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SPECIAL SECTION: CULTURAL ISSUES IN MENTAL HEALTH SERVICES AND TREATMENT

Discrimination and occupational mental health

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Abstract

Background: Racial and ethnic discrimination has been shown to occur in work organizations, yet little is known about the relationship of this stressor to occupational mental health.

Aims: This paper explores the degree to which racial and ethnic groups may be subjected to discrimination at work and examines associations between discrimination and mental health indicators.

Methods: In a national study, 1728 American workers were interviewed about aspects of their jobs, their exposure to racial and ethnic discrimination at work, and dimensions of their mental health.

Results: American minorities reported perceptions of discrimination at work at greater frequencies than White Americans, and findings suggested some indication of institutional discrimination against minorities. Further, White, Black, and Hispanic-Americans, who reported that they had been discriminated against, were found to have poorer mental health outcomes than their same-race counterparts, who did not acknowledge being discriminated against.

Conclusions: These findings may be used to inform the development of occupational stress and health models that are more cross-culturally applicable.

Declaration of interest: None

Keywords: *Racial and ethnic discrimination, discrimination, occupational health, occupational mental health.*

Introduction

It is commonly recognized that the racial and ethnic composition of the American population will become increasingly heterogeneous over the next decades. Roughly, 25% of the current US population consists of racial minorities, and it is anticipated that this proportion will reach 32% by 2010, more than 40% by 2035 and 47% by 2050 (e.g., Brach & Fraser, 2002; Briggance & Burke, 2002). Because the demographics of the American workforce are fully expected to parallel these expected shifts, an interest in occupational health disparities *per se* and their potential ramifications for US organizations has been rapidly emerging.

Discussions of occupational health disparities thus far, however, have tended to focus exclusively on differences between racial and ethnic groups in rates of *physical* illness,

disease, injury, and/or death. In contrast, limited attention has been devoted to investigating differences between groups in rates of psychological distress. Like physical illness or injury, impairments in mental health can significantly compromise ability to function at work. Workers with mental health concerns may have a breadth of problems, including a diminished capacity for concentration, increased interpersonal difficulty, lowered levels of productivity, and in more extreme cases, increased absenteeism and disability. Given the range and severity of these potential consequences, it is imperative to identify those work stressors to which members of racial minority groups may be differentially exposed.

Racial and ethnic discrimination as a work stressor

It has long been recognized that exposure to discriminatory behavior is an important feature of life for American racial/ethnic minorities (Sigelman & Welch, 1991). Because of their stigmatized social status, minorities are believed to encounter discrimination at greater frequencies than non-minorities (Kessler et al., 1999).

Unfortunately, the workplace is no exception where the experience of racial/ethnic discrimination is concerned (Kim & Lewis, 1994). Journalistic and other accounts are replete with examples of discrimination against minorities in hiring, training, promotion and other employment practices (e.g., Beatty, 1973; Greenhaus, Parasuraman, & Warmley, 1990). Unaccounted for by conventional occupational health models, racial/ethnic discrimination may be a significant work stressor to which members of minority groups are disproportionately exposed.

Williams and Williams-Morris (2000) defined racial/ethnic discrimination as the "differential treatment of members of racial outgroups." Such discrimination is believed to emerge out of culturally embedded beliefs about the inherent inferiority of these groups in terms of intellect, skills, capabilities and other characteristics in comparison to the "dominant" racial group.

Williams and Williams-Morris (2000) further asserted racial and ethnic discrimination may occur at the institutional level. Institutional discrimination perpetrated work organizations is believed by some scholars to facilitate an *occupational segregation* in which minorities are relegated to jobs that are physically and/or psychologically burdensome or hazardous, that offer lower levels of compensation and mobility, and/or that generally have fewer opportunities for development and advancement (Cooper et al., 1981; Borjas & Tienda, 1982; De Freitas, 1991; Institute for Puerto Rican Policy, 1995). The overrepresentation of minority workers in "job ghettos" (Loomis & Richardson, 1998) is believed to be linked to disproportionate exposure of minorities to various occupational hazards, which, in turn, sets the stage for disproportionate levels of illness, disease and injury (Lloyd, 1971; Robinson, 1989; Ruser, 1996; Frumkin et al., 1999; Hispanic Environmental & Occupational Safety & Health, 1999; Murray, 2003).

In addition to institutional discrimination, minority workers may be disproportionately subjected to racial and ethnic discrimination at the interpersonal level. *Microaggression* has been described by previous authors as the prejudicial attitudes, affect and discriminatory behavior that pervade daily social interactions (e.g., Swim & Stangor, 1998). According to these authors, microaggression can range in severity from mundane actions such as engaging in rude or dismissive behavior to character assaults (treating individuals as if inferior or dishonest), to more overt, severe behaviors (e.g., harassment) that translate into negative life events for minority workers (Kessler et al., 1999).

The pervasiveness of negative social attitudes toward minorities in American culture provides a basis for the assertion that minority workers are exposed to microaggression at

work. Despite repeated efforts to eradicate discrimination and prejudice through social movement and legal strategizing over the previous 30 years, surveys of US racial attitudes in the 1990s speak to the general intractability of prejudicial attitudes. Data from the 1990 General Social Survey (GSS) revealed that White Americans tended to view Hispanic-, African-, and Asian-Americans negatively. Over 75% of White Americans, who comprise over 70% of working Americans, agreed that these ethnic groups are more likely than Whites to “prefer living on welfare.” Further, a majority believed that Black and Hispanic people, in particular, are more likely than Whites to be “lazy, violence-prone, less intelligent, and less patriotic (e.g., Associated Press, 1991; Kinder & Mendelberg, 1995).”

Racial and ethnic discrimination and psychological distress

Perceptions of racial and ethnic discrimination—whether the discrimination occurs at the organizational and/or interpersonal level—may be characterized as psychologically stressful (Landrine & Klonoff, 1996; Meyer, 1995; Thompson, 1996). In addition to a number of physiological responses (Jackson et al., 1997) that are believed to elevate blood pressure (Krieger, 1990), to compromise immune functioning, and/or to produce other negative physiological effects (Pavalko et al., 2003), a range of psychological stress responses may follow perceptions of discrimination (e.g., Amaro et al., 1987; Browman, 1996; Clark et al., 1999; Kessler et al., 1999; Williams et al., 1997). Psychological responses include the development of paranoia, anxiety, depression, helplessness-hopelessness (Williams & Chung, 1997), lowered self-esteem (Armstead et al., 1989; Burt & Dion, 1987; Bullock & Houston, 1987; Dion et al., 1993), anger, aggression, and/or the use of alcohol or other substances to blunt angry feelings (Armstead et al., 1989; Cooper, 1993; Kessler et al., 1999).

Aims

There are several gaps in our current state of knowledge. Because conventional occupational health models have not included racial and ethnic discrimination as a significant work stressor, its prevalence and impact have generally not been examined nor very well understood. Consequently, the extent to which American minorities are currently subjected to occupational segregation and/or perceive discrimination at work is unclear. Additionally, due to the tendency to focus on physical health, we currently have limited information on whether there is a relationship between work discrimination and occupational mental health outcomes.

In this paper, we aim to address some of these shortcomings, with the ultimate goal of providing direction for future paradigm-construction and empirical research on minority occupational mental health. Specifically, we aim:

- To investigate the prevalence of perceived discrimination in a national study of American workers. Consistent with past investigations of discriminatory experiences, we hypothesized that racial and ethnic minority workers would report greater rates of perceived discrimination than non-minority workers.
- To determine to what extent institutional discrimination may exist. Consistent with previous research findings, we hypothesized that there would be an overrepresentation of minority workers in occupations that tend to be inadequate in terms of pay, offer fewer benefits, and have limited opportunity for development and advancement. We believe that this was important to explore because these conditions may create a potential for greater psychological distress among minority workers.

- To examine the degree to which racial group differentials exist in occupational mental health. We anticipated that racial and ethnic minorities would evidence higher levels of psychological distress compared to non-minorities due to greater exposure to discrimination at work.
- To explore the relationship between racial and ethnic discrimination and psychological distress. We hypothesized that racial and ethnic discrimination at work (i.e., including both institutional and interpersonal discrimination) would be associated with a number of poor occupational mental health outcomes, including lowered job satisfaction, higher rates of stress and burnout, and increased number of days of poor mental health for all racial groups.

Method

The General Social Survey (GSS) is a US. nationally administered survey that is conducted by the National Opinion Research Center every 2 years. In addition to a core module that evaluates a variety of social attitudes and aspects of socioeconomic status, the GSS contains a number of specialized modules. In 2002, the National Institute for Occupational Safety and Health (NIOSH) added a set of questions on the quality of work life (QWL) to the GSS. The general object of this module was to provide national estimates of how work is changing, how these changes influence worker health and safety and to shed light on the types of preventive interventions that are needed to address difficulties in work organizations.

Developed by a panel of experts in the fields of labor, human resources and occupational safety and health, this 76-item module assessed a broad range of factors including perceptions of racial and ethnic discrimination, work arrangements, benefit adequacy, and aspects of psychological adjustment. As part of the GSS, the QWL was administered in households across the USA and was conducted as part of a face-to-face, 90-min interview.

The target population for the QWL was the working adult, non-institutionalized, English-speaking population, 18 years or older. All participants were employed at least part-time—including those who indicated that they were employed but were temporarily not working at the time of the survey administration.

Data analysis

Identifying race and ethnicity

Routinely used in scientific research as rough proxies for socioeconomic status (SES), culture, and genes, race and ethnicity are largely social, cultural and historic constructs. The designation of race is based on socially defined phenotypic traits (i.e., anatomical traits such as skin color and specific facial characteristics) as seen through the filter of individual and social perspective (O'Neil, 2003). Ethnicity refers to selected cultural (e.g., dialect, religion, traditions, etc.), and sometimes physical characteristics (e.g., skin color, body shape, and so forth) used to classify people into ethnic groups. In some cases, ethnicity involves a loose group identity with little or no cultural traditions in common. Other ethnic groups are coherent subcultures with a shared language and body of tradition (O'Neil, 2003).

Race and ethnicity are central to discussions of discrimination because they are largely socio-cultural creations that precisely capture the social classification of people in race-

conscious societies such as the USA. Discrimination involves a system of structuring opportunity and assigning value based on race and ethnicity that unfairly disadvantages some individuals and communities while it unfairly advantages other individuals and communities. It can result in differential access to the goods, services and opportunities of society (Jones, 2003) and therefore have a profound impact on life opportunities, on daily life experiences, and ultimately on health status.

Consequently, the collection of race and ethnicity information has been an important component of public health surveillance efforts used to identify differences in health status among US racial and ethnic minorities. The format used to facilitate the reporting of race and ethnicity in the GSS was consistent with that used by the US Census Bureau, 2001, which complies with the US Office of Management and Budget's (OMB) standards of maintaining, collecting and presenting data on race. These standards generally reflect a *social* definition of race recognized in the USA, and do not include nor conform to any biological, anthropological or genetic criteria (OMB, 1997).

To assess race/ethnicity, respondents were first administered a GSS filter item, which queried whether subjects considered themselves to be Hispanic. Subsequently, they were asked to provide additional information about their racial composition, with the ability to specify up to 3 races. They were able to select from the following categories: White [A person having origins in any of the original people of Europe, the Middle East or North Africa (OMB, 1997)]; Black [A person having origins in any of the Black racial groups of Africa (OMB, 1997)]; Hispanic [A person of Cuban, Mexican, Puerto Rican, South or Central America or other Spanish culture or origin, regardless of race (OMB, 1997)]; Asian [A person having origin in any of the original people of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Malaysia, Pakistan, the Philippines, Thailand and Vietnam (OMB, 1997)]; and/or American Indian [A person having origins in any of the original peoples of North and South America, including Central America and who maintains tribal affiliation or community attachment (OMB, 1997)]. Because their sample sizes were low, those identifying themselves solely as American Indian ($n = 11$) or Asian ($n = 34$) were excluded from analyses.

Evaluating discrimination

Several items were used in the analyses to investigate the possible presence racial and ethnic discrimination at the institutional level. Subjects were first asked to identify their occupation. To further examine the question of institutional discrimination, items in the QWL assessed perceptions of whether participants considered their chances for promotion to be good (1 = very true; 4 = not at all true), whether they felt that they had adequate opportunities to develop their abilities (1 = very true; 4 = not at all true), whether they considered their fringe benefits to be good (1 = very true; 4 = not at all true), and whether they felt their pay to be adequate.

Finally, perceived discrimination (occurring at the institutional and/or interpersonal levels) was assessed by asking subjects if they felt "in any way" discriminated against on their job because of race or ethnic origin (1 = yes, 2 = no).

Measuring psychological distress

The QWL contained several items that helped gauge respondents' perception of their own psychological adjustment. Respondents reported their perceptions of their job satisfaction

(1 = very satisfied; 4 = not at all satisfied), job burnout/feeling “used up” (1 = always; 5 = never), experiences of stress with respect to work (1 = always; 5 = never), and they reported the number of days of poor mental health they had experienced in the past 30 days.

Results

Data from a total of 1796 respondents were obtained. Respondents who did not answer the race/ethnicity question were dropped from the analysis. (All analyses in this paper were based on unweighted data).

As shown in Table I, of all respondents who answered to the race/ethnicity question ($n = 1728$), 73.1% ($n = 1263$) identified that they were (Non-Hispanic) White/European American, 12.9% ($n = 223$) identified as (Non-Hispanic) Black/African American, and 8.2% ($n = 142$) as Hispanic American. All respondents identifying more than one category as comprising their race/ethnic background were classified as Multiracial/Multiethnic (5.8%, $n = 100$) by the investigators. These percentages parallel the estimates of the US population provided by Briggance and Burke (2002), which were cited earlier in this work.

Additionally, 51% ($n = 881$) of the sample described themselves as female and 49% ($n = 847$) as male. The mean age of the participants was 41.9 years ($SD = 12.99$), and the mean number of years of education was 13.8 years ($SD = 2.77$). Forty-seven percent of the sample ($n = 830$) reported being married, 6.9% ($n = 120$) either widowed or separated, 17.3% ($n = 302$) divorced, and 28.3% ($n = 494$) single. The average length of time at the current job for the sample was 7.0 years ($SD = 8.38$).

Racial group differences on occupational mental health indicators

Unadjusted means indicated some differences between groups on the mental health indicators. Whites reported the highest levels of job satisfaction ($M = 1.59$, $SD = 0.74$) while

Table I. Demographic characteristics of the sample.

	Percentage
Race	
White/European American	73.1
Black/African American	12.9
Hispanic/Latino/a American	8.2
Multi-racial	5.7
Sex	
Female	51
Age	
Mean (SD)	41.9 (13.0)
Years of Education	
Mean (SD)	13.8 (2.77)
Marital Status	
Married	47
Separated/Widowed	6.9
Divorced	17.3
Single	28.3
Job Tenure	
Mean (SD)	7.0 (8.38)

Note: Percentages may not add to 100% due to missing values.

the Multiracial/Multiethnic group reported the lowest ($M = 1.88$, $SD = 0.87$). Blacks ($M = 2.86$, $SD = 1.30$) and Hispanics ($M = 2.89$, $SD = 1.09$) reported feeling the least burned out while the Multiracial/Multiethnic group reported feeling the most burned out ($M = 2.51$, $SD = 1.10$). Blacks ($M = 3.14$, $SD = 1.29$) and Hispanics ($M = 3.09$, $SD = 1.22$) also reported the lowest levels of job stress Multiracial/Multiethnics ($M = 2.75$, $SD = 1.06$), reported the highest. Finally, Blacks ($M = 3.18$, $SD = 7.48$) and Hispanics ($M = 3.50$, $SD = 6.48$) reported the fewest number of days of poor mental health in comparison to Multiracial/Multiethnics ($M = 5.58$, $SD = 8.44$), who reported the most.

Analyses of covariance (ANCOVA), adjusted for age, education, sex, race, and job tenure were performed for each of the four outcome indicators. In each case, the overall ANCOVAs were significant (job satisfaction: $F(7, 1714) = 13.61$, $p < 0.001$; job burnout: $F(7, 1713) = 10.08$, $p < 0.001$; job stress: $F(7, 1715) = 10.91$, $p < 0.001$; days of poor mental health: $F(7, 1705) = 9.33$, $p < 0.001$). In addition, the race variable was significant in each model ($p < 0.001$) with the exception of days of poor mental health, where race was only marginally significant ($p < 0.06$).

As illustrated in Table II, analysis of least square means indicated significant differences between groups on all outcome indicators. Multiracial/Multiethnics were found to have the lowest levels of job satisfaction, followed by Blacks and Hispanics. Significant differences in job satisfaction levels between Whites and Blacks ($p < 0.05$), Whites and Multiracial/Multiethnics ($p < 0.001$), and Hispanics and Multiracial/Multiethnics ($p < 0.05$) were found. For job burnout, Blacks and Hispanics evidenced the lowest degree of burnout while Multiracial/Multiethnics evidenced the highest. The differences in burnout levels between Whites and Blacks ($p < 0.05$), Whites and Hispanics ($p < 0.05$), Blacks and Multiracial/Multiethnics ($p < 0.05$) and Hispanics and Multiracial/Multiethnics ($p < 0.05$) were found to be significant.

Table II. ANCOVA adjusted mean scores (adjusted for age, sex, education, and job tenure) among racial group comparisons on mental health outcomes.

	White ($n = 1263$)	Black ($n = 223$)	Hispanic ($n = 142$)	Multiracial ($n = 100$)	Significance tests					
					White vs. Black	White vs. Hisp	White vs. Multi	Black vs. Hisp	Black vs. Multi	Hisp vs. Multi
Job satisfaction	1.61 (0.74)	1.75 (0.80)	1.68 (0.079)	1.89 (0.87)	*		***			*
Job burnout	2.66 (1.14)	2.86 (1.30)	2.89 (1.13)	2.51 (1.11)	*	*			*	*
Job stress	2.91 (1.01)	3.14 (1.07)	3.09 (1.14)	2.75 (1.07)	**				**	*
Days of poor mental health in past month	4.04 (7.76)	3.18 (7.48)	3.50 (7.02)	5.58 (8.47)					**	*

Standard deviations are shown in parentheses.

Note: High scores equal less job satisfaction, less often feeling burned out at the end of the day, lower job stress, but more days of poor mental health.

* = $p < 0.05$.

** = $p < 0.01$.

*** = $p < 0.001$.

Additionally, significant differences were found in job stress levels, with Blacks reporting the lowest stress levels and Multiracial/Multiethnics reporting the highest. Significant differences were found between Whites and Blacks ($p < 0.01$), Blacks and Multiracial/Multiethnics ($p < 0.01$), and Hispanics and Multiracial/Multiethnics ($p < 0.05$).

Finally, significant differences were found in days of poor mental health. Blacks reported the lowest number of days while Multiracial/Multiethnics reported the highest. Significant differences were found between Blacks and Multiracial/Multiethnics ($p < 0.01$) and between Hispanics and Multiracial/Multiethnics ($p < 0.05$).

Perceived racial/ethnic discrimination: comparisons within racial groups

Figure 1 highlights rates of perceived discrimination among racial/ ethnic groups. Asked if they felt discriminated against at work in any way because of race and/or ethnicity, 19.4% of Blacks, 13.4% of Hispanics and 8.0% of the Multiracial/Multiethnic group indicated that they did, in fact, feel discriminated against, while only 2.1% of Whites indicated that they felt this to be the case.

As shown in Table III, a second set of ANCOVAs, adjusted for age, education, sex, race and job tenure, were conducted with each racial group. The mental health indicators for racial group members who perceived discrimination were compared with same-race group members who did not.

Analysis of least square means indicated that Whites who perceived racial/ethnic discrimination at work reported lower levels of job satisfaction ($M = 1.96$, $SD = 0.06$) compared to Whites who did not ($M = 1.58$, $SD = 0.07$), and this difference was found to be significant ($p < 0.01$). No other significant differences in occupational mental health outcomes were found within the White group.

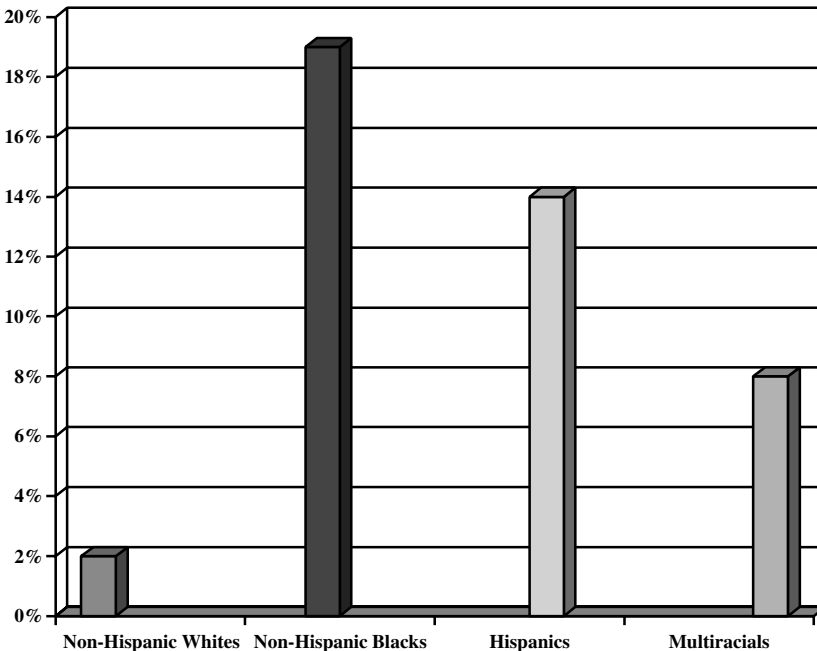


Figure 1. Perceived work discrimination among racial and ethnic groups.

Table III. ANCOVA adjusted scores for racial groups (adjusted for age, sex, education and job tenure).

Perceive discrimination?	White (n = 1263) Yes	White (n = 1263) No	Black (n = 223) Yes	Black (n = 223) No	Hispanic (n = 142) Yes	Hispanic (n = 142) No	Multiracial (n = 100) Yes	Multiracial (n = 100) No
Job satisfaction	1.96**	1.58	2.33***	1.64	2.22*	1.64	2.13	1.90
Job burnout	2.46	2.68	2.30**	2.96	2.51	2.89	2.57	2.48
Job stress	2.55	2.91	2.84*	3.25	2.59*	3.19	2.30	2.79
Days of poor mental health in past month	3.60	3.89	6.44**	2.81	4.41	3.91	6.59	5.71

Perceived discrimination: Within-group comparisons on mental health outcomes.

Note: High scores equal less job satisfaction, less job burnout, lower job stress, but more days of mental health.

* = $p < 0.05$.

** = $p < 0.01$.

*** = $p < 0.001$.

Several within-group differences were found among Blacks, however. Blacks indicating that they felt discriminated against reported lower job satisfaction levels ($M = 2.33$, $SD = 0.08$) and higher burnout levels ($M = 2.30$, $SD = 0.07$) compared to the job satisfaction ($M = 1.64$, $SD = 0.08$) and burnout levels ($M = 2.96$, $SD = 0.07$) of Blacks not perceiving discrimination. The differences in job satisfaction were significant ($p < 0.001$) as were the differences in job burnout ($p < 0.01$). Moreover, Blacks feeling that they had encountered racial and ethnic discrimination reported a higher mean stress level ($M = 2.84$, $SD = 0.05$) than Blacks who did not ($M = 3.25$, $SD = 0.05$). This difference was also significant ($p < 0.01$). Finally, Blacks acknowledging discrimination at work reported a significantly higher mean number of days of poor mental health ($M = 6.44$, $SD = 0.06$, $p < 0.01$) than Blacks who did not ($M = 2.81$, $SD = 0.07$).

Some differences were also found within the Hispanic group. Hispanics reporting perceptions of discrimination reported significantly lower levels of job satisfaction ($M = 2.22$, $SD = 0.05$, $p < 0.01$) compared to Hispanics not reporting those perceptions ($M = 1.64$, $SD = 0.08$). Further, Hispanics perceiving discrimination reported higher levels of job stress ($M = 2.59$, $SD = 0.08$) compared with Hispanics who did not ($M = 3.19$, $SD = 0.07$), and this difference was significant ($p < 0.05$).

No significant differences in occupational mental health outcomes were found between Multiracial/Multiethnic respondents who felt they had been discriminated against at work and those who did not.

Occupational segregation: comparisons between racial groups

Although Whites ($M = 14.97$ years, $SD = 2.71$), Blacks ($M = 12.97$ years, $SD = 2.67$), Hispanics ($M = 13.09$ years, $SD = 2.62$) and Multiracial/Multiethnics ($M = 13.63$ years, $SD = 2.86$) were found to have fairly comparable levels of education, some evidence of differential distribution of racial and ethnic groups across occupations was found.

A chi-square analysis indicated that there was a relationship between race and occupation [$\chi^2(15, 1731) = 52.33$, $p < 0.001$]. As shown in Figure 2, 17.7% of the Whites in the sample were employed in managerial positions compared to 10.9% of Blacks and 9.6% of Hispanics. In contrast, 19.5% of Blacks and 17.6% of Hispanics compared with 9.8% of Whites were found to be employed in service occupations (e.g., janitors, waiters, cooks).

Similarly, 9.5% of Blacks and 7.5% of Hispanics compared with 3.6% of Whites were found to hold occupations in transportation (e.g., truck and bus drivers).

Perceptions of job adequacy were also examined. As shown in Table IV, 49.5% of Blacks, 45.9 % of Hispanics, and 50.9% of the Multiracial/Multiethnic group felt that they earned either “much less” or “somewhat less” than what they deserve compared to only 39.3% of Whites. Further, 55.9% of Blacks, 62.9% of Hispanics and 62.4% of Multiracial/Multiethnics indicated that their income alone was not enough to meet their financial obligations compared to 50.8% of Whites.

Compared with 27.4% of Whites who indicated that it was “not too true” or “not at all true” that their benefits are good, 33.8% of Blacks, 34.7% of Hispanics and 31.6% of Multiracial/Multiethnics indicated these perceptions. Further, the percentage of Blacks and

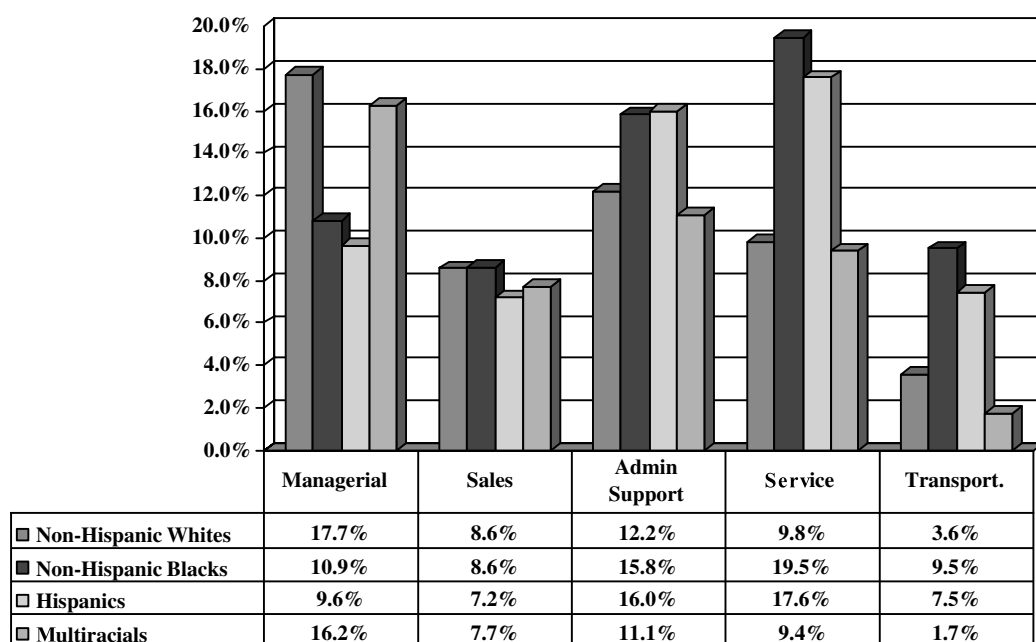


Figure 2. Distribution of racial and ethnic groups across occupation.

Table IV. Examining occupational segregation: job adequacy ratings by racial/ethnic group.

	White %	Black %	Hispanic %	Multiracial %
Earned somewhat less or much less than deserved	39.3	49.5	45.9	50.9
Income alone was not enough to meet financial obligations	50.8	55.9	62.9	62.4
Not too true or not at all true that benefits are good	27.4	33.8	34.7	31.6
Not true or not at all true that the opportunities to develop abilities were had	18.9	22.3	24.2	17.2
Not too true or not at all true that chances for promotion are good	44.8	42.1	46.8	44.0

Hispanics who indicated that it is “not too true” or “not at all true” that they have the opportunities to develop their abilities were 22.3% and 24.2% respectively compared with 18.9% of Whites. However, asked if they considered their chances for promotion to be good, 42.1% of Blacks, 46.8% of Hispanics, and 44% of Multiracial/Multiethnics indicated that they believed this to be not too true or not at all true compared with 44.8% of Whites.

Discussion

Consistent with our first hypothesis, our analysis did find that Blacks, Hispanics and Multiracial/Multiethnics reported higher rates of exposure to racial and ethnic discrimination than Whites. This indicates that discrimination is a stressor to which minorities are disproportionately exposed in American work organizations.

Additionally, the results of our analyses suggest the existence of institutional discrimination within the American workforce (as speculated in our second hypothesis) that places Blacks and Hispanic in low status occupations. Despite comparable levels of education, it appears that Blacks and Hispanics tend to be more concentrated in blue-collar occupations—service and transportation positions in particular.

We conceptualize these types of positions as “low status” because they have previously been identified by scholars as producing high strain reactions. Leigh (1991), characterizing “job strain” as being generated by employment with heavy psychological demands and low decision latitude, indicated that occupations such as telephone operators, food service workers and bus drivers are high strain. He explained that persons in each of these jobs must constantly deal with the general public as customers and/or are in a situation where their productivity can be easily monitored by their supervisors.

Low status occupations are also those that offer lower levels of compensation and mobility, and/or that generally have fewer opportunities for development and advancement. This is consistent with the characterization by Kalleberg et al. (2000) of “bad jobs” as those with low pay and without access to health insurance and benefits. In the current study, Hispanics, Blacks and Multiracial/Multiethnics were more likely than Whites to view their pay as unfair and lacking, to view their benefits as inadequate, and to report that they did not have adequate opportunities to develop their skills and abilities.

Given all of the aforementioned findings, we did not expect to find that the Blacks and Hispanics, whom some have argued tend to be most stigmatized of the American racial groups, would, in most cases, report lower levels of psychological distress than non-Hispanic Whites. Yet, this is precisely what was found. Although they did report lower levels of job satisfaction, they reported lower stress and burnout levels and fewer days of poor mental health. For the most part, this contradicted our third hypothesis.

A variety of explanations may provide some clarity for this finding. The finding, for instance, may be a reflection of a healthy worker effect, indirectly speaking to the degree to which Blacks and Hispanics must be resilient and psychologically healthy in order to function fully in the workplace. Alternatively or additionally, the finding may be a reflection of culture and a lack of sensitivity of measures/items used to assess occupational mental health problems in these particular populations. For example, Blacks and Hispanics may have been less inclined than other groups to report mental health problems or to conceptualize difficulties in mental health terms due to cultural influences and/or taboos. Culturally appropriate devices specifically designed to identify mental health difficulties in racial and ethnic minority populations may be more effective in capturing mental health outcomes more fully in the future.

In contrast to Blacks and Hispanics, Multiracial/Multiethnics reported the poorest mental health outcomes. Unfortunately, our analyses did not provide us with any clear directions with respect to why this was the case, and the small sample size and the eclectic nature of the sample jointly make it difficult to draw any definitive conclusion about their outcomes. We do, however, propose the following with caution: Some preliminary evidence suggests that strong racial and ethnic identification with a racial/ethnic group may moderate the effects of discrimination on mental health. It may be that the Multiracial/Multiethnic respondents in the sample are not inclined to identify with one ethnic group vs. another, which may diminish this particular protective factor. Unfortunately, though, no measures were utilized in this study that would help support nor rule out this claim. The question of racial and ethnic identity and its potential role in the link between discrimination and health, however, is worthy of further investigation and finer analyses in the future.

In addition to findings discussed above, this study found that the perception of racial/ethnic discrimination was accompanied by poorer mental health outcomes for Whites, Blacks and Hispanics. This indicates that there is a meaningful relationship between racial and ethnic discrimination and occupational health for these groups, which is generally consistent with our final hypothesis. It also suggests that racial and ethnic discrimination may be a potent work stressor irrespective of racial and ethnic group membership – one that is deserving of further attention and incorporation into cross-cultural occupational health models.

Although we believe that the current study went beyond previous research in eliciting these findings, there were several limitations to the study. The most obvious limitation was the manner in which racial and ethnic discrimination was assessed. Self-reported occupation was central to determining the extent to which institutional discrimination (in this case, occupational segregation) exists. The use of organizational data may have strengthened this approach (i.e., in terms of integrating information about policies, practices, procedures). However, such data were not available and therefore were not incorporated into the analysis. Also, sample sizes were much too small to conduct the type of refined analyses needed to adequately explore the existence of institutional discrimination/occupational segregation. Exploring this more fully may be the focus of future investigations. Over-sampling of minority workers is needed to get as clear a picture as possible of the types of occupations and industries in which workers of various racial/ethnic backgrounds tend to be concentrated.

Another problematic issue with regard to the measurement of discrimination in this study is related to the reliance on a single-item, broadly-worded question about perception of exposure to discrimination. This raises several concerns. First, use of the single item did not provide us with separate evaluations of major, episodic discriminatory experiences (e.g., being denied a job promotion) vs. more minor, unfair discriminatory experiences or for any distinctions between acute and chronic discriminatory experiences. This, in particular, would be important to assess because it has been suggested that chronic exposure to discrimination may produce greater implications for health than exposure to acute episodes of discrimination.

In addition to the aforementioned difficulty with the assessments of discrimination, this research was limited by small sample sizes. Unfortunately, Asian and American Indian respondents had to be eliminated from data analyses entirely due to small sample size. Although the American Indian and Asian samples were nationally representative (American Indians comprise 1.5% and Asians comprise 4.4% of the US population only), the size of the samples was too inadequate to enable us to perform meaningful analyses. Further, the Hispanic sample was considerably smaller than expected, which is accounted for by the

elimination of Spanish-speaking workers from administration of the survey. This exclusion precluded us from learning about the work experiences of a segment of the Hispanic population that may actually be at heightened risk for exposure to discriminatory experiences associated with race, ethnicity and language.

Conclusion and future directions

The current investigation provides support for the need to conceive of racial and ethnic discrimination as an important work stressor. Historically, discrimination has been excluded from investigation in studies of occupational stress and health. In order for occupational health models to be more inclusive and applicable, however, future paradigm construction should account for the potential social experiences of all groups of workers. For instance, we have argued here that culturally competent, cross-culturally applicable occupational health models geared toward prevention and intervention need to include racial and ethnic discrimination as a stressor because of the pervasiveness of this experience in non-dominant social groups and the apparent relationship between discrimination and physical and psychological functioning.

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