

Dignity at Work for Low Wage, Low Skill Service Workers La dignité au travail chez les travailleurs peu qualifiés et faiblement rémunérés du secteur des services

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La citoyenneté au travail ? Réflexions sur le milieu de travail de l'avenir

Citizenship at Work? Thinking the Workplace of the Future

¿La ciudadanía laboral? reflexiones sobre el medio laboral del futuro

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Résumé de l'article

On a récemment accordé beaucoup d'attention à l'inégalité croissante des gains et aux conditions économiques qui se détériorent chez les travailleurs à faibles revenus (Levy et Murnane, 1992; Johnson et Kuhn, 2004). En plus de faibles revenus, ces travailleurs doivent aussi affronter de mauvaises conditions de travail : insécurité d'emploi, traitement arbitraire et absence de représentation. De plus en plus, en relations industrielles, on cherche comment améliorer la vie au travail de ces travailleurs. La dignité au travail est devenue un sujet de ralliement, non seulement pour les syndicats, comme ce fut traditionnellement le cas, mais aussi pour les décideurs politiques et les intellectuels.

Dans cet article, nous avons voulu évaluer les effets de certaines caractéristiques des lieux de travail sur les perceptions que les travailleurs se font de la dignité au travail, en recourant à une enquête auprès des personnes occupant des postes peu qualifiés et peu rémunérés dans le secteur des services. De plus, nous nous sommes demandés si la représentation syndicale ou des changements dans l'organisation du travail associés à des pratiques de haut rendement au travail affectent ou non la perception de ces travailleurs de la dignité en emploi.

Les données proviennent d'une enquête effectuée dans quinze hôpitaux communautaires américains. Ce type d'hôpitaux constitue la majeure partie des hôpitaux aux États-Unis, et nous avons retenu le groupe le plus représentatif, c'est-à-dire ceux qui comptent entre 200 et 400 lits. Les hôpitaux sont répartis dans presque toutes les régions du pays. L'étude a débuté à l'été de l'année 2000 et elle s'est terminée au printemps de 2002.

Notre analyse s'appuie sur une enquête téléphonique auprès de 589 travailleurs, dans les quinze hôpitaux retenus, et comprend des questions sur tous les aspects du travail accompli et de la carrière. Nous avons aussi visité chaque hôpital où nous avons interviewés des gestionnaires, des surveillants et des représentants syndicaux. En recourant à l'analyse multivariée, nous avons ensuite analysé l'effet de la syndicalisation et des pratiques de travail sur la perception de la dignité au travail dans les établissements. Pour estimer la perception de la dignité au travail par les travailleurs, nous avons retenu trois variables dépendantes clés : la sécurité d'emploi, la satisfaction intrinsèque au travail et le traitement équitable de la part de l'employeur. Nos variables indépendantes incluent une mesure de l'enrichissement du travail, la participation à des comités de résolution de problèmes, la formation sur le tas ou d'ordre institutionnel, le champ d'action du syndicat, la perception de la suffisance du personnel et des ressources matérielles, la charge de travail ainsi que diverses variables de contrôle.

Nous avons posé l'hypothèse que le fait de bonifier le travail, soit par un élargissement des tâches, soit par un accroissement du niveau d'habiletés requises, par l'offre de participation à la solution des problèmes au travail, par l'offre d'occasions de formation et le fait de disposer d'une représentation syndicale sur le lieu de travail devraient être liés de façon positive à des niveaux plus élevés de perception de la dignité au travail. Nos données nous indiquent qu'à l'exception des effets positifs de la formation, ni la restructuration du travail, ni la représentation syndicale ne présentaient des effets dans le sens anticipé. Dans le cas de ces travailleurs du secteur des services, les emplois sont si faiblement rémunérés, si exigeants physiquement et si peu gratifiants que le fait de les redessiner n'améliore pas la situation. Ce qui semble améliorer la perception de la dignité au travail est plutôt lié à l'accès à la formation, au fait de pouvoir compter sur du personnel en nombre suffisant et sur du matériel adéquat et en quantité suffisante et aussi de ne pas se faire demander d'accomplir plus que ce qu'on peut faire.

Cependant, des modifications dans l'organisation du travail et la représentation syndicale ont été associées avec un niveau plus élevé de rémunération, une mesure de dignité particulièrement importante chez cette catégorie de travailleurs. Bien que la restructuration du travail, la formation et la représentation syndicale sont sources de hausses salariales, elles ne contribuent pas à l'ajout d'une valeur intrinsèque au travail, pas plus qu'à l'impression d'un traitement équitable de la part des employeurs. Ces deux effets sont plutôt liés à des enjeux inhérents au procès de travail, tels que la charge de travail, la présence d'un personnel suffisant et de ressources matérielles adéquates. Seule la formation demeure liée aux trois aspects de la dignité au travail.

Ainsi, les changements dans la nature du travail, comme les travaux sur la promotion de la dignité au travail en relations industrielles le laissent entendre, présentent peu ou pas de relation avec cette dernière variable chez cette catégorie de travailleurs à faibles revenus et peu qualifiés. L'enrichissement du travail, de même que la participation à des comités de résolution de problèmes ou la représentation syndicale n'améliorent pas la perception de dignité au travail chez ces travailleurs. Cependant, des salaires plus élevés, du personnel en nombre suffisant et la formation contribuent à une meilleure perception de la dignité au travail. Par conséquent, les politiques axées sur la formation et les qualifications des travailleurs peu rémunérés sont plus susceptibles d'avoir un impact important sur leur emploi et leurs perspectives d'avenir. De plus, les syndicats pourraient davantage aider leurs membres en négociant non seulement des salaires plus élevés, mais aussi du personnel en nombre suffisant et des ressources adéquates pour que les travailleurs et les travailleuses puissent bien accomplir leurs tâches.

Dignity at Work for Low Wage, Low Skill Service Workers

PETER BERG
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Using responses from a telephone survey of 589 low wage, low skill workers in US hospitals, the authors investigate the workplace features that influence workers' perceptions of dignity at work. Both work organization variables and union representation are investigated as potential factors affecting workers' perceptions of fair treatment by their employer, intrinsically satisfying work, and economic security. Work organization and union representation have little effect on dignity at work with the exception of their association with higher wages and therefore a greater degree of economic security. Results indicate that higher pay, adequate levels of staffing and resources, and access to training are the variables that are most closely associated with dignity on the job.

Despite much discussion over the past decade of the advent of the new economy and the implications for work and workers, large numbers of North American workers remain employed in bleak conditions. In contrast to the promise of the new economy and its demand for highly skilled, flexibly deployable knowledge workers, many workers are employed in low paying

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jobs that require little skill. In Canada, 1.6 million Canadians (representing 12% of the labour force) earn less than \$8 per hour (Sussman and Tabi, 2004). In the US about 27 million Americans (24% of the American labour force) earn less than \$8.70 per hour (Appelbaum, Bernhardt, and Murnane, 2003). There appears little indication that such conditions will change.

Considerable attention has recently been devoted to widening earnings inequality and the worsening economic outcomes for low-wage workers (Levy and Murnane, 1992; Johnson and Kuhn, 2004). In addition to lower earnings, workers at the low end of the income distribution also often face poorer working conditions: insecure employment, capricious treatment, and a lack of voice. Increasing interest in the industrial relations field has been focused on improving the work lives of such workers. Worker dignity on the job has become a rallying point, not only for unions (as it has been traditionally), but also for public policy makers and for academics. We conceptualize dignity at work as comprising three distinct dimensions: economic security, fair treatment by the employer, and intrinsically satisfying work.

How can workers, who have been traditionally marginalized in our economy and whose prospects for prosperity appear unchanged, be afforded dignity at work? Unions have long struggled on behalf of workers to gain greater levels of dignity on the job. Despite their recent challenges and on-going difficulties in organizing private sector service workers, unions remain steadfastly set on achieving these traditional objectives. The Service Employees International Union's Justice for Janitors campaign focuses on protecting workers from capricious treatment by employers and working for economic and social justice. The United Steelworkers of America states as its purpose the promotion of fairness, justice, and equality both on the job and in society (www.uswa.org/uswa/program/content/301.php). In Canada, the Constitution of the Canadian Autoworkers states that working people need unions because "they cannot depend on employers to provide workers with dignity, a measure of security, and a rising standard of living." All three of these unions have turned their attention increasingly to organizing and representing service workers. Can union representation indeed provide low wage service workers with a degree of dignity on the job?

At the same time, a recent innovation in work organization, the high performance work system model, has produced outcomes that have addressed both employers' competitiveness concerns as well as improved conditions of work for employees (Appelbaum et al., 2000; Batt and Appelbaum, 1995; Frost, 2000). Outcomes of the high performance work system model for workers include more secure, often higher paying jobs; fairer treatment by management; and broadened, often upskilled jobs that are more intrinsically rewarding. However, much of this research has been conducted in manufacturing (see Beaupré and LeQueux, 2004 for a notable

exception) and the outcomes from this model of greater economic security, more equitable treatment, and more satisfying work may not be generalizable across sectors. Does this model hold opportunities for the improvement in the work lives of low wage, low skill workers as well, particularly those employed in service settings?

The purpose of this article is to examine, using survey responses from a large sample of low wage, low skill service workers, the effect of workplace features on these workers' perceptions of dignity on the job. We also explore whether union representation and/or changes in work organization affect these workers' perceptions of dignity on the job. We believe that dignity at work is not only important to worker well-being, but also, in the long run, to organizational and societal health. Thus, the question of worker dignity is one deserving of attention.

BACKGROUND LITERATURE

Recently, scholars have become increasingly interested in dignity on the job. In part this stems from the recognition that with declining union representation, workers have fewer protections from the unfettered hands of management control. It also stems from the increasingly globalized nature of many industries and the recognition that work flows to the lowest common denominator in terms of wages and conditions of employment. The decline of high paying manufacturing jobs and the growth of low wage service sector jobs have also contributed to the interest in dignity.

Worker dignity on the job is recognized as important in several respects. The high performance work system literature suggests that the pursuit of dignity at work can benefit both workers and firms. The implicit argument from this literature is that workers who are afforded dignity at work—are treated fairly, have jobs that are intrinsically rewarding and enable them to engage creatively, and are afforded economic security—are much more likely to be committed to their employer and more likely to deliver superior quality and cost outcomes at work.

Others such as the International Labour Organization (ILO) and the Catholic Church have argued that regardless of the performance outcomes for firms, dignity at work is a fundamental human right. Hodson (2001) argues that working with dignity is the “foundation for a fully realized life” (p. xiii). Moreover, there are implications at a more macro level for a society that fails to treat its citizens with dignity in all facets of their lives including at work. By affording people dignity at work, a society ensures a citizenry that is able to participate in the larger democratic society. People are able to participate in the political process, contribute to the civic good,

and participate actively in their communities. When workers must work a second or third job, are kept at economic subsistence levels, are treated capriciously at their workplace, and are offered no opportunities for personal growth or development on the job, society as a whole fails to benefit.

In this section, we begin outlining the contours of the construct of dignity at work and its underlying dimensions. Two streams of research are helpful in conceptualizing this construct. One stream is concerned with workers' fundamental human right to dignity in the workplace and is exemplified by the work of Hodson (2001), Freeman and Rogers (1999), and Budd (2004). The second stream is found in the high performance workplace literature exemplified by Appelbaum et al. (2003) who make the argument that fair treatment, intrinsically satisfying work, and economic security are good not only for workers but for firms as well. We look at each of these streams in turn.

Fair Treatment

People want to be treated fairly and with respect at work. Freeman and Rogers (1999), in conducting focus groups with low wage, low skill workers, found that many of these workers were confronted on a daily basis with capricious and disrespectful treatment from their employers. Because many of these workers felt expendable (and were told so by their managers in many instances on a regular basis), their anger at work grew. One custodial worker reported the following message he had often heard from managers:

In every job, mostly every job I've had, management always felt like there's too many people out there that need jobs for us to have to put . . . up with you. Well, you either do what we say, or we'll let you go and it wouldn't be hard to fill it in, you know. (Freeman and Rogers, 1999: 23)

Scholars in both industrial relations and organizational behaviour have highlighted the importance of fair treatment on the job. Meltz (1989) argues that equitable treatment of workers is a fundamental objective of the balancing of interests in industrial relations. Budd (2004) clarifies the concept further by distinguishing between material outcomes of the employment relationship, such as fair pay, and personal treatment on the job that is non-exploitative. In the human resource management field, equity is focused less on minimum standards (minimum wages, maximum hours, prohibitions on child labour) and more on fair treatment and the perceived fairness of organizational procedures (Cropanzano and Schminke, 2001). Hodson (2001) highlights managerial abuse and mismanagement as one of the four challenges to dignity at work.

The high performance work organization literature draws upon work in organizational behaviour to postulate that worker commitment to the firm

is a key, if unobserved, factor in explaining the performance benefits often associated with these models of work organization. Workers who feel they are being treated fairly and trust their managers, are assumed to be more committed to their organizations and more satisfied with their jobs. On this basis, they are assumed to be more likely to engage in organizational citizenship behaviour and to put forth discretionary effort beyond what is required in their job description (Organ, 1988; Tsui et al., 1997; Lambert, 2000), thus producing superior performance outcomes. In a study by Lowe and Schellenberg (2001), workers who perceive fair treatment on the job report higher levels of job satisfaction than workers who do not.

In this article, we examine workers' perceptions of how they are treated by management and assess whether union representation or changes in work organization have a positive impact on low wage service workers' perceptions of fair treatment on the job—a central component in our conceptualization of dignity on the job.

Intrinsically Satisfying Work

Work that is intrinsically satisfying and that provides workers with the ability to fully engage their skills and abilities is seen as providing dignity on the job. Work that lacks dignity is monotonous, routine, and mind numbing. It treats people as little more than machines and fails to recognize the human ability to engage creatively with work. Kaufman (1993) echoes this argument stating that human self-actualization is also an important workplace outcome—in addition to equity and efficiency—that needs to be balanced by an industrial relations system. Using historical sources, Kaufman (1993) cites work from the 1920s arguing for the need not only for respect at work, but also opportunities for skill and leadership development. Budd (2004) refers to the ability to engage in meaningful, creative work as work with a “human face” and argues it is central to creating dignity at work. Hodson (2001) highlights the need for people to take pride in their work as being central to dignity at work. He cites ethnographic studies of workers in bleak conditions finding ways to be creative and to find meaning in otherwise dreadful work.

The proponents of the high performance work system model also argue persuasively for the benefits of creative, intrinsically motivating work. Their arguments are based on the beneficial performance outcomes expected when workers are engaged in such work. When worker creativity is unleashed, problems are solved, productivity is improved, and both firms and workers benefit. This perspective builds on the earlier work redesign literature that maintains that work with greater skill variety, task identity, task significance, autonomy, and feedback is more intrinsically motivating

(Hackman and Oldham, 1976). By being more satisfying for workers, such jobs are seen to produce better outcomes for firms (Hackman et al., 1975). Lowe and Schellenberg (2001) provide empirical evidence for the high performance work system model's arguments: workers in their study who enjoyed more intrinsically satisfying work were more productive and reported higher levels of job satisfaction.

In the analysis below, we examine workers' perceptions of how intrinsically satisfying they perceive their jobs to be. We are interested in whether union representation and/or new forms of work organization increase workers' satisfaction on this dimension of dignity at work.

Economic Security

Early industrial relations scholars argued that dignity at work came from increased levels of pay. Workers were afforded greater dignity when their pay was more similar to that received by managers. As a secondary effect, low pay often produces high turnover. Jobs lack dignity in which incumbents appear to be disposable and people can be brought in off the street to perform the work as soon as the last incumbent has left. Moreover, humanistic arguments contend that people deserve to earn a living wage with which they can support their families and maintain an adequate and satisfying standard of living. The need to hold two or more jobs to make ends meet leaves workers with little free time to devote to anything other than ensuring the economic viability of their families.

Researchers in the high performance work system literature draw upon efficiency wage theory to argue that employers may pay higher than market wages in an effort to attract and retain better workers and in the expectation that workers will reciprocate with greater productivity (Milgrom and Roberts, 1992). Efficiency wages are hypothesized to motivate workers to higher levels of performance via two mechanisms: first, working hard in order not to be thought to be shirking and thereby running the risk of losing a relatively well paid job; second, working hard as a fair exchange for the higher than market wages the employer is paying (Muhlau and Lindenberg, 2003). Previous research on the relationship between high performance work practices and earnings have found positive results. Bailey, Berg and Sandy (2001) find that various high performance work practices raise the wages of apparel and steel workers. Much of this literature is summarized in Handel and Levine (2004) who conclude new work practices have a small positive effect on wages.

We measure economic security as the wages earned by workers in our sample. We test whether union representation and/or changes in work organization raise the economic security of low wage service workers.

LOW WAGE, LOW SKILL WORKERS IN HOSPITALS

The focus of our study is on low wage, low skill hospital workers in the US. Low wage, low skill jobs found in this setting are representative of a broad cross section of low wage employment. Typically, these are dead end jobs with little or no chance for upward job mobility. Many of the workers employed in these jobs are among the most economically disadvantaged of the US labour force, many being recent immigrants or residents of the inner city. As well, these jobs have been subject to many of the same pressures felt throughout the economy as hospitals have restructured, downsized, and conducted repeated cost cutting campaigns.

Food service workers, housekeepers, and nursing assistants are the occupational groups that are the focus of this study. Food service workers are employed in all facets of food preparation, cafeteria operation, and food delivery in the hospital. Housekeeping staff clean and maintain patient rooms as well as hospital common areas and work areas (such as operating rooms and the emergency department). Nursing assistants provide non-technical patient care.

Wages for these groups of workers tend to be at the bottom of the US wage distribution. Food service workers and housekeepers, in particular, often earn close to the minimum wage. Nursing assistants earn slightly more. In 2000 the median hourly wage in the US for food service workers was \$8.25, for housekeepers \$8.15, and for nursing assistants \$9.00. Coupled with this low pay are very high levels of turnover. Annual turnover rates among these occupational groups at some hospitals in our study approached 100 percent. Rates greater than 50 percent were common for many hospitals across all occupational groups examined in our study.

In addition, during the period of our study, US labour markets were extremely tight with the national unemployment rate in October 2000 dipping to 3.9 percent. Some labour markets in which we conducted this research had unemployment rates as low as 2.7 percent during this time. Recruitment issues became the bane of many employers as they had to go further and further afield; both geographically as well as into areas of the labour market they had not gone to before. Human resource managers began to loosen their requirements that successful candidates have a high school diploma or that they speak English. Prison records were not considered a handicap to employment, depending on the prior conviction.¹ Welfare to work recipients were seen as good prospects for employment.

1. As long as the crime was not a violent crime, the person was often hired. Drug possession or bad cheque passing were seen to be “employable” offenses. As one housekeeping manager pointed out, former inmates had often learned valuable floor care skills while serving their prison time.

On the whole, this population of workers lives very precariously. We heard on numerous occasions from managers about the instability in these workers' lives. Many of these workers did not have reliable transportation to work—whether public transportation, their own car, or the car of a friend. Simply getting to work (let alone on time) was often very difficult for many. Many workers were single parents who lacked reliable childcare. Managers complained repeatedly about workers who would frequently call in at the last minute because their child was sick, their babysitter was sick, or their babysitter simply was not available. Others still, for whatever reason, did not call at all. They just failed to show up, some of them never to return. Managing absenteeism was an ongoing concern for many managers with whom we spoke.

PATHS TO DIGNITY AT WORK

Unionization

Union representation is perhaps the traditional means by which workers have sought to increase the dignity they perceive on the job. One of unions' espoused goals is that of bringing economic security, more just treatment, and more satisfying work to workers. In this study, we examine what effects unions in fact have on low wage, low skill workers in the service sector—a population under-represented by unions and a population under-researched by academics.

Six hospitals in our sample are unionized. Two are located in cities where most of the rest of the hospital sector is non-union (although union density more broadly is fairly high in each of these cities). They are each represented by a different union: one by the Hotel Employees and Restaurant Employees International Union (HERE²) and one by the International Union of Operating Engineers (IUOE). The other four hospitals are located in a city that has nearly wall-to-wall union coverage in the hospital sector. All of these hospitals' low wage workers are organized by SEIU 1199.

The HERE and IUOE-represented hospitals appeared not unlike their non-union counterparts. The wages paid were still very low and turnover was still very high. Although there was a union contract in place, there was little union presence in the workplace. A business agent of the union came to service these locals, mainly helping to process grievances. The presence of a grievance procedure was the single biggest differentiator of these hospitals from their non-union counterparts. There was little substantive difference

2. HERE merged with UNITE (the Union of Needletrades, Textiles and Industrial Employees) in July 2004 to become UNITE HERE.

on the job—neither in wages as mentioned above, nor in job design. Work in these two union settings was designed very traditionally with no job combination or upskilling, limited involvement in problem-solving groups, and little training—either formal or informal. The HERE-represented hospital had not experimented with the multi-skilled Patient Care Associate (PCA) role (we describe this in greater detail below) that many hospitals had tried in the 1990s. The IUOE-represented hospital however, had done so in 1996. By mid-1999, however, the multi-skilled PCA role had been rolled back and abandoned after lackluster results.

The four SEIU 1199-represented hospitals looked quite different. Wages for our focal groups of low skill workers in these four hospitals are significantly higher than in the rest of our sample. Not surprisingly, given the much higher wages, turnover in these four locations is considerably lower. The union also plays a much larger role at the workplace than in the two other unionized hospitals. In each of these hospitals, joint union-management committees meet on a regular basis to discuss workplace issues. Of note are the discussions around work reorganization and the considerable union input into the redesign of jobs. There has been no move in these hospitals towards the multi-skilled Patient Care Associate role. Instead, the major work redesign initiative negotiated with the union has been the upskilling of the nursing assistant role so that nursing assistants do phlebotomy, administer EKGs, and can take over a number of low end nursing jobs such as recording data, simple sterile procedures, and the like. In addition, the union, jointly with management, oversees the disbursements from a negotiated training fund. This training fund is used not only to train nursing assistants to take on the redesigned jobs, but has also been used to further more general worker training. Workers can access these union negotiated funds to complete their general equivalency diploma (GED) and to go on to higher education. We spoke with several nursing assistants who were enrolled in programs to complete their registered nurse (RN) certification. The training funds were seen as a way to enable workers, through training and education, to leave the low wage, low skill jobs they were currently in.

Thus, there are three distinct models co-existing in our sample: 9 non-union settings, 2 low involvement union settings, and 4 high involvement union settings. In our analysis, we compare the effect of union representation (by either a high or low involvement union) as well as the effect of representation by a high involvement union on workers' perceptions of dignity at work.

Work Reorganization—The High Performance Work System Model

Although most of the workers in our study do not have union representation, some have had changes made in how their work is organized. Do such changes afford low wage, low skill workers a path to dignity on the job?

Job Broadening

Housekeeping and food service work in hospitals has traditionally been organized along narrow, functional task responsibilities. Housekeepers are typically assigned to a particular job and area that they cover on a regular basis. Few promotion and training opportunities exist with the exception of the move from Housekeeper I which requires incumbents to empty garbage cans and clean patient rooms, to Housekeeper II which requires the use of some equipment, such as floor cleaners and buffers. Similar dynamics exist for food service workers, though there is some additional horizontal movement possible. For example, cashiers might work in both the tray-line area and in salad preparation. In a few instances, housekeepers and food service workers can be promoted to first-line managers.

Nursing assistants in hospitals have traditionally been responsible for a relatively narrow set of tasks, including bathing and feeding patients and assisting registered nurses as needed. Owing to the limited range of their responsibilities, nursing assistants normally work with a broad set of patients on a unit on any given day. While a registered nurse may have primary responsibility for five or six patients, nursing assistants can often work with as many as twenty patients in helping various nurses with their work.

In contrast to the traditional food service and housekeeping jobs, broadened models of work organization introduce a number of key changes to how these jobs are structured. The new jobs include tasks that were previously held by workers in several functional areas including housekeeping, food services, and transport. A Patient Care Associate (one popular title for these broadened jobs) would be responsible for housekeeping on the unit, delivering food to patients and assisting in their feeding, and transporting patients to the lab for tests. Underlying such assignments were several assumptions: that workers would be more satisfied by having broader and more varied job responsibilities; that patients would be more satisfied if they interacted with fewer employees during their hospital stay, and that the hospital could both improve quality of service and reduce costs through increased worker flexibility and a corresponding reduction in numbers of staff. Several national consulting firms promoted this approach to work organization as a response to cost and quality pressures faced by hospitals. Many hospitals adopted it at some point. However, by the time of our field

research, many hospitals had reverted to more traditional forms of work organization.³

The broadened nursing assistant role seeks to integrate the nursing assistant more closely into the patient care team. Due to the education and wage differences between nursing assistants and registered nurses (registered nurses typically earn more than \$20 per hour), many hospitals have shifted routine nursing tasks down to nursing assistants (thus upskilling the nursing assistant job), including taking and recording vital signs, drawing blood, and conducting basic sterile procedures. In addition, many hospitals have also integrated nursing assistants more fully into a specific team of care providers. In such cases, nursing assistants work with fewer RNs (often just two) and conduct a broader set of tasks for these nurses' patients.

Problem-solving Teams

Another hallmark of the high performance work system model is the involvement of workers in problem-solving teams. Fifty-seven percent of workers in our sample reported being involved in problem-solving teams at their workplaces. Such teams were used by management to look at workplace related issues of concern to both management and workers. Generally, these teams met monthly or so and workers reported varying levels of involvement in such teams in their departments.

Training—Formal and Informal

Most of the hospitals in our sample provided their low wage, low skill workers with at least some minimal form of training. At one end of the continuum was very informal training that workers received, often when new on the job, about how to perform their job. Co-workers often provided this training. In the middle of the continuum was the training received by nursing assistants. They received formal training, often lasting several weeks, that included classroom as well as practical, hands-on training. This formal training was designed to enable candidates to pass the state level

3. The Patient Care Associate role was often launched with minimal training of job incumbents. This meant that workers tended to focus on the job they knew best, ignoring the other one(s). As well, the PCA role greatly enhanced patient contact making social skills, which many job incumbents lacked, much more important. Patients also complained that they were not all that comfortable with the person who had just cleaned their bathroom bringing them their food. Finally, nurse managers often lacked the housekeeping skills and knowledge to adequately supervise these employees on their units. Rather than focus on housekeeping, these workers, who were the lowest paid on the unit, were often asked to do menial tasks the nurses or nursing assistants did not have time to do such as sit with restless patients, take patients out for a cigarette, etc. which prevented the PCAs from getting their assigned work done.

testing required for certification as a nurse's aide. At the other end of the continuum was formal training that workers engaged in outside of work but that was accessed and paid for by the hospital, or in some cases by a joint union-management training fund. This training was generally not directly related to the worker's current job, but rather was focused on providing skills that the worker could use to move into a better paying job. We assess the effects of both informal and formal training on workers' perceptions of dignity at work.

*The Downside of the High Performance
Work System Model—Lean But Mean*

In conjunction with much of the high performance work system literature has been an accompanying stream of literature that has asked whether such new models of work organization are simply ways to have workers work harder and not just smarter (or at least harder *as well as* smarter) with correspondingly negative outcomes for workers (Fairris, 2002; Askenazy, 2001). Fairris and Tohyama (2002) argue that the high performance model, originating in Japan, has not been transferable to the US with the same success because the institutional mechanisms in place in Japan are absent in the US. As a result, the high performance model in the US runs the risk of improving performance outcomes through increased worker effort and stress. Similarly, in a Canadian sample, Godard (2001) finds that high levels of high performance work systems adoption were associated with greater levels of worker stress. We assess whether or not low wage, low skill workers in our sample find themselves confronting the stress associated with an overly lean system and whether this affects their perceptions of dignity on the job. We measure role overload, staffing adequacy, and the adequacy of resources available to do the job.

Wages

Pay is often viewed as a signal of one's contribution to the firm. Low paid workers are given the impression that they are not important or valued. Therefore, we include wages in our analysis for two of our outcome measures: workers' perceptions of fair treatment by the employer and how intrinsically satisfying they perceive their work to be. We are interested in how pay alone affects these two measures of dignity at work.⁴

4. Obviously we cannot link wages to our economic security outcome variable since the equation would have wages on both sides.

THE DATA

Our data come from research conducted in 15 community hospitals in the United States. Community hospitals make up the bulk of US hospitals, and we focus on the most representative group—those with between 200 and 400 beds. The hospitals are located in almost all areas of the country: in the Northeast, the Southwest, the Midwest, and the South. We began the research in the summer of 2000 and completed it in the spring of 2002.

The data presented in this article come from completed telephone interviews of 589 workers at 15 hospitals asking them about all facets of their jobs and their careers. During the course of the project, we learned that telephone interviews are difficult to do with this population. After much effort, we ended with a 45% response rate. Many of the phone numbers we secured from employers were simply no good: the phone service had been disconnected; the person no longer lived at that phone number;⁵ or the respondent would not answer the telephone.⁶ The inherent instability in the lives of this sector of the workforce affected our chosen data collection method. Given our response rate and the reasons for it, we have to conclude that the people we were able to survey represent the most stable parts of this population. Thus, our results are likely overstating the “good” associated with these jobs. Those whose work lives keep them living in a precarious fashion are likely those not responding to our telephone survey.

We also conducted field work at each hospital. Our fieldwork included on-site interviews with managers. We interviewed corporate level managers to talk about the competitive environment in which the hospital found itself, the strategy of the hospital, and how the hospital’s strategy impacted our focal groups of workers. We also interviewed managers of the departments where our low wage, low skill workers were employed to learn about how work for these employees was organized and what the outcomes were. In 6 of the 15 hospitals where a union was present, we also spoke with union representatives, both members of the union executive as well as shop floor representatives. We also conducted focus groups at some sites to speak directly with workers about their experiences at work and to better inform our statistical analysis. We generally met with four to six workers at a time in occupationally mixed groups. Worker groups were assembled for us by

5. In many cases, the phone number the worker provided was that of a relative with whom they had been living temporarily, that of a partner they were no longer with, or was otherwise associated with an address that the worker had left.

6. Fairly early on during the course of our field work, we were told by managers that many of these workers would not answer the phone. Most in this group had call display and if they didn’t recognize the number, they would not pick up the phone. The logic behind this was that they were trying to avoid collection agents.

management, but managers did not sit in on the discussions. Workers spoke freely and candidly, in our opinion, about their experiences at work.

Descriptive statistics for the sample are shown in Table 1. The sample is 79 percent female and is an average of 39 years of age. Thirty-nine percent of the sample has a high school diploma. Thirty-eight percent is covered by a union contract.

The Measures

Dependent Variables

We use three key dependent variables to access workers' perceptions of dignity at work: economic security, having intrinsically satisfying work, and fair treatment by the employer. We measure economic security as the log wages earned by workers in our sample. The analysis of wages is based on a standard wage equation:

$$\ln W = \beta X + \mu$$

where $\ln W$ represents the logarithm of wages and X is a vector of variables that determine wages. These include our work organization variables, union coverage, and training as well as typical controls such as gender, education, race, occupation, and job tenure. The error term is represented by μ . Our use of log wage as a measure of overall economic security is less than ideal. As a single measure, it fails to capture economic security broadly defined. Many of the workers in our study held other jobs in addition to their hospital job. Many had partners and other family members contributing to the family income. Ideally, we would want a measure that captured this broader construct of economic security.

To assess the intrinsic satisfaction perceived by the worker on their job, we use a four item intrinsic reward scale. The four items in this standard measure are: the job makes good use of my knowledge and skills, this job requires me to learn new things, the job requires me to be creative, and the job is challenging. The Cronbach's alpha for this index is 0.79.

Finally, to assess workers' perception of fair treatment on the job, we use an index assessing workers' perceptions of management's commitment towards them comprised of five measures: the employer's motives and intentions are good; supervisors in the unit treat workers fairly; if budgets were cut, the hospital would take steps to avoid layoffs; management treats me in a consistent and predictable fashion; and management is open and upfront with me. The Cronbach's alpha for this index is 0.76.

Independent Variables

Our main task in this article is twofold: to determine whether changes in work organization are associated with perceptions of greater degrees

TABLE 1
Mean Values for Key Variables
(number of observations = 589)

<i>Variable</i>	<i>Mean</i>	<i>Std. Dev.</i>	<i>Min</i>	<i>Max</i>
Nursing Assistant	0.52		0	1
Housekeeper	0.25		0	1
Dietary/food service worker	0.23		0	1
Broadened job	0.41		0	1
Problem-solving team	0.57		0	1
Wages	10.80	2.52	6.50	24.00
Union coverage	0.38		0	1
Staff adequacy	2.74	1.11	1	4
Resource adequacy	3.12	0.74	1	4
Role Overload (alpha = 0.72)	6.81	2.10	2	10
more work than you can handle	2.67	1.19	1	5
too many different demands on your time	2.52	1.16	1	5
Formal training	0.65		0	1
Informal training	0.56		0	1
Gender	0.79		0	1
White	0.49		0	1
Black	0.14		0	1
Hispanic	0.34		0	1
Other race	0.02		0	1
Less than high school diploma	0.11		0	1
High school graduate	0.39		0	1
Some college	0.41		0	1
College graduate	0.09		0	1
Age	39.46	12.62	17	81
Job tenure (months)	54.14	78.05	0	408
Intrinsic Reward index (alpha = 0.79)	12.85	2.85	4	16
my job makes good use of my knowledge/skill	3.26	0.82	1	4
my job requires that I learn new things	3.27	0.89	1	4
my job requires me to be creative	3.08	0.96	1	4
my job is challenging	3.24	0.95	1	4
Fair Treatment index (alpha = 0.76)	16.30	3.32	5	20
my employer's motives and intentions are good	3.54	0.71	1	4
supervisors in my unit treat workers fairly	3.22	0.94	1	4
if budgets were cut, the hospital would take steps to avoid layoffs	3.02	1.03	1	4
management treats me in a consistent and predictable fashion	3.36	0.90	1	4
management is open and upfront with me	3.15	1.01	1	4

of dignity at work for low wage, low skill service workers; and to assess whether union representation is associated with perceptions of greater degrees of dignity at work for these workers. Our measure of whether a worker's job is enhanced is a dummy variable with a value of 1 if the job has been broadened or upskilled and a value of 0 if the job is organized traditionally. We obtained this measure from our interviews with managers.

We also examine whether workers who report that they have input at the workplace through their involvement in a problem-solving team perceive that they enjoy a greater degree of dignity at work. Our measure of involvement on a problem-solving team is a dummy variable scored 1 if the person reports some involvement on such a team, and 0 otherwise. Similarly, our measure of unionization is also a dummy variable, with a value of 1 if the worker is represented by a union and 0 otherwise. We also include a dummy for high involvement union hospitals.

Worker training is assessed using two variables: formal training and informal training. Formal training asks whether workers received any classroom based training in the past year and is a dummy variable coded 1 if they did and 0 if they did not. Informal training asks whether the worker received any one-on-one training from a supervisor or a trainer in the past year. Again, it is a dummy variable coded 1 if they did and 0 if they did not.

Overall working conditions are assessed using two variables: staffing adequacy and role overload. Staffing adequacy is measured by a single item that presents workers with the following statement: "in general, management has provided adequate staff to carry out the work at this hospital." Workers' responses are recorded on a four-point scale ranging from true, mostly true, mostly false, to false. Role overload is measured by a two-item index consisting of the questions: "on a typical day, how often are you asked to do more work than you can handle?" and "on a typical day, how often to you have too many different demands on your time?" Each response is measured on a 5 point scale ranging from always to never. The Cronbach's alpha for this index is 0.72.

Control Variables

We also use a number of demographic characteristics as control variables in our analysis including race, gender, education, job tenure, age, and job held. We also control for the fact that our observations are not entirely independent but clustered within hospitals and various departments within hospitals. This lack of independence can reduce standard errors in our analysis and result in overestimating the effects of our predictors. We correct

for this using a clustering procedure in STATA, which adjusts the standard errors in our multivariate analysis.

ANALYSIS AND RESULTS

Table 2 shows the relationship of various workplace features on worker's perceptions of dignity on the job. We examine three sets of outcomes: workers' perceptions of fair treatment, their perception of how intrinsically satisfying they find their jobs, and their wages (our measure of economic security). Two models are fit for each outcome variable. In the first, union members are differentiated from workers without union representation. In the second, workers represented by the high involvement SEIU 1199 local are differentiated from all other workers.

Several findings are of note. First, changes in models of work organization have little effect on workers' perceptions of dignity on the job. Being involved on a problem-solving team has no statistically significant association with any dimension of dignity at work. Similarly, working in a broadened job has no significant association with dignity, with the exception of a positive and statistically significant association with wages. This is likely due to the fact that in nearly every instance of work redesign, employers raised the wages associated with the redesigned jobs. However, the association of broadened jobs with wages disappears when we add the high involvement union dummy indicating that strong union involvement has a much stronger association with wages than instituting work organization changes that broaden jobs.

Second, the training variables have statistically significant associations with workers' perceptions of dignity at work. Formal training has a large and statistically significant association with workers' perceptions of how intrinsically satisfying their jobs are. It has a smaller, but still statistically significant association with workers' wages. It appears that workers who receive more formal training are engaged in more interesting work and earn higher wages. Workers who receive more informal training report higher levels of perceived fair treatment by the employer. The association of informal training with wages however is statistically significant and negative. One explanation for this seemingly perverse outcome is that one-on-one training for this low-wage, low-skill workforce is essentially remedial training linked to poor performance. Another explanation may be that financially constrained employers pay both lower wages and can afford only informal training opportunities. Despite this, informal training is generally perceived by workers as fair, given the positive and statistically significant association of informal training with fair treatment by the employer.

TABLE 2
Association of Various Workplace Features on Dignity at Work Measures

<i>Independent Variables</i>	<i>Fair Treatment</i>		<i>Intrinsically Satisfying Work</i>		<i>Economic Security</i>	
	<i>Model A</i>	<i>Model B</i>	<i>Model C</i>	<i>Model D</i>	<i>Model E</i>	<i>Model F</i>
	<i>High Union Involvement v. Union v. Low Union Involvement</i>		<i>High Union Involvement v. Union v. Low Union Involvement</i>		<i>High Union Involvement v. Union v. Low Union Involvement</i>	
	<i>Non-Union</i>	<i>Involvement</i>	<i>Non-Union</i>	<i>Involvement</i>	<i>Non-Union</i>	<i>Involvement</i>
Workplace Features						
Broadened job	-0.233	-0.182	-0.487	-0.44	0.063	0.035
	-0.87	-0.66	-1.91	-1.75	(2.43)*	-1.55
Problem-solving team	-0.329	-0.34	-0.002	-0.012	0.027	0.026
	-1.31	-1.35	-0.01	-0.06	-1.61	-1.77
Formal training	0.073	0.058	0.637	0.623	0.032	0.032
	-0.26	-0.2	(2.83)**	(2.69)**	(2.87)**	(3.16)**
Informal training	0.667	0.639	0.385	0.36	-0.034	-0.019
	(2.71)**	(2.64)**	-1.85	-1.72	(2.79)**	-1.69
Union coverage	0.118	0.349	-0.557	-0.346	0.257	0.137
	-0.340	-0.98	-1.95	-1.17	(8.00)**	(4.49)**
High involvement union coverage		-0.724		-0.659		0.237
		-1.55		-1.53		(7.69)**
Log wages	0.496	1.026	1.742	2.225		
	-0.660	-1.41	(3.28)**	(3.61)**		
Staff adequacy	1.115	1.128	0.407	0.419	0.013	0.006
	(7.61)**	(7.65)**	(3.22)**	(3.31)**	(2.05)*	-1.29
Resource adequacy	0.855	0.854	1.01	1.009	-0.001	-0.001
	(5.04)**	(5.01)**	(5.28)**	(5.25)**	-0.15	-0.1
Role overload	-0.302	-0.301	0.01	0.011	0	0
	(3.92)**	(3.93)**	-0.16	-0.17	-0.03	-0.05
Control Variables						
Gender	-0.024	-0.053	-0.042	-0.068	-0.047	-0.03
	-0.07	-0.16	-0.16	-0.25	(2.74)**	-1.96
Hispanic	-0.114	0.036	0.463	0.599	0.07	0.009
	-0.26	-0.08	-0.97	-1.29	-1.81	-0.29
Black	-0.186	-0.102	0.122	0.198	0.015	-0.015
	-0.670	-0.35	-0.38	-0.61	-0.67	-0.87
Other race	1.022	1.065	0.327	0.365	-0.064	-0.067
	(2.19)*	(2.20)*	-0.41	-0.45	-1.75	-1.98
Less than high school diploma	-0.395	-0.402	-0.146	-0.153	-0.055	-0.043
	-1.05	-1.11	-0.35	-0.36	(2.49)*	(2.57)*
Some college	0.079	0.035	-0.086	-0.125	0.012	0.024
	-0.33	-0.15	-0.37	-0.53	-0.93	(2.22)*
College graduate	-0.304	-0.425	-0.869	-0.979	0.106	0.127
	-0.84	-1.12	(2.93)**	(3.31)**	(2.66)**	(3.11)**
Age	0.028	0.026	0.026	0.025	0.001	0.001
	(2.85)**	(2.78)**	(2.37)*	(2.30)*	-1.64	(2.19)*
Job tenure	-0.001	-0.001	0.002	0.001	0	0
	-0.26	-0.54	-1.29	-0.84	(2.23)*	(4.29)**
Nursing assistant	0.514	0.527	1.085	1.097	0.114	0.09
	-1.32	-1.34	(3.50)**	(3.78)**	(3.09)**	(3.05)**
Housekeeper	0.355	0.392	-0.474	-0.44	-0.025	-0.033
	-1.01	-1.21	-1.15	-1.14	-0.54	-1.03
Constant	9.979	8.84	2.663	1.625	2.088	2.099
	(5.97)**	(5.14)**	(2.16)*	-1.11	(31.38)**	(36.40)**
Observations	589	589	589	589	589	589
Adjusted R-squared	0.37	0.380	0.23	0.23	0.52	0.6

Robust t statistics in parentheses
 * significant at 5%; ** significant at 1%

Third, union representation appears to have little effect on workers' perceptions of dignity on the job. The one exception to this is the positive and statistically significant association of union representation with wages. Our results indicate that union coverage has no statistically significant association with worker perceptions of fair treatment by the employer or their perceptions of the intrinsic satisfaction associated with their jobs. Even distinguishing the workers represented by the high involvement SEIU 1199 local has no different effect on these two outcome variables. The strong and consistent association of union representation is with wages (models E and F). This is consistent with a large body of economics research showing a union wage premium (Mishel, Bernstein and Boushey, 2003; Buchmueler, DiNardo and Valleta, 2002). Union coverage is statistically significant in both models E and F; however, the inclusion of the high involvement union dummy in model F significantly raises the R-squared and shows a strong statistically significant positive association with wages. This result is consistent with the high involvement union strategy of raising wages through its bargaining power and political contacts and by providing workers with training opportunities that can justify higher wages.

What is noteworthy about the analysis shown in Table 2 are the results associated with the "Lean but Mean" set of variables, namely, Staff Adequacy, Resource Adequacy, and Role Overload. These variables have a large and statistically significant positive association with the outcome measures. Having adequate staff to do the work required has a large positive and statistically significant effect on workers' perceptions of both fair treatment by the employer and on how intrinsically satisfying they perceive their work to be. Staff adequacy has a small positive but statistically significant association with wages. Having adequate resources to do the job—supplies, equipment, time—has similarly, a large positive effects on workers' perceptions of fair treatment by their employer and on how intrinsically satisfying they perceive their work to be. Conversely, workers subject to role overload—being asked to do too many things—are less likely to report that they perceive fair treatment by their employer.

Finally, in Table 2, we also show the effect of wages on workers' perceptions of fair treatment and on workers' perceptions of intrinsic satisfaction from their jobs. We find that higher wages are positively associated with more intrinsically rewarding jobs but not perceptions of fair treatment by the employer. Somewhat surprisingly, higher pay is not associated with a worker's perception of fair treatment by the employer. However, higher pay is a statistically significant indicator of a more intrinsically satisfying job, even in these low-wage, low-skill occupations.

The control variables in our models exhibit consistent and logical associations. Despite the domination of women in these low-wage,

low-skill occupations, gender (female) has a negative association with wages in model E. However, this association becomes insignificant when we add the high involvement union dummy. Education is associated with higher wages. However, too much education can have negative consequences in these occupations, as shown by the statistically significant negative association of college graduate with intrinsic rewards. Finally, nursing assistants indicate greater intrinsic rewards and higher wages relative to housekeepers and dietary workers.

Workers' perceptions of dignity at work are clearly enhanced by a number of workplace practices—although not by traditional models of union representation, nor by moving to the high involvement, multiskilled models of work organization that many employers in our sample attempted. Rather, training—both formal and informal, providing adequate staffing, providing adequate resources, and not making overly onerous demands upon workers' time all contributed to providing these low wage, low skill hospital workers with a higher level of dignity on the job.

DISCUSSION AND CONCLUSION

In this article we have examined the aspects of low wage, low skill service workers' jobs that contribute to their perceptions of dignity at work. We hypothesized that both enhancing these workers' jobs (through upskilling or broadening them, by providing input to problem solving on the job, and providing training) and having union representation at the workplace would be positively associated with greater levels of perceived dignity at work. Neither union representation nor work redesign—with the exception of access to training—had their expected effects. The jobs held by these workers are so poorly paid, so physically demanding, and so unrewarding that adjusting their contours does little to ameliorate the situation. What does appear to improve workers' perceptions of dignity at work are instead access to training, adequate staffing, adequate resources to do their jobs, and not being asked to take on more work than they can handle.

Changes in work organization and union representation however, were positively associated with higher wages, a measure of dignity that is especially important to this sector of the workforce. That an increase in wages is a large and important benefit might seem obvious. These workers earn barely above minimum wage in many cases. Many of these workers are supporting families. In several cases we were told by managers that workers would be willing to forego health insurance coverage (this is in the US where such coverage is normally coveted) if they could instead be compensated with a higher hourly wage rate. Workers frequently held down second jobs to supplement their hospital based earnings—finishing

their shift in the hospital before going to clean rooms in hotels, to work at McDonalds, or at some other similar low wage service occupation. People being paid at these extremely low levels and having to compensate by working multiple jobs and extremely long hours, rightly perceive that they are not being afforded dignity at work. Similarly, the high turnover rates only serve to amplify this point. When people leave and are immediately replaced by someone newly hired with no hospital experience, those who remain see that their work is not valued or perceived as meaningful in the eyes of management.

Whereas upskilling, job broadening, training, and union representation are associated with higher wages in our study, they do not deliver more intrinsically rewarding jobs or feelings of fair treatment by employers. These outcomes are more affected by work process issues such as the adequacy of staff and resources, and work load. The perceived adequacy of staffing levels is a key variable associated with workers' perceptions of dignity on the job. Workers associate lower levels of perceived dignity at work with management leaving them too much work to do. Much of the work redesign effort around the Patient Care Associate (PCA) role and the upskilling of the nursing assistant role was specifically directed at being able to reduce the numbers of staff by increasing individual workloads. Management believed that by having workers trained to complete a broad set of tasks, management would not need to employ as many people. And yet, even after the PCA role was discontinued in many hospitals we did not hear from management that they had raised staffing levels back to former levels.

Moreover, the effects of low wages, physically demanding work, and insufficient resources—whether that is time, other people to assist, or physical resources—are negative with respect to perceived dignity on the job. In our focus groups, we heard stories of housekeeping staff hiding their cleaning supplies at night when they went home so that they would be sure to have adequate materials to do their jobs the next day. Workers also reported continued frustrations with managers who refused to repair equipment or stock adequate supplies.⁷ “How can I do a good job when this is what I have to work with?” was a common refrain.

Training emerges from our study as a critical factor that can affect workers' perceptions of dignity on the job. Workers who have access to formal training see their jobs as more intrinsically satisfying and their

7. To be fair to these managers, they were often under such budgetary pressures that they simply could not afford the supplies or the repairs their workers needed. Additional money in hospitals almost never found its way to such mundane areas as food service or housekeeping. It went to new technology, new buildings, or redecoration—ways to attract greater market share and to keep physicians happy.

employers as treating them more fairly. In addition, formal training is strongly associated with higher wages. This association remains even after controlling for work redesign and union representation. Formal training appears to be an important method of accessing more interesting jobs and higher wages. In some cases, access to formal training permits these workers to leave the low wage, low skill, low dignity jobs they currently hold.

The findings of this research contain several take aways for unions organizing and representing workers in the low wage sectors of the economy. Union representation alone—even with its attendant voice features and increased internal democracy—does not appear to raise the level of dignity at work in this population. Instead, a focus on raising wages—either through bargaining power or through negotiated upskilling and job redesign that can justify higher pay in the employer’s view—does provide benefits. Bargaining just for money however, is insufficient. Unions also need to use their bargaining power to ensure adequate staffing levels and that workers have the resources necessary to do their jobs well. These bring additional dignity at work. Finally, training for these workers appears very important to increased levels of dignity on the job. A new avenue for unions to pursue may be to negotiate access to training for their members from the employer or to work externally with government, industry or sector level institutions, or with education providers (such as colleges) in order to provide a way out of these low wage jobs for those who desire it.

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RÉSUMÉ

La dignité au travail chez les travailleurs peu qualifiés et faiblement rémunérés du secteur des services

On a récemment accordé beaucoup d'attention à l'inégalité croissante des gains et aux conditions économiques qui se détériorent chez les travailleurs à faibles revenus (Levy et Murnane, 1992; Johnson et Kuhn, 2004). En plus de faibles revenus, ces travailleurs doivent aussi affronter de mauvaises conditions de travail : insécurité d'emploi, traitement arbitraire et absence de représentation. De plus en plus, en relations industrielles, on cherche comment améliorer la vie au travail de ces travailleurs. La dignité au travail est devenue un sujet de ralliement, non seulement pour les syndicats, comme ce fut traditionnellement le cas, mais aussi pour les décideurs politiques et les intellectuels.

Dans cet article, nous avons voulu évaluer les effets de certaines caractéristiques des lieux de travail sur les perceptions que les travailleurs se font de la dignité au travail, en recourant à une enquête auprès des personnes occupant des postes peu qualifiés et peu rémunérés dans le secteur des services. De plus, nous nous sommes demandés si la représentation

syndicale ou des changements dans l'organisation du travail associés à des pratiques de haut rendement au travail affectent ou non la perception de ces travailleurs de la dignité en emploi.

Les données proviennent d'une enquête effectuée dans quinze hôpitaux communautaires américains. Ce type d'hôpitaux constitue la majeure partie des hôpitaux aux États-Unis, et nous avons retenu le groupe le plus représentatif, c'est-à-dire ceux qui comptent entre 200 et 400 lits. Les hôpitaux sont répartis dans presque toutes les régions du pays. L'étude a débuté à l'été de l'année 2000 et elle s'est terminée au printemps de 2002.

Notre analyse s'appuie sur une enquête téléphonique auprès de 589 travailleurs, dans les quinze hôpitaux retenus, et comprend des questions sur tous les aspects du travail accompli et de la carrière. Nous avons aussi visité chaque hôpital où nous avons interviewés des gestionnaires, des surveillants et des représentants syndicaux. En recourant à l'analyse multivariée, nous avons ensuite analysé l'effet de la syndicalisation et des pratiques de travail sur la perception de la dignité au travail dans les établissements. Pour estimer la perception de la dignité au travail par les travailleurs, nous avons retenu trois variables dépendantes clés : la sécurité d'emploi, la satisfaction intrinsèque au travail et le traitement équitable de la part de l'employeur. Nos variables indépendantes incluent une mesure de l'enrichissement du travail, la participation à des comités de résolution de problèmes, la formation sur le tas ou d'ordre institutionnel, le champ d'action du syndicat, la perception de la suffisance du personnel et des ressources matérielles, la charge de travail ainsi que diverses variables de contrôle.

Nous avons posé l'hypothèse que le fait de bonifier le travail, soit par un élargissement des tâches, soit par un accroissement du niveau d'habiletés requises, par l'offre de participation à la solution des problèmes au travail, par l'offre d'occasions de formation et le fait de disposer d'une représentation syndicale sur le lieu de travail devraient être liés de façon positive à des niveaux plus élevés de perception de la dignité au travail. Nos données nous indiquent qu'à l'exception des effets positifs de la formation, ni la restructuration du travail, ni la représentation syndicale ne présentaient des effets dans le sens anticipé. Dans le cas de ces travailleurs du secteur des services, les emplois sont si faiblement rémunérés, si exigeants physiquement et si peu gratifiants que le fait de les redessiner n'améliore pas la situation. Ce qui semble améliorer la perception de la dignité au travail est plutôt lié à l'accès à la formation, au fait de pouvoir compter sur du personnel en nombre suffisant et sur du matériel adéquat et en quantité suffisante et aussi de ne pas se faire demander d'accomplir plus que ce qu'on peut faire.

Cependant, des modifications dans l'organisation du travail et la représentation syndicale ont été associées avec un niveau plus élevé de

rémunération, une mesure de dignité particulièrement importante chez cette catégorie de travailleurs. Bien que la restructuration du travail, la formation et la représentation syndicale sont sources de hausses salariales, elles ne contribuent pas à l'ajout d'une valeur intrinsèque au travail, pas plus qu'à l'impression d'un traitement équitable de la part des employeurs. Ces deux effets sont plutôt liés à des enjeux inhérents au procès de travail, tels que la charge de travail, la présence d'un personnel suffisant et de ressources matérielles adéquates. Seule la formation demeure liée aux trois aspects de la dignité au travail.

Ainsi, les changements dans la nature du travail, comme les travaux sur la promotion de la dignité au travail en relations industrielles le laissent entendre, présentent peu ou pas de relation avec cette dernière variable chez cette catégorie de travailleurs à faibles revenus et peu qualifiés. L'enrichissement du travail, de même que la participation à des comités de résolution de problèmes ou la représentation syndicale n'améliorent pas la perception de dignité au travail chez ces travailleurs. Cependant, des salaires plus élevés, du personnel en nombre suffisant et la formation contribuent à une meilleure perception de la dignité au travail. Par conséquent, les politiques axées sur la formation et les qualifications des travailleurs peu rémunérés sont plus susceptibles d'avoir un impact important sur leur emploi et leurs perspectives d'avenir. De plus, les syndicats pourraient davantage aider leurs membres en négociant non seulement des salaires plus élevés, mais aussi du personnel en nombre suffisant et des ressources adéquates pour que les travailleurs et les travailleuses puissent bien accomplir leurs tâches.