know some times that may work for you. Thank you so much for your time!”

MAINTAIN

You've made all of these wonderful connections...now what? It is easy for these ties to get lost in the mix of everything else you have on your plate. One strategy for helping to maintain these new connections is to keep a short communication log you can check periodically to quickly refresh your memory of the last time you spoke with someone and what you spoke about.

This can look like setting up folders in your email box for researchers you've connected with in a specific field of interest or a Google doc with names, dates, and responses that you can search for quickly.

There is also free customer relationship management software, like Hubspot, that is used in the business sector to manage sales relationships but can easily be used to manage any other kind of relationship. You can create contact profiles with their name, contact information and add notes or attachments. You can also sync your CRM with your email account to send emails from within the platform, allowing you to quickly see the last time you talked to someone and what you discussed.

Pro Tip: Be sure to include short notes about other things, like an award they received or an important life event. This will help to build rapport and supply conversation starters for the future.

CHAIR OF PUBLICATIONS COMMITTEE

Eliot Freidson Outstanding Publication Award

The Freidson Award is given in alternate years to a book or journal article published in the preceding two years that has had a major impact on the field of medical sociology. The 2023 award will be given to a journal article published in the preceding two years (i.e., 2021 or 2022, according to copyright for books and date published with a volume number for articles). The book or article may deal with any topic in medical sociology broadly defined. Self-nominations are encouraged. The nominator and at least one author must be current section members. Textbooks and edited volumes are not eligible. When making your nomination, please indicate briefly (i.e., no more than 2-3 paragraphs) the reason for the nomination. Send your nomination letter and journal article by email to Dr. Danielle Bessett (danielle.bessett@uc.edu) with the subject line: 2023 Freidson Award Nomination by March 1, 2023.



Danielle Bessett

I would also like to extend my gratitude to everyone serving on the Friedson award committee this year:

- Alexandra Brewer, Assistant Professor in the Department of Sociology, Wake Forest University
- Kevin Estep, Assistant Professor in the Department of Cultural and Social Studies, Creighton University
- Armando Lara-Millán, Assistant Professor in the Department of Sociology, University of California, Berkeley

We are able to celebrate our community's work because these scholars generously donate their time to the section.

PUBLICATIONS BY COMMITTEE MEMBERS

Coordinating Illness and Insurance Trajectories: Evidence from a Post-Acute Care Unit.

Altomonte, Guillermina. 2022

Abstract:

This article examines how healthcare practitioners incorporate patients' insurance coverage and financial situation into their professional judgment. It does so by introducing the concept of an "insurance trajectory" that healthcare workers must coordinate with their medical management of illness and recovery. Drawing on 15 months of ethnography and 16 in-depth interviews at a post-acute care unit in New York City, this article argues that providers engage in anticipation work to align the tempo of recovery with the timeline of insurance coverage, in order to maximize revenue for the organization and minimize costs for patients. It identifies three modalities of anticipation work from intake to discharge: the creation of roadmaps on which illness and insurance trajectories intersect to predict an ideal discharge date, the synchronization of trajectories to avoid denials of coverage during rehabilitation, and the projection of futures to prevent illness and insurance trajectories from decoupling once patients are discharged. These findings expand our understanding of the effects of managed care on healthcare workers' practices and decision-making.



Guillermina Altomonte
Assistant Professor/Faculty Fellow
New York University

Secondary Emotional Labor: How Female Nurses Respond to the Contradictions of Caring

Hogan and Drentea 2022



Patricia Drentea
Professor
University of Alabama Birmingham

Abstract:

Prior research suggests that caring is in tension with a financially incentivized, technologically-driven healthcare system. Nevertheless, employers, the public, and nurses expect nurses to be caring when providing care to patients and families. This article focuses on nurses' emotional labor strategies when managing emotions related to organizationally imposed interference with caring. We analyzed 27 semi-structured interviews with nurses and found that the unsuccessful performance of emotional labor spills over into the women's relationships at and outside of work. We apply Di-Cicco-Bloom and DiCicco-Bloom's concept of secondary emotional labor to examine our findings and how secondary emotional labor further develops the alienation and exploitation concepts of Hochschild's emotional labor theory. We suggest a structural change in nurses' job design that remedies contradictory caring expectations and supports their emotional labor to prioritize a climate of caring for patients.

Health after Internal Migration: The Role of Age at Migration, Motivations, and Place of Origin and Destination

León-Pérez, Gabriela 2022



Taylor Marion Cruz
Associate Professor
CSU Fullerton

Abstract:

The current study uses longitudinal data from the Mexican Family Life Survey to examine post-migration health among Mexican internal migrants. Results reveal that the characteristics of the migration trip are related to post-migration health, but the effects vary across gender and health outcomes. Compared to migrating for family reasons, migrating for work/education was detrimental for men's self-rated health. On the other hand, women who migrated for work/education and for independence exhibited less depressive symptoms than those who migrated for family reasons. This finding suggest that internal migration may be a vehicle for female empowerment, particularly in the context of a patriarchal society like Mexico which has greatly limited women's migration to the US.

Institutional Role Conflict in the Digital Age: The Case of Diabetes Management at School

Puckett et al. 2022

Abstract:

As the prevalence of pediatric diabetes grows and new technologies to manage diabetes emerge, there is increasing concern about consistency in health management across institutional settings, particularly in schools. While much is known about barriers at school, there are still gaps in understanding the institutional dynamics that shape health management in this setting. Using focus groups with 19 youth with type 1 diabetes (T1D) and applying institutional role theory, we find healthcare providers' recommendations conflict with school rules and norms, making it difficult to enact both the "sick role" and the "student role." These conflicts elicit negative responses from teachers and peers and stigmatize youth with T1D in school. Caregiver involvement often heightens rather than ameliorates conflict and teachers do not intervene in effective ways. Ultimately, youth must manage conflicts and stigma. By reframing challenges in health management as institutional role conflict, this paper contributes to sociological research by highlighting the importance of institutional roles, especially beyond healthcare. More broadly, the study suggests health research and policy should investigate how to better align institutional roles—rather than relying on youth and their families—to support health management of chronic illnesses across institutional settings.



Cassidy Puckett
Assistant Professor
Emory University

Urban Aerial Pesticide Spraying Campaigns: Government Disinformation, Industry Profits, and Public Harm

Vallée, Manuel 2022



Manuel Vallée
Senior Lecturer
University of Auckland

Abstract:

Since the 1990s Canadian, New Zealand and United States governments have administered more than 20 aerial pesticide spraying operations over densely populated areas, exposing thousands and tens of thousands to unwanted pesticide spraying. But why are governments carrying out these spraying operations, who benefits, how have communities responded, what strategies and tactics have government agents used to build public support, and how did cultural factors mediate the outcome?

This book explores these issues by analyzing New Zealand's 2002–2004 pesticide campaign to eradicate the painted apple moth, which is the largest operation of its kind, whether we consider its duration (29 months), scope (26,272 acres at its peak), spraying frequency (spraying occurred on 60 days), or the number exposed (190,000+ people). While the book highlights the government's concern for preserving the maximization of lumber industry profitability, it also sets the response within its historical, cultural and political-economic context. As well, the book elucidates strategies the government pursued to build and sustain public support, which included falsely portraying the moth as a triple biosecurity threat, fostering ignorance about pesticide concerns through suppression, omission, denial, downplaying, diversion, and neutralizing potential sources of inconvenient knowledge.

Student Section

Student Editors



For this issue of the newsletter series on public sociology, we interviewed three sociologists to discuss their perspectives on public sociology and how their work engages in public sociology. Questions and response have been paraphrased to accommodate space limitations.

Anna Mueller

is an Associate Professor with the Department of Sociology at Indiana University Bloomington and a Senior Research Program Leader at the Irsay Family Research Institute. Dr. Mueller's research is focused on how social relationships and social contexts impact health among adolescents, with an emphasis on welfare during the shift into adulthood – with much of this research dedicated to suicidality.



Caroline Tietbohl

is an Assistant Professor in the Department of Family Medicine and a Qualitative Methodologist in the Qualitative and Mixed Methods Core at ACCORDS (Adult and Child Center for Outcomes Research and Delivery Science) at the University of Colorado. Dr. Tietbohl's research focuses on how communication shapes healthcare experiences, especially regarding medical decision-making and its consequences. Her work uses qualitative and mixed methods to investigate how social categories, medical conditions and contexts, and external forces affect clinician-patient communication and contribute to variations in health care.



Reed DeAngelis

is a Doctoral candidate in the Department of Sociology at the University of North Carolina-Chapel Hill and a T32-funded biosocial trainee at the Carolina Population Center. As an interdisciplinary health scholar, Reed is interested in how social institutions and contexts affect individual stress, resiliency, and aging processes. More specifically, he is interested in examining racialized, gendered, and class-based health inequities stemming from interactions and exposures within neighborhoods, families, occupations, universities, the criminal justice system, and religious organizations.



How did your lived experiences contribute to your desire to study the world through a sociological lens?

AM: The common thread throughout my research is how the social environment shapes how we feel about ourselves in terms of our mental and physical health. I've almost always worked on education in schools and thinking about identity formation in adolescence. The more public side of it is that schools need help preventing suicide. Our existing strategies are way too difficult for them. These strategies came out of clinical settings, not school settings – schools work differently. That's why it's so important for us to collaborate with school districts to learn from them as much as we do research on them. It's been a huge joy for me to spend a year and a half in middle school. That's part of being a public sociologist and doing community-engaged research. You don't get to say, "Oh, you know, I'll collaborate when it's convenient for me."

CT: Before graduate school, I worked as a research assistant on a team of health services researchers. Those studies were focused on shared decision-making and the implementation of decision aids, and the goal was to help patients learn about their options and to make more personalized treatment decisions that would reflect their values and preferences. But after graduate school, I got more interested in the communication aspect of how people discuss and arrive at those decisions. I'm now more focused on the social interaction piece, including understanding how social structures are reinforced through interaction. I'm also interested in how communication about health and the outcomes can vary for different groups.

RD: My research interests grew from some transformative experiences I had in my teens and early twenties. I grew up with a single mom who's a clinical social worker, and my first job was working in her office as a file clerk. I remember being shocked at how these seemingly high-functioning people—managers, doctors, lawyers, and the like—were all struggling every day just to get out of bed. My mom told me something like, "You have no idea how many people you meet out in the world are struggling but are just really good at masking their misery." And that really hit me hard. It planted this idea in my head that tons of people are super stressed out, but society pressures us to keep working, striving, and performing in our social roles. I wanted to dedicate myself to solving problems that were meaningful to regular people and not just academics.

How does your work engage with public-facing sociology?

AM: I've written at least four, if not five, research reports since 2020. This research was done to help a district understand what families were going through during the pandemic. Part of our agreement with the district was that we would share our findings with them before publishing. In response, we published a preprint on the archive of our research report for the district – sixty-six single-spaced pages. It's not peer-reviewed, but part of doing public sociology is you have to work in a respectful way with your community partners. We must meet the needs of our partners before publishing our scientific findings.

CT: My role has three parts to it. First, I provide consultation services to physician researchers who want to learn about how to do qualitative research. The second part of my role is to educate. We do a little bit of teaching, including a course about qualitative and mixed methods research in medicine. The last part of my role is doing the actual research. Many times, if we consult with physicians about their studies, we will also serve as co-investigator and help them carry out that part of their research.

RD: I guess my first true "public sociology" work was as a project coordinator for a community study of religious congregations in San Antonio. The team I was working with basically went out into the community and interviewed a bunch of church leaders from different faith traditions, who then helped us design a questionnaire to hand out to people in the pews. The team expanded the study to Washington, D.C., and eventually collected data on a couple of thousand churchgoers from Christian, Jewish, Islamic, and Buddhist faiths. The team's now using the findings to inform congregational leaders about how to best handle mental health crises through pastoral counseling or referrals to various mental health professionals.

Do you think public-facing sociology is becoming more valued?

AM: I think so. At Indiana University, we really celebrate public sociology. Even at the University of Chicago, I didn't feel like I had to hide my public orientation. And those are two very different departments and very different institutions. So, I do feel like things are changing. As sociologists, we're not generally trained to translate our scientific findings into real-world change.

CT: I like to think so. At the time I went to graduate school, public-facing sociology wasn't something that was discussed very much. Coming from a health services research background, I had to navigate that on my own since it wasn't part of the standard curriculum.

RD: I guess it would depend on how we define "value." For example, as a doctoral candidate who hasn't started on the tenure track yet, I'm still curious to know if and how different sociology departments are rewarding public-facing sociology works during the tenure process.

Do you think it is important for graduate students to engage in public-facing sociology?

AM: I do for several reasons. I think the ability to do public-facing sociology is an incredible skill for the job market. I train students to work wherever they want to work, whether that's in academia or beyond. I believe that is realistic with the current job market. But I also believe that the world needs sociologists with the knowledge and methodological skills that can benefit society in our local departments of public health, our local departments of education, our state departments, and think tanks – not just in academia. A whole bunch of them are co-authors on the reports that we wrote.

CT: I do. I think it's really important to see where your work can make a difference in the world. You know, it's a shame to create all this knowledge and discover these new insights about society and the people in it and not be able to do anything with that.

RD: Yes, I think public sociology is super important for grad students to get involved with. But, speaking as a grad student, I think we also need to be careful with how we juggle our responsibilities to the public and the academy. If your goal is to get a tenure-track academic position after grad school, then you may need to face the reality—sooner rather than later, I think—that there are these expectations of publishing in major academic sociology outlets. I'm not saying this is how it should be, just that it really seems to be this way right now. So, I think grad students who want to stay in academia need to figure out as soon as possible how to devote their "real-world" concerns to existing strands of sociological research.

What feedback do you have for those wanting to engage with a public audience?

AM: There have been groups offering workshops on how to write for a public audience. The scholar strategies network has local chapters around the country – and they're a wonderful way to meet other sociologists who care about public sociology.

CT: Make sure you don't use too much jargon. We can speak to our academic colleagues a certain way about what we're doing and working on. But making sure you're translating all these valuable terms and concepts for the audience is really important. And it's not that easy to do because it also often involves being extremely concise.

RD: If you want to be an academic sociologist but also a publicly facing one, first and foremost, find a social problem that is important to you and others, which can keep you motivated. [Also, seek out] role models. Find the people you think are doing the type of work you really want to do, and learn from them.

Notes from the Newsletter Editor



Happy New Year and Happy Black History Month! I would like to extend my most sincere gratitude to all the columnists Cynthia Colen, Daniel Dohan, Magdalena Szaflarski, Katie Sweeney Tania Jenkins, Stef Shuster, Danielle Bessett, Nancy Toure, Torisha Konach, Gerald Nowak III, Zhe Zhang, and Danielle Maestas, as well as our interview contributors Chris Bega, Anna Mueller, Caroline Tietbohl, and Reed DeAngelis for the Winter 2023 Newsletter. I deeply enjoyed reading about the upcoming projects and look forward to the 118th Annual ASA Meeting: The Educative Power of Sociology in Philadelphia. There are so many exciting opportunities to learn about the most recent cutting-edge research in medical sociology and, more generally, within the discipline. I look forward to seeing everyone there!

The newsletter relies on contributions from the community. If there is important information that you would like to have featured in the Spring 2023 newsletter, please email me at pettisph@msu.edu.

I wish everyone a happy, healthy, and prosperous year!

Best,

PJ Pettis
pettisph@msu.edu