Changes in Organizational Interpretations of the Lactation at Work Law: How Health Concerns Replace Managerial Goals

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Abstract

Extant research has shown that human resource personnel and managers often reframe the laws’ rights into concepts that fit better within pre-existing managerial goals, such as efficiency and turnover. Sometimes this “managerialization of the law” (Edelman 2016) results in symbolic structures that do little to address the rights asserted by the new law; other times, real change happens. This research project examines a law that gives lactating women workers the right to express breast milk at work, and explores how managerial interpretations and applications of this law evolved over time. This article draws on data from two waves of interviews with human resource personnel and supervising managers, as well as interviews with lactating workers. Using interviews from 11 industries, this article both extends and modifies managerialization theory. In the first interview, both human resource personnel and managers engaged in managerialization. However, at the second interview several years later, the managers had begun re-framing the law not into managerial goals but into health-related concerns, “de-managerializing” the law, as result of discussions with the lactating employees whom they managed. The human resource specialists who did not directly supervise employees did not experience this shift to health-goals and maintained their managerialization of the law. Thus, this paper confirms the role of human resource specialists in reinterpreting the law in the organizational context, while its findings regarding the de-managerialization by supervisory managers builds significantly on research regarding how law is transformed by institutions and how allies can affect this transformation.¹

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Time 1, supervising manager #42, male, manufacturing:

This law is important because it helps the women come back from maternity leave and be able to work and do the milk for her baby. She can come back sooner without so much time away from work. [Interviewer: why is that important?] When someone is away so long, it disrupts how things go, how things run. People, other people, other, like other co-workers, don't like to pick up the slack, as it were. The law helps the women come back so other people can focus on their own work and not do her job, too.

lactating worker #98, female, manufacturing:

When I talked to him about [my need to pump milk at work] before I left for maternity leave, I swear he rolled his eyes. I mean, in a friendly way. But he was like, 'Okay, whatever.' So, I knew he didn't want to know about it, other than that I need this accommodation, and could use my break time, and that stuff. But then I'd say things to him about [pumping milk]. Like, I'd tell him why I was doing it. Why I wanted my kid to have my milk, not just some formula. And, we sort of would talk about it. Not really talk, but I'd tell him stuff. Hmm. I think he started listening. Well, not listening – well not just listening, but caring. Like he got it.

Time 2, supervising manager #42, male, manufacturing:

[The law is important because] the babies are healthier with milk from their mother. The milk the moms pump, it isn't like regular milk. It has antibodies and fights infection, like ear infections, that babies get a lot. It's important that the babies have milk from the moms so they don't get sick. There's no other milk, anything, like it. It has to come from the mom and [the babies] have to have it to not get sick. We need to make that happen.

Introduction

Although many groups of people interpret laws, transforming the law on the books into the law in action (e.g., police officers, school principals, parents), workplace managers’ and human resource specialists’ legal interpretations perhaps have the widest impact on people’s daily lives. Working people spend
the majority of their waking lives at their places of employment (Hodson 2001) and how the law is understood to help them or constrain them greatly affects not only their work life but their quality of live in general.

Earlier scholarship has shown that organizations often transform legal mandates into managerial objectives. This transformation usually is a shift from legal concepts to goals more important to management. For example, organizations have re-interpreted civil rights laws’ equity-focused mandates for greater diversity into explanations of how greater diversity would improve profit, efficiency, and other management goals (Dobbin and Kelly 2007; Edelman 1992; Edelman, Erlanger and Lande 1993; Edelman and Suchman 1997; Edelman, Uggen and Erlanger 1999; Edelman, Fuller and Mara-Ditra 2001; Fuller, Edelman and Matusik 2000; Kelly 2003; Kelly et al. 2010).

Edelman and co-authors have named this shift from legal to managerial goals the “managerialization of the law” (Edelman, Abraham and Erlanger 1992; e.g., Edelman et al. 1997; Edelman et al. 2001; Edelman 2005; Fuller et al. 2000). This managerialization results in organizations creating symbolic structures through which the law enters the workplace and resolves any ambiguity about the law. Sometimes these symbolic structures are merely symbolic, “rules that are unenforced, procedures that are biased, programs that are ineffective, and ideologies that legitimate extant racial and gender inequality” (Edelman 2016: 116). However, other times, these symbolic structures produce substantive change within the organizations, directly improving the lives of the employees (Edelman 2016).
Managerialization happens more often when the law is fresh (Edelman et al. 1992; Edelman et al. 2001) and when a law is vague (see Edelman 2005: 343). Both are true for the law studied in this article. The Lactation in the Workplace Law is an entirely new law mandating accommodation for breastfeeding employees to express milk at work. It, like many laws, is vague in several ways, discussed more below.

Managerialization is part of what I found: the interviews with human resource personnel and supervising managers that were conducted shortly after the law was in force yielded much evidence of managerialization of the law into traditional managerial goals. Managers and human resource personnel praised the accommodations they made in response to the new law as helping their organizations work better. ² For example, they emphasized that the law's subsequent policies increased morale of their new-mom employees and decreased turnover as these employees returned to work rather than quit.

However, in addition, my data imply something more. When I re-interviewed many of these human resource specialists and supervising managers four to six years later, the responses of these two groups were no longer similar to each other. Although the human resource specialists maintained their managerialization of the law, the interpretation by many of the supervising managers had substantially shifted. The supervising managers initially transformed the legal mandates into arguments for legal obedience based

² Human resource personnel and supervising managers who had personal experience with pumping at work or with someone who had pumped breast milk at work approached the Lactation at Work law differently from the beginning. This data is discussed in chapter six of TITLE.
on management goals, i.e., “managerialization,” but then, over time, expanded past traditional management goals to instead focus on health-focused concerns. In the second wave of interviews, these supervising managers had moved toward goals of greater health for employees, their families, and the community, as separate considerations from management issues like productivity, absenteeism. Thus, a “de-managerialization of the law” occurred as these managers shifted to the rhetoric of health and wellness to explain and validate their application of the Lactation at Work law.

Why did this shift happen among supervising managers but not with human resource personnel?

This shift by occurred because of educational interactions between lactating employees and their supervising managers in which the workers imparted not only physiological information but also their values, beliefs, and ideals. Interviews both with managers as well as lactating workers described exchanges between the employees and some managers that caused shifts in how the managers understood pumping at work. Over time, these managers became moral allies of their lactating workers, changing their focus from managerial goals to health goals. These supervising managers still spoke favorably about the Lactation at Work law, but now they emphasized how it contributed to greater health in the community, rather than how it benefited their organizations.

This (re)construction of the law first into conventional management goals and then into health benefits offers a unique contribution to law-and-
organizations research, yet also underlines what others have argued: that organizations’ interpretation of laws occurs within influences from the various overlapping fields in which the organization exists (Edelman et al. 2001; Stryker 2000). As neo-institutional theory suggests, “social meaning and organizational environment are as important as competitive pressures in determining how organizations respond to legal mandates” (Albiston 2007: 406). How the organizational environment responds to the Lactation at Work law and what social meaning supervising managers and their lactating employees together create substantially transforms how the law is seen.

Indeed, "scientific-technical fields can compete with legal fields in influencing organizations" (Edelman et al. 2001: 1630). In the case of this study, arguments of the science-based field of health supplanted those of the legal and managerial fields – rather that competed with them. This article considers the possibility that, while the health talk shifts the focus from managerial goals and legal rights (i.e., “de-managerialization”), this rhetoric, nevertheless, may produce greater institutionalization of this law – the right to accommodations for pumping breast milk – within organizations. By creating a normative environment in which the organization has a moral duty to support their lactating employees, the focus of the law is broadened beyond the members of the organization to include those in the community. In this way, the Lactation at Work law and its goal of supporting lactating workers becomes institutionalized in the organizational culture – not because the law says so or because compliance is good for business – but because of the normative force of the health-and-wellness goals.
Applying the Lactation at Work law

Employees who need accommodations feel the impact of the workplace rules and relevant laws more keenly than other employees. Human resource specialists and supervising managers interpret what the relevant laws mean and have the power to apply them to their workers’ lives. This gives them a great deal of transformative power over the law, particularly as the law is experienced by their employees (Edelman 1992).

This article examines how human resource specialists and supervising managers interpreted and applied a recent law that addresses the needs of lactating workers, i.e., women employees who are breastfeeding and need to express milk while at work. The Lactation at Work law mandates that lactating workers must be allowed to use their break time to pump breast milk; be provided with a private, secure space in which to pump that was not a bathroom; and either be given a place to refrigerate their milk or be permitted to bring their own refrigeration unit.

Some have criticized the law as insufficient. For instance, it did not demand any additional time to pump milk, beyond the worker’s break time. Additionally, like similar laws, the Lactation at Work law does not apply to small businesses\(^3\) or if accommodations would pose an undue hardship (2010). However, the Lactation at Work law still may influence even these excluded businesses. As previous research has documented, regulatory requirements add

\(^3\) The specific Indiana law studied stipulates to 25 employees, while the federal law covers businesses with at least 50 employees.
weight to the normative pressures around specific concerns well beyond their
direct coercive power (see Barnes and Burke 2006; Edelman et al. 1991;
Edelman et al. 1993; Kagan, Gunningham and Thornton 2012; Kelly, Moen and
Tranby 2011; Levitsky 2008; Lovell 2012). (Nevertheless, those smaller
businesses are not included in this study.)

Despite these limits in the Lactation at Work law, many welcomed the law.
Functionally, the law said that workers who usually were required to take their
breaks at their work stations, e.g., receptionists, would be allowed to use their
breaks to pump milk elsewhere in privacy. For these workers, the law was an
important improvement. It also required that employers provide a private non-
lavatory room “shielded from view and free from intrusion” for lactating workers,
many of whom had been pumping in bathroom stalls (2010). And, symbolically, it
declared that breastfeeding was of sufficient societal importance that employers
needed to accommodate what their employees needed to do at work in order to
accomplish this at home.

In addition to its mixed support, this law is quite ambiguous. The law
doesn’t stipulate what “reasonable break time” means, what employers must or
may do if employees’ milk pumping requires more time than is provided by their
break time, and doesn’t specify how convenient the private space needed to be
for the employee. For example, what if the space provided is a ten-minute walk
from the employee’s workstation, and she has only a 15-minute break?

Laws with “broad and ambiguous principles give organizations wide
latitude to construct the meaning of compliance” (Edelman 1992: 1532).
However, even if the law has minimal ambiguity, organizations applying the law might re-interpret the text in ways substantially different from the original intent of the law, often in a way that is more advantageous for the organization (Kelly 2003). Thus, organizations can spin interpretations that produce the appearance of compliance. In this way, organizations can “offer creative, self-interested interpretations of law, even when the law is explicit and seems to point unambiguously to particular interpretations” (Kelly 2003: 615). The result of formal organizational structures and procedures within organization often transforms the legal imperatives into conventional managerial goals such as efficiency, i.e., “managerialization” (Edelman et al. 2001; Seijts 2002). Thus, as “law becomes progressively institutionalized in organizational fields, it is simultaneously transformed by the very organizational institutions that it is designed to control” (Edelman 2005: 336).

Employment law has been studied from a range of disciplines (see Albiston 2007) and employment discrimination against mother employees has been well-documented (see Agocs, Langan and Sanders 2015; Albiston 2010; Gangl and Ziefle 2015; Glass 2004; Goldin 2006; Kelly and Dobbin 1999; Kelly 2005; Perlow and Kelly 2014; Waldfogel 2001; Whittington 2011; Williams 2000; Woodward 2015). Indeed, concern over workers’ difficulties in meeting both work and family responsibilities, and the law’s ability to address this concern, has shifted “from marginal concern to center stage” (Albiston 2007: 398). However, usually mother employees’ family obligations – and objects for discrimination – center around absences from work. Parental leave, pregnancy bed rest, sick-
child days, and leaving early or arriving late due to childcare complications all result in the employee being away from her place of work. Her nonconformity is demonstrated by her being absent. Various workplace-focused laws have been passed to address these issues, such as the Family and Medical Leave Acts and the Pregnancy Discrimination Act (Albiston 2007).

In contrast, expressing breast milk at work involves employee activities while at work. In order for women to maintain their breast milk supply, their bodies must have on-going demand throughout the day. While physiologically understandable, this physical need to regularly express breast milk makes these workers substantially different from co-workers. Yet those employees who depart from the “ideal worker norm” often incur many penalties at work (Beauregard 2014; Pedulla and Thebaud 2015; Perlow et al. 2014; Roth 2004).

The success of the Lactation in the Workplace law in addressing lactating workers’ needs is substantially mediated by how human resource specialists and supervising managers interpret and apply the law. This law would have little effect if these management personnel insisted on maintaining how their organizations usually ran and refused to deviate in order to make necessary accommodations. Indeed, deviating from how the workplace usually functions can be very difficult since many aspects that could be altered in order to provide sufficient accommodation may seem to be unchangeable – reified within the organizational culture (Berger and Luckmann 1966). As Albiston has noted, "many of the characteristics of work that seem natural, normal, and inevitable involve practices regarding time and employer control" (2010: 1104). Yet,
employee control over her time and place in order to have the necessary private space and minutes to pump milk is exactly what this law addresses.

To understand how personnel managers approached, interpreted, and applied this new law, I interviewed both supervising managers and human relation specialists. This was a strategic decision to sample from both groups of personnel. While compliance professionals – e.g., human resource specialists – interpret the law and craft policy in response to those laws (e.g., Edelman et al. 1999; Edelman 2005), the mid-level manager-supervisors are the ones who directly transform these policies into day-to-day workplace reality. Thus, this study draws on data from the human resource personnel who write policy but also from the supervising managers who create practices to apply those policies.

It is these “practices implementing the policies [that] can alter the very definition” of those laws within the organization (Marshall 2005). As the organizations respond to, interpret, and apply the law, that law becomes institutionalized and transformed by the organizations that the laws are intended to control (Dobbin et al. 2007; Edelman 2005; Fuller et al. 2000; Kelly et al. 2011). “As organizations become increasingly legalized, the law becomes managerialized,” and the focus shifts from legal concepts to managerial goals (Edelman 2005: 340).

This study finds that human resource specialists and supervising managers both engage in this “managerialization of the law” when the law is new. However, I find that supervising managers re-frame compliance into non-legal terms when the law has been in place longer. That is, when contrasting the
several-years-later interview data from these manager-supervisors with that of the human resource specialists, the manager-supervisors are more likely to shift to the non-managerial language of health concerns, thus “de-managerializing” the law, while the human resource specialists continue to managerialize the law.

These findings demonstrate that, while supervising managers within organizations may glean their understandings of the law “through the compliance professionals in and around their organizations” (Edelman 2005: 341), they also absorb social influences beyond legal and managerial goals that support (or undercut) compliance (Marshall 2006). In this case, the managers engaged rhetoric about health-related concerns addressed by compliance these laws.

By embracing the language of health and wellness, these supervising managers heighten the law’s symbolic importance. I find that the ideals of health and wellness leads to a normative environment in which employees not only have the right to pump milk at work, but the organization has a duty to support this. And this right not only is an employee right but also is a duty to the health of those outside the organization (e.g., the employee’s child and children in society generally). Thus, the goal of the law – supporting working and breastfeeding mothers – becomes institutionalized within the workplace culture, not as a legal mandate or as part of management goals but within the morality of health and wellness.

**Sampling and Methods**
This study uses qualitative methods to understand how human resource specialists and supervising managers understand the new Lactation at Work law. It draws on initial and follow-up interviews with human resource personnel and supervising managers, as well as one-time interviews with lactating workers. This study was supported by National Science Foundation grant SES-0853534.

The Lactation at Work laws

This project chose to study the Lactation at Work law because it is a truly new law. Unlike other laws that extend, overturn, or alter already existing law, the Lactation at Work law was truly new, not meant to modifying any other law. Additionally, while the Lactation at Work law requires some accommodations that might be similar to those of the Americans with Disabilities Act and touches on similar issues as parental leave, it, nevertheless, requires that organizations and their managers deal with accommodations and issues that are unique to this new law. In this way, the Lactation at Work law presents the very unique opportunity to study how laws are “freshly” interpreted and how those understandings might evolve overtime the longer the law is in force. In this way, this study offers the first time the interpretation of an entirely new law has been studied longitudinally beginning with the law’s introduction.

This study examines the Lactation at Work law in two different manifestations: as state-level legislation and as a federal law in the U.S. First, I studied Indiana’s then-new Lactation at Work law, Ind. Code §5-10-6-2 and §22-
2-14-2, passed in 2008. At that time, about half the states had passed similar legislation.

In 2010, the state-level Lactation at Work laws were mirrored in an amendment to section 7 of the Fair Labor Standards Act (“FLSA”) through the passage of the Patient Protection and Affordable Care Act. The state and federal laws are very similar except for three differences: First, the federal law specifies a cut-off time of one year after the birth of the child, while Indiana’s has no time limit for its applicability (as is true for most the other state Lactation at Work laws). Second, the federal law applies to employers with at least 50 employees, while the Indiana law applies to employers with at least 25 employees. Third, while the state law had no enforcement provision, the federal law enforced by the U.S. Department of Labor. See Appendix 1 for each law.

This third difference – enforcement – motivated me to study these two different states. The interviews with Indiana were begun when the only law was the state-level law. Its lack of an enforcement provision meant that women who wanted to address employer noncompliance would have to bring a civil suit themselves. With the federal law, complaints are brought to the Department of Labor, which then may visit the worksite and audit its compliance. I imagined that this compliance difference between the two laws might result in significant differences in the data from the two states.

These laws were motivated by growing interest in having more breastfed babies. For example, the Indiana State Department of Health stated, “Breastfeeding your baby is one of the best things you can do to give your baby
the healthiest possible start in life.” (Health 2008). While some debate exists over whether breast milk is or is not substantially better for babies than artificial formula, the law, itself, asserts some consensus within this controversy. Both the federal government and the Indiana state government distributed similar materials explaining their new Lactation at Work laws to the business communities (Administration downloaded 2015).

Throughout this paper, I will refer to “the Lactation at Work law” in the singular. Since these findings could apply to either the specific state law, or the federal law that mirrors it, the phrase “the Lactation at Work law” refers to either.

**Sampling**

This project draws on interviews with human resource specialists, supervising managers, employees who were expressing breast milk at work from 11 industries: construction, education, finance, government, media, health / medical, hotel / dining / tourism, manufacturing, transportation, and professional firms. Thus, this study draws on viewpoints and experiences from varied, multi-sited fieldwork across a range of industries for greater validity (Hind 2007; Lévi-Strauss 1969). These industries were selected because they provided a mix of businesses to include manufacturing and service sectors; predominantly female, gender neutral, and predominantly male businesses; high and low entry cost positions; and a wide range of substantial focuses.

Human relation specialists were those working in human resource departments, or similar employee benefit departments, who oversaw their
organizations’ interpretation and application of new policies. Supervising managers were those who directly oversaw workers and engaged in activities such as performance evaluation, scheduling, and assignments. For example, in hospitals, these manager-supervisors were clinic or division managers; in school systems, these managers were principals; in the tourism and finance industries, these were the general managers for a specific hotel or bank, respectively. This paper addresses a subset of the data: it includes only those human resource supervisors and managers who had not had personal, direct or indirect, experience with pumping milk or nursing. This second group, those with personal experience, are discussed elsewhere (author, draft, chapter six). 4

In 2009, lactating employees, human resource personnel, and supervising managers in Indiana were interviewed to learn how businesses were interpreting and applying the new state law. Four to six years later, I re-interviewed many of those same human resource specialists and supervising managers to see if their interpretations, practices, or viewpoints had changed having lived with this new law for several years. In 2011, I expanded the study to include lactating workers, human resource personnel, and supervising managers in Wisconsin. In 2015-16, I re-interviewed these subjects. I chose Wisconsin because it is culturally similar to Indiana, both being central Midwestern states with similar racial and ethnic demographics, and because Wisconsin did not have a state-level Lactation at Work law at the time that the Affordable Care Act was passed. Thus, for

4 For a discussion of the how the personal experience of human resource personnel and managers affected their managerialization of the law, please see “Allies Already: Initially Supportive Human Resource Specialists and Supervising Managers,” chapter six of TITLE.
Wisconsin, the federal Lactation at Work law was a new law covering a new workplace issue, just as the state-level law had been new for Indiana.

These Wisconsin interviews were done initially to explore how organizations responded differently to federal laws than to state-level laws addressing the same goals. Interestingly, I did not find any meaningful differences between the Indiana and Wisconsin interviews. However, these similarities in data do indicate that businesses reacted to the Lactation at Work laws similarly, whether state or federal, with or without enforcement mechanisms, and, therefore, do validate this study’s applicability beyond its immediate data.

Methods

A key benefit of qualitative research is the high validity possible (Hind 2007; Lévi-Strauss 1969). The interviewer can understand the greater context, obtain a large overview, and can triangulate the accounts of differently situated interviewees with various bases of knowledge. The researcher does not simply read off a survey, but asks initial questions and then probes the responses to understand the fuller, more complete situation.

The interviews ranged from twenty minutes to just under two hours, with most lasting between thirty and ninety minutes. All interviews were recorded and transcribed. Thus, all quotations used in this article are direct quotes.

The main focus of the interviews was how the interviewee understood the new Lactation at Work law. Questions included inquiries such as how they applied the new law; how they explained it to others outside the organization;
how they, themselves, learned about the law; and how they would explain the
law to subordinates or peers within the organization. Interviewees were asked
mostly general, open-ended questions, but with some direct questions, especially
as follow-up inquiries.

The transcribed interviews were coded, using the qualitative data software
NVivo, for various themes. Sometimes these themes were responses to specific
questions (e.g., “What sort of internal publications do you use to communicate
about this law?” “What would an employee do if she felt she needed different
accommodations for pumping breast milk?” “What could do if she didn’t receive
the accommodation she requested?”). However, many others were extracted
from the responses of interviewees to broader questions (e.g., “How would you
explain the law to someone else in the same industry?” “What would you change
about this law if you could just snap your fingers and it would be different?” “How
would you handle an employee who …?”) or to follow up questions to other
responses. Thus, many codes were not the result of a direct question or set of
questions intended to measure a particular phenomenon, but were produced by
careful analysis of interviewees’ responses to various questions.

**Results and Discussion**

Managerialization of the Law

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5 For a more in-depth discussion of the managerialization of the law that was identified in
this study, please see “Making Milk and Meaning Making: Managerialization of the Law,”
chapter three of *TITLE*. 

18
Statements indicating “managerialization of the law,” (e.g., Edelman et al. 1997; Edelman 2005; Fuller et al. 2000) were found in the interviews with both human resource personnel and supervising managers, particularly in the first wave of interviews (for a greater discussion specifically focusing on this managerialization of the law, see author, draft, chapter three). They frequently praised the law’s benefits for their businesses. For example, the hotel general manager, below, listed many key management goals – morale, retention, innovation – and counted his industry as fortunate that they often had rooms to spare that could be used by employees to pump milk. He said:

It helps with employee morale, employee retention, you know, it’s innovative, other employees, other employers really aren't doing it to really have your own room where, you know, you sit back and do this in private and watch TV. We're kind of fortunate in the hotel business that we have a room like that, all ready to go. You know, I think that's probably the biggest part, just the, the employee morale, the employee retention, something other employers aren't doing, it actually can help the business out by having a well-trained employee come back earlier, rather than taking the, you know, the full 12 weeks off for, FMLA, for the pregnancy. I think it benefits both the employee and the employer.

Others praised the changes stipulated by the law for how they dovetailed with the organization’s’ own goals. For example, this human resource administrator from a large, urban hospital concisely explained that they could not achieve their goals of patient care without caring for the needs of their employees:

It is just the right thing for the employees. We can't take care of patients if we don't take care of our employees.

Similarly, this news director at a local television station, a supervising manager, rationalized that, since breastfed babies are healthier, their mothers – her
employees – would miss less time away from work due to caring for sick children.

In addition to absenteeism, she also included the managerial concern with turnover, specifically losing women workers after maternity leave. She said:

We want our good people to stay in the news business. I think too many good newswomen have to quit the job because they just can’t do both. They can’t be a journalist and a mother, they think…. I want to make sure, you know, this is a practical matter, that these new mothers don’t have sickly babies. The baby will be healthier if they continue nursing, if the mother continues nursing. It’s a fact. The mothers that don’t nurse, that’s a fact, that babies aren’t as healthy. So that’s a practical matter. I don’t need my employees having to take sick days because they have a sick child. If they have to, they have to, but hopefully this would help eliminate or cut back on some of that.

The human resource specialist at a large law firm focused most on the managerial goal of retention:

I do a lot of work with regards to retention of attorneys. We make a huge investment in attorneys when we hire them here, especially if they come through our summer program, and that return on investment, when you hire an attorney, starts to bear fruit two, three, four years, you know, into their work here. Because it’s a huge learning curve… So, you know, we view it as a really key retention issue… It was an initial outlay of resources but it has already paid dividends in less than a year.

Indeed, many human resource specialists and supervising managers saw the law as helping them reach already important managerial goals.

Sometimes the symbolic structures created by the managerialization of the law resulted in substantive changes within the organizations. Other times, the new lactation at work policies resulted in symbolic structures that were only symbolic, producing little real change. This tension is discussed and explored in depth elsewhere (see author, draft, chapter four).
This transformation of legal rights into managerial goals might not be surprising, since the Lactation at Work law was promoted to businesses by highlighting exactly these benefits. For example, the Business Case for Breastfeeding web site says:

“The payoff is significant: more satisfied, loyal employees and cost savings to the business. These savings are seen in such areas as:

- Retention of experienced employees;
- Reduction in sick time taken by both moms and dads for children’s illnesses; and
- Lower health care and insurance costs.” (Administration downloaded 2015)

Likewise, the flyers from the Department of Health and Human Services has two main headings: “Lactation Support Requires Few Resources” and “The Return on Investment.” This second portion has three main bullets: (1) “Breastfeeding employees miss work less often.” (2) Breastfeeding lowers health care costs.” and (3) “Investing in a worksite lactation support program can yield substantial dividends to the company” (Administration downloaded 2015).

**De-Managerialization**

Data from the second-wave of interviews showed that many supervising managers were no longer engaging in managerialization of the law in the way that they had, and as human resource personnel continued to do. The human resource personnel (those who had no personal experience with pumping at
work continued to maintain the managerialization of the law rhetoric. However, many of the supervising managers had shifted to a health-and-wellness understanding of the Lactation at Work law.

This new focus on health and wellness was not as means to a managerial end (e.g., fewer sick kids equals fewer sick days of parents missing work), nor was it a strategic way to help their organizations, but seemed to be a focus on health for its own sake. For example, during his second interview, an elementary school principal emphasized the healthiness of breastfeeding, for which pumping at work is necessary. He said:

I think the law is a good policy. It is something good: it is healthy for the baby and mother and it is cheaper. It is better for the parents and it should be encouraged as much as possible. We have the space here. If think for a place of business, it would be hard for them. My staff and I, we take care of it pretty easily. We had one teacher last year and two at the start of the year and there will be three by March [who pumped milk]. The teachers can use their prep period or their lunch period so there should be opportunities to do what they need to. If it is a non teacher, they have more flexibility. For example our secretary can take her break whenever she wants.

This supervisor of office workers in a manufacturing organization contrasted pumping milk with other employee accommodations, such as diabetic needs.

If I help, say, I have a diabetic employee, do what he needs to do, then I’ve helped him. But if I help one of our women pump the milk, I’m helping beyond just all of us here. [Interviewer: What do you mean?] I mean, I’m helping, well I’m not, I mean, the woman is, but I’m helping her help her baby, and then more women are helping their babies. I mean, I think of it as sort of helping the kids who will

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6 For a discussion of the how the personal experience of human resource personnel and managers affected their compliance with the law, please see “Allies Already: Initially Supportive Human Resource Specialists and Supervising Managers,” chapter six of TITLE.
be the grown-ups of the next generation. You don’t realize what that milk will do. But now I do.

The supervising manager of a library explained her focus on the health benefits of breastfeeding for the children of her workers:

By breastfeeding the baby, the mother gets health benefits – like less cancer likelihood, and mental health benefits – but also the baby gets loads of health benefits: fewer infections, less allergies, less likely to be overweight, and on and on. It’s not just about the employee and the law, but it’s about the health of the babies. If they’re breastfed, they’ll be healthier and they can’t be breastfed unless, you know, their moms pump the milk. So it’s up to us, to me, to supervisors, to support those moms so that their babies can be healthy.

This shift to health goals was sometimes for the benefit of those outside and unrelated to the organization. For example, director of a county government office believed that by supporting his lactating employees he was helping society as a whole:

We’ve learned that “breast is best.” That wasn’t the case when I had kids, but now we know that breastfed babies are healthier. That not only means that their moms will miss less work because of them. I mean, that’s great for me! But it also means that they will grow up to be healthier kids and adults. That’s good for all of us. For America. If I support my employees so they can nurse their kids, then that [benefit is] passed on to the whole next generation. We need a healthy country to be competitive in this whole global economy. That starts with their babies.

This transportation industry manager extended her focus on breastfeeding’s health benefits even beyond her employees’ children, including the greater community:

Breastfeeding is the best for everyone: mothers are healthier and they can bond more, babies are sick less and grow stronger, and the environment benefits from less waste. Breastfeeding is the right thing for our employees as well as people outside [our organization]. That’s why we have space for our employees to
pump their milk and for people in the community, in the public, people in the general public who are traveling who need a private space to pump their milk. This isn’t just an issue for one or two workers or even one or two businesses, but this is an issue for everyone because we all want healthier babies. We want all babies to be healthier.

Again, this supervising manager saw the benefits of breastfeeding and pumping extend beyond the management of his organization to society at large.

How did this support of pumping milk at work evolve? Many managers explained that they changed from not understanding the need to pump or even resenting the accommodations to sincerely supporting their lactating employees. Many managers explained that their acceptance of their employees’ pumping at work and their greater understanding of the health benefits of breastfeeding came directly as a result of discussions with their lactating workers. For example, this manager in a factory described his transformation. He said:

At first, I’ll tell you, I thought it was gross. I mean, it’s a bit like excrement – I mean, that’s what I used to think. Now I understand how beneficial that milk is. I mean, it has antibodies that help the babies stay healthy and it helps with allergies and all sorts of other things. I had two women employees – they were both pregnant at the same time and they both nursed their kids. And they both pumped. And, at first, I just wanted them to go away and do what they had to do. But then they were telling me, like, why they were doing it. It wasn’t easy for them. It was a lot of work and but they believed that it was helping their babies be healthy. I really didn’t understand that. I thought: milk is milk, but human milk is made especially for human babies – in fact, each mother’s milk is made especially for her own baby. Man, it’s like, how can you not give the baby that? You want healthy babies.

This unmarried man only not admitted to not understanding the benefits of breast milk, but to finding it repulsive. After his employees – over time – explained why pumping and breastfeeding was important to them, he both understood the
health benefits and became a supporter of breastfeeding. However, he never used the terms “breastfeeding,” “breast milk,” or “breast” once during the entire interview, perhaps indicating that he still was a bit squeamish.

Similarly, this supervising manager in manufacturing said that he had not understood the value of breast milk until his lactating employees taught him about it:

At [name of organization], we obey the law and we care about our employees, so of course we do whatever we have to do for everyone who [steps forward and says that s/he] needs something, needs some change, something for [organization] to do. That’s how I approach anything for an employee. The pumping the milk? I didn’t really think about it, but, if I did, I didn’t really want to think about it. It’s, ah, “mother’s milk.” I don’t know. I had just thought, these [accommodations] are something we gotta do. It’s what they need so its good for employee morale and all….But the milk is something different. It’s good for the babies—really good. It’s important for them…I didn’t know. I never knew that. Then the girls were talking to me. They’d say stuff. At first, I was, like, polite. But it was interesting all the stuff the milk is good for. It’s important because it does so much for the baby. I didn’t know that.

This manager moved from somewhat reluctant accommodation to holding his employees’ “mothers’ milk” in reverence.

A principal, who shared that his wife had not breastfed any of his kids, relates that his employees taught him about the value of breast milk.

My wife didn’t nurse. I don’t think people nursed so much then. But now we know that nursing is very important for the health of the baby. It’s critical. [sic] But people didn’t know that. I didn’t know that. Those [lactating employee] women, they talked to me about it a lot [sic]. Not just to me, they talked about why pumping was important to other [employees], [as well as] to each other. I guess I needed to be told, because people don’t know about pumping and nursing. But if you understand how critical it is for the babies’ health, you understand how important it is to do.
These supervising managers, whether originally indifferent, ignorant, or resentful, learned more about breast milk and pumping from their employees. They were exposed to their lactating workers’ values and commitment to breastfeeding. Over time, they were transformed into being supporters of their lactating employees.

Corroborating these descriptions of managers’ education by lactating workers, the employees, themselves, often spoke of educating their supervising managers about the various benefits of breastfeeding, sometimes explicitly explaining why pumping at work was necessary in order to nurse at home. These lactating workers shared their beliefs in the importance of breastfeeding and their dedication to this goal. For example, this office worker described how she had to explain the various health reasons behind her motivation to breastfeed to her supervisor.

Before I left, while I was still there, but was pregnant, I said that I wanted to breastfeed. [Manager] was like ‘Why?’ I explained that breastfed babies are healthier – fewer ear aches, fewer colds, they don’t develop allergies as much and so on. He almost didn’t believe me. But we kept talking. And then I left [for the birth and maternity leave] and then I returned a week or so before I started again and I reminded him that I was going to pump and what I had arranged. And he was like, ‘You’re really going to do that?’ And then I explained to him again why this was important to me and all that. And then, like, a week or so later, I started back at work….Every so often, my pumping would come up. Not like he was bad about it, just like, ‘Oh, right, you’ve got to go pump again.’ And I’d say something about the benefits of it and all that. And I started to feel like he was a guy and he just didn’t understand. And then – and I could hardly believe this – but I overheard him explaining to a co-worker about my pumping. They were scheduling a meeting; it was [a busy time for the company] and I think the other guy [didn’t understand why I had to pump]. And [the manager] was actually explaining all the health benefits and why it was important! I cried. I was there in the hallway and I had
to turn around and go the other way [because I didn’t want to be seen crying]. I couldn’t believe it.

Her supervising manager’s transformation surprised and touched her so much that she was moved to tears.

Other workers echoed this scenario (although often with less emotion), explaining that they, too, had to educate their managers and that, eventually, these educational conversations resulted in the managers becoming allies. For example, this office worker said:

My manager’s an older guy. I don’t know if his wife nursed his kids or what, but he had no idea about breastfeeding or about pumping or any of it. I didn’t lecture him, but I would mention some of the health benefits, you know: how it helps the baby. After I’d been pumping for a few months, he told me – this was just after Thanksgiving – that he had been at his son and daughter-in-law’s house in Ohio and she’s pregnant and he said that he had told her what I had told him about breastfeeding and all that. And she wasn’t sure that she could nurse since she was going back to work – she’s a teacher, I think – and he said that he was all ‘Sure you can! [Interviewee] pumps at the restaurant all the time!’ I don’t think I pump ‘all the time,’ thanks, but I thought it was great that he was able to talk to his daughter-in-law about this.

Thus, the influence of this lactating worker’s words even extended outside the workplace to the manager’s discussions with his own family.

The day-to-day interaction of supervising managers and lactating workers most likely enabled critical discussions to occur that educated these managers about the health benefits of breastfeeding. Such daily interactions rarely occurred between workers and human resource specialists. Perhaps for this reason the de-managerialization did not occur with the human resource employees.
Indeed, the split between human resource professionals and some supervising managers in the second wave of interviews highlights the differences in proximity that these two somewhat similar groups have to the law and to employees. Human resource specialists work much more with lawyers and are focused on the law more intensely. As others have noted, the legal texts are these human resource specialists’ touchstones (see Edelman et al. 2001; Marshall 2005; Suchman and Edelman 1996). In contrast, supervising managers are directly dealing with the needs of their employees – whether accommodating or rejecting. While other literature has found supervising managers often to be uncooperative and obdurate (e.g., Gwartney-Gibbs and Lach 1992; Hallden 2015; Hodson and Roscigno 2004; Kelly et al. 2014; Marshall 2003), the “de-managerializing” managers changed from – sometimes begrudgingly – accommodating to enthusiastically supporting once they experienced sufficiently re-educational discussions with their employees.⁷

Power and Educational Conversations

The burden of explaining the importance and benefits of breastfeeding to supervising managers is similar to the situations of many minority groups. Much research has documented that disempowered and underrepresented groups

often find themselves asked to explain their situations and experiences to under-informed members of the majority (see Herring 2009; Royster 2003). While these explanations and “tutorials” might not have been absolutely needed to ensure the necessary pumping accommodations for the lactating employees, they seemed to have had the benefit of creating moral allies of their supervising managers (Becker 1963).

These lactating workers who educated their supervising managers, as well as those managers, themselves, who became their lactating workers’ moral allies, served as “policy entrepreneurs” for this law (Raymond et al. 2013). They were able to “use the strategy of normative reframing to invoke alternative norms for a given issue, thereby creating new opportunities for institutional reform” (Raymond et al. 2013: 207). These workers and their manager-allies shifted the focus from managerial goals – such as how breastfed babies will demand fewer sick days – to health-and-wellness goals – such as how breastfed babies are healthier. This broadening of the organizational attention to the welfare of those outside the organization constitutes a key shift in how compliance with the Lactation at Work law is framed.

Thus, this education of supervising managers regarding the health benefits contributed substantially to the de-managerialization of the Lactation at Work law. As these managers became more aware of the health benefits, they shifted to a health-and-wellness focus. Initially these supervising managers

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8 Supervising managers and human resource specialists who supported the health goals of the law initially also served as policy entrepreneurs see “Allies Already: Initially Supportive Human Resource Specialists and Supervising Managers,” chapter six of TITLE.
might have seen the accommodations simply as regulations mandated by their superiors as a response to legal mandates. Or, to the extent that they were aware of health benefits of breastfeeding, they saw the lactation accommodations as a means to key managerial ends – lower absenteeism, less turnover, higher morale, etc. However, eventually some of the supervising managers came to understand the health benefits as important for the sake of the health of the employees’ children and of greater society.

As the managerial focus shifts from conventional managerial goals to those of greater health and wellness for those outside their organizations, we see the workplace embrace a concern for health that extends beyond the “economic rationale for wellness” (Kirkland 2014: 958). Recent extant research has shown that increasingly organizations understand that they “have a stake in the health of their members or employees” beyond the extent that “wellness programs’ [increase] profit-making” (Kirkland 2014: 958)

By educating their supervising managers, lactating workers did not simply convey information, but also shared their personal values. Through both their explanatory words and their committed actions, these lactating employees recruited their supervising managers to their own cultural values.

Yet, as Wallace asserts, “the relationship between cultural values and specific, work-based ideologies is complicated” (2004: 3). The words and actions of lactating workers were not sufficient for all supervising managers. A few supervising managers continued to resent the lactation-at-work accommodations and saw the law as a workplace impediment, never managerializing the law.
Other managers who did managerialize the Lactation at Work law, did not de-managerialize it and focus on health concerns, but stayed focused only on conventional managerial goals. While not the focus of this paper, their presence underlines that neither managerialization nor de-managerialization is universal.

Moreover, not all lactating workers entered into dialogs that educated their supervising managers. Some didn’t need to do so, such as those with private offices and control over their work time. For example, this professor at a private university explained that most of her time was available for pumping and having her own office meant that she could pump privately whenever she wanted:

I could simply lock my door and pump when I wasn’t teaching or in a meeting. I had a little “mini-fridge” in my office already, so I stored everything in there—the milk, the pump, all that, so I wouldn’t have to clean it between pumpings. I have no idea if anyone even knew I was pumping. I’m certain my [department] chair didn’t know. How would he?

Others felt insufficiently secure in their place in their organizations and institutional hierarchies so that they did not feel able to have such discussions.

In stark contrast to the circumstances of the professor, above, this manufacturing industry office worker described how little control she had over her time and her physical space.10

At first, I would pump in the back room, but then [my manager] or maybe his manager decided that that room needed to be available for other things. So then I went downstairs to the break room, but that took more time to get there, and I still had to set up [the

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9 For analysis of these groups, please see “Making Milk and Meaning Making: Managerialization of the Law,” chapter three of TITLE and “Resistance by Organizations: Managerial Norms and the Law's Limited Power,” chapter four of TITLE.

10 For a more in-depth discussion of issues of time, space, and power, please see “Time, Space, and Pumping Breast Milk,” working paper.
pumping apparatus], and so what I ended up doing was I had to
clock out when I left to pump and then clock back in again.
[Interviewer: How did clocking out and back in affect your pay?]
Well, it cut into my pay obviously, but I couldn’t do it during just my
break time. It’s only 15 minutes. I just couldn’t. [Interviewer: Did
you explain that to your manager?] Did I explain it? No. How
could I? What was I supposed to say?

Despite having a situation that was extremely difficult, this woman felt unable to
discuss the difficulty with her manager, much less educate him about the benefits
of breast milk.

However, it wasn’t only workers with less simpatico managers who were
reluctant to engage in educational discussions, as this office worker explained:

[Manager] was great. If we had to schedule something, a meeting
or something, and I needed to make it later or whatever so I could
pump, [manager] would change it. He let me use [an empty office]
to pump. It was just a few doors away. [Interviewer: Did your
manager know much about pumping or breastfeeding?] No, no, I’m
sure he didn’t. And he didn’t want to know. I mean, he was great.
Whatever I needed, he gave me support. But he didn’t want to talk
about it. [Interviewer: So, did you ever talk with him about it?]
What, about pumping? No, I mean, I don’t think it would have been
right. He supported me in whatever I needed, but I think he would
have found it inappropriate if I, like, told him about what I was doing.
That wouldn’t have been right. I mean, he’s my boss. He gave me
whatever I needed, but, I mean, as my boss I couldn’t talk with him
about health benefits or whatever. That would be crossing a line.
No, I really couldn’t have.

Despite having a very supportive supervising manager, this woman did not feel
empowered to educate him about breast milk, pumping, or her motivations. To
do so, she explained, would be “crossing a line” that her place in the
organizational hierarchy made impossible.

These quotes illustrate the power dynamic present in these educational
conversations between lactating workers and their supervising managers. Those
employees with sufficient status within their organization did not need to educate their managers; they did not need them to become moral allies. Those women with lesser degrees of power were unable to initiate these discussions.

Even for those workers who did engage in educating dialogs, these discussions were far from easy. For example, recall the restaurant worker discussed earlier who cried when she overheard her manager defending her decision to pump milk. Her sudden tears demonstrate how stressful the situation was for her. Her tears seemed to be tears of relief within a stressful situation.

Many workers who did engage in educational discussions with their supervising managers described these discussions as difficult, at least initially. For example, this teacher described how she had to emotionally prepare before talking to her supervising manager (i.e., her principal). She said:

> Of course, I needed to talk with him about it. But, I mean, he’s older and sort of standoff-ish, and, it’s not that we’re not friendly, but I just didn’t want to, I don’t know, say the wrong thing. The first time I went to tell him that I’d need a private place [to pump] I really had to steady myself. And then [once I had been pumping for a while] something would come up about [the space where I pumped] and I had to clear it with him, or I’d need something changed. And, whew! I just kept telling myself how important [pumping / breast milk] is. And so I told him, too. It was hard enough for me to go talk with him, so I guess I just told him everything I could.

These potentially difficult conversations only occurred among those workers who lacked sufficient with autonomy that they needed their managers’ support, but also had sufficient access to their supervising managers.

Scholars have demonstrated that sufficient access to those in power – such as enough access to supervising managers to have educational discussions – is often only available to people with adequate power themselves.
(e.g., Abel 1982; Crenshaw 1988; Delgado et al. 1985; Edelman, Erlanger and Lande 1993; Galanter 1974; Grillo 1991; Lazerson 1982; Sarat 1990; Silbey and Sarat 1989)(Hoffmann 2001; Hoffmann 2005; McEwen, Mather and Maiman 1994). Additionally, in the workplace in general, the majority managers continue to be men (Haveman and Beresford 2012) – and this was true for the businesses in this study, as well. This could exacerbate the difficulty of these discussions for some women.

Thus, in having this educational discussions, these women put themselves in more vulnerable positions since these “discussions,” to various degrees, involved a level of confronting their supervising managers. At the least, they were challenging what their managers believed and understood about lactation and pumping. Managers can be focused on their own opinions (see Hoffmann 2005), and, in such cases, might even be concerned with possible backlash, since co-workers not receiving certain Work-Life Balance accommodations sometimes resent other employees’ accommodations (Beauregard 2014). In less supportive work environments, having these educational conversations could involve asserting one’s legal rights, explaining one’s parenting philosophies, and discussing one’s anatomy in a workplace context that could be intimidating.

Nevertheless, these conversations seem necessary to shift the thinking of these supervising managers. The conversations did not occur with the human resource personnel – not only did they lack frequent contact with the lactating employees, but their conversion into allies might not have been necessary for
these women’s work lives. The supervising managers might be the more important ones to enlist as allies, since they affect the day-to-day work life of their employees. Indeed, managers have much discretion in most work-life accommodations (Gwen Daverth 2016).

**Conclusions**

This project is the first time that research on organizational compliance and accommodation has included the perspectives of employees, as well as human resource personnel and managers. The employees’ perspectives were critical in understanding how de-managerialization develops. “One of the key benefits of qualitative studies is the high validity possible: the researcher is able to understand the greater context, to obtain a large overview, and can triangulate the accounts of differently situated interviewees with various bases of knowledge.” (Hoffmann 2008: 274).

Drawing on this triangulation, this study demonstrated how managerialization of the law occurs and, for some supervising managers, evolves. When the law was very new, both human resource personnel and supervising managers engaged in managerializing rhetoric. Both groups developed interpretations of the law that saw compliance as a way to fulfill pre-existing management goals, such as reduced turnover of employees. They were positive about the law as a means to managerial goals, not because they lauded the goals of the law itself.
Over time, the supervising managers focused more on the law’s health benefits, not only health benefits to those within their organizations – e.g., the employees – but also to those outside of the organization: their employees’ children and the next generation more generally. The supervising managers who became moral allies for their lactating employees were similar Barnes and Burke’s “internal advocates” (2012) or Kagan and colleagues’ “true believers” (2012) who “internalized the social model” and goals of the law (Barnes et al. 2006: 507) as they embraced the greater goals of the Lactation at Work law.

Through dialog with their lactating employees, these managers experienced a shift from a frame that saw breast milk expression as a legal mandate, a step toward a managerial goal, and, possibly, an inconvenience, to a frame that viewed it as an important societal contribution. Similar to the shifts in a social movement’s collective action frames, these managers’ shifts began by questioning the status quo – e.g., women not pumping breast milk, or a strict divide between work and home (e.g., Gamson 1992). This status quo was then seen to imply a problem: babies without breast milk. Pumping breast milk at work offered a solution. The lactating employees introduced their supervising managers to frames that viewed breast milk as highly valuable and its expression, therefore, as a very worthwhile activity – more important than maintaining a work-home divide or exact managerial control over employees, for example.

However, not all employees engaged in educational conversations with their supervising managers. Some with control over their own time and space didn’t need to enlist their supervising managers as allies. Other workers were
unable to engage in these discussions, possibly even foregoing asking for modifications to their schedules or work spaces that they needed for successful milk expression. Extant research has documented that workers are often reluctant to ask for accommodations, even if they know they have the right to them (Pedulla et al. 2015).

Yet, when these educational conversations did occur, they provided new frames that engendered key cultural changes in the workplace. Supervising managers’ new understandings included a normative component, as well. Indeed, recognition of moral imperatives within organizations has been recognized as having impacts behavior within organizations (e.g., Harrison, Lopez and Martin 2015; Nielsen and Parker 2012; Skitka and Morgan 2014).

These managers’ new appreciation of breast feeding solidified their compliance with the law as their personal morality became more aligned with the goals and dictates of the law (Suchman 1997). The law was no longer another regulation to be satisfied, nor was it a way to further management goals already in place. Now, the law was a way to further a cause in which the supervising managers personally believed.

This shift in managerial prioritization of health issues may be critical in creating workplaces that truly support such initiatives like the Lactation at Work law. Many scholars have expressed skepticism of the ability of supportive work-family laws and policies to actual create change in the gendered workplace (Blair-Loy and Wharton 2002; Blair-Loy 2010; Gerson 2009). For example, Pedula and Thébaud assert that “policy changes in workplace may be ineffective and
possibly even detrimental without fundamental changes” to people’s beliefs and values (2015). Perhaps these shifts from the law and from managerial goals to health concerns might constitute such a “fundamental change.”

Thus, although this pro-lactation change did not focus particularly on the legal presence of the Lactation in the Workplace Laws, this new workplace culture might create the greatest compliance. That is, overtime as breast milk becomes unquestionably valued, pumping at work may become as much a given as bathroom breaks. Compliance with the law might be greater than with managerialization since the normative shift in the organizational culture makes reification of these accommodations more likely.

By embracing the language of health, these supervising managers heighten the law’s symbolic importance. Similar to Edelman’s finding that “civil rights law interacts with public support for civil rights to produce a normative environment in which fair treatment of employees becomes increasingly valued and racial or gender disparities may be challenged as violations of that value,” (Edelman 2005: 343), I find that the ideals of health-and-wellness lead to a normative environment in which employees not only have a right to pump milk at work, but the organization has a duty to support this – not simply as an employee right but as a duty to health of those outside the organization (e.g., the employee’s child and children in society generally). In other words, the supervising managers’ development of a frame of health actually strengthened, rather than diminished, the law’s function as a form of rights protection. Some
might note that this frame comes from a more conservative foundation than a rights focus. Yet, nevertheless, expanding workers’ rights in the workplace.

It should be noted that these lactating employees and their supervising managers did not engage in these cultural shifts in their workplaces in a vacuum. The passage of the Lactation at Work laws had substantial symbolic power (Gusfield 1967). Their passage communicated that breast milk and nursing were sufficiently important issues for society that the state and federal governments have passed laws to protect and encourage them. In addition to this clear validation, the law provided these lactating employees with rights, i.e., the right to pump breast milk during breaks, to do so in a private place that is not a bathroom. These new rights may have empowered these women to engage in the conversations and confrontations that engendered those cultural shifts (McCann 1994). Regardless of whether the lactating employees engaged in actual “rights-talk” or not, the presence of the law legitimates these women’s requests for accommodation and allows them to question the hegemonic view that separates family duties from the workplace allows them to demand support for their workplace pumping (Kostiner 2003).

This study makes several key contributions to the literatures on law, organizations, and health. First, in exploring how human resource specialists and managers approached the Lactation at Work law shortly after it was implemented, this study further establishes how the managerialization of law occurs. At the same time, by demonstrating how managers might shift their interpretations of a law to understandings that are both non-legal and non-managerial, this study
suggests that laws might become institutionalized in organizations through lenses that focus neither on the law’s power nor on the goals of management. Additionally, by analyzing the role of lactating employees, this study examines how educative discussions and the creation of moral allies can bring external goals – such as health and wellness – into the organizational context.

Finally, this study speaks to the call raised by Levitsky to more fully explore the role law can play in health policy. “Public health scholars have relied on a narrow understanding of the role law can play in health care reform, viewing law as a set of commands from above that direct the behavior of individuals. Incorporating a cultural perspective of law would allow public health scholars to observe law’s effects in a much wider range of contexts” (Levitsky 2013: 34). This study examines the employment context to demonstrate how the organizational culture and the dialog between workers and managers can affect how a law can become interpreted and, possibly, institutionalized in a way that heightens that law’s effectiveness as a vehicle for health reforms, even as the law itself becomes de-emphasized.

While this article focuses on those supervising managers who moved away from reframing compliance with the law as supporting managerial goals and shifted to a health rhetoric, “de-managerialization,” this was not true for all businesses or all managers. Some managers were allies of their lactating employees as soon as the law was passed, or even before. They did not embrace the law’s mandate through the lens of managerial goals. Instead,
already allies, they framed their compliance in terms of health, empowerment, rights, and pro-nursing ideologies.  

In stark contrast, some supervising managers resisted making the accommodations necessary for their lactating employees to successfully express sufficient milk regularly. While some of these managers engaged a managerialization rhetoric, focusing on organizational benefits of compliance, these managers did little beyond the basic legal requirements even though this compliance was insufficiently helpful for their lactating employees. The symbolic structures created by these organizations response to the new law were merely symbolic. For example, employees may have been supplied with designated lactation rooms, but were not provided enough break time for travel to those rooms, express milk, and clean the equipment.

This is similar to the third mechanism discussed by Edelman through which the law might be managerialized “decoupling legal rules from organizational activities” (2016: 116). “Decoupling formal policies from informal practices offers a solution to the dilemma posed by legal ideals that clash with managerial prerogatives.” (Edelman 2016: 126). This minimalist compliance with the letter of the law as a way to circumvent the law’s goals allows management to maintain control over their employees’ time and space, while formally, if ineffectively, adhering to the law. Thus, the organizations’ strategy to “take back

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11 Please see “Allies Already: Initially Supportive Human Resource Specialists and Supervising Managers,” chapter six of TITLE for a full discussion.
12 Please see “Resistance by Organizations: Managerial Norms and the Law’s Limited Power,” chapter four of TITLE for a full discussion.
control” (Albiston 2005: 39) superficially satisfies the legal requirements but these symbolic structures advance the actual goals of the law very little if at all.

Additionally, sometimes educational conversations never not occurred between workers and supervising managers. Some workplaces were not organized in such a way as to facilitate such interactions between lactating workers and supervising managers. Sometimes the lactating employees chose not to discuss their reasons for expressing milk with their supervising managers, whether due to privacy and temerity, lack of access, or a sense that they did not need or enjoy protected rights. Indeed, earlier research has documented that “internal workplace conditions affect both workers and regulatory agents' interpretations of potentially discriminatory experiences” (Hirsh and Kornrich 2008). Similarly, the internal working conditions – organizational hierarchy, company culture, and informality of contact and supervision – affected lactating workers’ and managers’ ability to have such educational discussions.

The Indiana law’s lack of an enforcement provision meant that women who wanted to address employer noncompliance would have to bring a civil suit themselves, while, under the federal law, complaints could be brought to the Department of Labor, which then may visit the worksite and audit its compliance. I had imagined that this compliance difference between the two laws might result in significant differences in the data from the two states. In fact, I did not find substantial differences between the interviews from Indiana and Wisconsin. Yet, this may not be surprising since legal scholars have observed that enforcement is seldom the only factor in compliance. Compliance also results from "the desire
of most business managers to build and preserve their firm’s reputation for being a ‘good corporate citizen’…their own reputation for being a good citizen…and the internalized sense of duty … to obey the law and to avoid doing harm” (Kagan et al. 2012: 52). In fact, many sociolegal researchers assert that the law is unlikely to have much social effect unless those concerned mobilize effectively (Barnes et al. 2012; Epp 1998; Lovell 2012; McCann 1994; Woodward 2015).

This research demonstrates how where one is positioned in the organization affects one’s response to law. Some scholars agree, asserting that one’s organizational location affects one’s response to legal commands (e.g., Gray and Silbey 2014) However, this finding is contrary to other extant theory that the institutional culture that permeates the organization (e.g., Kagan et al. 2012).

This study also did not find meaningful variation by industry. However, no fast-food businesses were included in this study – despite substantial efforts – and this might be an industry in which the law has the least effect and the most managerial resistance. Variation based on percentage of women employees in an organization or among its managers also did not affect how the law was interpreted and how the subsequent rules were applied.

Future research might test the prevalence of the processes identified here. A study using a probability sample might quantify the extent of de-managerialization, managerialization of the law, and direct managerial resistance. Geographic areas, known for progressive and pro-health orientations, might be surveyed, as well as those areas where employee rights
are most hard-fought.

Appendix 1

The federal law states:

Section 7 of the Fair Labor Standards Act of 1938 (29 U.S.C. 207) is amended by adding at the end the following:

(r)(1) An employer shall provide—

A a reasonable break time for an employee to express breast milk for her nursing child for 1 year after the child’s birth each time such employee has need to express the milk; and

B a place, other than a bathroom, that is shielded from view and free from intrusion from coworkers and the public, which may be used by an employee to express breast milk.

(2) An employer shall not be required to compensate an employee receiving reasonable break time under paragraph (1) for any work time spent for such purpose.

(3) An employer that employs less than 50 employees shall not be subject to the requirements of this subsection, if such requirements would impose an undue hardship by causing the employer significant difficulty or expense when considered in relation to the size, financial resources, nature, or structure of the employer's business.
(4) Nothing in this subsection shall preempt a State law that provides greater protections to employees than the protections provided for under this subsection (Law 2010).

The Indiana law states:

Ind. Code § 5-10-6-2 and § 22-2-14-2 (2008)

As used in this chapter, “employer” means a person or entity that employs twenty-five (25) or more employees.

IC 5-10-6-2

Sec. 2. (a) The state and political subdivisions of the state shall provide reasonable paid break time each day to an employee who needs to express breast milk for the employee’s infant child. The break time must, if possible, run concurrently with any break time already provided to the employee. The state and political subdivisions are not required to provide break time under this section if providing break time would unduly disrupt the operations of the state or political subdivisions.

(b) The state and political subdivisions of the state shall make reasonable efforts to provide a room or other location, other than a toilet stall, in close proximity to the work area, where an employee described in subsection (a) can express the employee’s breast milk in privacy. The state and political subdivisions shall make reasonable efforts to provide a refrigerator or other cold storage space for keeping milk that has been expressed. The state or a political subdivision is not
liable if the state or political subdivision makes a reasonable effort to comply with this subsection.

IC 22-2-14-2

Employer provide private location where employees can express milk; employer provide cold storage for expressed milk; employer not liable

Sec. 2. (a) To the extent reasonably possible, an employer shall provide a private location, other than a toilet stall, where an employee can express the employee’s breast milk in privacy during any period away from the employee’s assigned duties.

(b) To the extent reasonably possible, an employer shall:

(1) provide a refrigerator or other cold storage space for keeping milk that has been expressed; or

(2) allow the employee to provide the employee’s own portable cold storage device for keeping milk that has been expressed until the end of the employee’s work day.

(c) Except in cases of willful misconduct, gross negligence, or bad faith, an employer is not liable for any harm caused by or arising from either of the following that occur on the employer’s premises:

(1) The expressing of an employee’s breast milk.

(2) The storage of expressed milk.

References

Author, draft, chapter four, “Resistance by Organizations: Managerial Norms and the Law’s Limited Power.”


