

Perceived workplace mistreatment: Case of Latina hotel housekeepers

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Abstract.

BACKGROUND: Latina hotel housekeepers' social class, gender, race/ethnicity, nationality, and United States immigration status render them particularly vulnerable to workplace mistreatment.

OBJECTIVE: We sought to reveal the array of policy- and interpersonal-related mistreatment experienced by Latina hotel housekeepers in the southeastern United States employed at 75 local hotels which included 4-star, 3-star, 2-star, and 1-star properties.

METHODS: This ethnographic study involved 27 in-depth interviews with Latina hotel housekeepers. Using semi-structured in-depth interview guides, participants were interviewed until collected data reached saturation. Data were coded to explore themes and relationships for the housekeepers' work environments, and thick descriptions of these environments were developed.

RESULTS: Participants ranged in work experience from 1 to 15 years, with all but one unable to reach full-time status, and were paid between \$7.25 and \$8.00 per hour. Policy-related phenomena, such as low pay, lack of paid sick leave or overtime, and absence of appropriate cleaning tools or protective equipment were all perceived as forms of mistreatment by Latina hotel housekeepers. Interpersonal mistreatment in the form of supervisor favoritism, unfair work assignments, biased allocation of cleaning supplies, disrespect, and verbal abuse due to ethnicity was also perceived.

CONCLUSIONS: Latina hotel housekeepers endure mistreatment that impacts their psychosocial and physical occupational health. We provide recommendations to minimize workplace mistreatment and improve well-being of Latina hotel housekeepers.

Keywords: Immigrant workers, hospitality workers, occupational health, psychosocial health

1. Introduction

Latinos are the fastest-growing population segment in the United States of America (USA), comprising 14% of the labor force [1]. The hospitality industry employs 561,000 Latinos, of whom 50% are female (Latinas) [2]. Of these, 41% take on cleaning tasks in the housekeeping departments of

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hotel properties [2]. Cleaning hotel rooms involves a series of repetitive movements, including constant bending to make beds, cleaning bathrooms, vacuuming, dusting, lifting, lowering, pushing heavy trolleys, and moving heavy mattresses or furniture [3]. Housekeepers frequently experience ongoing time pressure to have rooms ready for incoming guests [4].

The workplace provides a place for social engagement as well as an outlet for socialization for workers via interactions with co-workers and customers. Each worker brings her/his social position, along with key societal divisions involving property and power, social class, gender, race/ethnicity, nativity, and immigration status [5]. Members of racial and ethnic minority groups are more likely to suffer discrimination and mistreatment in the workplace and more adverse outcomes [6]. Discrimination refers to unfair treatment because of race, color, religion, gender, national origin, disability, age, or genetic information; harassment by managers, co-workers, or others in the workplace, due to the same reasons; denial of a reasonable workplace change that is needed because of religious beliefs or disability; improper questions about or requests for disclosure of personal information; or retaliation because the employee has complained about job discrimination or assisted with a job discrimination proceeding [7]. Workplace mistreatment involves overt or covert bullying; verbal, nonverbal, psychological, physical abuse; or disrespect, humiliation, intimidation, or aggressive or hostile communication and behavior [8, 9] and has been categorized as interpersonal or policy-related mistreatment [10].

Race and ethnicity appear to play a role in experiences of workplace mistreatment. Hispanic workers experience the highest degrees of mistreatment (56.9%), followed by African Americans (54.1%) [11]. Workers who experience discrimination or mistreatment can either use an official outlet (e.g., a grievance system) to complain or choose to withdraw from the organization (e.g., quit) [10]. Latina hotel housekeepers' low socioeconomic status, possible lack of immigration documentation, and lack of English proficiency, combined with their employment at the bottom of the organizational hierarchy, leave them especially vulnerable to workplace mistreatment, leading to negative psychological and physical impacts [6]. Undocumented workers are more vulnerable to mistreatment or unfair practices: in 2011, the nation's total immigrant population reached 40.4 million, of which 11.1 million, or 27.5%, are unauthorized [12].

Latinas may experience more psychosocial health issues and are less likely to receive psychosocial health support than their male counterparts or non-Latina women [13]. The physical, chemical, and biological hazards faced by hotel housekeepers have been well documented [14]; however, there is a dearth of research on the broader societal context in which Latina hotel housekeepers live and work.

The hospitality and tourism industry represents the largest economic sector in the world, and supports 14.3 million jobs in the USA alone [15]. This sector comprises a variety of jobs in food services and lodging that expose workers to diverse potential work hazards. The health and wellbeing of hospitality employees has significant impacts on the cost of healthcare, turnover rates, quality of service, and employee performance and quality-of-life, as well as the prosperity of the global economy.

Jobs in the hospitality industry are particularly demanding because they are characterized by unfavorable conditions that lead to adverse effects on employees' physical and psychosocial health [14, 16, 17]. These conditions include: (a) long or irregular work hours, often in the form of shifts, which severely limit employees' family and personal time [16]; (b) work task unpredictability that requires immediate attention [18]; (c) emotional labor—the requirement to always be friendly and cheerful even when dealing with highly difficult guests or supervisors [19]; (d) sexualized workplaces (i.e. bedrooms, bars, lounges) that potentially expose employees to sexual harassment [20]; (e) low-paying jobs that lead to dissatisfaction [21]; (f) time pressures to check guests in and out quickly or finish cleaning guest rooms at a consistently fast pace [4]; (g) work overload, especially when there is a labor shortage [22]; (h) low decision latitude [23]; and (i) requirement for team-work with co-workers to provide quality service, which may lead to interpersonal conflicts [22].

A report from the Canadian Center for Occupational Health and Safety (CCOHS) revealed that a hotel housekeeper changes body position every three seconds while cleaning a room, yielding 8,000 different body postures during each 8-hour shift [24]. While cleaning, housekeepers frequently face time pressures to meet daily room quotas and must endure heavy static muscular loads, various awkward postures, and overexertion to keep up with the fast-paced work. Housekeepers are more likely than other workers to suffer from repetitive motion injuries (RMIs) [24]. Housekeepers also have the highest rate of musculoskeletal disorders among all hotel employ-

ees, with 3.2 cases per 100 workers [25]. Latina hotel housekeepers have the highest rate of occupational injuries (10.6%) among all hotel employees—twice the rate of injuries of non-Latina housekeepers [25]. Furthermore, housekeepers are exposed to chemical, biological, and psychological hazards [14, 26].

Due to adverse working conditions and low-skill requirements, the hospitality industry tends to attract workers from the most vulnerable groups of the population. Minority groups comprise over 60% of hotel and restaurant workers in the USA [27]. Among them, 22% are Hispanic, and among hotel and restaurant jobs, more Latinas than any other ethnic group are employed in housekeeping [2]. Immigrant hospitality workers' socioeconomic background, immigration status, lack of English proficiency, and inadequate access to healthcare put them at an elevated risk of poor physical and mental health. This group is also prone to mistreatment or abuse of all kinds, including wage theft (i.e., minimum wage violations, no overtime pay), lack of job security, lack of healthcare [28], racial discrimination [29], and sexual and verbal abuse [30].

1.1. Workplace mistreatment

Discrimination includes unfair treatment because of ethnicity or national origin. Interpersonal mistreatment exists when an individual feels mistreated as a result of another employee's discretionary action [10]. Interpersonal mistreatment is affective in nature and can cause emotional distress. Policy-related mistreatment occurs when there is a dispute over an organizational procedure or the administration of a policy [10]. The Olson-Buchanan and Boswell [31] model of mistreatment states that employees encounter potential triggers at the workplace, but do not perceive all triggers as mistreatment. This perception depends upon how an individual interprets the incidents. An incident may arouse some individuals' sense of injustice and may lead them to conclude that they have experienced mistreatment; others, however may perceive the same incident differently [31]. When an individual comes to the conclusion that s/he has been mistreated, s/he is likely to react in some form, including psychologically, physiologically, behaviorally, or a combination of these [32, 33].

1.2. Adverse health consequences of mistreatment

Exposures to discrimination or mistreatment in the workplace are associated with multiple adverse

outcomes [6]. Workers who experience mistreatment at the individual-level suffer from poor physical and mental health conditions, including psychological distress, anxiety and depression, negative emotions, high blood pressure, bodily pain, headaches, stomach aches, and sleep disorders [34–37]. Although workplace mistreatment and occupational health may be perceived as different issues, they are inextricably linked, particularly in the case of Latina hotel housekeepers. Because immigrant workers represent a vulnerable population—due to challenges involving lack of English proficiency, documentation status, and discrimination—they are more prone to workplace mistreatment because they are less able to retaliate against it. Consequently, this leads to psychosocial pressure, which is an undeniable component of occupational health.

In general, psychosocial problems arising from work organization and stress impact hospitality workers. Hospitality occupations are characterized by a high work pace and low skill discretion, insufficient managerial and collegial support, a sense of uncontrollability and unpredictability, and low social and legal protections, which carry an increased risk of mental health problems [38–41]. In one study of occupational stress, hotel workers reported stressors on between 40–62% of total workdays, compared to the national sample that reported stressors on between 25–44% of total workdays [42]. Typical workplace stressors include: long and unsociable working hours; low and unpredictable wages [43]; a lack of job security [44]; poor communication between management and employees [22]; threats of violence, bullying, and discrimination [45]; repetitive or boring tasks [45]; heavy workload [42, 45]; interpersonal tensions [22, 42]; time pressures [46]; dissatisfaction with pay [47]; work and personal life conflict [48]; and lack of promotion prospects [22, 46].

Mistreated workers have higher rates of work-related injuries and illness, greater absenteeism, higher levels of counterproductive work behaviors, reduced productivity, and a higher tendency to quit [49, 50]. Prolonged mistreatment by a supervisor may reduce an employee's confidence and trust in the organization and degrade the quality of co-worker relationships, resulting in reduced loyalty and increased job dissatisfaction [49, 51]. Finally, workplace mistreatment can have effects that spill over into workers' family spheres, affecting family members and influencing their wellbeing. Mistreated workers may also be more likely to abuse their family members [52].

Based on the existing literature on workplace challenges, the purpose of this study is to bring attention to the underserved occupational group of Latina hotel housekeepers. The primary objective of the study is to examine occupational health concerns of Latina hotel housekeepers and, more specifically, incidents and impacts of workplace mistreatment.

2. Methods

Latina hotel housekeepers were designated as the target population, due to their predominance in hotel housekeeping work [2], and because their gender role leaves them more susceptible to psychosocial health issues [13, 53]. A convenience sample design was planned due to the limited size of this particular population in the southeastern USA city where the study was conducted—with a population of 277,000 of which only 7.9% are Hispanic and only 8% work in the accommodation and food services sector [54]. The sampling frame was comprised of 75 local hotels which included 4-star, 3-star, 2-star, and 1-star properties (based on the AAA Hotel Ranking System). To minimize the bias of overrepresentation of hotels from the portfolios of a few ownership groups, a stratified random selection of hotels was made, resulting in 40 properties representing all four star levels. Of these 40 hotels, 12 were independent and 28 were franchised hotels.

Complete details of our sampling frame are provided in Table 1.

The general managers' offices of all 40 hotels were contacted by telephone to explain study objectives and solicit permission to conduct information sessions on hotel sites during housekeepers' lunch break to recruit participants. Of those contacted, 16 properties agreed to let the study team meet with their housekeepers. During the information session, researchers and field workers introduced themselves and explained study objectives, the informed consent process, the confidential nature of participant involvement, and cash

incentives; they responded to any questions or concerns expressed by potential participants. Bilingual (English-Spanish) flyers explaining study objectives, confidentiality issues, and cash incentives were also delivered to the participating hotels for distribution to Latina hotel housekeepers. These efforts yielded a total of 20 recruited study participants. Additional recruitment efforts were extended to the local Hispanic community. Recruitment flyers regarding the study and researchers' contact information were posted at various locations around town, including Mexican restaurants, international grocery stores, Hispanic Catholic churches, and nonprofit organizations with immigrant-focused assistance programs. Small stands were erected at the entrance of some of these locales, frequented by the local Hispanic community, with flyers and small treats for their children. Community recruitment efforts yielded another seven study participants, creating a total sample size of 27. The recruitment process was closed once saturation was reached, which was after the completion of 27 interviews.

2.1. Instrumentation

Semi-structured in-depth interview guides were developed by adapting questions used in a 2002 survey study, which examined the health and working conditions of hotel guest room attendants without focusing on any particular ethnic group [46]. Interview guides were designed to include sociodemographic and work profiles with added questions pertinent to Latina housekeepers. Interviews included questions on (a) sociodemographic background; (b) overall work experience; (c) physical work conditions; (d) equipment and supplies used at work; (e) job satisfaction; (f) job security, and work stress; (g) workplace health and safety; (h) personal health; and (i) work-related injuries and illnesses. A series of probes were included for each set of questions to tease out short responses and obtain rich and detailed information.

Table 1
Sample of hotels and housekeepers

AAA Ranking	# of Hotels	% of Hotels	Random sample of hotels	Information sessions hosted	Recruitment from hotels	Recruitment community	Total study participants
4-star	3	0.04	2	2	6	2	8
3-star	35	0.47	19	9	9	3	12
2-star	24	0.32	13	5	5	2	7
1-star	13	0.17	7	0	0	0	0
Total	75	100	40	16	20	7	27

2.2. *Data collection and analysis*

Following Institutional Review Board approval for the study, two bilingual hospitality management students (one Latina, one Latino) were hired and trained in participant recruitment, obtaining informed consent, explaining study objectives, confidentiality, recording and transcribing interviews, conducting in-depth interviews, and probing for richer responses. Their cultural background created a highly desirable level of comfort and greater trust among study participants and increased the success of interviews. At the request of enrolled participants, actual interviews were arranged at a later time to take place at either the participant's home or at a public meeting place where they felt more at ease and to offer greater convenience and privacy. Following signed informed consent procedures, permission was requested to tape-record the interviews for subsequent translation into English—interviews were conducted in Spanish to assure participants greater self-expression—and verbatim transcription. Interviews lasted between 30 and 45 minutes and utilized all questions and probes to maximize responses. Interviews concluded when the collected data reached saturation.

This study used the following five steps of qualitative data analysis suggested by Schutte [55]: 1) Documentation of the data and the process of data collection; 2) organization/ categorization of the data into concepts; 3) connection of the data to show influences of some concepts on others; corroboration/legitimization, by evaluating alternative explanations, disconfirming evidence, and searching for negative cases; and 5) representing the account (reporting the findings). Researchers adopted a back translation technique to assure the absence of translation errors and two researchers independently reviewed each transcription to identify themes based on the pre-set coding criteria (policy-related mistreatment and interpersonal-related mistreatment, which were based on Boswell and Olson-Buchanan's dimensions of mistreatment at work [10]), and then quantified and tallied their presence in the texts. Data were coded to explore themes and relationships for the work environment. Thick descriptions of the work environment were developed as well as of the interactions of hotel housekeepers with co-workers, leading to explanations of how the work environment influenced the physical and mental health of hotel housekeepers; and conceptual mapping was conducted to explore relationships among the foregoing themes. Raw responses pertaining to variables

of interest were coded into categories by each field researcher, which were then compared for internal homogeneity and external heterogeneity. Researchers assured that the reliability of coding equaled the number of agreements between coders divided by the total number of agreements and disagreements [56]. Group consensus-building techniques resolved any inconsistencies, and a 96% reliability of coding was achieved.

3. Results

The 27 study participants were primarily from Mexico (21), with the remaining from El Salvador (three), Honduras (two), and Guatemala (one). The women ranged in age between 22 and 52 years, with the majority married (70%). Over half had some primary education (52%) ranging from five to nine years of schooling. Over a third had finished high school (37%), and the remaining had no formal education at all (11%). Participants reported having lived in the U.S. for between six to 20 years. Interviewers were instructed to avoid asking about immigration status in order to maintain participants' trust; however, 11 of the 27 participants (nearly 41%) offered this information on their own. Because participants' documentation status was not asked, neither was the issue of authorized or unauthorized employment status touched upon. Participants were asked about the number of people in their household with full-time or part-time jobs and their total household income (including contributions by their spouse and children). All but three housekeepers reported an annual household income ranging between \$8,400 and \$19,200, which falls well below the poverty threshold (\$23,550 for a family of four) [57]. When asked about their English proficiency, the majority reported that they spoke either poor or barely any English at all (67%) with the rest indicating their ability to communicate at an intermediate level (33%). Participants indicated working at their current hotels between one and 15 years. Except for one participant, all the interviewed housekeepers worked part-time and were unable to reach 40 hours per week, and thus did not qualify as full-time employees eligible to receive benefits, such as health care, paid sick days, and paid holidays. Participants described their work on a typical day, during which they cleaned between 10 and 20 rooms (with an average of about 15 rooms per housekeeper), depending on hotel occupancy rates, and were paid between \$7.25 (minimum

wage by state law) and \$8 per hour. When asked if they needed or had a second job, they responded affirmatively.

Although all participants were explained study definitions of discrimination, mistreatment, and harassment, many responses focused on treatment perceived as unfair or unjust. This could be due to possible inability to discern their own experiences as fitting into one of three categories presented or differential understandings of the terms used. Responses to questions on perceived mistreatment were easily categorized into discrete incidents of either policy-related or interpersonal mistreatment.

3.1. Policy-related mistreatment

All interviewees, without exception, indicated that they felt they were underpaid and viewed this as mistreatment in the context of the difficulty of work they performed. When asked about their pay, all 27 interviewees (100%) reported that they viewed their salary as a form of mistreatment due to the difficulty of work they were performing:

"I get paid by the hour ... \$7.25 an hour even after 4 and half years of experience."

"I think it is ridiculous when my manager told me that I got a raise and when I looked at my paycheck it was only 10 cents more."

The women also felt it was unfair that they were not paid for overtime when their hours warranted it or for sick days. Over half of the women interviewed reported that supervisors purposely limit their work hours to prevent the housekeepers from reaching 40 hours per week, even though they work more than 40 hours. Incidents of asking the housekeepers to clock out but continue working were reported as supervisor practices. Of the 27 interviewed workers, 26 (96%) reported that even though they were technically part-time employees, there were times when they worked over 40 hours but were denied overtime pay, which was viewed as unfair or as a form of mistreatment:

"During weekends, we usually could not leave work on time, since the rooms were dirtier and took longer to clean, yet none of us were paid overtime."

"In fact, there were many times that I worked more than 40 hours but did not receive any additional pay."

"We were required to clock out by 4 p.m. to show we only worked part-time here on the record but we were asked to stay until we finished the remaining rooms ... we were not paid for overtime."

The same 26 workers (96%) also considered it unfair that they did not receive paid sick leave and had to come to work, regardless of illness or injury:

"I get sick leave but they don't pay me, and I have to take a doctor's note to prove that I was sick."

"One time, I was hurt with my twisted ankle. My manager told me to stay at home but never offered to pay me while I was off work. Since I need the money, I went to work with an injured ankle ..."

Participants also expressed perceived mistreatment in the form of employers' lack of consideration for their health and safety, because personal protective equipment was not provided consistently to Latina housekeepers while it was provided for some other groups. Furthermore, interviewees reported that the absence of appropriate cleaning equipment and the use of toxic cleaning products put their health and safety at risk. They indicated having to use broken vacuum cleaners that put great physical strain on them, and having to clean bathroom floors on hands and knees because they were not given mops with handles. Interviews revealed that non-Latina housekeepers were more often given the equipment and tools they needed to perform their jobs. Five of the interviewees (15%) complained that toxic chemicals were provided for cleaning bathrooms that they believed to be harmful to their health. Six housekeepers (22%) reported that they were not provided with personal protective equipment such as gloves and masks, and had to purchase them using personal funds. Ten of the interviewees (37%) pointed out the absence of appropriate cleaning tools to enable the completion of their tasks.

"The pink colored liquid can clean the bath tub better than bleach, but it has a very strong odor and causes breathing problems when I use it."

"My manager would take away certain liquid cleaners when the inspectors came around."

"I have asked her [manager] for gloves and masks. And she says we need to buy our own."

"The vacuum cleaners are too heavy, so I use a broom instead. The vacuum cleaners don't really work right. They are broken, don't suck right, and are never fixed. So we use brooms instead."

Table 2
Summary of policy-related mistreatment

Forms of Perceived mistreatment	Percentage
Underpaid	100%
No overtime pay	96%
No paid sick leave	96%
Using toxic cleaning products that might harm health	15%
Having to work without personal protective equipment (e.g. gloves, masks)	22%
Having to work without appropriate cleaning tools to accomplish work	37%

A summary of the forms of policy-related mistreatment is available in Table 2.

3.2. Interpersonal-related mistreatment

The majority of participants (59%) reported supervisor favoritism toward non-Latina housekeepers. Study participants added that such mistreatment was particularly noticeable when their supervisor was Latina herself. Participants reported verbal abuse from some of their Latina co-workers in addition to supervisors. Interviewees reported occurrences of harsh treatment among housekeepers based on country of origin—for example, those from Mexico treating those from El Salvador more abruptly or rudely. Fifteen study participants (52%) reported feeling unfairly treated as a result of their ethnicity:

“There are some African-American housekeepers who are on the phone, and the manager will walk by them and act like it’s nothing; but if it’s one of us it’s different . . . a lot of the supervisors are Mexican . . . they will yell at us and embarrass us in front of everyone . . .”

“Some of my co-workers are nice, others try to cause trouble, because I am from El Salvador, and they are from Mexico, and they think they are better than me . . .”

“Every once in a while I am given the dirtier rooms to clean or I am picked on and accused of lying or breaking stuff because I am from El Salvador.”

Sixteen interviewees (59%) reported feeling unfairly treated as a result of supervisor favoritism toward non-Latina co-workers:

“I feel it is not fair that my Mexican supervisors are nicer to African-American workers than they are to us. For example, assigning better vac-

uum cleaners to African-American housekeepers as well as washcloths...”

“I was frequently accused by my supervisor of breaking equipment, when I didn’t.”

“If they [supervisors] like you, you will get fewer rooms to clean. They mix work with the personal.”

Nine hotel workers (33%) reported feeling mistreated as a result of unfair work assignments by their supervisors:

“Those North Americans and African-Americans that work here probably would like that [break], but we don’t like that, because if they do take breaks, then we [Latinas] have to help them later on . . . We sometimes feel like we are working but they are making the money . . .”

“My supervisor always assigns dirtier rooms for me [instead of African-Americans] to clean just because I pay more attention to details.”

“I can clean quicker than others and I do a better job. My manager wants us all to clock out together. She asked me to help others. I think it’s not fair.”

Six participants (19%) reported verbal abuse and harassment in their work environment, which they attributed to their ethnicity. Additionally, some women received veiled threats of being fired, which has been found in other studies, to be used as a form of control [58]:

“Umm . . . well I don’t know how I would define what she [supervisor] said. For instance, sometimes she criticizes my accent . . . She said, ‘You have a tone in your voice, like the Indian [natives].’ I know I come from natives and I am not ashamed of it. But I did feel like she said it with the intention of offending me.”

“My supervisor frequently told us that we are easily replaceable.”

A summary of the forms of interpersonal-related mistreatment is available in Table 3.

4. Discussion

Our methodology provided an enhanced understanding of the broad occupational health concerns of Latina hotel housekeepers, as well as the types and extent of mistreatment they experience in the

Table 3
Summary of interpersonal-related mistreatment

Forms of Perceived mistreatment	Percentage
Racial/ethnic discrimination against Latina housekeepers	52%
Supervisor favoritism	59%
Unfair work assignments	33%
Verbal abuse/harassment	19%

workplace. Further, through corroboration with findings in similar studies, it appears that the results in the current study are broadly indicative of Latina housekeepers' workplace experiences in the hospitality sector.

This study identified a number of incidents in the hospitality sector workplace that are perceived as mistreatment by Latina hotel housekeepers. Trigger events at the policy or organizational level pertain to wages, benefits, or lack of resources, whereas at the interpersonal level, such events relate to interactions with supervisors and co-workers. Regardless of agreement on the interpretation of a particular event as mistreatment [31], all study participants reported feeling their pay was not proportional to the difficulty of their cleaning jobs, which require heavy physical labor and often lead to injuries. More specifically, study participants expressed feeling unfairly treated in light of the low-input-to-high output ratio. Additionally, nearly all interviewees perceived the denial of overtime and sick pay as an unfair practice. According to the Fair Labor Standards Act (FLSA), employees are entitled to paid sick leave as well as overtime pay after 40 hours of work during a work week [59]. To evade FLSA stipulations and in order to avoid paying these benefits, some housekeeping supervisors ask the housekeepers to clock out earlier to keep their weekly work hours below 40, while requiring them to continue working. Participants lacked any type of third-party representative in negotiations with employers to safeguard their rights and welfare, as none belonged to a labor union.

Other reported policy-related mistreatments include employers' neglect in providing appropriate cleaning tools or personal protective equipment to enable hotel housekeepers to accomplish their work safely and avoid causing harm to their health. This was common, especially for Latina housekeepers working in smaller scale hotels, and is a violation of the Occupational Safety and Health (OSH) Act of 1970, which assures safe and healthful working conditions regardless of the scale of operations.

Interpersonal mistreatment was also common, as interviewees reported supervisor favoritism and unfair work assignments as well as verbal abuse from both supervisors and co-workers. When racial identity became the focus, these trigger events were exacerbated. For example, participants described supervisor favoritism toward African-American housekeepers over Latinas in the form of job assignments, discipline expectations, and allocations of cleaning tools. Such favoritism was even more obvious when the supervisor was also Latina. A sense of workplace hostility between Latino sub-groups was revealed. For example, El Salvadorian housekeepers indicated that their Mexican co-workers behave in a superior manner and often pick on them verbally. This finding is supported by other research, which found Latino supervisors more frequently mistreating their Latino subordinates to avoid appearing as if they practiced favoritism toward their compatriots [58].

The global hospitality industry is plagued by very high and costly employee turnover and is increasingly and heavily reliant on immigrant and migrant labor. Hotel companies, regardless of size and scale, would benefit greatly from human resource policies that are founded on social responsibility. Policies designed to protect, reward, train, and retain employees would lead to a greater return on investment for those companies. Unfair or unjust policies or discrimination or mistreatment are likely to lead to job dissatisfaction, insecurity, lack of control, chronic stress, and occupational safety and health issues, which increase accidents while reducing productivity. It is critically important that companies avoid financially exploiting the vulnerabilities of immigrant/migrant workers, as these policies ultimately harm the companies themselves.

To minimize perceived mistreatment and promote a healthier work environment for Latina hotel housekeepers at the policy-level, employers are encouraged to re-evaluate their reward systems, make good faith effort to minimize pay inequities, abandon efforts to keep employees below 40 hours despite full time work in order to avoid paying benefits or overtime, offer sick pay when needed, and emphasize both intrinsic and extrinsic rewards.

Hotel companies are encouraged to make their employees aware of their employment rights and visibly post the FLSA in multiple languages in work areas. Latina hotel housekeepers' limited education and poor English proficiency hinder their ability to understand or exercise their rights. Therefore, appro-

priate bilingual communication channels need to be established to inform workers of their rights as well as employer expectations. Employers can provide assistance in this area by providing ESL classes to enhance effective communication at work to reduce misunderstandings, and allow workers to effectively communicate with their supervisors and managers. In cases where employees are genuinely ineligible for certain benefits, overtime pay, or paid sick leave, employers are encouraged to share company pay policies with employees in their native language to minimize employee perception that these policies constitute organizational mistreatment.

Equitable and respectful treatment of all employees needs to be mandated as part of any company's social responsibility toward employees. It is imperative for housekeeping supervisors to receive adequate multicultural diversity training in order to successfully manage subordinates from different cultural backgrounds; such training can help reduce unfair treatment and racial/ethnic discrimination in the workplace, by increasing cultural awareness, knowledge, and skills, while encouraging teamwork [60]. Further, a zero tolerance policy on discrimination, mistreatment, and harassment should be frequently and clearly communicated to all employees. Holding violators accountable and taking disciplinary action against them would assure greater success in eliminating unacceptable behaviors. Employers should establish reporting systems that do not penalize workers who file complaints, and that are complemented by proper procedures and training to minimize negative behaviors. Meaningful efforts to eliminate mistreatment, discrimination, and harassment in the workplace can greatly reduce the psychosocial risk factors of hotel housekeepers and improve their general sense of well-being. Hotel companies should provide ongoing safety training; teach proper cleaning techniques, positioning, posture, and body mechanics; procure ergonomic cleaning tools and equipment; provide functional equipment; provide personal protective equipment (e.g., gloves, masks, back belts); assign reasonable number of rooms; enforce break times for physical recovery; and adopt non-toxic cleaning products.

Workplace mistreatment among Latina hotel housekeepers requires attention from policymakers, stakeholders, advocates, as well as researchers. Occupational safety standards should be enforced and relevant laws should be established to safeguard the rights of immigrant groups. Labor unions have the potential to play a positive role by providing a collec-

tive voice for hotel housekeepers in negotiations or collective bargaining for wages, work hours, workloads, and work conditions, and by defending their rights and helping to reduce their risks for psychosocial hazards. It is a challenging endeavor to hold employers accountable to upholding the basic occupational health and safety standards and labor laws, even though the economic rewards gained by providing workers with favorable working conditions have been well documented in the literature. With an increasing number of Internet-savvy Millennial travelers (approximately 75 million) who are not only affecting shifts in the hospitality sector, but who are also genuinely interested in social corporate responsibility, hotel guests' opinions and reviews on social media might prove more powerful in pressuring hotel companies to make improvements to work conditions of their employees. This may prove far more effective than political or union pressure on companies to make improvements to work conditions. For this to be possible, however, more information about occupational health and safety of hotel employees needs to make its way out of academic literature and into the public eye.

5. Conclusion

The qualitative approach of this study permitted researchers to unveil the sources and types of mistreatment perceived by an underserved and under researched occupational segment, and provided the basis for recommendations to minimize incidents of mistreatment. There were some limitations. First, the data were collected from Latina hotel housekeepers from one small city in the southeastern United States; therefore, and is the case with qualitative research in general, results cannot be generalized. Future work will need to expand the sampling frame to include different regions of the nation as well as other ethnic/racial minorities to understand and compare experiences with workplace mistreatment. Second, the interview guide did not include questions on hotel responses observed by hotel housekeepers to mediate or minimize conflicts between subgroups of Latinas.

Future research would benefit from using multi-method approaches to collect both qualitative and quantitative data in order to understand the complexity of Latina hotel housekeepers' occupational health issues. Community-based organizations need to be tapped into for more effective participant recruitment

and enrollment. In addition to systematic scientific methodologies, this area will benefit greatly from interdisciplinary teams of researchers.

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Conflict of interest

The authors have no conflict of interest to report.

References

- [1] U.S. Department of Labor. The Latino Labor Force At A Glance: U.S. Department of Labor; 2012 [cited 2015 August 17]. Available from: <http://www.dol.gov/sec/media/reports/HispanicLaborForce/HispanicLaborForce.pdf>
- [2] National Council of La Raza. Building a New Economy: The Price of Luxury 2011. Available from: http://www.nclr.org/images/uploads/publications/Employment_Report_July_2011.pdf
- [3] Powell PH, Watson D. Service unseen: The hotel room attendant at work. *Int J Hospitality Management* 2006; 25(2):297-312.
- [4] European Agency for Safety and Health at Work. Managing Psychosocial Risks with Cleaning Workers: E-fact 51 Report: European Agency for Safety and Health at Work; 2010. Available from: <http://osha.europa.eu/en/publications/e-facts/efact51>
- [5] Krieger N. Workers are people too: Societal aspects of occupational health disparities: An ecological perspective. *Am J Ind Med* 2010;53(2):104-15.
- [6] Okechuwku CA, Souza K, Davis KD, de Castro AB. Discrimination, Harassment, Abuse, and Bullying in the Workplace: Contribution of Workplace Injustice to Occupational Health Disparities 2013 [cited 2015 August 17]. Available from: <http://onlinelibrary.wiley.com.libproxy.uncg.edu/doi/10.1002/ajim.22221/pdf>
- [7] U.S. Equal Opportunity Commission. Retaliation: U.S. Equal Opportunity Commission; n.d. [cited 2015 August 17]. Available from: <http://www.eoc.gov/laws/types/retaliation.cfm>
- [8] Einarsen S, Hoel H, Zapf D, Cooper CL. The concept of bullying and harassment at work: The European tradition. In: Einarsen S, Hoel H, Zapf D, Cooper CL, editors. *Bullying and Harassment in the Workplace: Developments in Theory, Research, and Practice*. New York: Taylor & Francis; 2003. pp. 3-30.
- [9] Lutgen-Sandvik P, Tracy SJ, Alberts JK. Burned by bullying in the American workplace: Prevalence, perception, degree and impact. *J Management Studies* 2007;44(6):837-62.
- [10] Boswell WR, Olson-Buchanan JB. Experiencing mistreatment at work: The role of grievance filing, nature of mistreatment, and employee withdrawal. *Acad Management J* 2004;47(1):129-39.
- [11] Namie G. The Workplace Bullying Institute 2014 US Workplace Bullying Survey 2014 [cited 2015 August 17]. Available from: <http://www.workplacebullying.org/2014/05/12/2014-race/>
- [12] Passel J, Cohn D. Unauthorized Immigrants: 11.1 Million in 2011. Washington, DC: Pew Hispanic Center, 2012.
- [13] Shattell MM, Hamilton D, Starr SS, Jenkins CJ, Hinderliter NA. Mental health service needs of a Latino population: A community-based participatory research project. *Iss Mental Health Nurs* 2008;29(4):351-70.
- [14] Hsieh Y, Apostolopoulos Y, Hatzudis K, Sönmez S. Occupational exposures and health outcomes among Latina hotel cleaners. *Hispanic Health Care Int* 2014;12(1):6-15.
- [15] World Travel and Tourism Council. Benchmarking Travel and Tourism in the United States: World Travel and Tourism Council; 2012 [cited 2015 August 17]. Available from: http://www.wttc.org/site_media/uploads/downloads/WTTC_Sectors_-_US.pdf
- [16] Brownell J. Striking a balance. *Marriage and Family Review* 2008;28(1/2):109-23.
- [17] Hsieh Y, Apostolopoulos Y, Sönmez S. World at work: Hotel cleaners. *Occup Env Med* 2013;70(5):360-4.
- [18] Shani A, Pizam A. Work-related depression among hotel employees. *Cornell Hospitality Quarterly* 2009;50(4): 446-59.
- [19] Kim HJ. Hotel service providers' emotional labor: The antecedents and effects on burnout. *Int J Hospitality Management* 2008;27(2):151-61.
- [20] Worsfold P, McCann C. Supervised work experience and sexual harassment. *Int J Contemp Hospitality Management* 2000;12(4):249-55.
- [21] Gautie J. *Low-Wage Work in the Wealthy World*. New York: Russell Sage Foundation Publications; 2010.
- [22] Lo K, Lamm F. Occupational stress in the hospitality industry: An employment relations perspective. *New Zealand J Employment Relations* 2005;30(1):23-47.
- [23] Chiang FFT, Birtch TA, Kwan HK. The moderating roles of job control and work-life balance practices on employee stress in the hotel and catering industry. *Int J Hospitality Management* 2010;29(1):25-32.
- [24] Canadian Center for Occupational Health and Safety. Occupations and Workplaces: Hotel Housekeeping: Canadian Center for Occupational Health and Safety; 2010 [cited 2015 August 17]. Available from: http://www.ccohs.ca/oshanswers/occup_workplace/hotel_housekeeping.html
- [25] Buchanan S, Vossenas P, Krause N, Moriarty J, Frumin E, Shimek JA, Mirer F, Orris P, Punnett L. Occupational injury disparities in the US hotel industry. *Am J Ind Med* 2010;53(2):116-25.
- [26] Luenda CE, Loomis D, Demissie Z. Occupational hazards experienced by cleaning workers and janitors: A review of the epidemiologic literature. *WORK* 2009;34(1):105-16.
- [27] Bureau of Labor Statistics. Labor Force Characteristics by Race and Ethnicity, 2013: U. S. Bureau of Labor Statistics; 2014 [cited 2015 August 17]. Available from: <http://www.bls.gov/cps/cpsrace2013.pdf>
- [28] Chang C, Minkler M, Salvatore AL, Lee PT, Gaydos M, Liu SS. Studying and addressing urban immigrant restaurant worker health and safety in San Francisco's Chinatown

- district: A CBPR case study. *Journal of Urban Health* 2013;90(6):1026-40.
- [29] Lundberg H, Karlsson JC. Under the clean surface: Working as a hotel attendant. *Work Employment Society* 2011;25(1):141-8.
- [30] Liladrie S. Do not disturb/please clean room: Hotel housekeepers in greater Toronto. *Race & Class* 2010;52(1):57-69.
- [31] Olson-Buchanan JB, Boswell WR. An integrative model of experiencing and responding to mistreatment at work. *Acad Management Rev* 2008;33(1):76-96.
- [32] Farrell D. Exit, voice, loyalty, and neglect as responses to job dissatisfaction: A multidimensional scaling study. *Acad Management J* 1983;26(4):596-607.
- [33] Rusbult CE, Farrell D, Rogers G, Mainous AGI. Impact of exchange variable on exit, voice, loyalty, and neglect: An integrative model of responses to declining job satisfaction. *Acad Management J* 1998;31(3):599-627.
- [34] Burgess DJ, Grill J, Noorbaloochi S, Griffin JM, Ricards J, Van Ryn M, Partin MR. The effect of perceived racial discrimination on bodily pain among older African American men. *Pain Med* 2009;10(8).
- [35] Elovainio M, Linna A, Virtanen M, Oksanen T, Kivimäki M, Pentti J, Vahtera J. Perceived organizational justice as a predictor of long-term sickness absence due to diagnosed mental disorders: Results from the prospective longitudinal Finnish public sector study. *Soc Sci Med* 2013;9139-47.
- [36] Wager N, Fieldman G, Hussey T. The effect on ambulatory blood pressure of working under favorably and unfavorably perceived supervisors. *Occup Env Med* 2003;60(7):468-74.
- [37] Willness CR, Steel P, Lee K. A meta-analysis of the antecedents and consequences of workplace sexual harassment. *Personnel Psych* 2007;60(1):127-62.
- [38] Gamperiene M, Nygård JF, Sandanger I, Waersted M, Brusgaard D. The impact of psychosocial and organizational working conditions on the mental health of female cleaning personnel in Norway. *J Occup Med Toxicology* 2006;1(1):1-10.
- [39] O'Campo P, Eaton WW, Muntaner C. Labor market experience, work organization, gender inequalities and health status: Results from a prospective analysis of US employed women. *Soc Sci Med* 2004;58(3):585-94.
- [40] Stansfeld S, Candy B. Psychosocial work environment and mental health- a meta-analytic review. *Scand J Work Env Health* 2006;32(6):443-62.
- [41] Sales EC, Santana VS. Depressive and anxiety symptoms among housemaids. *Am J Ind Med* 2003;44(6):685-91.
- [42] O'Neill JW, Davis K. Work stress and well-being in the hotel industry. *Int J Hospitality Management* 2011;30(2):385-90.
- [43] Pienaar J, Willems SA. Burnout, engagement, coping and general health of service employees in the hospitality industry. *Tourism Management* 2008;291053-63.
- [44] Bothma LJ, Thomas K. The enforcement of the BECA and waiters. *South African J Econ Management Sci* 2001;4(2):263-73.
- [45] Murray R, Gibbons C. Occupational stress in the chef profession. *Int J Contemp Hospitality Management* 2007;19(1):32-42.
- [46] Krause N, Lee PT, Scherzer T, Rugulies R, Sinnott PL, Baker RL. Health and Working Conditions of Hotel Guest Room Attendants in Las Vegas. Report to the Culinary Workers Union, Local 226, San Francisco: 2002.
- [47] Willems SA. Burnout, coping and engagement in the hospitality industry 2006 [cited 2015 August 17]. Available from: http://dspace.nwu.ac.za/bitstream/handle/10394/1285/willems_sa_sharrona.pdf?sequence=1
- [48] Hsieh Y, Kline S, Pearson T. Lodging managers' perceptions of work and personal life balance: Balanced or imbalanced? *Int J Hospitality Tourism Admin* 2008;9(1):18-35.
- [49] Fox S, Stallworth LE. Racial/ethnic bullying: Exploring links between bullying and racism in the US workplace. *J Vocational Behav* 2005;66(3):438-56.
- [50] Shannon CA, Rospenda K, Richman J, Minich L. Race, racial discrimination, and the risk of work-related illness, injury, or assault: Findings from a national study. *J Occup Env Med* 2009;51(4):441-8.
- [51] Hutagalung F, Ishak Z. Sexual harassment: A predictor to job satisfaction and work stress among women employees. *Procedia - Soc Behav Sci* 2012;65(3):723-30.
- [52] Hoobler JM, Brass DJ. Abusive supervision and family undermining as displaced aggression. *J Applied Psy* 2006;91(5):1125-33.
- [53] Alegria M, Mulvaney-Day N, Torres M, Polo A, Cao Z, Canino G. Prevalence of psychiatric disorders across Latino subgroups in the United States. *Am J Publ Health* 2007;97(1):68-75.
- [54] Demographic and Income Profile. Greensboro Population & Statistics 2012 [cited 2015 August 17]. Available from: <http://www.greensboro-nc.gov/modules/showdocument.aspx?documentid=18603>
- [55] Schutt RK. *Investigating the Social World: The Process & Practice of Research*. Thousand Oaks, CA: Sage; 2011.
- [56] Miles MB, Huberman AM. *Qualitative Data analysis*. Thousand Oaks, CA: Sage; 1994.
- [57] U.S. Department of Health and Human Services. 2013 Poverty Guidelines: U.S. Department of Health and Human Services; 2013 [cited 2015 August 17]. Available from: <http://aspe.hhs.gov/poverty/13poverty.cfm>
- [58] Marin A, Grzywacz JG, Arcury TA, Carrillo L, Coates ML, Quandt SA. Evidence of organizational injustice in poultry processing plants: Possible effects on occupational health and safety among Latino workers in North Carolina. *Am J Ind Med* 2009;52(1):37-48.
- [59] U.S. Department of Labor. Fact Sheet #23: Overtime Pay Requirements Of The FLSA: U.S. Department of Labor; 2008 [cited 2015 August 17]. Available from: <http://www.dol.gov/whd/regs/compliance/whdfs23.pdf>
- [60] Pendry LF, Driscoll DM, Field SCT. Diversity training: Putting theory into practice. *J Occup Org Psy* 2007;80(1):27-50.