

**UCLA**

**Working Paper Series**

**Title**

Black/Immigrant Labor Market Competition: New Insights from a Case Study of the Hospital Industry in Los Angeles County

**Permalink**

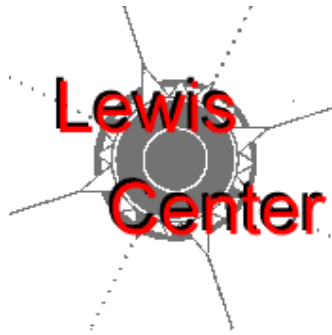
<https://escholarship.org/uc/item/9sn320vz>

**Author**

Lichter, Michael

**Publication Date**

1999-02-01



**Lewis Center for Regional Policy Studies**  
**Working Paper Series**

***Black /Immigrant Labor Market Competition:  
New Insights from a Case Study of the  
Hospital Industry in Los Angeles County***

By: Michael Lichter  
Department of Sociology  
UCLA

Thanks to the John Randolph Haynes and Dora Haynes Foundation for the generous funding which supported collection of the data on which this study is based.

Working Paper #30 in the series

**The Lewis Center for Regional Policy Studies**

School of Public Policy and Social Research

3250 Public Policy Building

Los Angeles CA 90095-1656

**Director: Paul Ong**

Phone: (310) 206-4417

Fax: (310) 825-1575

<http://www.spsr.ucla.edu/lewis/>

*February 1999*

## Introduction

Has the massive wave of post-1965 immigration hurt the economic fortunes of natives? Many Americans believe so.<sup>i</sup> Scholars of the economic and sociological research on immigration conducted in the 1980s concluded only that if there were impacts, positive or negative, they were very small in magnitude (Borjas 1990; Reischauer. 1989). The studies these scholars examined tended to compare low immigration vs. high immigration U.S. metropolitan areas, treating each area as an independent entity. Conclusions based on these studies were increasingly questioned in the early 1990s, as researchers realized the necessity of treating the nation as whole in determining impacts (Borjas, Freeman, and Katz. 1992). On one hand, some argued that the results of metropolitan-area studies were biased towards the positive side because they did not take into account the migration of impacted natives from high- to low-immigration areas (Filer 1992; Frey 1994). Further, as migration has increased, case studies of individual industries have revealed a number of instances where immigrants have replaced, and arguably displaced, less-skilled native workers.

It has long been argued that immigrants take jobs that natives find undesirable, jobs that employers would otherwise find very difficult to fill. Whether because of the tasks or skills required, the work conditions, low compensation, paternalistic management, instability, or something else, certain jobs become immigrant jobs. To the extent that immigrant jobs exist outside of the mainstream labor market, natives are unaffected by who holds them. Ideally, as newcomers fill these immigrant jobs, they create complementary activities (e.g., as supervisors) for natives (Castells 1975). Many immigrant jobs are temporary or unstable, have informal pay arrangements, and show little promise for advancement B characteristics which do not appeal to most natives, but which suit the needs of immigrants whose commitment to the host labor market is minimal (Piore 1979).<sup>ii</sup> Though these jobs do not appeal to most natives, there are some who share characteristics with immigrants, especially secondary earners, such as many married women and teenagers.

The post-1965 boom in migration to the U.S. has coincided with a period of industrial reorganization encompassing deindustrialization, decentralization (and limited recentralization), deunionization, and economically polarized job growth. While native, working class White males have traditionally enjoyed privileged access to well-paid craft jobs in construction, manufacturing and elsewhere, and this has changed only somewhat, less-educated minority men have continued to find themselves with less appealing opportunities. Scholars such as William Julius Wilson (1987) have argued that the shrinkage of domestic manufacturing and its movement out of the cities has disproportionately disadvantaged African Americans, who are disproportionately concentrated in urban centers. Similarly, Kasarda (1989) attributes the declining opportunities available to minority men to shifts in the economy C especially the urban economy C away from low-skilled jobs and towards information economy jobs requiring higher levels of education. Gender segregation by occupation has to some extent protected women from these shifts, with female-typed jobs declining less precipitously.

The research literatures on immigration and on Black men's deteriorating labor market fortunes suggest a collision of sorts between new immigrants and less-educated Blacks. Exactly how much

of an impact the former has had on the latter remains difficult to quantify (Fernandez 1992; Moss and Tilly 1991). The census reports outcomes without any direct evidence of process. In an attempt to get directly at the impact of employer preferences, the Urban Institute has conducted studies auditing the application and hiring processes for equally matched White and African American (Turner, Struyk, and Yinger 1991) or White and Hispanic (Cross, Kenney, Mell, and Zimmerman 1990) job seekers, finding significant bias against non-Whites. Similar studies, comparing Blacks and less-skilled immigrants, could enhance our knowledge, but no such studies have been attempted. Evidence from interviews (Kirschenman and Neckerman 1991; Wilson 1996) with employers in Chicago suggests that, at least at the level of attitudes, immigrants enjoy a significant advantage with most employers of unskilled and semi-skilled labor. Evidence from another study in Los Angeles suggests that employers here lack confidence in the soft skills, including the motivation and communications skills, of African Americans, placing them behind Whites and often behind immigrants in line for jobs (Moss and Tilly 1996). Employer attitudes, however, tell us relatively little unless we have knowledge about the practices and processes that influence the demographics of the effective labor pool for jobs, and that transform attitudes into the actual selection of candidates.

One of the disadvantages of relying on large, cross-sectional datasets, such as the U.S. Census, for drawing conclusions about social and economic changes is that they shed little light on causality and process. With these datasets analysts can document changes in the racial/ethnic/nativity status of an industry's work force, for instance, but can reveal little about what drives those changes. When native numbers decrease and immigrant numbers increase in a particular occupation or industry, for example, does that change represent displacement, or merely benign ethnic succession? How does ethnic change<sup>iii</sup> start, and what mechanisms regulate change?

Towards an understanding of these mechanisms, this paper presents a case study of clerical and service occupations in Los Angeles County hospitals.<sup>iv</sup> Los Angeles is one of the primary destinations of new immigrants to the U.S., and Latino immigrants alone comprised nearly one quarter of the employed work force in 1990. Collectively, hospitals are one of the region's largest employers, with a 170,000-person work force in 1990. Compared to other local industries, particularly hotels and restaurants, where Latino immigrants predominate in service occupations, in hospitals African Americans continue to be a large part of both the work force and the effective labor pool, meaning that African Americans and Latino immigrants often compete head-to-head. If these are immigrant-typed jobs, why do natives continue to seek them, and why haven't immigrants completely taken over? The argument developed here is that, on one hand, these jobs remain relatively attractive to less-skilled African Americans because they are stable and, in public sector and union establishments, have relatively good compensation and benefits. On the other hand, despite generally negative dispositions towards African Americans among employers, the segmentation of the industry, its bureaucratic institutional mechanisms, and the peculiar skill requirements of even the most menial hospital jobs have limited the substitution of immigrant for native workers. The industry continues to change, however, and, as I discuss in the conclusion, ongoing changes do not bode well for African American employment in the industry.

## Methodology

This case study, part of a larger study of six industries in the Los Angeles area, is based on interviews with managers who had hiring responsibilities in several Los Angeles area hospitals. The employer interview approach has been used recently with success by members of Wilson's team in Chicago, particularly Kirschenman and Neckerman (1991), and by others, such as Moss and Tilly (1996; Kirschenman, Moss, and Tilly 1996). Those researchers sampled local area firms in an attempt to represent proportionally the job structure by industry in the Chicago area. This means that few interviews were conducted in any given industry, making it difficult to distinguish between firm-level idiosyncrasies and industry-level effects. We chose instead to focus on specific industries in order to better puzzle out the effects of industry-specific skill needs, recruitment hiring processes, and historical and contemporary labor pools. The other industries included in the study were restaurants, hotels, furniture manufacturing, printing, and retail department stores.

Firms were identified and sampled using somewhat different methods in each of the industries, but care was taken to ensure that central Los Angeles, the San Fernando Valley, Long Beach, and other areas in the county were proportionally represented within each sample. In order to get a representative cross-section of the hospital industry in terms of size and geographical location, I chose a random sample from a list of acute care medical hospitals in Los Angeles County. The list was generated from a local street guide (Thomas Bros. Maps 1990), and supplemented by a regional business directory. Hospitals were ranked randomly with equal probability, and contacted in rank order. Sites with under fifty employees were eliminated from our sample.<sup>v</sup>

In our initial interviews, we asked to speak with the manager most directly responsible for hiring the largest category of entry level workers, typically yielding an interview with a junior Human Resources (HR) or Personnel official having some level of responsibility for hiring housekeepers or clerical workers. As we got a sense of the relative proportions of occupations and the structure of hiring in hospitals, we attempted to get a more balanced sample of occupations and to de-emphasize HR officials in favor of departmental managers. Interviews were conducted in person according to a 75-item protocol<sup>vi</sup> including both open-ended and closed-response questions. Questions ranged over general firm characteristics, descriptions of a sample job, lists of qualities and skills desired for a person in this position, recruitment and screening procedures, attitudes about race and immigration, and concerns about the future direction of the industry. Interviews took about seventy minutes on average. Half of the interviews were tape-recorded.<sup>vii</sup> With the help of other members of the research team, I completed 36 interviews, three of which were with persons not directly employed by hospitals. The non-hospital interviews were with the vice-president of a company supplying contract housekeeping services to hospitals, an official in a large public sector hospital workers' union, and two personnel officials in a local government department responsible for delivering health care services. Selected characteristics of the firms and respondents are shown in Table 1. (Note that the firm ID numbers shown in Table 1 are used to identify the source of quotations throughout the paper.) Of the 67 hospitals we attempted to contact, 24% refused to participate, 9% had gone out of business, and we were playing phone-tag with 13% when we ceased interviewing.<sup>viii</sup>

**Table 1 Selected Hospital Interview Characteristics**

ID #	Hospital Type	Position	Respondent		Sample Job
			Race	Sex	Category
600	Private Non-profit	HR	White	Female	Clerical
601	HMO	Dept. Manager	White	Male	EVS
602	Private Non-profit	HR	White	Female	EVS
603	HMO	HR	White	Female	Clerical
604	Private Non-profit	HR	White	Male	EVS
605	Public Sector	HR	White	Female	Clerical
606	Private For-Profit	HR	White	Female	Dietary
607	Public Sector	HR	White	Female	Clerical
608	Service Contractor	Gen. Manager	Black	Male	EVS
609	HMO	HR	White	Female	EVS
610	Private Non-profit	HR	White	Female	EVS
611	Private Non-profit	HR	White	Male	EVS
612	Public Sector	HR	White	Female	Dietary
613	Private Non-profit	HR	White	Female	Clerical
614	Public Sector	HR	White	Female	Nursing Assistant
615	Private For-Profit	Dept. Manager	White	Female	Dietary
616	Private Non-profit	HR	White	Female	Clerical
617	Public Sector	HR	White	Female	Clerical
618	Public Sector	HR	Hispanic	Female	Clerical
619	Private Non-profit	HR	White	Female	EVS
620	HMO	HR	White	Male	EVS
621	Union	Union	White	Male	EVS and Dietary
622	Private Non-profit	HR	Hispanic	Female	EVS
623	Private For-Profit	HR	White	Female	Dietary
624	Private Non-profit	Dept. Manager	White	Female	Dietary
625	HMO	HR	Hispanic	Female	Clerical
626	Private For-Profit	Dept. Manager	Hispanic	Female	Dietary
627	Private Non-profit	HR	Black	Female	EVS
628	Private For-Profit	HR	White	Male	Clerical
629	Public Sector	Dept. Manager	Black	Male	EVS
630	Private Non-profit	HR	White	Female	Clerical
631	Public Sector	Dept. Manager	Hispanic	Male	EVS
632	Public Sector	Dept. Manager	Black	Female	EVS
633	Private For-Profit	Dept. Manager	White	Female	Dietary
634	Private Non-profit	HR	*	Female	Clerical
635	Private For-Profit	Dept. Manager	*	Male	Dietary

\*Race/ethnicity of these respondents was either unclear or not recorded.

### Jobs and Skill Requirements

Most hospital employees are not involved in direct patient care. These complex organizations employ a vast array of administrative, technical support, and service support personnel who file, compile accounts receivable, run lab tests, process x-rays, wash floors, deliver food, and so on. Most hospital workers are female, from the nurses down to the kitchen personnel, with upper management and building maintenance being among the few male concentrations. In 1990, just 39%<sup>ix</sup> of blue-

collar hospital workers were male, with the proportion being lower among kitchen workers and higher among housekeepers. In this section, the concern is with what skills the jobs require, how these skills differ from those required in superficially similar jobs in other industries, and how the skill requirements affect who might be selected for a job.

### **Clerical Workers**

Clerical workers form one of the hospital's most heterogeneous occupational groups. The strong pressures towards specialization associated with large bureaucracies like hospitals make for proliferating titles. C we have medical record people, we have patient register people, we have unit secretaries (611)<sup>x</sup> C each with its own set of distinctive specializations. Each specialization requires a distinctive bundle of what are mostly fairly general skills, as in the case of a military-related hospital where the medical desk clerk did some typing, some filing, talking with patients, filling out forms, typing out reports, giving out information, working with patients' charts, making sure everything was down for patient, filling out verifications, answering the phone (605). Despite the diversity of required technical skills, literacy-related skills are paramount. Even file clerks, the lowliest of hospital clerical workers, have to be able to read the document and know where it goes in the file. This means knowing the alphabet C something not usually thought of as a skill, but nonetheless a piece of basic knowledge that, as more than one manager noted, some people lack. Most clerical jobs go well beyond this, however, requiring the reading and writing ability needed to complete lots of different forms, tests requests, draw up forms for labs, financial paperwork. There are literally tons of paper that we deal with, (600) noted one manager, evoking C. Wright Mills' image of bureaucracy as the enormous file (1951, p. xv). Furthermore, with hospitals big on documentation C it helps keep us out of court (600), clerks need to do their work to increasingly stringent standards of exactitude (616). Everything needs a form or memo, pointed out an informant in a federal hospital. The clerical worker needs to understand, follow instructions, be able to do different tasks, coordinate and put [them] together to complete properly. Directions are generally written, and not written well (605).

Though typing is a pretty essential skill, typing alone has ceased to be enough as it's getting to the point that word processing is almost asked of everyone in clerical (617). Every aspect of any [general clerk's] job is somehow dealing with a computer, noted a public sector manager (618). Today the people that used to sit down at a typewriter and type are being expected to have more sophisticated skills in word processing, even some, a little programming, reported another public sector manager. The nature of their assignments have changed, as the computer has, in effect, created more work, so before where they would just type the file or document, many of them are brought into the data gathering part of the function, even out in a facility (617).

Overall, managers rated hard skills as being of primary importance for these jobs. Their technical skills I would give the nod to more than interpersonal relations, noted one interviewee. Most informants seemed to agree; as one manager observed, As I survey the clerical population and where they are, a lot of their work is working with paper even though they have to talk to people (617). That all employers screen for these jobs with at least some formal testing reinforces this view. This is

rather different than the situation for service workers, as will be discussed below, where employers assume that almost everyone possesses the necessary basic competencies. The relatively high skill requirements in these jobs should work to the benefit of African Americans, who are not only native English speakers, but who are also much more likely to be high school graduates than are most potential immigrant applicants. On the other hand, this may not be enough, as suggested by the experience of one manager from an HMO with a large Black employment base, who finds that lots of the applicants [for a file clerk position] are high school grads who are asked to write out the alphabet in block letters, and they get that wrong if you can believe it.

## **Service Workers**

Housekeepers, also referred to as janitors, maids, or Environmental Services Technicians (AEVS techs or AEVS aides for short), are the most numerous service workers in hospitals. Staff in Dietary Services form a typically smaller, but more diverse bunch, ranging from dishwashers, cooks, and other kitchen workers, to cafeteria workers and the stewardesses (624) who deliver food to patients.

At first glance, these jobs seem identical to those performed by similarly titled hotel and restaurant workers. Our respondents, however, rarely described the jobs in the simple terms used by our contacts in other industries. Asked about the skills the jobs require, managers often responded by identifying a large cluster of skills that all needed to be in place with at least a minimum degree of competency. Some, but not all, of these skills become apparent in the following job descriptions. A personnel manager at a large HMO listed the requirements for and job tasks of a housekeeping attendant:

They need to know floor care functions like, stripping, buffing, waxing and able to operate machinery. They perform all phases of the hospital, housekeeping, shampooing, buffing, dusting, sweeping, scrubbing, mopping, vacuuming. Isolation rooms, cleaning doctor's office, exam rooms, replenishing supplies, disposal of all soiled linens and things like that. Washing windows and all that. They also because ours is different, but of course since we're a hospital, they have to go through the...hazardous material training. Because we have so many things. If you're walking by in a hospital and you see something wet on the floor that looks like water, you can't even go mop it up right away. You have to test it first, you have to find out what it is, because everything's disposed in a different way. So I guess it's unique I guess. (609)

The dietary services manager at a smaller non-profit hospital told us about her dietary aide position, which falls at the very bottom of the kitchen hierarchy:

They need to become as they're trained...become familiar with variety of therapeutic diets. They would have to become familiar with washing dishes, using the dish machine and garbage disposals, cleaning equipment. They would work on tray line and they would deliver carts to the nurses' station. They need...basically our job description requires a high school level of reading and writing ability in English. (615)

Many of the interviewees mentioned skills that would fall into both hard and soft categories, where reading, writing, and specific know-how are hard skills, and working around patients and with coworkers are soft. Hospital work involves a great deal of incidental contact with people, whether



customers or coworkers, even for workers whose jobs do not formally have anything to do with customer service. This means that, for example, environmental service techs are asked questions all the time (602). Food service workers see so many kinds of people, doctors, patients...it's important that interpersonal skills be high. Core. A janitor in a public sector hospital is expected to be polite to the patients, make them feel comfortable. Likewise, when housekeepers in a large non-profit go into the [patient's] room, we want them to be able to communicate with the patient.

More impressive, however, are the requirements for hard skills. In most of the industries that we have studied, on the job communication is generally simple and unidirectional C with the boss or supervisor essentially telling the worker do this! In hospitals, though, there is often complex information to be communicated, which is more likely to require a two-way exchange. One consequence of the greater informational demands is simply that hospital employers are more likely to view English ability (both speaking and reading) as important as other job skills:

I think being able to understand the English language is even more, or just as important. Because so much of the business is conducted in English and people have to be able to understand English and should be able to understand the language. Patients, they will ask you things, and, and, in English, inevitably if you don't understand them, you know, they get very apprehensive and they get upset.

Indeed, some hospitals insist that English be the only language spoken by employees in work areas, so that patients don't feel that they're being talked about (602). Despite their insistence on the importance of English, however, most hospitals employ both illiterates and workers with very limited English conversational abilities. One manager explains that her workers are able to get by because they have done their own little skills like if they see this color, they communicate it once in Spanish with somebody and if they saw a sign with this color that it meant that they had to be really careful if they go in without masks or gloves or whatever.

Still, hospitals place surprising emphasis on skills involving formal communications, mainly because workers need to understand written instructions of a complex sort. Although limited fluency is often enough C they should at least be able to understand a written note that a nurse might leave for them, like >this patient is in isolation' C there is little question that hospitals expect far more in terms of English-speaking ability than do the other institutions which also employ people to clean floors and make beds. That hospitals are, for a variety of reasons, dangerous places in which to work increases the demands associated with almost all jobs, even those at the very bottom-most level. Thus housekeepers in an HMO-operated hospital must, at a minimum, be able to read and understand universal precautions, practice them. When another manager cited the ability to follow instructions as the most important skill needed in an environmental services aide, he pointed to similar concerns:

Well, for your own safety and the safety of others, if you don't follow instructions, I mean you're gonna injure somebody else or injure yourself seriously. As an example, if you don't follow instructions properly around handling biohazardous waste, I mean, you can get stuck by a needle, which can cause you harm. If you don't follow instructions and you mixed the wrong chemicals you're gonna injure yourself or other people in the area. So I think following instructions is extremely important in this business. (608)

The relatively recent concern with environmental safety intensifies the tendency to upgrade literacy skills at the bottom-most level since

You're reading labels and instructions and you have to know what's, in other words one to a room C is it an Isolation Room, you've got to be able to read that sign. If it's an Isolation with an HIV patient with a respiratory problem you've got to know what you're looking at. (608)

The overall complexity of the institution means that workers need to be able to take instructions and direction from more than just one source. The emphasis on English, noted above, ultimately derives from the need to communicate information effectively with a variety of parties. Non-English speakers can get by because managers or supervisors may be bilingual; nonetheless, the presence of other players leads to greater communication demands. Paradoxically, as workers are expected to perform their jobs with greater degrees of autonomy, requirements may also increase. Dietary workers, for example, who fill orders, fill trays, have to do so with attention to detail, frequently doing so without direct supervision (624). Those low-level workers who lacked the ability to read English spelled trouble, as noted by the food service manager who told us that, I've got some illiterate people and it's very difficult (615).<sup>xi</sup>

The greater need for literacy is only one part of an expanded range of required proficiencies. In the past, as one manager noted in discussing training for housekeepers, Nobody thought that they needed any training so they would just say, 'Go clean, this is your area, go do it,' but, Over the last five years it's gone from nothing to a much stronger training (602). Greater emphasis on training C people need to be willing to learn new things C means greater preference for workers who are instructable. And considerations of which workers will learn fastest and with the least investment seem to account for at least some of management's insistence that literacy and English-language ability were core job requirements.

While managers were very concerned about the general skills that would allow workers to understand what was expected of them in various situations, they did not feel, for the most part, that the skills needed to perform actual job tasks were very specific or demanding. This was evidenced by the fact that the majority of hospitals required no prior experience in the industry. Still, a surprisingly large minority of our interviewees dissented. A personnel official in a public hospital insisted that janitors have to have some experience. We don't want them messing up the trash totally.<sup>xii</sup> Likewise, the human resource chief in a downtown non-profit only hired janitors with experience, on the grounds that they need to know how to mix chemicals and operate machines. And though no one seemed to quarrel with the sentiment that housekeeping is really a very common sense job, requiring workers just to follow instructions, other considerations made prior exposure to a hospital environment desirable.

Thus, skill requirements seem high for stereotypical entry-level jobs; the bottom of the hospital hierarchy no longer lies at the bottom of the overall labor market. Further, the direction of change clearly involves upgrading: If you would have asked me this ten years ago before all the other stuff, noted one informant, I would have said 'Oh gosh, somebody can learn this in a week,' because it was really just basic housekeeping, but it's gotten very complex with germs and stuff. Skill demands are

rising on a variety of fronts. For example, those workers with mechanical responsibilities are finding that technology is altering the scope of even these menial jobs: New and faster machines [and] bigger vacuum cleaners are not difficult to operate but you need to know how to use it and how to 'drive' it like a car, how to avoid hitting people with it (601). Greater attention to worker protection has the same effect, since reducing exposure to danger requires educating workers about the hazards they face. Hazardous communications are becoming more stringent now, explained the HR manager in a for-profit hospital. Imparting knowledge implies a greater investment in training, which in turn means more of a requirement of skills and ability to retain memory on how to do things. Overall, there appears to be an increase in complexity, with hospitals abandoning the minimal requirements prevalent a decade or so ago C when you had to be able to fill out an application and that was it C and expecting more job know-how of any new addition to the payroll. In contrast to the dumbing-down pattern made famous by McDonald's, You can't look at a picture anymore, noted one informant when discussing the requirements for reading Material Safety Data Sheets. Things aren't color coded any more. The end result is that a housekeeper is no longer just some little old lady who came in and washed the walls because, nowadays,

That's not what an environmental service tech does. An environmental service does clean yes, that is the major part of the job but they also have some other very important roles to keep the organization looking good, but also safe and I think the safety aspect of that position and the importance of that position in terms of safety, disposable biohazardous waste is one very good example. You don't want to presume that somebody knows how to handle biohazardous waste. You know, blood and blood products. And at one point I think that hospitals did think that you know, you just treat it like...well, it's never been just treated like garbage but...But that was something, you know, people would just know what to do with...and proper barrier techniques, understanding infection control, and understanding when they need to be gloved, and when they don't need to be gloved. When they need to be in surgical garb, and when they don't. You have to train people to know that stuff you can't expect them just to know that. (602)

Even with the increasing emphasis on reading skills, however, language cuts both ways. We desperately need bilingual people, reported a manager in a facility with a very large Black workforce. A manager in a county facility told us that, To a large extent, people who have bilingual abilities are wanted, because our patient mix is heavily non-English speakers at certain of our locations (617). The same point emerged several times in our conversation with managers at one of the largest public hospitals: We have a high Hispanic population; we need to have people to communicate in it. [Being bilingual is] a big consideration. Interest was greater still at an HMO which was aggressively moving to develop a niche servicing the area's new ethnic populations. Bilingualism is the big thing, said our respondent, but she also conceded that it's hard to find (625). Since relatively few African Americans are also Spanish speakers, this form of upskilling is likely to be an increasing impediment to job-holding in the industry.

### **New Models of Care**

Inspired by recent management philosophies, such as Total Quality Management (TQM) and the current buzzword status of teamwork, many hospitals have attempted to grapple with their cost and profitability crises by introducing new models of care. In other words, hospitals have been experimenting with the reorganization of the work process. Most often this involves dividing the workforce into teams and blurring the lines between occupations within teams.

As blue-collar workers absorb some of the functions previously performed by certificated personnel or licensed professionals, their training needs increase. As an EVS manager at a large HMO explains,

We will be instituting patient focused care. Instead of patients being carted all over the facility to have tests done, the tests will be brought to the patients. Instead of the patients seeing 135 different employees in 3 days, they may only see 12 because everything is done for them in their room. Employees will be cross-trained in food services, cleaning, patient care like bed pans. I see that as the wave of the future. (620)

This is expected to result in productivity gains. Workers trained only in a narrow set of skills are left idle when their tasks are completed. Since patient censuses and needs are highly variable, it is impossible for managers to get staffing levels exactly right. Because cross-trained workers can switch from one task to another as needed, the same number of personnel can complete more work. Under patient-focused care, nurses and nursing assistants perform some cleaning and feeding functions previously reserved for housekeeping and dietary personnel. At the same time, workers who once exclusively cleaned floors or carted trays are now expected to help bathe or move patients. Nursing assistants may be expected to take blood or perform respiratory therapy. With patient-focused care, the entire range of service, paraprofessional, technical, and professional tasks C stopping short of the doctor's role, to be sure C is subject to being spread throughout the team.

The resulting upgrading is not restricted to hard skills. In a market with increasing competition for patients, the adoption of patient-focused care is also an attempt to shore up the personal part of hospital work,

The patient is demanding a lot more. They don't take just what you give them. We have to give attention to a side other than the technical. They want the caring, friendly part. Everybody is focused on the patient, like any other business. It's the customer. (633)

More bluntly, If you're a real nasty person and you don't communicate, then every little thing that's wrong in their room they're going to be on the phone calling and boy you better believe that that's true. Conversely, a manager who gave a similarly high rating to interaction with patients when discussing the work of housekeepers explained that, If you treat a patient with respect and do things for them and talk to them they're not going to be so apt to complain if the bathroom's dirty.

Where employer perceptions are that African American workers do not perform well at customer service, or that they are unwilling to learn new tasks, or not adept at learning, their positions may be endangered. The most important mitigating factor is that few of the less-skilled immigrants who now compete for hospital service jobs have the same level of English language fluency and educational attainment most African Americans possess. On the other hand, hospitals' requirements make entry-level jobs inaccessible to the least skilled African Americans. Hospitals' increasing concerns about interaction with other workers, and even more importantly, with patients, introduce another subjective element into the hiring process, which may further threaten the job prospects of African Americans, as we shall now see.

## **Recruitment and Hiring**

During the 1980s, hospital capacity expanded far beyond actual demand. This contributed to an increase in health care costs that ultimately resulted in efforts by the government and private insurers to cap and reduce costs. As the bottom fell out of the hospital boom, the industry experienced a major shakeout, resulting in hospital closures, mergers, and mass layoffs. At the time of our interviews, most hospitals had gone through their rounds of layoffs but were still in the midst of regrouping and restructuring. I discuss some of the changes they were in the process of making in the last section of this paper, but what is relevant here is that at this time employers had few jobs to offer, but many eager seekers. It should also be noted that the pool of job-seekers was augmented by general recessionary conditions and by the near-collapse of the local military-related economy.

In general, personnel officials were quite happy to be in a buyer's market. They told us that there had been an increase in both the quantity and the quality of applicants. One EVS manager told us that recruitment is a lot easier now. People are out of work. You can be more selective. Getting a better educated person (601). Another manager reported getting more good applicants than he had positions for:

There are so many people looking for work, if somebody comes in with an application, I say we have no jobs, But I will keep you in mind. They look great. There are a lot of people laid off. From [a nearby hospital] we have a lot of applications. People with multiple skills. Housekeeping, Supply, very versatile. A nearby hospital has laid off a lot of people. Yes, definitely, the recession has had an impact. (625)

The flip side for hospital managers was that the volume of applicants was sometimes overwhelming. One HR manager complained that, I've had an excessive number of applicants when I have a job opening (612) and the flood of job-seekers caused another to stop taking applications. Nor was the high proportion of well-educated workers among the job-seekers an unambiguous benefit. Several hospitals reported applications from highly skilled but desperate workers from other industries, especially from aerospace; for the most part, employers in the industry were unwilling to hire these highly educated exiles from the region's declining defense sector, on the fear that they would leave at the first opportunity.

Even those institutions with stable or declining employment found a plus side to the dire situation of the industry, and the labor market generally, which was that workers in fear for their jobs were willing to work harder, and were less likely to quit in search of other opportunities. As one HR manager at a public facility with a hiring freeze said, People are not leaving because there's no jobs out there to go to. So we don't have any turnover (618). It in this context that we turn to the methods hospital managers use to recruit new workers.

### **Referrals and the Recruitment Process**

When managers seek to hire new employees, they want to find the highest quality employee at the lowest possible cost. There are three main kinds of costs they face: the immediate costs of active

recruitment, the immediate costs of processing applicants, and the longer term costs of making mistakes in hiring. For the jobs we focus on here, active recruitment expenditures are relatively low since, as seen above, applicants are not scarce. In fact, employers have an incentive to not be very active in their recruitment, since more applicants means more time spent processing applicants. Thus hospitals rely mainly on two recruitment methods to fill their bottom-level positions: referrals and walk-ins, neither of which requires much effort on the part of the employer. Newspaper advertising, the next most common method recruiters use, often got bad reviews from officials who complained that it cost too much and often brought in too many people, a high proportion of whom had inadequate skills.

In this vein, asked which recruitment method she thinks generates the best applicants, a HR manager answered:

We have a job opportunity hot line that's updated weekly. And most people who are looking for work, especially those people who have the qualifications, know that. You know they know where they're going to look for a job. If you were to run an ad in one of the newspapers, anybody and their mother and brother is going to apply. However, that's not got to mean that you are going to get the most qualified people as a majority in that entire group. So I would say the walk-ins, because they know what they're looking for. They know they're looking for a position in the medical field. They know they have the experience. So it would be walk-ins. (616)

Those willing to pay the money to advertise and spend the time to sift through larger numbers of applications are primarily those having a difficult time finding people they feel are adequately qualified. These managers are likely to be those hiring for clerical jobs, which require a higher degree of skill than dietary or environmental service positions.

Referrals from existing employees provide access to a latent labor force, especially in hospitals, where the compensation for jobs involving cleaning or food preparation is a good deal higher than the average compensation for like jobs elsewhere. One manager told us:

All you gotta do is just think about hiring people and the next thing you know you've got several people from other departments say, Hey I understand you're hiring and I got a friend, or, My husband's out of work...they just come out of the woodwork. This happens even before the job's posted. (601)

But compared to applicants responding to an ad, prospective employees produced by the referral process are more likely to provide the appropriate match, potentially reducing the costs of screening and training, as well as the likelihood of quits because of mistaken impressions about the work. Referred workers usually have a good sense of the job and know enough to know they want this particular job. One HR manager said that she preferred referrals because

Typically employees will not refer friends, people they know etc. without giving them at least an idea or an understanding of what the job entails and so when we have applicants who have come because of a referral, typically they understand what the job is, what we will require of them, what kind of shifts they'll wind up working. They have at least some basis of understanding before they come in. (602)

While getting applicants who understand what the job is and what it requires is a help to managers, they are much more concerned about the quality of the workers than about the prior information

applicants have received. Employers typically assume that the quality of a referring employee is a good indicator of the person he or she will refer, something especially important in an environment where expectations of opportunism are the norm:

I: What are the advantages of referrals?

R: It saves me having to spend money on ads. It saves me having to worry about whether or not the person is a good person or not. Particularly in this environment. Because you know there's a lot of people out there that would just as soon get hired here and trip and fall, and file a worker's comp claim, as to coming here and wanting to do a good job. There would just as soon be people that would want to come in here to have access to equipment so that they could steal it.

I: Have you had a lot of experiences with both of those things, the disability and the theft?

R: Uh-huh. Across the board. And that's why we like to trust a little bit more about a person who is personally referred by an individual.

I: And so in your experience that you have been able to trust them?

R: Yeah, pretty much. Sometimes it fails miserably but the majority of the time it works. (611)

While the link between a current employee and a potential hire is of predictive value to the employer, their connection may be valuable in other ways. One manager emphasized that present employees don't want to put their name on the line unless they feel people will be good workers (604). Thus, employers are able to take advantage of pre-screening by incumbent workers. Another found that incumbent workers tend to refer people who will do a good job, because they don't want to look bad for themselves (609). An HR put it more benignly: If they get hired they already have somebody who can help them become better employees and better environmental service techs (602). The bottom line is that by referring someone, an employee is often committing himself or herself to ensuring the success of the new person, which is another bonus for the employer.

Though a variety of factors thus lead employers to recruit through incumbents' contact networks, dependence on referrals may yield a tendency toward social closure, detaching the employment process from the open market, and allowing incumbents to reproduce themselves. But whereas social closure processes seem well advanced in immigrant-dominated industries, like furniture or restaurants, they are less effective in the more institutionalized personnel environment found in hospitals. Managers, for example, are aware that if you just start getting a lot of referrals and your Affirmative Action goal is something else, you just have to do outside recruiting. You can't take those referrals (609). They are also conscious that reliance on referrals changes the balance of power, often in ways that don't suit management's interests:

I really, I try to keep a pretty broad spectrum of ethnic groups in the kitchen so we don't get too many cliques. It would be real easy to have an all Filipino kitchen or and you know one way or the other and everybody's got their little I don't know, their little quirks or whatever so at one time the kitchen was almost all female and I try to keep it balanced between men and women. Because I think a blend of personalities is better. (615)

Given the industry's high levels of Black representation, a tendency to rely on networks to fill vacancies ought not harm African American employment chances. An African American supervisor

in a public hospital in South Central L.A. told us that, at the hospital, in this area, it's predominantly Black. Most people out here are from the area. It's hard to get into unless you know someone's sister, uncle, aunt (629). Similarly, one site of a private hospital chain employed a large Black work force and experienced a high Black applicant rate, and could only secure Latino workers through active recruitment efforts and an affirmative action program. The recently-appointed Central American director of a public sector EVS department, however, indirectly pointed to the importance of management composition in the process when he told us that the former director, an African American, had mainly hired African Americans, whereas he was now adding many more Latinos and Asians. Where, as is most often the case, White managers are overseeing a minority work force, African Americans may well be at a disadvantage if immigrant referrals are of higher quality or come in higher quantity.

### **The Public Sector**

Public sector hospitals are limited in their abilities to do their own outreach or choose the pool of applicants from which to select employees. Civil service rules normally apply, which means that applicants are ranked based on their scores on standardized, job-specific exams, and managers are required to select workers from the top two or three ranks of those who have passed the exams. Relative to private sector hospitals, the discretion of managers who do hiring is significantly curtailed, and likewise the ability of networks to influence outcomes is clearly limited. And even where exams are not required, other restrictions, such as political imperatives to hire veterans (607, 632) or to utilize Workfare recipients (614, 629), constrain managers' abilities to exercise their own discretion in hiring.

The civil service framework keeps job requirements high, in part because the volume of applicants yields no pressure to lower demands. When a local public health agency held an exam for a temporary clerk position, they got 800 applications in two days for probably 30, 40 vacancies, if that. Still, even though we got 800, only 140 passed the exam, an outcome which they attribute to the poor quality of local public education (617). For 30-40 vacancies, however, 140 qualified applicants were more than enough. While the personnel managers we spoke with at this agency were confident that this officially validated exam was a fair test for the skills actually required for the job, other managers in the same system were less sure. One complained that, People would get so bogged down with the math, they couldn't get to the end of the [job-specific] test. Another, who had struggled with the math portion of the exam for her own position, agreed that a lot of people don't have the basic math skills, but told us that those skills are exercised very, very little (618) and she felt that people with good clerical skills were being passed over as a result.

The formal hiring procedures and high skill requirements of public sector jobs clearly ought to present a formidable barrier to most less-skilled immigrants. Rules are rules, and they generally work well in excluding newcomers who lack the credentials, experience, or English-language facility that public sector hospitals seek. Yet, although Civil Service procedures may have been designed with the intent of eliminating the role of networks in the hiring process, it appears that they are more effective at rendering managers blind to their working, rather than kicking them out of the game.



Even where the influence of networks on hiring decisions is kept to a minimum, incumbents have privileged access to inside information about the availability of jobs, as well as a store of advice on how to work the hiring process. The result is that, in at least one public sector hospital,

We have a lot of family members that work you know, everybody's cousin works here and sister and you know brother-in-law and stuff like that. So I think there is a lot of...Because what we do is if we have a job posted over at the employee's cafeteria saying you know [clerical position is] you know open testing soon, please apply something like. So people call up all their friends and go hey they're hiring. So probably there a lot more referrals than we know of. (618)

If skill requirements keep immigrants out of bottom-level jobs, many less-skilled African Americans feel the impact in just the same way. The ramifications of increasing skill demands are much greater for Blacks, given the degree to which the public sector has historically been a haven for them. Referrals, as noted, work less well in accessing public sector jobs, making the build-up of African American employment in government difficult to maintain and reproduce. Since the high job requirements exclude the least skilled members of L.A.'s African American community, they also hurt the chances of those persons potentially most exposed to immigrant competition elsewhere in the market. Other natives who seek the security and compensation available when working on the public's payroll form yet another threat to the employment of less-skilled Blacks. Finally, the public sector has been squeezed at least as badly as the private sector by its own funding crisis, and threats to vastly scale down local government health care provision would, if implemented, disproportionately hurt African Americans.

### **Employer Attitudes and Preferences**

Even in Los Angeles, the structure of employers' racial preferences was simple until recently, as the principal selection was a choice between White or Black workers. But as immigration has diversified the labor force, the structure of preferences has become more complex. As we have noted, the hospital environment has become extremely diverse; hospital managers pick their employees from a variety of visibly identifiable groups. Unlike many other industries, moreover, hospitals reflect the new face of Southern California at all levels of the institution. Whites may comprise the majority of physicians, but the presence of a polyglot group of immigrant doctors is highly visible; the same is true, and even more so, in such lower-level, but still highly skilled and reasonably well-remunerated, occupations as nursing, pharmacy, and medical technology. Moreover, hospitals are home to a sizable African American presence, and not just at the very bottom of the ladder, which may mean, as a manager in a large HMO maintained, that discrimination, because of the large Black population in the hospital, doesn't really exist. While this view is almost certainly overly optimistic, at the very least the hospital's high level of diversity, combined with the entry of outsider groups into its more prestigious positions, should mitigate the influence of prejudicial attitudes on the institution's behavior.

The structure of hospitals as institutions should also limit the prevalence of discriminatory practices. Even the smallest hospital is a relatively large institution. Large institutions are bureaucratic, which means that they operate according to rules; rules, even if not always enforced, reduce the

arbitrariness that allows discrimination. Large community institutions are visible also and therefore easier to monitor. While federal or state pressures to produce greater diversity in numbers may have abated, community pressures persist; the fact that hospitals are obliged to produce Equal Employment Opportunity (EEO) reports means that outside C and inside C interests can at least track, if not influence, the ethnic characteristics of those who get hired and get ahead. Hospitals are also community institutions that cannot easily ignore the interests or preferences of the clients they service and the workers they employ; consequently, organizational interests are likely to push hospitals to find ways of accommodating the diversity of the population and work force they encounter.

Further, most hospitals employ human resources professionals C the bulk of our respondents C who have been trained in and generally share a commitment to the promotion of diversity. We learn to be color blind in Human Relations, noted one interviewee. I feel that when I'm doing my job, no person has color, no person has a disability. We train ourselves not to notice a person's limp, or whatever (600). The personnel department has also been a favored route of upward mobility for both women and minorities, making HR managers particularly likely to sympathize with policies that promote greater diversity.

For these reasons, one might expect only modest variation in the views of hospital managers toward the variety of ethnic groups with whom they interact and relatively favorable views toward more stigmatized groups to boot. Our interviews elicited numerous instances of institutional C we're a values driven organization C as well as personal C I come from a liberal background C commitments to diversity and equity. We have had some issues with employees not being able to work well together simply because of their ethnic backgrounds, noted an official in a non-profit. We in Human resources of course want to make sure that that type of behavior is not tolerated in the organization at all.

Whereas researchers elsewhere were taken aback by the degree to which...employers felt comfortable talking...in a negative manner about Blacks (Kirschenman and Neckerman 1991, p. 207), our informants often responded with circumspection when asked to describe and compare the characteristics of different ethnic groups. I'm always bothered by questions like this because of cultural biases, (620) said one resistant manager. At least initially, many of our respondents passed up on our request to make intergroup comparisons. We got lazy Blacks, and we got lazy Mexicans, offered one. Others gave equally equivocal answers:

It's hard to say. Some do work hard, but the next day you have an example of a person in the group who's opposite. I don't like to generalize. (large HMO)

We've had immigrants who are good and immigrants who aren't great and Blacks who are great and who aren't great. (small non-profit)

There are good workers in all of them, poor workers in all of them. No one group is any better than any other group. That's been constant over time. (large non-profit)

But as one might expect, tongues loosened in the course of conversations that lasted an hour or more. For example, the same manager who insisted that, I hate talking about groups like this because it's so general, went on to say that

It's just that you know with the African Americans it's something that a lot of time they are the ones that get in trouble. They're the ones with the highest turnover rates, but whatever reason, you know, we get a lot. We have a lot of problems after the point of hire. And I really hate to generalize because those are the things that go in my head, cause it happens. (608)

For the most part, managers' discourse about race and ethnicity at the workplace pointed to a distinct hierarchy, in which Asians are viewed as the most preferred group, and Blacks the least. Managers' explanations of why Blacks ranked last rarely evidenced the raw prejudice we encountered in similar conversations with employers in other industries; our interviewees often expressed their views with a sophistication and sensitivity that bespoke their professional training and personal orientations. Still, numerous informants saw Blacks lagging behind their counterparts in a variety of areas, starting with their approach to the hiring process. Many managers saw Black applicants as less likely to know, or at least display, the appropriate demeanor needed for getting the job. It's presentation, noted a manager of a small facility in the San Fernando Valley, in a comment amplified by another informant, who pointed out that a nose ring turns people off and not just for aesthetic reasons. She went on to explain: There's more fear than prejudice. Because sometimes you call someone in and you didn't know that they were a homeboy, so suddenly you have these gang people walk in (600).

Even more common were comments on the skills, attitude, and stability of Black applicants. We have lots of Black males applying for jobs, who haven't finished high school and have either no work history or very poor work history. Their disadvantage is no skills. And the fact that they don't go out and get them (603). I know fantastic Black workers, noted a manager in a for-profit facility, But...somebody missed the boat somewhere. They lack work ethic and the skills we take for granted. My gut feeling is that they're not stable, echoed a public sector manager in reference to Black men.

R: It's a combination of attitude and lack of skills.

I: What do you mean when you say attitude?

R: They're mouthy. (614)

An EVS manager explained this attitude as a result of the skill deficiencies that were often noted: Lack of skills makes people hostile, hard to deal with (631). Another manager observed that, They seem to be more on the defensive, very defensive. I see a real struggle with acceptance (625).

Mouthiness, an unwillingness to act towards authority in what managers consider an appropriate manner, brings us closest to managers' most intensely emotional complaint. They bemoan a sense of entitlement on the part of Black workers, their label for a set of expectations inconsistent with the skills and abilities Blacks bring to the job. One manager describes the attitude of Black men in this fashion:

Give me a job. Why should I give you a job? Cause you owe it too me. It's my right, privilege to have this job, give it to me. I get phone calls all day long, irate because they sent us an application. I might review them with this stack over here in file 13 and they call me and they say, I'm qualified, why don't you interview me? Why aren't you interviewing me? I'm not interviewing you because in the starting point I saw your attitude in your application. That's why you're not getting hired here. I've got a high stack over here, that kind of attitude approach, it's just a mindset. They have no conception of being humble in an employment situation, like there's competition. They don't have any conception of like, and they feel personally offended if they don't get a phone call and they let you know, I'm personally offended with you. Fortunately, I don't get too much garbage from that kind of candidate because I don't discriminate based on the person's skin color, I discriminate based on attitude, based on presence alone. By the mere fact that they're Black, I could care less alone. If they want to have that attitude that's fine, they won't work for me. I get a lot of that, it's just, I come in here and fill out an application once a week and you never call me. Why don't you ever call me? That's why I don't call you 'cause you call me and talk to me like that. I saw it in their application. (611)

Sounding a similar note, a Black woman EVS director commented that, Some think the job should be given to them because they're Black. Other remarks along these lines underlined a clash of expectations between Black workers and their supervisors: The Blacks have an underlying attitude that they are deserving, that we owe them a better position, exclaimed one respondent (619). Another respondent, who thought that, Young Black males can be hard workers, nonetheless continued by saying that, They do tend to have an attitude that the company owes them something. That can mean poor performance. Probably 60/40, 40 bad to 60 good (616).

The flip side of this sense of entitlement is, according to managers, a profound distrust of management's motives. Several respondents recounted occasions where a promising Black applicant ruined his chances by reacting badly to managers. For instance,

A young, a particular young man comes to mind who fits that question and he was a very nice young man with his interview with me. He didn't have a lot of experience for the position that he was in mind for, specifically I mean saying if you looked on his application he only lists one employer and it, the job that he did for that employer involved much more than what he had listed on the application. And we spent a lot of time talking about that employer. His attitude with me like I said was very positive very upbeat. He got to the point with the second interview. And the attitude with the manager was you're discriminating against me. The moment he walked in the door. So I think it has a lot to do with attitude. I think young Black males are probably getting the door slammed on them, because they lack skills possibly even the education. And I don't just mean book wise education. I mean street smarts, I mean the ability to say this is the appropriate way to fill out an application or this is the appropriate way to function in our society to get by. (611)

On this count, a HR manager in a non-profit drew a distinction between Black men and women, noting that

A young Black woman can come in here and have a very positive attitude and not have the, she might be thinking in the back of her mind, they might discriminate against me. But she doesn't voice back. Where the young men are voicing it. And I'll tell you, I was absolutely shocked that this manager called me and said, this guy just came off and was just dead set against the fact that he didn't give me a chance. And he was telling me how I was going to treat him. And yet he wants me to give him a chance and he's not even giving me a chance. You know so I think it has a lot to do with attitude. That's unfortunate because you know they're, young people are very hard workers whether black, yellow, red or white, you know and they deserve an opportunity and a chance. (616)

Thus, a Hispanic manager in a for-profit felt content with the group of older Black women working as housekeepers because they don't shout discrimination if you ask them to do anything a little bit out of their job description (622).

If many managers appreciated the structural disadvantages encountered by less-skilled African Americans, it is also true that managers seek to avoid conflict. Thus it is not difficult to understand that conflict aversion C or evasion C might cause managers to hesitate to hire Blacks. A public sector manager told us that:

Some division heads have had discipline problems with Black males who were very aggressive and downright...I mean, we've had some people who we've told this is your last day and don't go back to the office, because they've been real threatening. So the division after that is kind of reluctant to hire. So discrimination may be there because of past aggressive, obnoxious Black males. And a lot of our managers are female, maybe that's an aspect too. I never really thought about that. If female managers discriminate against the lone Black male applicant because of past problems with males in the past. It would be hard to prove, but yeah, I could imagine that if I had problems with a male...If I had problems with kids out of high school, the next kid who comes in out of high school, no matter how well her interview goes, that I still have that taste in my mouth. And I'll want to go with the older worker, someone else. (618)

### **Immigrants**

When the conversation turned to immigrants, responses were more diverse. In some cases, as in the military-related hospitals where there are no non-citizens, restrictive regulations kept most immigrants out of the picture. Other facilities, for example an HMO with a large pool of low-level file clerks, got lots of applicants who come in and who can't speak English, which similarly excluded the foreign-born from consideration. While most hospitals had a significant immigrant presence in low-level service jobs, not all managers assessed described their experiences with these workers in flattering terms. In one hospital where Cuban refugees had created an enduring cluster in the housekeeping department, the manager complained of little cliques or pools in an area and a work force with people who've been here 25 years and still can't speak English. Other managers highlighted problems with performance, sometimes, as in these comments, which are both from Black managers, framed in terms that would normally be labeled cultural bias:

People's criteria for cleanliness are different. Our cleanliness is higher than other nationalities. Hispanics you train but they shut out what you say. They mix that trash. They think it's OK. How many times [do I have to tell] Blanca not to wrench the mop out in the dumpster? (631)

I mean, being able to somewhat speak the language to them and teach them, you know, why we do things this way here in this country versus how they would do it, perhaps, where they're from. Having them understand that you just can't take cans, you know, a lot of people they save things like paper, you can't do this, you can't collect these in your, in your housekeeping closet and take them out of the building with you. 'Cause, you know, they collect ants or ants come in and roaches come in and pretty soon we have a, we have an infestation. (608)

Work ethic was also an issue with one manager, who thought that the work ethic of the Black community and the Hispanic community is probably on par with each other, going on to say that I see a lot of Hispanic and Black peoples, employees here being disciplined because they don't pay

attention, or they don't have the capability (611). A respondent with a small non-profit in the San Fernando Valley contended that:

The younger Hispanics tend not to have as good a work ethic as the older. The ones I've seen problems with are immigrants: lazy, go out on workers' comp injuries, would rather collect workers comp or unemployment insurance than be working. (606)

Similarly, the manager of a housekeeping service contractor who told us that, I've had good experiences with immigrants, went on to complain:

Except for in the last two years we've had some very severe problems with fraud in the worker's comp end. They recognize this is a very easy way to rip the system off and it's a pot of gold, let's go for it. And that's been the biggest problem. And it's been the most serious problem. (608)

But these discordant notes were a minor theme, with most comments instead accentuating the positive. Managers were likely to speak approvingly of the immigrant work ethic and high immigrant work performance. In some instances, it was a matter of perceiving immigrants as being willing to work for less and as wanting jobs C the bottom line is the job C or having a greater appreciation of the dollar. Where they come from \$5 an hour at home is a lot of money to them, where \$5 here is nothing. An official with a county hospital offered the following familiar accolade:

They're real good workers and they work lots of overtime. I mean they work and work and work. I mean there's, they were maybe some of your natives, I'd say wait a minute, I've already worked you know 80 hours this week. I'm kind of tired. Well then you know your Asian will go oh yeah, you need me to work, no problem. So I think that the work ethic, you talk about work ethic is there for them. Because I mean compared to what they came from this is paradise. (618)

As this quotation suggests, Asians were likely to be portrayed in the most favorable fashion, and Latinos less so; we have already pointed out that interviewees offered a nuanced portrait of the immigrant workforce at large. Still, and more importantly, respondents highlighted a contrast between immigrants and African Americans that put the former in a more positive light. A manager at a prestigious Westside medical center thought that Black workers have less flexibility compared to the foreign-born. Along these lines, a respondent in a for-profit hospital noted that, We have a greater turnover with Blacks, whom he also finds to be a little less dedicated than immigrants.

A Black manager characterized Hispanic people as being:

Willing to work for you because they really like you, you know, if you speak their language and you give them a smile or you, they tend to really like you, they'll work for you and they'll go out of their way to work for you, I mean, they'll bring you things, they'll you know, they really adopt you so to speak. My experience with the Blacks has been, you know, African Americans has been, you know it's a business, you know, it's a job. But there again there are those who, you know, they really like you and they'll do anything for you. But with the immigrants, I found, that people, if they really like you, they really care about you, because, you know, I don't make a lot of money, but, you know, it's a good company to work for. (608)

## **Interpretation**

The hospital interviews are straightforward on at least one point: when considering the various ethnic groups that staff their low-skill jobs, hospital employers rank workers in terms of desirability, with Asians C who are largely immigrants C holding the place of honor, and with African Americans pulling up the rear. Our dilemma is how to interpret this finding. One rendering of the material

would cast it as pure prejudice, a social-psychological cast of mind stemming from sources outside the workplace; the employers with whom we spoke bring with them an aversion to hiring or working with Blacks, and a preference for engaging workers from almost any other group. This interpretation, however, doesn't quite square with the tenor and substance of the remarks: there were few suggestions of Blacks' inherent inferiority or undesirability, and no indications of a desire for social or physical distance from African Americans. And the pure prejudice interpretation also leaves one wondering how to reconcile the diversity of our informants C whom, as we noted, included Blacks, Hispanics, and women, not just White men C with the general agreement in their perceptions and views.

An alternative interpretation suggests that what our interviews elicited were not so much employers' a priori attitudes as accounts of their actual experiences of the behavior and characteristics of the groups with whom they interact, with considerable truth value therefore inhering in their perceptions. From this perspective, the interviews convey the following messages: A large proportion of the Black applicants and workers seeking low-level hospital jobs start out at the low end of the skill spectrum. Not all immigrants start out better, although Asians often do. More importantly, immigrants and African Americans differ in their expectations, effort, and attitude toward authority, with African American workers being perceived as expecting to receive more in terms of reward while giving less in terms of effort, and at the same time being less willing to accept management's guidance or dictates. Managers do not necessarily attribute those differences to inherent group characteristics, pointing instead to situational factors (Where they [immigrants] come from \$5 an hour at home is a lot of money to them, where \$5 here is nothing). And the differences that distinguish African Americans from immigrants apply to other native-born persons, as well (I mean there's, they were maybe some of your natives, I'd say wait a minute, I've already worked you know 80 hours this week. I'm kind of tired. Well then you know your Asian....). But whatever the source of the difference, it is real C or at least so managers perceive.

For a variety of reasons, the differences between groups of workers need not be very great for them to yield significant effects in terms of differential hiring rates. If managers are concerned with minimizing the costs of hiring and training, then any group with higher than average costs for hiring and training is at a substantial disadvantage. High and increasing skill requirements suggest that this disadvantage should increase over time. Conflict aversion is an additional motivating force. Requirements for interpersonal competencies come back into play, giving an edge to those workers better able to get along with others. Getting along is hard for all groups: downsizing, threats of closure, and all sorts of organizational changes make for a highly charged environment. These changes only make matters worse: the interviews are bursting with accounts of inter-group tensions, some of them likely to baffle inexperienced observers<sup>xiii</sup>. If getting along is most problematic for African-American workers C as seems to be the case C the importance of interpersonal relations and the high level of tension add a dollar and cents rationale to employers' use of ethnic traits as a predictor of which workers are most likely to succeed on the job.

### Privatization and Contracting Out

Employers may favor immigrants over natives in the competition for low-skill hospital jobs, but what appears to be the most potent form of competition is not head-to-head within the hospital hiring queue. Independent food service, housekeeping, and laundry contractors, as well as a range of professional service providers have been making significant inroads into the hospital industry, and many institutions have turned to them as cost-cutting measures. Displacing the relatively well-paid, benefited, often unionized workers who had been performing these services in-house, contractors hire their own workers and give them wage and benefit packages which are independent of, and usually far inferior to, what had previously been offered to in-house hospital staff.



When contracts are negotiated, existing workers are often let go, and even when that is not the case, new hires will generally be at lower wages. Asked about the disposition of pre-contract employees, the contractor we spoke with responded as follows:

Certainly the reason the hospitals would contract with us is to reduce cost. So we're, we're going to have to reduce costs, they would not get the same wages, perhaps and the same benefits as they were getting working for the hospital directly. So, many instances we'd just would not hire those people. Or if they did come to work for us as a, as a, you know, at lower wages than they were making before. (608)

The result is likely displacement for many long term hospital employees, who are disproportionately likely to be African Americans. A union representative at a public teaching hospital spoke about a privatization effort in dietary services:

It's like now, I had meetings with [people at a sister institution] where they phased out their food service. They got their own food there so now they laid off 8 people; some who've been there for 20 years. You can't find a place for me after 20 years? You gonna lay me off? I gave you my whole life. It's unfair. Y Do we only care about making money? (621)

What effect does the practice of contracting out have on the fortunes of native black and immigrant Latino workers? Mines and Avina (1992) report that a new wave of medium-sized, non-union, start-up custodial contractors hiring immigrant Latinos at low wages have severely undermined large, established, unionized firms in the building services industry. Hospital service contractors clearly threaten relatively well-paid hospital service workers in the same way. The contracting firm we contacted paid \$4.50 to new workers, compared to the \$7.90 average starting wage for in-house environmental services employees; the contractor's work force was almost entirely composed of immigrant Latinos, something the firm's manager explained in terms of the immigrants' greater willingness to work at the lower rate. To the extent that privatization and contracting-out flourish, and there are indications that it has become firmly established, the jobs of moderately well-paid blue collar workers, mainly natives, are endangered.

### Conclusion

As noted at the outset, the declining labor market fortunes of native born black men are often explained in terms of the unavailability of low-skilled jobs in proximity to black population concentrations. The case of the hospital industry is one in which there are low-skill jobs, and in Los Angeles, many of the industry's low-skilled jobs are to be found in the inner city C at least to the extent that Los Angeles can be said to have an inner city. This is also a case where blacks, including less-educated black men enjoy significant representation.

Unfortunately, the industry has been downsizing and African American representation appears to be poised to decline along with it, accelerated by the availability of cheap immigrant labor. The message seems to be that if skills and space do not overwhelm African American attempts to find adequate employment, then the arrival of less-skilled immigrants will do the trick. This story appears to be partly true, but only partly. The reason that it is not wholly true lies in the industry's unique needs, especially for English skills, and in the protections which the public sector provides.

First, although hospital service jobs look on the surface just like janitorial and food service jobs in other industries, there are important differences. Not only do hospitals have their own peculiar way of doing things, but their function and their complex division of labor imposes needs to be able to communicate well with coworkers and customers, needs not present in comparable jobs elsewhere. As such, managers typically named a bundle of skills, including reading and speaking English and being able to follow instructions as essential for these jobs. The upshot is that jobs in this industry are greater in their requirements for both soft and hard skills than are comparable jobs elsewhere.

African Americans should have natural advantages in landing these jobs. They are, after all, native English speakers, and almost all are better educated than the bulk of the Latino immigrants who comprise their main potential competition. It is difficult to take employer complaints about black skills entirely seriously when, as is the case in hospital housekeeping, black employees have on average four more years of schooling C 11.7 vs. 7.7 years C than their Latino immigrant coworkers. Furthermore, African Americans have a long history in the industry, and as such should have strong network connections with which to place friends and relatives in jobs, enforcing their advantage. Those networks should help black applicants connect with hospital jobs, since hospitals mainly find low level help through walk-ins and referrals, and prefer not to advertise vacancies at large.

The instability of the 1990s, however, makes it difficult for African-American workers to maintain a sheltered position. Layoffs have thinned their numbers, and when hospitals make new hires, factors such as lack of bilingual ability will count against them. The shift to patient-focused care, which results in upskilling, should benefit the well-prepared, but will cause problems for those with weaker skills. The cost-cutting strategy of contracting out is an even more potent threat to African American employment, as it sets up a situation of indirect displacement. Also, to the extent that employers are better pleased with the work orientations of Latino immigrants, African Americans are at a disadvantage, even given a greater base from which to make referrals.

Another threat to African American employment not specifically highlighted above is the change in the demographics of patients, a change that is farthest advanced in precisely that sector where blacks are more over-represented C the public hospitals which are the most heavily used by Latino immigrants. If, as a public sector HR manager told us, one of our objectives is having a diverse workforce which mirrors our diverse patient population, (617) this is clearly a threat in a region where African Americans are a small and dwindling proportion of the population.

Finally, there is a great deal I discussed in the interviews which is not reviewed here. The mechanics of screening, the finer details of language, the nitty gritty on conflict, and the qualities for which employers are searching all remain to be discussed. Clearly there is more to do; and I hope to report further progress before long. However, I do think that this preliminary statement offers new insight into how an important industry has responded to the changing labor force dynamics at work in an immigrant metropolis.

## References

- Borjas, George. 1990. *Friends or Strangers: The Impact of Immigrants on the US Economy*. New York: Basic Books.
- Borjas, George J., Richard B. Freeman, and Lawrence F. Katz. 1992. On the Labor Market Effects of Immigration and Trade. Pp. 213-44 in *Immigration and the Work Force*, edited by G. J. Borjas and R. B. Freeman. Chicago: University of Chicago Press.
- Castells, Manuel. 1975. Immigrant workers and Class Struggles in Advanced Capitalism. *Politics and Society* 5 (1).
- Cross, Harry, Genevieve Kenney, Jane Mell, and Wendy Zimmerman. 1990. *Employer Hiring Practices: Differential Treatment of Hispanic and Anglo Job Seekers*. Urban Institute Report, 90-4. Washington, D.C.: Urban Institute Press.
- Fernandez, Roberto. 1992. A Review of 'Why Black Men are Doing Worse in the Labor Market.' Paper presented at Conference on The Urban Underclass: Perspectives from the Social Sciences, at The University of Michigan, Ann Arbor, June 8-10.
- Filer, Raymond K. 1992. The Effect of Immigrant Arrivals on Migratory Patterns of Native Workers. Pp. 245-69 in *Immigration and the Work Force*, edited by G. J. Borjas and R. B. Freeman. Chicago: University of Chicago Press.
- Fink, Leon, and Brian Greenberg. 1989. *Upheaval in the Quiet Zone: A History of Hospital Workers' Union, Local 1199*. Urbana and Chicago: University of Illinois Press.
- Frey, William H. 1994. The New White Flight. *American Demographics* 16 (April):40-48.
- Griffith, D., and D. Runsten. 1988. The Impact of the 1986 Immigration Reform and Control Act on the U.S. Poultry Industry: A Comparative Analysis. Paper presented at U.S. Department of Labor Conference on Immigration, September, at Washington, D.C.
- Kasarda, John D. 1989. Urban Industrial Transition and the Underclass. *Annals of the American Academy of Political and Social Science* 501:26-47.
- Kirschenman, Joleen, Philip Moss, and Chris Tilly. 1996. *Space as a Signal, Space as a Barrier: How Employers Map and Use Space in Four Metropolitan Labor Markets*. New York: Russell Sage Foundation.
- Kirschenman, Joleen, and Kathryn Neckerman. 1991. We'd Love to Hire Them, But... : The Meaning of Race for Employers. Pp. 203-32 in *The Urban Underclass*, edited by C. Jencks and P. E. Peterson. Washington, D.C.: The Brookings Institution.
- Mills, C. Wright. 1951. *White Collar: The American Middle Classes*. New York: Oxford University Press.

- Mines, Richard, and Jeffrey Avina. 1992. Immigrants and Labor Standards: The Case of California Janitors. Pp. 429-48 in *U.S. Mexico Relations: Labor Market Interdependence*, edited by J. A. Bustamante, C. W. Reynolds and R. A. H. Ojeda. Stanford, CA: Stanford University Press.
- Moss, Philip, and Chris Tilly. 1991. *Why Black Men are Doing Worse in the Labor Market: A Review of Supply-Side and Demand-Side Explanations*. New York: Social Science Research Council.
- Moss, Philip, and Chris Tilly. 1996. 'Soft' Skills And Race: An Investigation of Black Men's Employment Problems. *Work and Occupations* 23 (3):252-276.
- Muller, Thomas, and Thomas Espenshade. 1986. *The Fourth Wave*. Washington D.C: The Urban Institute.
- Piore, Michael. 1979. *Birds of Passage*. New York: Cambridge University Press.
- Princeton Survey Research Associates, for Wisconsin Public Television. 1997. State of the Union Columbus Day Survey: Looking for America. <http://www.pbs.org/weta/sotu/survey.html>.
- Reischauer, Robert. 1989. Immigration and the Underclass. *Annals of the American Academy of Political and Social Science* 501:120-131.
- Sacks, Karen Brodtkin. 1988. *Caring by the Hour: Women, Work, and Organizing at Duke Medical Center*. Urbana and Chicago: University of Illinois Press.
- Thomas Bros. Maps. 1990. *Los Angeles County 1991 Thomas Guide Zip Code Edition*. Irvine, CA: Thomas Bros. Maps.
- Turner, Margery Austin, Raymond J. Struyk, and John Yinger. 1991. *Opportunities Denied, Opportunities Diminished: Racial Discrimination in Hiring*. Washington, D.C.: Urban Institute Press.
- U.S. Department of Labor. 1989. *The Effects of Immigration on the Economy and Labor Market*. Washington, D.C.: Government Printing Office.
- Wilson, William Julius. 1987. *The Truly Disadvantaged: The Inner City, the Underclass, and Public Policy*. Chicago: The University of Chicago Press.
- Wilson, William Julius. 1996. *When Work Disappears: The World of the New Urban Poor*. New York: Alfred A. Knopf.

---

## End Notes

- <sup>i</sup>. A recent poll for the PBS show, *State of the Union* (Princeton Survey Research Associates 1997) found that 40% of Americans had concerns that immigrants take jobs away from established Americans, and that 46% were in favor of reducing immigrant quotas (down from 65% in 1993).
- <sup>ii</sup>. At least those with a sojourning orientation, who intend to make money quickly and then return home.
- <sup>iii</sup>. Since the immigrants and natives with whom we are concerned here are differentiated by ethnicity, as well as by nativity, ethnic change or ethnic competition ought to be appropriate labels for the phenomena at hand.
- <sup>iv</sup>. Comparatively little research exists about non-professional hospital workers. Fink and Greenberg (1989), in detailing the history of New York health care workers Union 1199, present a history of these sorts of jobs. The focus of Karen Brodtkin Sacks, in her book *Caring by the Hour* (1988), is also on union organizing, but she paints a vivid portrait of the work lives of a variety of hospital workers, including those in service and clerical occupations.
- <sup>v</sup>. One of our two brief phone interviews, however, concerned a hospital with only twenty-five employees.
- <sup>vi</sup>. Two smaller hospitals refused in-person interviews but granted us brief telephone interviews, for which we used an ad hoc abbreviation of the standard instrument.
- <sup>vii</sup>. The choppiness of many of the quotations included here is, alas, an artifact of our having to transcribe from notes in cases where recording was not an option.
- <sup>viii</sup>. I did not formally test for bias in the sample due to selection method or non-response.
- <sup>ix</sup>. Based on U.S. Census data for Los Angeles County, 1990 PUMS-A 5% sample.
- <sup>x</sup>. This quotation came from case #611. Selected characteristics of each case are shown in Table 1.
- <sup>xi</sup>. According to one manager, people won't come forward to identify that they're illiterate (602). Given the emphasis on literacy skills, this is not surprising. Allaying worker fears about their ignorance being revealed is one reason that this manager's hospital has been planning to open a skill center with self-paced modules.
- <sup>xii</sup>. That is, various types of hazardous waste must be segregated from the general run of garbage, and mixing them together is both problematic and potentially dangerous.
- <sup>xiii</sup>. For instance, reports by the dietary services manager at a Long Beach hospital of conflicts between Thai and Filipino workers were totally unexpected.