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Job Mobility of Entry-level Workers

Black and Latina Women in Hospital Corridors

Maria Estela Carrión, Ph.D.

Based on data from interviews with fifteen black and fifteen Latina women in entry-level jobs, this article discusses job access strategies, patterns of job mobility, and barriers to upward job mobility for low-income minority women in the hospital industry. Concentrated in the lowest wage levels and job tiers, they are quite diverse in subgroup composition, in age, and in training requirements. The research confirms that deficiencies in schooling and skills remain the major obstacles minority women confront when they apply for hospital jobs and restrict their opportunities once they are within the hospital labor market. Efforts to provide training and schooling opportunities have to address the constraints imposed on the women by work, family responsibilities, and modest income. The varied training requirements of women placed in entry-level tiers dispel the notion that they all have the same skill and aptitude levels. They ask that hospital employers and community-based training organizations develop better skill assessment instruments to improve the job-placement process so that potential employers cease equating absence of credentials or linguistic accents with low skills and low intelligence. The author analyzes the urgency to articulate services in a competitive adult and higher education environment and the pressing need of minority women to locate alternative mechanisms of demonstrating competence and securing school credentials in the United States. The women speak eloquently about the racism they encounter in the hospital workplace and of their need to identify means of support that enable them to attain the transfers, promotions, and recommendations they require to succeed inside the hospital labor market.

To understand poverty and inequality, one must understand how workers get, or fail to get, access to jobs with good wages and benefits. This is especially true for women who are overrepresented among the poor and for whom the greatest wage inequality results from their segregation into pink-collar occupational ghettos. In an increasingly polarized labor market, with midlevel jobs disappearing, female claims to

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quality jobs, wages, and benefits are critical to their economic well-being and that of their families. Positions in the health service industry provide an opportunity to examine the potential for women's economic mobility into quality jobs. In Massachusetts, for example, more than half the health and hospital jobs available are concentrated in the Boston area.¹ Though the industry includes hospitals, clinics, and other health facilities, hospitals remain the major employer, accounting for 70 percent or more of all employment within the health field. So large has Boston hospital employment become that it represents 14 percent of the city's aggregate payroll.² It is important, therefore, to identify how low-income women connect to hospital employment opportunities and to determine how they fare once inside that internal job market.

At the time of this research, Tier 3 skilled technician jobs were experiencing personnel shortages while unskilled and semiskilled Tier 1 and Tier 2 workers were in need of economic mobility. Tier 1 workers are employed in kitchen and food services, house-keeping, maintenance, and a variety of nurse's aide, orderly, and patient transportation. Tier 1 may also involve manual labor, which can be physically demanding. Tier 2 workers are employed in entry-level clerical positions, booking appointments, registering and billing patients, and entering data into medical records. Some Tier 2 workers draw blood, sterilize and prepare operating room tools, and produce graphs or computer reports for lab tests because training for these tasks can range from a few hours to a few weeks. This pool of Tier 1 and Tier 2 employees is where minority workers are concentrated and represents the group from which recruitment into Tier 3 skilled technician jobs is possible. In Boston, 80 percent of the residents who work in the health and hospital industry are employed in the lower tiers.³

Research Questions and Study Design

I used information from interviews with fifteen black and fifteen Latina women, in Tier 1 and Tier 2 positions in Boston area hospitals, to gather information on job access strategies, patterns of job mobility, and barriers to mobility. Each of the interviews was divided evenly between Tier 1 and Tier 2 positions. The black women include African-Americans and Jamaican and Trinidadian immigrants. The Latinas, similarly, include U.S.-born and island-born Puerto Ricans as well as women from the Dominican Republic and from South America. They are U.S. citizens from birth, so Puerto Ricans are not classified as immigrants, but the characteristics of the women with substantial island experience are consistent with those of new immigrant status.

While grouping the women into the broader black and Latina categories blurs important distinctions between them, I was obliged to do so because a small sample is required for qualitative interviews. Even for a small group, I experienced difficulty in identifying women to interview and "snowball sampling" techniques proved most effective in generating referrals. Most employer and union records identified women only as black or Latina, so that even if I had wanted to generate samples by distinct black and Latina subgroups, this would have been impossible with reliance on institutional data. I placed women in groups consistent with the identity they themselves reported so that a Spanish-speaking immigrant and black woman would choose the group she identified with. The way diversity between black and Latina women manifests itself and diversity within their own subgroups affects their labor-market experience surfaces in the analyses that follow.

I limited the sample to thirty to achieve depth within the constraints of time,

availability of sample, and acceptable numbers for cohort comparison. In fact, most qualitative interviews of women I consulted numbered twenty-five or fewer. As specific hypotheses are not tested in this research design, there is no need to attain a cohort size that supports the type of statistical analyses usually run in quantitative models. Other studies have documented labor-market segmentation well, so there was no need to further prove the racial or gender divide in the workplace. Rather, what was necessary was a microanalysis of the practices and interactions that reproduced this segmentation. The qualitative semistructured interview was the best means of securing these data. Qualitative interviews allowed me not to prove a labor market segmentation, which the literature shows exists, but to document how it is achieved in practice through the personal beliefs, perceptions, and experiences of workers inside the hospital.

Hospital human resource personnel were reluctant to provide access to their workers. They felt vulnerable about exposing their organization to complaints from minority workers, so my requests for names was met by only one of them. In hospitals with an organized labor union, the local steward provided assistance. This strategy also proved problematic as the steward struggled to produce membership rosters from which we could draw names and to contact employees whom she might not know. For many of the women in organized settings, the approach to recruit them for my interview was their first union contact.

Alumni information from community-based training programs was equally discouraging in locating graduates. The younger minority women emerging from these training programs were economically vulnerable, which led to frequent moves and adjustments in work, child care, and family arrangements. Their addresses and telephone numbers, therefore, quickly became outdated. Women had to have been on the job for at least one year, a period long enough for them to have developed an opinion about the hospital culture and internal labor-market practices. The interviews, most of which took place in the homes of the women after working hours, were recorded in English or Spanish. Because some of the women felt intimidated, afraid that their concerns would get back to their employers, they were guaranteed anonymity. Many feared losing their jobs, for the industry was beginning its cycle of layoffs. To encourage their participation, the women were paid ten dollars.

I discuss data on three research questions explored. The first is the school and background characteristics of the women that are relevant to understanding their outcome in the job market. School information is also relevant to our understanding of training needs to facilitate future job mobility. The second identifies job networks successful in getting the women jobs, especially a first hospital job. The third describes their work experience with the hospitals' internal labor market, paying particular attention to barriers that prevent the women from achieving upward job mobility and to the racial culture and climate of the hospitals. Moving to positions of comparable pay and status in other departments is *horizontal job mobility*, while moving to positions of improved pay and status is *vertical job mobility*.

School Characteristics Affecting Employment

The information on school completion rates was collected to confirm whether failure to progress within the hospital tier structure is indeed the result of human-capital schooling deficiencies. In evaluating school completion rates, I found important differences between women schooled exclusively in the United States as compared with those who

attended school outside the U.S. mainland. While black and Latina women had early and unplanned pregnancies, which interrupted their schooling, blacks as a group were more likely to suffer that experience.

Marriage and Pregnancy

The major factor contributing to U.S.-born blacks' leaving high school early was unplanned teenage pregnancy. Thirty-three percent of the black women left school because of an early pregnancy.

Shirley, forty-nine years old, attended an all-black, coed school in Alabama; dropped out at seventeen.

When I was growing up, I wanted to go into the army. . . . But before I could finish high school, I got pregnant, at the age of seventeen. . . . I guess I was watching television . . . and I just . . . I want to jump off parachutes and stuff like that and I didn't get a chance to do that. Well, I thought about lots of things. Nursing too. Oh, I guess because my grandfather passed during that time and I had to do a lot of things for him. You know, helping. Help my grandmother with things. But I got pregnant and so I couldn't finish anything.

Unwed pregnancy as a determinant of leaving school early was as true of black women older than thirty as it was of the younger generation, those under thirty. One of the younger black women assumed that blacks' unwed pregnancy was more acceptable because black single mothers were so prevalent in the news and media. "Times had changed," she reported. When she attempted to return to her Boston public high school after the pregnancy, teachers told her she was providing the wrong role model for her peers. Their comments led her to withdraw from school a second time. Black women went on to raise their children substantially alone. Husbands and partners didn't hang around or couldn't provide help, and the women assumed sole responsibility for the children, even when they remarried. All returned to school to complete a high school program, but it took many years before some of them were able to do so. Forty-seven percent of the black women were pregnant or married right out of high school compared with 29 percent of Latinas. Thirty-three percent of the black women went into the job market directly after leaving or completing high school compared with 7 percent of Latinas. The latter, who also married and were just as economically needy, were entering formal jobs at a significantly lower rate.

Among the Latinas, both high school dropouts were Puerto Rican, the group these fifteen women perceived to be the most privileged owing to their U.S. citizenship status and superior American schooling credentials. Both, young and educated substantially in U.S. schools, left school to get married, one because of an unplanned pregnancy, the other to escape the continuous back-and-forth migration between Puerto Rico and Boston forced on her by her mother.

Ivelisse Lily, twenty-two years old; Puerto Rican; Boston public schools; dropped out at sixteen.

I decided in tenth grade I wanted to marry — I was sixteen years old. My mother moved us so often, I wanted control over my own life. I wasn't pregnant but I got married at sixteen anyway.

For this young woman, marriage was the ticket out of chaos and the multiple schools she

never got to really know or settle into.

Foreign Schooling

Twenty-seven percent of the blacks and 43 percent of the Latinas completed their schooling on time in systems outside the United States. Six Latinas completed a high school education on time, five graduating from Boston public schools. Despite completing high school in Boston, however, all the Latina women had substantial experience with schools in Puerto Rico, the Dominican Republic, and some other South American school system. This meant that they struggled to juggle bilingual and bicultural experiences and expectations throughout their stay in the Boston schools. It also meant that even in cases where Latinas held a U.S. high school diploma, it did not mean they were proficient in the English language or that the bulk of their schooling had occurred in the United States. Many of the foreign-schooled women later had to complete a U.S. high school diploma or general equivalency diploma (GED) program to confirm or document a basic level of literacy. Their foreign schooling certificates and diplomas were not formally recognized in the United States.

The requirements of foreign school systems varied, making problematic issues of transferability. Puerto Rican schools, for example, reflect the American school system in structure as well as in much of the curriculum content, except that they are taught in Spanish. Among Latinas, this was expressed as a preference for Spanish instruction in Puerto Rico, where there was assurance that credentials could be easily transferred to the United States. In countries other than Puerto Rico, a schooling certificate was issued to students on their completion of about nine years of education and subsequently passing a national examination. Ability to pursue studies after the ninth-grade school certificate was often contingent on receipt of a government scholarship based on the result of the national exam scores. The only other route to education beyond ninth grade was to belong to a family who could afford to purchase additional schooling at a private institution. As the foreign schooling credentials of many students were not accepted in the United States, this meant that 60 percent of the black women interviewed and 57 percent of the Latina women interviewed had not possessed a minimum document of twelfth-grade high school certification that was valid in the United States at the time of the interviews. Irrespective of individual aptitude and skill level, the absence of that credential locked them, as a group, into low-wage work.

Substantial foreign schooling held a number of consequences for black and Latina female workers. It meant that they lacked English-language proficiency, were often forced to repeat a grade level in the United States, had the legitimacy of their schooling and credentials questioned and were denied acceptability under U.S. standards, and were at a great disadvantage in a Massachusetts economy in which 67 percent of jobs require a minimum of two years of college. Blacks and Latinas with substantial U.S. schooling fared no better. Five of the nine black women who attended U.S. schools enrolled in general studies programs, because it was the only course offered at their high school. Three of the five black immigrant women were enrolled in general studies programs because that was the only course their foreign schools offered.

Black/Latina College Plan Differences

As is evident from their general studies enrollments, women had limited choices early in their lives. Latina women were more likely than blacks to report an early interest in jobs or careers that required professional training in a four-year higher education program.

This difference in attention to college appears to be the result of different class and foreign schooling opportunities available to Latinas and blacks in this particular sample. Twenty percent of the black women, for example, went on to college or a year of Vista service after high school while 64 percent of the Latinas continued their schooling in a college or a university. With Puerto Rican and Dominican women predominantly composing the Latina group, this higher education finding reflects the broad availability of such schooling for Puerto Ricans on the island, as well as the great use of the Puerto Rican higher education system by Dominican migrants to the island in search of credentials acceptable in the United States. Migration and divorce were the two most important variables affecting interruption of higher education. Black immigrant women had more limited higher education opportunities in their homeland. Despite their superior schooling and skills, Latina immigrants worked at the same job levels as their less schooled and skilled counterparts in Boston.

Despite the fact that 59 percent of the entire group did not possess an American high school diploma at the beginning of their first job, all later reentered schooling and completed their high school education. Where they could, they selected programs offering a regular high school diploma over a GED. Of the fifteen black women workers, six had completed high school or a GED in the year preceding the interviews.

Vanquished Dreams

The black and Latina women came from homes where few parents and siblings had completed high school and virtually no one attended college. Forty-eight percent of these women's mothers worked as full-time housewives, reflecting the historic absence of job opportunities for women in the external paid labor force. The remaining mothers supplemented their housework duties with work as domestics or, later, in factories during economically stressful periods for the family. All the women's fathers worked and were the primary breadwinners of the household. Their contemporary experience, as predominantly single-parent mothers, was therefore a radical departure from that of their own upbringing.

The women reported few role models who could help or mentor them during their growing-up years. The major expectation was that they would finish school before becoming pregnant or marrying. "Finish school" meant completing high school, a basic minimum standard set by the parents. When asked how their lives and choices were different today, most women believed they were better off economically than their mothers or parents. One woman remarked that times were different and one had to assume different jobs and roles. She was not sure that the quality of life had improved as a result of those changes. The setting may have changed and farming and sharecropping were no longer the norm, yet economic and power relationships for minorities and women had not improved as dramatically. She was still working a low-level job for low wages, even if it had a new title and she lived in an apartment.

Early pregnancy and marriage were the result of vanquished dreams. Coming from public, all-black schools with general programs and hand-me-down books and clothing, their post-high school plans centered on the jobs available to black women — nurse and nurse's aide, teacher, and beautician. The few who ventured beyond these jobs were influenced by television and the hope that joining the military would whisk them away to some exciting travel or other opportunity. Immigrant black women faced similar career limitations because of the substantially lower family income levels abroad and the reduced availability of public schooling. For Latina women, there was no South. The older

ones were immigrants from the Dominican Republic. The Puerto Rican women were younger, second generation, but their substantial U.S. schooling did not translate into economic gains for them in the job market.

Florence, forty-three years old, service technician, Jamaican immigrant:

There are certain things [my parents] couldn't do. I took the test for high school [in Jamaica] and I didn't pass. Well, then you have to have certain amount of money to buy certain things, uniforms and badges and different things that you wear. So, at the time, my parents, they were poor. They could not afford to do all that for me so I really didn't have any plans at all at that time. I was just at home, you know. [Parents] really didn't send you out to work because we were in the country. There would be no place to go to work anyways. Well, some children leave home and they go in town after they get out of school. And then they work. But my mother didn't want for us. . . . Because, you know, those parents, they're so protective of their children. They didn't want us to go around at the early age [most completed schooling by fifteen years]. My father worked very hard for all of us. He pushed us. He loves to read. He always wanted us to have new not old books [and worked extra hours to make sure we got new books when we did go to school].

Ana, thirty-two years old; medical records clerk, Dominican immigrant:

I wanted to be a psychologist. Later . . . all I wanted to do was *escapar del mapo* [escape from the mop]. I lost those dreams. Money [needs] forced me to begin domestic work at an early age. My mother divorced when I was nine years old and raised six children on the wages of a domestic worker. At nine years I went to Puerto Rico and attended public schools there. At seventeen years, I asked to come to the U.S. I finished high school here. I came to Boston to explore, *aventurar* [seek adventure]. In my senior [high school] year, my older sister was moving to Boston to join me. I was anxious to get my own apartment so we can move in together. I needed a job and money. College was a distant thought in my mind. Desired, but simply not possible.

The younger black and Latina women, under thirty, had profoundly different schooling experiences and career goals. They were products of a different era in television, of a post-civil rights period, of the women's movement. They were encouraged and pushed in school to tackle computer programs, science, and technical careers. Despite greater exposure to career paths, the young blacks and Latinas did not necessarily fare any better. One black woman wound up pregnant in eighth grade, replicating her mother's single-parent status. Another Latina also wound up pregnant in her senior year and never married the biological father.

Two young minority women were successful in pursuing computer programs at a community college level. That degree allowed them to secure the same entry-level clerical position the other minority women held. Both are worried about their ability to complete a four-year degree, something they have to do to attain the upgraded requirements of their job. One very bright black woman, in the final year of study for her four-year college degree, expressed dissatisfaction with Boston public school magnet programs. Her "high" grades led her to believe she was capable of performing academically, but the demands of her college program proved otherwise. She dropped the college program after two frustrating years, angry at herself and at the Boston schools. The quality of their public school education left them unprepared for the job market or the college work they undertook.

A Minority View of Work and Family Conflict

All these women viewed themselves as workers and wives. It was clear to them, early on, that marriage would not provide income security for low-income minority women. They fully expected to work outside the home, not perceiving it as interfering with the family, to work for most of their lives, and considered their wages essential to the survival of the family and the household. The hostile relationship often assumed in work and family literature did not exist for this group. They saw work as necessity not choice. The inability to project career paths was caused by the disruption of dreams as economic realities crashed in to pose real barriers to further training and schooling. The high school period proved critical for the women, who had the dreams but no concrete mechanisms for realizing them. As dreams were dashed, it was easy for them to surrender to the traditional expectations of motherhood with unplanned pregnancies, early marriages, and other compromises that steered them dramatically away from their plans. Marriage and family was an “acceptable” alternative sanctioned by family and society when women were unable to penetrate structural barriers of limited schooling and employment.

Job Mobility and Work Experiences in Hospital Corridors

In addition to formal schooling and human capital skills, other factors affect one's access to jobs and success and experience on the job. I collected work history data to evaluate whether the women experience vertical job mobility — an increase in pay and job rank — or horizontal job mobility — another job at the same wage and rank. The information on work history allows me to report on how the women connected to their first hospital jobs, how women experience race and ethnicity in their current hospital positions, and how internal hospital labor practices affect them. Internal labor market refers to employment opportunities within one company or firm and to the policies and practices that define access to job hierarchies within that firm.⁴

Job Search Strategies

When asked how they find work and what method is best for them in locating information about employment and transfer opportunities, the women identified newspaper ads and internal postings as their main and regular source of information. Despite this, when pressed for specific information about how they had secured their current position and who had helped them find earlier positions, it appears that most had been successful in locating jobs and transfers through other means. The most satisfactory job search strategies involved heavy reliance on publicly funded, community-based training program services, followed by the help of kin and friends. Sixty-three percent of the technician assistant employees got their first job in that category as a result of a training program placement. Several of the women started in technician assistant jobs in their first institution and subsequently moved to another one when their classmates recruited them. Moving to be with their fellow students afforded them a more comfortable working environment, with people they knew, even when they were unable to negotiate wage increases.

U.S.-born black women were more knowledgeable about the use of community-based programs, knew of more agencies they could tap for services, and were more likely to report using an agency for training and job placement assistance. Latina women were less knowledgeable about training agencies. When they used such an agency, it was usu-

ally the result of a referral from Aid to Families with Dependent Children (AFDC) or an immigrant service program.

Another reason for the unevenness of the job search and information networks of black and Latina women was that the latter simply had less experience looking for work. The black women were wiser about job searches because they had held more jobs and had been in the formal labor market longer than the Latina women. Only two of the fifteen blacks were in their first full-time job, referred to hereafter as first-time jobholders. Both were young and unmarried high school graduates from Boston. Among Latinas, five who had no prior work experience in the formal job market, not even part-time, were in their first full-time permanent job. Another four Latina first-time jobholders were housewives who migrated to Boston with their spouses. They entered the formal paid job market primarily by enrolling in short-term training programs and using the placement services or momentum of the program to locate employment. One Dominican woman, for example, located her first job as a clerk-typist during her five-month internship as a training program data entry clerk intern. The training program pushed her employer to locate full-time work for their trainee placements. Without that external shove, she believed she would not have been hired, as she had applied for work there previously with no success. Her training site supervisor helped her apply for a permanent position in the same hospital with a publicly funded community health program. Her first job, therefore, was in a grant-funded clerical position, where job security ended with the end of the grant.

Before their arrival in the United States, immigrants, especially the Latina women who comprised a larger proportion of them, had limited job search experience of a different nature. In migrating to this country, they had to learn new ways of interacting with institutions and people. As noncitizens, they were not always clear about their eligibility for training programs and services. The short training programs available at community-based organizations were insufficient for them to achieve job-market entry, particularly considering the diversity of their English-language deficiencies. One woman participated in a job-training program that did not lead to a job placement. She went home and raised her kids on AFDC for eleven years. When AFDC rules tightened, she returned to the same clerical job training in the same Latino organization. Again, no job placement resulted. She finally found a job on her own, after pleading with a Latino human resource employee who put her in housekeeping irrespective of her two clerical training program certificates. She remained there for several years before being able to move horizontally from housekeeping into entry-level clerical work.

Job Mobility in the Hospital Labor Market

It is important to note that while black and Latina women regularly review job postings, their ability to execute a transfer successfully has usually been prompted by personal intervention. It may have been by staff of a program or agency that trained them or by a relative or friend who spoke directly with the hiring supervisor on behalf of the woman. The only two jobs Ivelisse ever held were secured for her by her sister. In both cases, Ivelisse submitted applications for work that went unheeded, and she received calls for an interview only after her sister, already employed at the site, spoke directly with a supervisor on her behalf. This strategy may work well for white workers. Relying on insiders to obtain a job works less well for black and Latina women, who are represented in lower numbers in the workforce generally and are less likely to have supervisors or

peers in higher positions who can intervene on their behalf. They cannot turn to their traditional mentors, the staff at community-based organizations, because the role of their staff usually ends with job placement.

With respect to internal transfers, the women did not perceive supervisors as a source of support or information in helping them to locate jobs or transfers. Immediate supervisors were often viewed as insensitive, incompetent, and untrustworthy and viewed as favoring one employee over another. In limited cases where supervisors were cast in a more positive light, they were viewed as well meaning but powerless. Women reported routinely applying for jobs and being rejected for what they perceived as vague reasons. The information on the cause of their rejection would not help them prepare for a more effective future interview, since they did not know if they could trust the accuracy of what they were told. Blacks and Latinas alike reported that having a “mentor,” the term used by black women, or a *padrino* (sponsor), the term used by Latinas, was more important in getting a job than one’s qualifications. While jobs were posted, women knew of specific cases in which the position had already been committed to someone else, a process that left them feeling powerless. They very much wanted a mentor or *padrino* and often asked if I could help identify and locate one for them.

Ana, patient advocate:

I applied three times for that position. I was the internal candidate . . . internal candidates are supposed to have preference. I later found out the new hires were friends of other workers.

Ines, data entry clerical:

I worked in housekeeping because I spoke no English — that was all I could do. I took an [in-house] computer course while in housekeeping to get [a position in] medical records. I kept applying and was turned down several times. They always told me “seniority.” I had no clerical experience. I ignored the prerequisites — *Me arriesque!* [I took a risk.] I learned everything in one week.

The Effects of Seniority on Job Mobility

The frequent movement of women between jobs and employers needs as much explanation as their inability to move out of a low-wage job after a long tenure. Job tenure or seniority, therefore, is an important variable that contributes to our understanding of job mobility. Most of the women had been with their employer for less than four years, so they would lose out on positions in which seniority is a criterion. Seventy-six percent of the women interviewed had been with their hospital employer four years or less. The majority had been with their current employer in their current position a little more than two years. Those who had the greatest seniority were a small number of U.S. black clerical workers whose upward job mobility had been constrained by their lack of schooling. They had no high school diploma, so they could not move elsewhere. It was this group that, after five to eighteen years of service in the same department of the same hospital, was most active in completing the requirements for a high school education over the year preceding the interviews. This finding among clerical workers is consistent with black female labor-force participation literature, which confirms that black women’s greatest employment gains since the demise of domestic and factory work has been in clerical work, especially with public employers. The longest tenured black clerical workers were in the city’s public hospital.

Latina females had uniformly shorter tenure and seniority in the hospital labor force. Ninety-three percent of them had been with their hospital employer less than four years. Only one of them had been with her employer eleven years, an extreme in the group: a Dominican who had begun hospital work in the housekeeping department doing “mop and broom” work, she managed to become a clerk. She had spent most of those eleven years doing clerical work yet was unable to upgrade to a better-paying position. At the time of our interview, she had recently achieved a patient advocate position on her *third try* for the vacancy. She was happy about the decision but felt challenged by it because, in her opinion, she was awarded the position only because the department was unable to get anyone else and still deny her the position a third time. It had been made clear to her that she was a “hire of last resort.” She believed she could do the job, but the interview, the hiring process, and the department staff’s hesitation made her question her assessment of her own skills.

It would be easy to conclude that lack of seniority and short job tenure accounted for low upward mobility. Yet the interviews with the women who had more seniority revealed that they were unable to break into existing internal job ladders as well. Among black clerical workers averaging eight to fifteen years of seniority, many had completed a high school diploma only in the year preceding the interviews despite the hospital’s intensive in-house job-training program. When asked why it took her so long to connect to the internal instruction opportunities, one black clerical worker complained that information on training and internal job postings were not uniformly distributed within her department. Participation was limited by hospital practices requiring supervisors to recommend or refer their workers. Some workers were never referred because they were “too essential” or simply not favored. Others may be referred repeatedly because they are favored by department supervisors or there is interest in moving them out of the work area.

Patterns in Job Mobility

After I reviewed the work history the women provided, it became clear that many were involved in horizontal job changes, the types of jobs they held being relatively the same. This was as true of clerical workers as of technicians. For clerical workers, their employers or industries might change, but the job itself remained identical — routine, dead end, predominantly female. Those who worked as technician assistants also held jobs that were relatively equivalent. Unlike clerical workers, technician assistants were tied to the health and hospital industries because their skills were not transferable to other industry sectors. Clerical workers, who had greater choice in other commercial sectors, were not similarly limited as to job location. The job titles and descriptions — tasks added or deleted — changed, but the work and wages were substantially comparable. Three black clerical workers were able to achieve a pay raise and promotion, their vertical mobility the result of the upgrading of that position for the entire department. In fact, as the qualifications were upgraded to a four-year college degree, the black women had to be “grandfathered” in to survive the job restructuring. This increased the friction in that department between the white workers, all of whom had college degrees, and the black women who were then viewed as “less than qualified” affirmative action holdovers. This attitude persisted despite the fact that they had been performing satisfactorily in the department with their white female colleagues for more than a year before the reorganization. One of the black women was completing a four-year degree and would soon be graduating. The second had completed her two-year associate degree and was keenly

aware that she had to return for a four-year degree. The third, in another department, which was being reorganized, was underschooled and a self-reported weak academic student. Though she kept her job title and pay, the duties affording her the greater status and responsibility within the department were written out of her revised job description and handed to a newly minted, college-educated white female whom she was asked to train. These data hold alarming implications for low-income minority women who, as a group, are unable to afford the time and financial costs associated with retooling and returning to school.

Job Leaving

The reasons women left their jobs could not be easily reduced to one variable. Though some single event usually triggered the decision to leave work or to find another job, the women, when pressed, usually put together a more complex scenario. Pregnancy, loss of child care, migration to rejoin a spouse or family, were the common external factors prompting a decision to leave a particular job and reflect women's reproductive and family responsibilities that affect employment. As such, they influence all women, but they have a disproportionate effect on job retention or job leaving for low-wage females simply because of their economic vulnerability to the demands of mothering. The most revealing remark was made by one technician who had been through at least three career changes and several jobs. In her attempt to help me understand what she perceived as a lack of coherence between her jobs and the fields she had passed through, she remarked that the jobs were all the same. In each, she told me, there was no one reason for her decision to leave. A specific event may have been the trigger, but several factors were operating: boredom, lack of future, low wages. The important lesson for her and me was that "there was no reason to stay." This finding reflects the earlier discussion regarding vanquished high school dreams and the lack of career planning opportunities. The women worked at jobs, not careers. The training they managed to gain in short-term programs became "badges" they could pin on job applications. The instruction was horizontal so that the worker could identify a series of skills at which she was proficient, but not hierarchical or cumulative, allowing her to make a qualitative leap to a higher level of reasoning, a higher level of responsibility, or a higher-status job.

For immigrant women the experience was mixed. Some enjoyed a different class position in their country of origin. In the United States they have enjoyed higher wage and income levels relative to those in their home country but have been obliged to downgrade their occupation and class status. No longer the middle-income members or professionals of their society, a few of the women reported having to acclimate themselves to their status as blue-collar workers in U.S. society.

Race and Ethnicity in Hospital Corridors

I asked the black and Latina women to talk about the effect of race and ethnicity on their job experience and their perception of job opportunities within their hospitals. The consensus: "We are the gofers."

[During] a break, a call comes in for assistance. The supervisor looks around [at] the white women in the room and calls upon me [the black worker] to get up to respond. I was just as tired as they were.

We [the minorities] were the gofers in our department. Though we held the same position as the other white women in the department, we were always picked on first to run errands or get coffee. They treated us as servants. We were never invited to the office Christmas or birthday lunches.

Women of color reported that they frequently were called on to do more work than the white women in their departments. The dirtiest, most undesirable job was often assigned to them. In medical records, for example, white workers were assigned desk, telephone, or receptionist duties. The Latina worker said that the worst task was in the back room, trying to file medical folders into dusty, overcrowded racks. The room was hot, dimly lit, and the work was physically tiring. She pointed out the back racks to me, asking me to note the color of everyone working there: black. The front section of the same department was occupied by white women at their desks. Blacks and whites all had the same title and position. Aware of this distinction, my respondent fought hard to stay at her desk. Because data entry in medical records was boring, she preferred the receptionist duties at the front desk, but the worker there was not only the newest woman in the department, but also the youngest and prettiest. The male supervisor wanted a "pretty and young" white woman as the face for the department. The Latina knew it, the other black women workers knew it, and the other white women in the department knew it.

Discipline and the Double Work Standard

The black and Latina women reported that they are held to higher standards of accountability and performance with respect to work.

During my internship, I overheard the head nurse talk about how stupid and dumb those [black] students were. We were every bit as good as the white student interns from the community college. The white student interns were allowed to do more specialized procedures and to learn more. I made sure I got assigned to all the procedures that the white students did and I told my friend to be careful too. When I got my first job somewhere else, I saw a Latina woman technician having difficulty because she had not been trained widely in all of the instruments. It was not her fault.

This young black woman insisted that the training she received at Dimock, her community-based training organization, was rigorous. She reported that she was able to keep up with the white community college interns at the hospital because the Dimock teaching staff had worked them so hard. She was conscious that the white women were all community college trainees while the blacks and Latinas seemed to come from the community-based training agencies. It was equally clear to her that her skills and opportunities were being evaluated on the basis of the perceived quality of her training institution. Despite her superior background and performance, the community college trainees received more attention, more learning opportunities, more status.

Latina women, too, spoke well about their community-based organization training experiences. Where they were learning technician jobs, not clerical skills, the education involved medical terminology and science textbooks. This posed a challenge for women who had problems with the English language, but the support of one another and the teaching staff helped them through it. They said that the faculty at community-based programs were more committed and motivated to training them successfully. The

camaraderie the women forged served them well in class and during internships. One or two attempted to continue their networks outside the classroom and into the hospital surgical areas. There they tried to help each other transfer out of undesirable institutions or undesirable shifts and departments. Because they moved so frequently, it was difficult for the women to maintain the network outside the structure of the program.

Language Harassment

The workers said that they were confronted by colleagues within their departments who felt threatened by those who spoke Spanish among themselves. This form of language harassment was cited by almost every single Latina interviewed. Even when the workers assured their colleagues that they were not talking about them but about other things, the pressure on them not to speak Spanish persisted.

Last year I started as a secretary. I was Hispanic. Two nurses didn't like it when I talked in Spanish. I got a warning because I was talking in Spanish with another Jamaican nurse who happened to speak Spanish. We were both speaking Spanish but they picked me to discipline. I'm no dummy. They picked on me because I was new and because I was a lowly clerk. The other Jamaican woman was a nurse.

Latina clerical workers especially complained about telephone problems. Callers refused to leave messages or exhibit patience when asked to slow down and to spell the American names clearly. They would not tell the worker directly, but later complained to her supervisor about the bilingual worker's ability to perform the simplest receptionist tasks and duties. The worker felt that the same callers would deliberately rush by difficult names to confuse her. "How would they like it if I asked them to spell Spanish names when they don't speak Spanish?"

Racial Apartheid and Departmental Segregation

It was clear to several clerical workers that some departments were more integrated than others. One woman asked me to walk through the building to let my own eyes reveal to me how race and ethnicity operated. Some departments, those which had higher-paying clerical positions and prettier quarters were simply "all white." When this woman thought of mobility, she looked at the color of coworkers in that department to determine her opportunities. This principle of viewing opportunities through "colored lenses" also operated in the external job market. When two women reported that they simply walked in and completed applications, I pressed them to explain how they decided which companies to approach. They used the presence of other minority workers as an indirect indicator of whether they were welcome as workers.

Racial apartheid also existed in social gatherings and events at the work site. Despite the fact that white colleagues felt isolated by workers who chatted among themselves in a language other than English, they regularly excluded blacks and Latinas from luncheons, Christmas parties, and other celebrations.

Multicultural Competition beyond Black and White Racism

Difficulties in socializing and securing support on the job were also evident to black and Latina women. U.S. blacks held greater seniority and were represented in larger numbers than Latina and black immigrants. Tensions resulting from job competition and language barriers surfaced between minority women too. The perceived common threads

of race and class were important factors in binding women of color within their gender. Thus, while they discussed their differences with white workers and with other women of color, they were less inclined to clarify the latter, feeling uncomfortable about doing so. Whatever differences and tensions Latinas felt with African-American women, or newer immigrants felt with native minority women, it was clear that they perceived the other groups as more likely sources of support than their white colleagues.

Race and Grievance Filing

The majority of the women would not press forward with a complaint or grievance because they saw little reason to do so. The discerned climate of racial hostility mitigated against such an action. Most would approach a supervisor to seek resolution of a problem, but that was viewed as a last resort. This was as true of women in organized-labor settings as of women in nonbargaining unit settings. The union grievance process was regarded as long, tedious, and unproductive. The women believed that outcomes would differ little whether the union or supervisor was involved. Because they were overdisciplined, held to different work standards, and had no recourse, the women were inclined to leave positions at the first opportunity rather than seek a remedy or stay to fight for jobs they viewed as relatively all alike. The reasons to leave or move outweighed the reasons for remaining where they were.

The Social Isolation of Women of Color

These workplace problems and situations are difficult to endure. Where did women seek support if they felt that their supervisors were unapproachable and that they were being ostracized by white peers? Few women mentioned being able to share work-related difficulties with their spouses — “He didn’t care, would not understand, or would ask me to quit if work got too demanding of me.” Details on the level and quality of social networks conflicted. Some women had ethnic or racial group friends with whom they associated and socialized. Others had no such networks and “stewed” alone. Access to a support group with which one could discuss work matters or problems was quite uneven. Even when I interviewed members of the same racial and ethnic group who worked fairly close to one another in the same institution, they did not know each other. On two occasions I obtained interviews, from different sources, from women who happened to work in the same department. They became aware of each other only as a result of my interviews because they recognized me at the work site and asked whom else I had come to question. These two women had worked together for years without seeking each other out though both had reported being lonely and wanting more companionship on the job.

The important finding here is that social networks operating for information and support for minority women were difficult to identify and, because of two principal issues, more fragile than anticipated. First, social support networks relied on individuals, so the networks were only as strong as their links. People moved regularly, making it difficult for relatively recent employees to maintain a constant connection. Even when the women named specific individuals as responsible for helping them locate jobs or transfers, the resource people they credited came from outside the hospital institution. Second, networks require a certain level of trust. In the workplace setting, the women were reluctant to reveal too much about themselves, their personal lives and problems, to others who are gossipy.

There is tension between groups because one always perceives the other as having

more power. Shift conflicts could partially explain this. My sense, though, was that the hospital culture had a chilling effect on the women. When they attempted to sit together as minorities, they felt singled out and accused of exclusion by white workers, but when white women sat together, there was no such perception. Minorities sitting together was perceived as menacing, and the women felt the stares of their colleagues. When I completed the interviews, one of my overwhelming impressions was of the women's social isolation and need to talk. Because the interviews took longer than planned, the women rarely had the opportunity to speak about themselves and their desires with someone who took the time to listen. The interviews proved therapeutic as the women, listening to their stories, reflecting on their lives, summed up their lessons for themselves.

Hospital Culture and Racial Climate

A technician entering an operating room overhears the doctor making derogatory ethnic remarks about the Hispanic patient on the table. An intern elbows the doctor, who looks at the technician, stops his comments, but proceeds without apologizing for them.

This is perhaps the most revealing statement about the hospital climate. The women were aware that, at all levels, they were treated differently as workers and as patients because of their race and ethnicity. Some expressed a preference for working at the city's only public hospital precisely because they felt that it offered a slightly better racial climate. Most of its patients were members of a minority, so the personnel presumably bought into the hospital's mission and population.

Race/Class/Gender Harassment

Many of the examples the black and Latina women cited involved their interaction with white female workers, a result of the gender segregation that occurs in the labor force when women find themselves working in all-female occupations. Their interaction with males tended to be with men as doctors and supervisors. Gender segregation also operated in distinct ways in departments such as food services, housekeeping, and direct patient services, where low-income workers were more likely to mingle. However, African-American and Latina women were reminded that, irrespective of class, low-income whites considered them different from white women even when they all worked alongside one another.

A [white, male] fellow worker refused to help me [a black, female aide] with my cart and materials. He claims I am paid as much as he is so therefore I should do the same work. I know this is true, but I also see how he helps the other white aides with their heavy carts and materials. He treats them with respect and gives them more courtesy.

Racial incidents involving patients had a greater chilling effect because they would bear directly on one's ability to work. Supervisor support in these situations was critical. For example, Grace, a nurse's aide, responded to a patient's signal for assistance. He looked at her and requested that the "other girl," a white aide, be sent to him. Grace told her supervisor, who proceeded to scold the patient. Such supervisors were the exception, according to the women. As a group, they believed that much work had to be done at all levels of personnel to improve the racial climate of the hospital and to change its culture.

Implications for Employment and Training: Policies and Program for Minority Women

Beyond "One Size Fits All" Schooling and Training Policies

The findings on schooling and human capital confirm the research of human-capital labor economists, who argue that it is the lack of schooling and skills which explains the unsatisfactory labor-market participation and lower wage levels of minority groups. The substantial majority of the women I interviewed had only recently achieved their basic high school education. Their lack of skills and credentials explains their inability to secure better than entry-level jobs at the time they first applied to the hospital and to achieve upward job mobility in the internal labor market. Foreign-born and -schooled women, facing problems of accreditation with foreign credentials, found themselves confronting similar structural difficulties of access to an initial job and, once employed, of subsequent access to higher-paid positions. Yet traditional labor economic research understates the complexity of women's schooling and skill gaps. Human-capital theory posits learning and skill deficiencies as the "cause" of unequal labor-market success and proposes schooling and vocational training as the "remedy" so that workers can attain labor-market success. Their personal situations suggest that the schooling and skill gaps of these women were quite diverse. Some required substantial learning to remedy long-standing reading and writing deficiencies, while others required brushing up on concrete vocational skills tailored to their positions.

Some of the foreign-born and -schooled women were already quite competent but needed an alternative mechanism to demonstrate their skills rather than repeating an educational program that would provide them with paper accreditation but little new knowledge. It is clear that any training remedy set up to increase the knowledge and human capital of the women has to take into account the diversity of their needs as well as the enormous opportunity cost associated with skill upgrading for this economically vulnerable group, namely, the expenses associated with training, ranging from tuition and fees to child care and travel. In addition to enormous constraints on travel to classes and tuition payments, the women had to cope with "time poverty" from work and home as well as physical exhaustion. Their inability to find relief from their "second-shift" home responsibilities depleted the time available to fulfill their homework assignments and reading even when they attempted to study against all odds. In addition, the issue of reward for their extra effort to narrow their schooling and skill gaps has to be examined in future research. Without a substantial increase in the quality of the degree attained or the training, it is not clear that the women would gain a substantial increase in earnings.

Returning to school at the lower level of skill training sent mixed messages to the women. Human capital and schooling, as a variable assumed to increase wage levels, did not operate as they expected. Immigrant women found themselves in the same jobs, at comparable wage levels, as those of U.S. black and Latina women with superior U.S. schooling and English-language skills, irrespective of whether they held a GED, a high school diploma, had some community college, or were in union or nonunion employment settings. The variables of age and more or less experience in the job market, similarly, had no effect on raising their wage levels, as they might have expected and as traditional labor-market theory suggests. The variables linked to labor-market success

did not improve their access to better-quality jobs. Whether young, under thirty, or mature, whether schooled in the South or in Boston public schools, whether with or without work experience at the time of their first hospital job, black and Latina women found their way to the same jobs and wages. How, then, are women to remain motivated to invest time and money in schooling? The findings suggest that attention to increasing the human-capital skills of black and Latina workers will have to be flexible in design and academic content and in their ability to be creative in allowing alternative ways to earn degrees for existing skills. Most important, the findings suggest that we must require greater emphasis on job placement to ensure that returning to school is the path to helping these women locate jobs outside the segregated tiers where they are already concentrated.

Expanding Job Search Strategies and Networks

The foregoing makes evident the pressing need for blacks and Latinas to identify new strategies and networks to connect them to jobs and support them, once they are in jobs, to achieve upward mobility. Employing the job search strategies and networks of kin and friends, the women wound up in the usual slots — segregated, low-wage jobs. In limiting their search to employers and jobs that would allow them to meet others like themselves, they were restricting their opportunities to the lowest job levels and wages, where minorities are traditionally located. The work of William Julius Wilson posits that it is the isolation of African-Americans in the inner city which locks them into networks that don't lead anywhere and suggests that we must find ways to break that isolation.⁵ Black and Latina women discover themselves in a type of "American apartheid," which isolates them from mainstream ideas, housing, schooling, and jobs.⁶

My expectation, therefore, was that these blacks and Latinas would be more successful in locating jobs outside the traditional minority job sectors when they used job placement networks rather than kin and friends. The most common job placement strategy involved the services of community-based training organizations. The results for blacks and Latinas, in terms of the types of job, employer, and wage levels, demonstrate that community-based organizations (CBOs) had no greater success than the women themselves in gaining access to better-quality positions. The failure is partly the fault of the funding structure of community-based training organizations discussed earlier. They are funded to provide the fastest job placement possible and discouraged by their funding structure from providing longer-term training or services that might yield better opportunities for the women. At different points in their historical development, CBOs have been more successful at winning access for their constituents. Research to reevaluate the role of these programs and to assess ways to create funding and performance policies for them so that they can better wage this battle is needed.

Mobility in Internal Labor Markets

The inability of the women to achieve mobility is explained by their limited schooling and human capital. But still unexplained was the inability of internal policies and programs to reach and connect the women to training and jobs. For most of the Latina and immigrant women, their lack of job seniority may explain the failure of traditional networks to communicate with them, since most had been in their employment a little longer than two years. The more extreme example of the African-American women who were allowed to work from five to eighteen years with little attempt to connect them to a basic

high school equivalency training program has already been cited. Another disturbing trend was the dampening effect of the hospital racial climate and culture on the aspirations of the women. Most distrusted their supervisors and did not believe that internal transfer and promotion policies worked for them. The responsibility to support employees has traditionally fallen on human resource personnel and in-house training programs, but according to information from the interviews, the ability of these to reach, provide services for, and support women of color is mixed or nonexistent. Most of those interviewed relied on the services of community-based training organizations at least once and, in a few cases, more than once. Such unmet needs for support of minority women workers provide an opportunity for these organizations to consider coalition work with employers and unions so that they may continue to mentor and encourage their constituents after training and job placement. Some of them will welcome the opportunity to continue their role of providing remedial skill development and vocational training to workers in an employment setting.

It is important to note that the availability of community-based organizations and services is not uniform throughout minority communities. The organizational infrastructure in the African-American community is better developed because it has been in place longer and therefore has had the opportunity, historically and economically, to develop and strengthen the programs. Other populations have less developed and unevenly developed community-based networks, forcing constituents to seek organizations outside their traditional cultural niches. To their credit, African-American organizations have made great strides in reaching out to diverse constituents. The CBOs are increasingly sophisticated in their ability to deliver services to linguistic minority immigrant groups, black and Latino. This reflects their ability to manage the latest wave of immigrants and to adapt to new constituents and new market opportunities, for instance, nonprofits. The Latina women trained as surgical technician assistants praised the Dimock Training Center program highly and recognized the efforts of that historically African-American organization to meet their needs. It is worth noting that because they were warmly welcomed and satisfied with their jobs, they actively recruited and referred Latinas from their own communities to Dimock.

As community-based organizations engage in adult training, they face two important challenges. First, with increasing reliance on diplomas and credentials that are transferable to other learning institutions, CBOs must gain accreditation as postsecondary institutions or enter into formal arrangements with a certified entity. The women themselves recognized the strength and superiority of the training they received from these organizations. Yet strong training did not withstand long-held prejudices within the hospital industry, which favored diplomas from traditional universities over certificates from CBOs. Community colleges are also competing for enrollments in short-term skill training in nondegree certificate programs. The contest between community-based organizations and higher education institutions is likely to increase. Some CBOs are trying to retain their market niche to service traditionally displaced student populations by themselves securing accreditation as higher education institutions. In Massachusetts, the Dimock Training Center has sought accreditation, as has Action for Boston Community Development's Urban College. For the moment, public higher education institutions have better funding and facilities though a less favorable track record in contacting and retaining minority populations in Massachusetts. Community-based organizations have to provide better evidence of their past performance and strive to compete more effectively to retain their clientele by addressing the issue of transferable, accredited diplomas.

The second challenge which community-based organizational training programs must confront is that of quality job placement. Funders, government sponsors, and their community constituents hold CBOs, which were created historically to empower minority communities and to play an active advocacy role, to a standard of accountability different from the one they demand from higher education and adult training institutions. CBOs must continue to pioneer the efforts of blacks and Latinos to overcome inequality by increasing the ability of their constituents to access quality jobs with good wages and benefits. A great deal of the success of U.S. blacks in achieving schooling and labor-market gains resulted from the efforts of community-based initiatives and organizations. These endeavors significantly narrowed the schooling gap for African-Americans between the demise of Jim Crow segregation in the South and the advent of the civil rights era. If the jobs into which trainees are placed are already available to black and Latina women, why fund a community-based organization to place them in jobs they can acquire on their own? The greatest contribution of CBOs has been in helping to break through barriers to new economic jobs and opportunities. Funders' efforts to limit that historic role and responsibility through funding and job placement policies that do not serve the best interests of minority women should be resisted by all concerned with improving the economic well-being of minority workers.

Improving Job Readiness: Boston Public Schools

To expand services and improve their coordination for workers on the job is important but misses a critical point offered by the women. Making choices about work and careers has to begin at a young age, before the women become victims of early pregnancy and marriage. It was the perceived absence of opportunities which led to many early pregnancies. The Boston public school system has made efforts to introduce vocational apprenticeships and training through the Private Industry Council and other magnet programs. Yet there is clearly a problem of quality. Students with a high school diploma were not job-ready, had no skills to effect a transition into a formal labor market, and were ill prepared for the demands of the labor market and college programs. Given the amount of foreign schooling the women experienced, it is unfair to attribute all language and skill deficiency problems to the Boston schools. Still, it remains the responsibility of those institutions to provide services to an increasingly diverse linguistic population and the record, on this front too, is unsatisfactory, according to the women who graduated from them. More disturbing is the fact that nonimmigrant, English-language-dominant women from Boston schools fared no better in the job market. The women asked for more help in career planning and for quality schooling so that they could acquire skills marketable in the workplace as well as in a college setting.

What Can Hospital Employers Do?

My comments thus far have centered on the schooling and skill gaps that trouble employers as much as they do many other citizens. Employers are already working closely with public schools to remedy quality issues among graduates. It is appropriate to consider what internal actions employers might take to improve the upward mobility of entry-level black and Latina women. The women suggested several.

Make hiring and promotions easier. Employers can increase efforts to recruit and hire minorities. The majority of the women gained a hospital placement only after an agency or specific

individual interceded on their behalf. Their applications went unanswered most of the time. Hospitals can monitor the racial segregation of their internal departments. Finding black and Latina concentrations in specific job categories or only in specific departments suggests that efforts to diversify are in order. Equally, monitoring disciplinary actions, suspensions, and failure to transfer/promote would suggest departments and supervisors in need of attention. It was unclear to the women why they needed intervention to get a job interview or a job in the lowest tier.

Train supervisors. In a hospital climate and culture dependent on referrals and protection, training supervisors about racial issues is critical. The women felt isolated, without peer or mentor support, and vulnerable against doctors, nurses, and the patients themselves. Distrustful of the grievance procedures and internal systems, they were more likely to leave work than seek resolution, which leads to high staff turnover and problems associated with low morale and performance. Skills in handling issues of diversity should be required along with skills in supervision, mediation, and management. In most cases, the workers simply wanted to be valued and treated with respect. Given their examples, this was a modest demand.

Provide paid release time for improving skills. Department budgets should include compensation for employees released to training so that other workers are not penalized for their peers' absence through an inadvertent work overload. Supervisors would be less inclined to disapprove of an employee's participation in additional schooling and training if money was available to hire labor during the employee's absence. Some departments have greater flexibility in providing release time than others, placing employees in housekeeping, patient services, and related urgent-care situations at a clear disadvantage. Surgical technicians, for example, must remain in an operating room for the entire length of a procedure, even when that operation runs over their shift or working hours. In some departments, workers rotate difficult midnight shifts among employees. Such rotations and departmental demands prevent employees from committing to a fixed time schedule for a class. Paying workers to attend class would help supervisors release them and provide an incentive to make time for learning.

Availability of paid work release provides relief for women outside the workplace as well. They suffer greatly from time poverty, working full-time jobs and spending the remainder of their days trying to raise their children substantially alone. Having a partner provided no relief from second-shift housewife duties. As was evident from the older black female group, the major obstacle to promotion was lack of a basic high school diploma. Most had been unable to tend to basic requirements through lack of information, outreach, and opportunity. Unable to manage release time from their parental obligations at home, many worked in departments that also had difficulty releasing them. Women reported that in-house and off-campus training opportunities, which required them to pay and attend on their own resources and time, were not really available to them. They had had neither the resources nor the time to do so. Participation in school and training increased significantly when the institution paid for the training rather than reimbursing students afterward; paid release time was provided for employees during their regular working hours; training was accessible on site or close by; and training was relevant to performance of their jobs. The promise of college credit or other credentialing made the training even more appealing. Availability of paid training and paid release time also made it easier for women to persuade a reluctant partner to cooperate.

In addition to workplace barriers to mobility, I discussed external barriers to mobility, the most important being second-shift responsibilities. A full description of discussions in interviews regarding spousal/partner support and family/community support networks is beyond the scope of this article, but I want to reiterate that access to support is critical for all women, particularly low-income blacks and Latinas, if they anticipate long-term survival in the workforce. Middle-income and professional women, who have greater resources with which to purchase services necessary to their remaining active in the workplace, may also have the advantage of a flexible work schedule that permits them to meet second-shift responsibilities easily. Among lower-skilled women, clerical workers had the advantage in second-shift management, sometimes including the option of bringing a child to work or leaving early without causing disruption. Women in direct patient services, for example, in operating rooms, were not likely to have the same flexibility nor to be treated as sympathetically by workers and supervisors when the second shift intruded on the workplace. The most successful of the black and Latina women I interviewed, in terms of schooling and ability to focus on securing job mobility in the hospital, were precisely those with supportive partners who encouraged them and shared child care. Of the thirty I interviewed, only four fit this category, one of whom was a newlywed who was under pressure to bear children. The majority of the women had a changing cast of partners, partners who were altogether absent, or partners who were intolerant of any activity that might infringe on the home.

Women who sought support in kin or community networks without the partner found that the relationships were fragile, subject to changing quickly, demanding reciprocity they could not always deliver, and otherwise fraught with difficulties. Some networks were not cost effective because the women had to expend more time and resources on them than they received. Relying on such networks in an era of migration and economic restructuring shakes some assumptions that earlier research on low-income communities held to be critical for the survival of women and their families. The increasing economic vulnerability of low-income families is having an impact on kin networks, so it may not be structurally practical to assume that minority women can rely on them as they did in the past.⁷ The meltdown of support networks, as the women conveyed it to me, did not necessarily reflect a pathological breakdown in culture or tradition. The sense I got from them was that the growing economic inequalities of the labor market over the past two decades was placing unprecedented strains on families. Even when they wanted to continue the networks, they were more than ever unable to do so.

Being female, a single parent, and a woman of color stand as the best predictors of poverty, child poverty, and inequality in the United States today. If we are to help women stay active in the labor force and secure jobs with a living wage for themselves and their families, we must pay increasing attention to narrowing schooling and skill gaps for minority women. We must help them negotiate the career ladders in their internal labor markets, providing them with the external supports necessary to balance their family and work lives. Paramount among these, the thirty women stated time and again, was the need for quality, affordable, accessible, and multicultural child care. We must not assume that all service-sector jobs offer low wage and status, for many of these women were paid well above minimum wage even in semiskilled entry-level positions. Nor should we err in assuming that one-size-fits-all training programs benefit all entry-level workers. Some of my group had distinct and wide-ranging skill and school levels. In an era when most American households require two wages to sustain a family, we must extend to low-income working mothers extra subsidies and supports to assist them in

staying competitive in the workforce and allowing them to retool regularly to perpetuate job gains. The alternative, public welfare, is as unacceptable to the public as it is to the women I interviewed. They worked very hard to escape the poverty and hopelessness that welfare dependency guaranteed them. ❧

Notes

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