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## Work Experiences of Latina Immigrants: A Qualitative Study

Donald E. Eggerth<sup>1</sup>, Sheli C. DeLaney<sup>1</sup>, Michael A. Flynn<sup>1</sup>, and C. Jeff Jacobson<sup>2</sup>

<sup>1</sup>National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention, Cincinnati, OH, USA

<sup>2</sup>University of Cincinnati, Cincinnati, OH, USA

### Abstract

Almost half of the Latino immigrants working in the United States are women. However, studies concerning the work experiences of Latinas are almost absent in the literature. This article reports the findings from a qualitative study using eight focus groups ( $n = 53$ ) of Latina immigrant workers. The focus group transcripts were analyzed using the grounded theory approach in which themes emerge from iterative readings of the transcripts by a group of investigators. This study identified themes related to excessive workload, familiar work/unfamiliar hazards, cultural tensions, lack of health care, pregnancy, sexual harassment, and family obligations/expectations. The responses of the Latina workers in this study clearly indicated that they live within a complex web of stressors, both as workers and as women. The increased economic opportunities that come with immigration to the United States are accompanied by many opportunities for exploitation, especially if they are undocumented. It is hoped that the findings of this study will raise awareness regarding these issues and spur further work in this area.

### Keywords

Latina/o; immigrant workers; multicultural; work experiences; qualitative research

### Introduction

There are currently 42 million people of Latino descent living in the United States (U.S. Census Bureau 2005, 2006). Approximately half of these individuals are foreign-born. It is estimated that by the year 2050 at least 25% of the U.S. population will be of Latino descent and Latinos will make up 15% of the U.S. workforce. Passel and Cohn (2008) estimate there are 9.6 million undocumented Latino immigrants working in the United States. Research indicates that foreign-born Latino workers experience significantly higher rates of work-related injuries and mortalities than native-born Latinos or non-Latinos (Dong & Platner,

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**Corresponding Author:** Donald E. Eggerth, Training Research and Evaluation Branch, CDC/NIOSH, 4676 Columbia Parkway, C-10, Cincinnati, OH 45226, USA, [deggerth@cdc.gov](mailto:deggerth@cdc.gov).

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### Declaration of Conflicting Interests

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2004; Loh & Richardson, 2004; Richardson, Ruser, & Suarez, 2003). This disparity may arise from immigrants having fewer employment alternatives, thereby needing to accept poorer working conditions and more dangerous jobs (Orrenius & Zavodny, 2009)

Most of the occupational research on Latino immigrants has focused on agriculture, construction, and day labor—fields that are overwhelmingly male. However, 42.1% of Latino immigrants are females, age 18 and over (Pew Latino Center, 2009). There is very little in the literature discussing the occupational concerns of Latina immigrant workers, particularly gender-specific issues. It is hoped that this article will raise awareness of the needs of this underserved population.

### Gender Issues

For many occupations, the workplace is essentially a male domain, in that everything from work schedules to equipment is designed to accommodate the needs of the average male worker (Messing & de Grosbois, 2001; Messing, Lippel, Demers, & Mergler, 2000; Norton, 1994). For example, in construction and manufacturing, most personal protective equipment, tools and other equipments are manufactured in sizes appropriate for men and consequently may be difficult or even hazardous for many women to use (National Institute for Occupational Safety and Health [NIOSH], 1999; Ontario Women's Directorate and the Industrial Accident Prevention Association, 2006). In many industries, rather than accommodating differences in physical strength by incorporating adjustable elements, women are typically assigned to tasks that are considered "lighter" than the tasks that are assigned to men (Messing, 1997). However, this "light" work is often repetitious, demanding higher levels of dexterity and visual acuity, and requiring long periods of standing. Although such activities can lead to chronic health problems, these problems are less likely to be recognized, validated, and compensated than work-related injuries arising from activities more frequently performed by men.

Musculoskeletal disorders, ranging from repetitive strain to back injuries, comprise the largest single category of work-related health problems for women (Hoskins, 2005). Women are far more likely to develop musculoskeletal disorders than men (Stellman & Mailman, 1999). The relationship between clerical work and repetitive strain injuries is well known. However, women in nonclerical fields, such as assembly and retail trade, actually suffer from higher rates of repetitive strain injuries. It is believed that a major factor driving this disparity is that women frequently have to use tools and equipment sized for men. The physically stressful positions women must put themselves in to use inappropriately sized tools or equipment significantly elevates their risk of developing musculoskeletal disorders.

### Gender Discrimination

Many women, especially those working in nontraditional occupations, experience gender-based discrimination. A study of women in construction found that in addition to poorly sized equipment and tools, there was a lack of usable sanitary facilities at the worksite (Goldenhar, Swanson, Hurrell, Ruder, & Deddens, 1998). The women also reported preferential treatment for men (e.g., training only open to men), hostility from male coworkers, sexual harassment, isolation (i.e., being the only woman at a worksite), and job

insecurity. When addressing women's reproductive concerns, such as pregnancy and childbirth, employers tend to restrict the activities of women through mechanisms such as mandatory rest periods or prohibition of women in certain jobs (Norton, 1994). Although it is argued that such restrictions are for the protection of the woman and/or her unborn child, they only apply to women and in the long term, failure to equitably accommodate women can place them at an unfair disadvantage when competing for pay increases or promotions.

Although married men and women tend to work about the same number of hours per week on domestic activities, the tasks typically performed by women have significantly lower levels of control than those performed by men (Marshall & Barnett, 1994). A man exhausted from work can easily put off mowing the lawn until the weekend without consequences. However, an equally exhausted woman faces immediate and sometimes significant consequences from neglecting activities such as child care, cooking, cleaning, and laundry. Consequently, women tend to experience more stress than men when attempting to balance job-related responsibilities with family responsibilities. The conflict between women's roles as wage earners, social expectations, and biological realities leave many women feeling they must choose between working and taking care of their families, or that they must work a "second shift" when they get home (Norton, 1994).

### Immigrant Workers

A number of studies looking at immigrant women's work experiences have been conducted in the garment industry, both in the United States and in Canada (Delahanty & Khatun Shefali, 1999; Gannage 1999; Soldatenko, 1999; Villegas, Noriega, Martinez, & Martinez, 1997). In addition to exposures typical to factory work (excessive noise, strong vibrations, inadequate ventilation, and poor lighting), women working in the garment industry report concerns about tedious and stressful jobs, lack of training, lack of mobility, conflict between the weight of work and the weight of home responsibilities, language barriers, and discrimination (Gannage, 1999).

Although there is a growing body of literature examining the work experiences of immigrants and of women, there is virtually nothing in the literature specifically addressing the needs of Latina immigrant workers. It has been suggested that Latina immigrant workers in the United States experience a "triple bind" of discrimination based upon an interlocking framework of race, gender, and socioeconomic status (Aguirre-Molina & Molina, 2003). Document status represents yet another dimension of this framework, as many workers perceive a distinct lack of rights and personal freedom because they are "illegal." Discrimination in the workplace, actual or perceived, can have an adverse impact on the physical and emotional health of any worker (Krieger, 1999; Pavalko, Mossakowski, & Hamilton, 2003). However, Latinas tend to be more affected by depression than Latino men and exhibit more depressive symptoms when they perceive they are being discriminated against (Finch, Koloday, & Vega, 2000).

Clearly, Latina immigrant workers face a host of potential physical, social, and psychological stressors. Given current and projected demographic trends, it is of considerable importance to learn more about this underserved group. Because there is so little in the literature concerning Latina workers, the decision was made to conduct

exploratory research using qualitative data collection methods. The current article represents an attempt to characterize the work experiences of these workers based upon these data. It is hoped that this preliminary effort will raise awareness of their plight and encourage further research into their needs.

## Method

### Participants

The primary criteria for inclusion were being an employed Latina immigrant age 18 or older and willingness to participate. The participants were recruited to take part in a study of the occupational safety and health experiences of Latino immigrants working in the United States. Participants were recruited by local advocacy groups serving the Latino immigrant communities in Cincinnati, OH, and Santa Fe, NM. A total of eight focus groups ( $n = 53$ ) were carried out with Latina immigrants working in the United States. Four of the focus groups were assembled in Cincinnati, OH, and four in Santa Fe, NM. The focus groups were assembled in facilities arranged by the advocacy groups with an aim toward being both familiar to and convenient for the participants.

The mean age of the participants was 32 years old ( $SD = 9.2$ , range = 18–54). The mean time since immigrating to the United States was 4.3 years ( $SD = 3.8$ , range = 0.3–16). The mean educational level was 7.7 years of formal education ( $SD = 4.9$ , range = 0–18). All of the participants currently worked in low-wage and low-skill jobs. The overwhelming majority worked in the service sector jobs such as commercial cleaning or food services. Compared with employment in their home countries, this represents a very significant restriction of occupational settings (See Table 1). Reflecting national trends in immigration, the almost two thirds ( $n = 30$ ) of the participants in this sample were from Mexico. Just under a third ( $n = 16$ ) came from other Central American countries, with the remainder ( $n = 7$ ) coming from South America. Nearly two thirds of the participants had emigrated from urban areas, with the remainder coming from rural communities.

### Procedures

This study assembled focus groups of Latina immigrants to explore their work experiences in the United States. These focus groups were conducted as part of a larger, qualitative data collection effort conducted in two sites (Cincinnati, OH and Santa Fe, NM) aimed at better understanding working conditions and experiences of Latino immigrants in the United States. The overall design of the study relied on a maximum theoretical variation sampling approach in which gender, education, and settlement area (traditional vs. nontraditional) were varied in order to achieve theoretical saturation. The inclusion of both “traditional” (Santa Fe) and “nontraditional” (Cincinnati) settlement areas was driven by concerns that work experiences in areas with extensive bilingual support services might be very distinct from work experiences in new immigrant communities with limited or absent bilingual infrastructure. Stratification by education and gender arose from prior research with Latino immigrants in the Cincinnati area. It was found that the cultural deference paid by Latinas to males and/or to better educated individuals often resulted in one or two individuals monopolizing the focus group discussion.

At the start of each focus group, participants were assisted in completing a brief, anonymous sociodemographic background form eliciting age, educational level, nationality, occupations, and length of time living in the United States. To protect participant identity and provide an initial icebreaking activity, playful pseudonyms were generated for each participant. Cards with these “names” printed on them were in front of each participant. All of the focus groups followed the same general format: a preliminary activity in which participants generated and ranked lists of events and/or conditions that were causing or had caused them the most concern or worry since leaving their home countries; a discussion of participant work experiences, if any, in their home countries; and an extended discussion of participant employment experiences since coming to the United States, including probes on finding and losing positions, safety training and practices, risk perceptions, and responses to injuries and perceived safety issues. The total time for all of these activities ranged between 1 and 2 hr, and participants were provided a monetary stipend (\$50) for their time and participation.

The focus groups were all conducted in Spanish by a native Spanish-speaking female. Audio recordings were made of the interviews for latter transcription. Upon completion of transcription and translation into English, the recordings were destroyed to ensure the confidentiality of the research participants.

### Focus Group Protocol

The focus group protocol contained four broad categories of questions. In the first, participants were asked to discuss the jobs they have held since coming to the United States and to describe their typical work activities. In the second category, participants were asked to discuss safety problems and/or workplace injuries associated with these jobs. In the third category, participants were asked to discuss any safety training they had received on these jobs. In the fourth category, participants were asked to discuss what they needed to feel safe on the job. (See Appendix A for the full interview protocol.)

### Data Analysis

The audio recordings of the focus groups were transcribed verbatim in Spanish and then translated into English to ensure analytic input from all of the team members. The transcripts (in both Spanish and English) were reviewed independently by the four authors of this article and coded using the *grounded theory approach* (Strauss & Corbin, 1990). In this approach, the researchers code responses using the themes and patterns that emerge from their reading of the transcripts.

The interpretation of data in a qualitative study, as is the case with any research approach, can be skewed by biases held by the investigators. These biases can arise from personal, educational, and/or professional experiences. Consequently, a brief discussion of the backgrounds of the authors of this study is merited. Three of the four authors were trained as cultural anthropologists, are bilingual English/Spanish speakers, and have extensive experience working with the Latino community both in the United States and in Latin America. The remaining author was trained as a counseling psychologist, is a monolingual English speaker, and coordinates an ongoing research program addressing the occupational

safety and health needs of Latino immigrant workers. Three of the four authors work for the National Institute for Occupational Safety and Health, a government agency whose mission is to promote workplace safety and health for all workers through research. The remaining author is employed by a public university. As regards the ongoing debate concerning immigration reform, all of the authors may be characterized as being personally sympathetic to proposals that would formalize the status of undocumented immigrants currently living and working in the United States.

Over the years, the educational and professional experiences of the authors have afforded them many opportunities to confront personal and professional biases. Regardless, none of the authors are low-income Latina immigrants. For this reason, grassroots, community-based organizations were routinely consulted during all phases of the research project to ensure that their perspective was accounted for and to aid in the recognition and discussion of any inadvertent biases introduced by the authors.

The data used in this study underwent two phases of analysis. In the initial phase, the Latina focus groups were coded as part of a wider study of work experiences that also included focus groups conducted with male immigrants and native-born workers. This initial analysis was aimed at developing a set of labels or codes applicable across the entire range of focus group transcripts. The investigators met more than a dozen occasions to discuss their own and others' coding decisions for participant responses. Differences were identified and discussed until resolved. Through this process, a basic coding schema was iteratively developed that was subsequently applied to the entire qualitative database (QSR NVIVO 8) by a trained, bilingual research assistant.

In the second phase of the analysis, the Latina focus groups were then reviewed as an independent subset of transcripts. Using the same approaches used in Phase 1, over several meetings the investigators further analyzed the coded material and transcripts from the female focus groups and identified additional themes that are important for understanding the lived experience, goals, and perspectives of Latina immigrant workers.

## Results

Qualitative analysis of the transcripts from the eight Latina focus groups suggested that the following themes were most salient to understanding the work experiences of Latina immigrant workers: excessive workload, familiar work/unfamiliar hazards, cultural tensions, lack of health care, pregnancy, sexual harassment, and family obligations/expectations.

### Excessive Workload

The Latinas in this study reported a wide range of occupational risks including exposure to extreme temperatures, inhaling dust and fumes, poor lighting, loud noise, long hours of repetitive motions, and inadequate training. However, one of the most salient themes was an excessive workload, both in terms of expected pace and level of physical exertion. Representative statements include:

There was also another where they made you work like you were a man. Carrying boxes that were fifty or fifty five pounds ... I couldn't do it that fast, they said you're going to go (be fired).

and

I found another job as a dish washer and it was a nightmare. I am really skinny and tiny and they took advantage of me. I had to lift very heavy boxes, and there were a lot of men but they did not help me.

### Familiar Work/Unfamiliar Hazards

Examination of Table 1 reveals that although these women were employed in a fairly wide range of occupations in their home countries, after coming to United States the vast majority were funneled into service occupations. The most common of these occupations include commercial cleaning, hotel housekeeping, and restaurant work. These jobs are more difficult and dangerous than performing similar tasks at home. Much larger areas need to be cleaned within the time constraints of a shift. In addition, the size and weight of the equipment, and the strength of the cleaning chemicals used in commercial settings is far greater than those used in the home. Many of the women reported skin irritations or chemical burns from working with harsh chemicals, slips and falls, long working hours, and the need to maintain a very fast pace. Many of the respondents reported that they lacked the necessary personal protective equipments (such as gloves, masks, safety glasses, etc.) that are recommended or required for the types of work they are doing. A representative statement is:

**Participant:** ... the cleaner we use to clean the grease of stoves, it burned my hand once ... (the boss) was not there but it itched and my arm was very irritated and I stopped using the cleaner especially now that she does not bring the gloves.

**Moderator:** Did you tell her (the boss) about the burn?

**Participant:** Yes, she (the boss) said, 'The cleaner is very strong,' and she gave me a band aid, that's it.

### Culture Tensions

The findings suggest that immigrant workers are subject to racial tension, discrimination (often based upon document status), harassment, and prejudice from Anglos, Blacks, and even other Latinos. As one female respondent reported:

Many times in our country we're used to working to the maximum all the time and [the black people] have gotten into their rhythm of not working more and then no work. We already get into our rhythm and they start to tell us you all are like donkeys, because you're from Mexico, you look like donkeys, you work like donkeys. That being that they see us like pack mules, see? ... [it means that we are] stupid because they are making the same as us and they work less and they tell us it's not worth it to work hard to make the same. They're stupid.

As the above quote indicates, there is a strong—almost defiant—sense of pride in working harder and faster than their native-born Black or White coworkers, especially among more



recent immigrants. However, this high level of effort can frequently backfire, creating a situation in which the immigrant workers may be setting productivity expectations that cannot realistically be met over the long run.

I am afraid that any excuse can be used to fire me. I work a lot. Let me tell you something, the area where I work is supposed to be managed by three persons, the hash browns, the eggs and other area for the hamburgers and vegetables and I do everything by myself. They noticed that I could manage the whole area by myself and they fire the other people and put me in charge of everything. They are happy and give me compliments for my hard work. As I told you I don't want to be a manager, I just want more hours and money, to earn money that compensates my hard work.

Some women reported their discomfort with employment situations in which they were working with mostly men. They felt extra pressure to avoid doing anything that would make them seem less respectable. A representative statement is:

Yes, I work with men only. You have to get used to working with men because there are not a lot of women, and the ones that work there, they are Chicanas. They are always joking around with the men, they behave different, and they are not like us ... They are more outgoing, they talk to men very freely and we do not because we want to be respected and it's harder when there are only men working.

The quote above also illustrates another aspect of working as an immigrant: the culture clash between foreign-born and native-born Latino workers. It is clear that this immigrant woman considers the behavior of the Chicanas to be less than proper.

### Lack of Health Care

The participants gave numerous accounts of accidents in the workplace involving self or others. In many cases, they were refused time off the job to both seek medical care or to recuperate. Representative statements include:

**Participant:** I had a third degree burn. I told the manager that I burned myself ... I told her to look at my burn but she said put mustard on it, mustard is very good for burns ... they did not pay for my health insurance nor do they send me to the hospital. Nothing ...

**Moderator:** Did you go to the doctor?

**Participant:** I did not have money back then ... A friend of mine went to Mexico and brought me penicillin shots and I shot myself. One first and the second shot a week later because I did not stop working. Sometimes I just covered the burn with a band aid and some ointment.

**Moderator:** The manager saw that?

**Participant:** ... they knew about it and saw my burn but they only told me to put mustard (on it) because it heals burns and never told me to go to the doctor.

and



... sometimes she asked me to clean some shelves and they are very tall, she said that she cannot because she is short but we are almost the same height. It is dangerous to climb those shelves because I can fall and she only tells me, 'Be careful. Don't fall because we don't have health insurance.'

## Pregnancy

Given that most Latina immigrants are of childbearing years, pregnancy is a real and present concern for them. However, they are also aware that this fundamental step in building a family can also undermine their ability to support one. A number of the women reported loss of employment due to pregnancy. Representative statements include:

I went to work with a ... family. They practically fired me from there when I got pregnant with my second child. When I'd been there more or less six months, one day they told me, "Bye, bye." They gave me a check and a bonus and told me that ... they needed someone who was in better physical condition ... I looked at a lot of jobs but no job would take me, because I was pregnant. My belly was big and nobody would accept me.

and

My baby is three months old and I worked for my boss since I got pregnant until the day before labor. I had a cesarean operation. I had two years working for my boss, I was a good worker and I had a lot of experience in laundry and I came back to work after my operation. He gave me only 30 days to get better and to return to work. I was working with very heavy stuff and the doctor told me to wait at least 60 days before working again ... My sister and sister-in-law were working there too so they helped me to lift the heavy stuff. They ironed for me but he did not like it and he told me that I needed to do my own job so he fired me.

Rather than accommodating pregnant workers, some employers find it easier to simply fire them—sometimes in anticipation of problems rather than any actual diminishment of workload.

## Sexual Harassment

The Latinas in this study reported facing sexually harassment from a wide range of sources. Many reported sexual harassment by supervisors. More recent immigrants tend to be targeted more frequently for sexual exploitation. The following quote comes from a woman who reported being repeatedly pressured to "date" her supervisor. She reported that nearly all of the other women he had approached acquiesced out of fear of job loss. After she continued to resist his advances for several months, a coworker who had lived in the United States for several years finally took her aside and explained to her that far from losing her job, if the upper management knew what her boss was up to, he could be fired. Empowered the woman confronted him.

And one day, that is, I talked with the supervisor and told him not to play with me. That he had to respect my rights. That my rights were important ... and afterwards he didn't say anything, right? After he asked me to forgive him and everything. He said ... he didn't want to upset me ... so he never bothered me again.

Unfortunately, the above has an uncharacteristically happy ending. Another Latina reported:

I just got a job and needed a ride because it was far away. When the man showed up to take me to work he said, 'You need a ride and I need someone to have sex with so let's trade favors.' I lost the job.

Unfortunately, the sexual harassment Latinas experience at work is often merely a continuation of the exploitation unaccompanied women commonly experience when crossing the border into the United States. At best, solicitation for sex is frequent. At worst they may be sexually assaulted. A representative statement is:

My dad lent us the money to cross the border and to support ourselves. So my older sister came first. She said she suffered a lot when crossing the border because they advised her to have sex to be charged less money when crossing, but she refused. So they said they will abandon her in the desert and I was afraid if I attempt to cross the border, I am younger than my sister, they will do the same ...

Clearly, this is a sensitive, emotionally charged topic for these women. While they were willing to discuss their instances of successful resistance to sexual exploitation in a public forum such as focus group, as is understandable, no instances of succumbing to pressure were recounted. However, given the frequency that the topic was brought up, one has to wonder whether successful resistance is the exception or the rule.

### **Family Obligations/Expectations**

Because Latinas are charged by tradition and culture with being the primary caregivers for children, they are forced far more frequently than male immigrants to make difficult decisions regarding whether to immigrate alone or to subject their children to the dangerous, and sometimes fatal, border crossing experience. The participants reported that if a woman has children, she is usually pressured to stay in her home country to care for them. It is far less socially acceptable for a mother to leave her children for work in the United States than it is for a father. The separation of families due to immigration was also reported as a significant stressor experienced by these women. One female participant stayed behind the first time her husband went to California. He came back after about a year to start a business, but when the business went broke, he decided to return to the United States for employment:

When he told me once again that he needed to go back to the U.S., I said, 'no'. He said 'there is no other way.' So I said, 'we will go with you.' He said, 'you know we do not have money,' 'Sell the house,' I said. [He said,] 'We sacrificed so much to build a house and to get rid of it just like that, no.' He came to the U.S. again and I stayed behind with my children. He called me every day but one day I told him 'You have a week to take us with you over there' ... I don't know how he did it but he brought us here after a month.

Clearly it is not easy to keep Latino immigrant families intact and everyone involved suffers emotionally from the separation. However, it needs to be recognized that whether she remains in her home country or immigrates to the United States herself, both tradition and

culture place primary responsibility upon the Latina to maintain emotional ties and to keep the family intact.

## Discussion

The findings from these focus groups clearly indicate that Latina immigrants encounter a complex web of stressors impacting them both as workers and as women. Their top concern is keeping their jobs, even at the expense of their health or accepting unfair treatment at work. This is particularly true for those who are undocumented. Immigrant workers are less likely than native-born workers to be provided with safety equipment or given time off when they are sick (National Research Council, 2003). As women, they must contend with sexual harassment, balancing work with family, and job insecurity based upon their reproductive functions. Furthermore, they are unaccustomed to, if not uncomfortable with, the cultural norms for women in the United States. Many suffer emotional distress from being removed from their traditional social network of immediate and extended family in their home countries.

As Pavalko, Mossakowski, and Hamilton (2003) and Krieger (1999) report, this sort of dissonance can cause isolation, alienation, and depression both at home and at work. Perceived discrimination becomes a psychological stressor that affects a worker's physical and mental health. In addition to psychological stress at work, Messing (1997) argues that women are likely to be at an increased risk of accidents, injuries, and chronic work-related disorders due to working in industries where tools, equipment, and safety devices are designed for the average native-born male and cannot be adjusted to accommodate their statures. This is likely to be especially true for Latina immigrants, who are typically smaller in stature than native-born women—not to mention native-born men.

In a quantitative study, one might look toward means, standard deviations, or other statistics to assess how representative participant responses are. In a qualitative study, one does not have such tools. Classically, the strength of qualitative research is in the richness of responses and in mapping out the range of experiences. The Latinas in this study have clearly been subjected to an unacceptable range of discrimination, harassment, and exploitation. However, how is one to know whether these are typical or atypical responses?

In this study, very similar accounts were obtained from participants in focus groups conducted in widely separated geographic locations. One location (Cincinnati, OH) represents a new destination for Latino immigrants and has virtually no Spanish-speaking infrastructure. The other location (Santa Fe, NM) has a Latino community several centuries old and an extensive Spanish-speaking infrastructure. Immigrants reaching these two destinations tend to do so by following different *immigration streams*. The groups were also stratified by educational level. Despite initial expectations to the contrary, the researchers coding the transcripts of these groups could discern no meaningful differences between any of the groups on these issues. Moreover, review of the transcripts makes it clear that although time constraints only allowed for one or two women to recount their experiences in detail on a given topic, the statements made by the remaining focus group participants

clearly indicated their familiarity with similar situations and their assent that this was a typical scenario.

### Practical Implications

The findings from this study clearly support the argument that Latina immigrants are subject to multiple, ongoing stressors impacting many areas of their lives. Despite this, however much they may have been victimized, most Latina immigrants do not focus on being victims. Rather, both economic necessity and Latino cultural values press these immigrants to keep coping with, and adapting to adverse circumstances— and they often do this with remarkable resilience. Consequently, when working with this population one must be as prepared to celebrate strengths as to formulate strategies to overcome problems.

Barriers of language, culture, financial resources, and awareness, alone or in combination, make it unlikely that most Latina immigrants will find their own paths to the offices of career development professionals. As Blustein (2006) suggested, socially marginalized individuals are typically far more concerned with meeting basic survival needs than with the pursuit of self-actualization. Consequently, career development specialists, inspired by vocational psychology's history of social advocacy, will likely need to take the initiative to build bridges to the Latino immigrant community. As the Latino population grows in an area, "grassroots" advocacy groups spring up to serve the needs of the immigrant community. One very important function of these groups is to serve as a bridge between the Latino community and the "host" community. Working with and through such groups is important both to gain the trust of the immigrant community and, perhaps even more important, in educating the "outside professional" regarding the realities of this underserved population.

### Study Limitations and Next Steps

The qualitative research methods used in this study were intended to survey the range of variables affecting the work experiences of Latina immigrants. While offering a rich, almost visceral understanding of factors impacting this group, these methods cannot quantify frequency of occurrence, magnitude of consequences, or salience of a given problem to the immigrant community as a whole. Such assessments are the domain of quantitative research. It is also possible that the use of focus groups rather than individual interviews may have impacted the findings. As rich as the current data set is, individual interviews might have allowed for investigation of some topics at greater depth. The group setting may also have caused some participants to be less forthcoming on certain topics. For example, although all of the Latinas in this study expressed knowledge of instances of sexual harassment on the job, none acknowledged ever succumbing to unwanted advances. In addition, the two data collection sites used by this study, while widely separated geographically and contrasting sharply in terms of traditional and new settlement areas, are far from an exhaustive list all possible Latino immigrant settlement destinations. It is expected that Latinas living and working in the large urban areas of Southern California or in small communities in the rural Midwest might report some different experiences. It is to be emphasized that the current study was an exploratory effort and much remains to be done. A good focus for future research efforts would be to conduct additional qualitative data collections in other locations

and using different approaches (i.e., individual interviews vs. focus groups) to determine whether themes similar to those identified by this study will be found—and if not, possible reasons why they differ. Latina immigrant workers have been so underserved by the literature that virtually any additional efforts will add to the knowledge base.

## Conclusion

The responses from the Latina participants in these focus groups suggest that life has always been hard for most of these women, whether in their home countries or in the United States. With their immigration to the United States, Latina immigrants move from having very limited employment opportunities to far greater access to employment. However, this opportunity comes at the price of a larger number of stressors. Much of the work they perform is considered undesirable by most Americans and they are clearly subject to exploitation by employers. However, even though the immigrants know that compared to native-born workers they are being treated poorly, when contrasted with their situations at home, it is a price nearly all are willing to pay. While reflecting a reality often overlooked in immigrant studies, this framing risks “blaming the victim.” As a society, we must ask ourselves if we are willing to continue to extract such a high payment from these immigrants for the privilege of working in the United States. Public health professionals working with the immigrant community find themselves operating in something of a “gray area”—even though many of these immigrants are undocumented and can be subject to arrest and deportation at any time—the occupational health and safety laws apply to anyone working in the United States—whether they are here legally or otherwise.

As an exploratory qualitative effort, this current study is clearly limited in scope. However, it is hoped that the findings presented in this article will raise the awareness of social services practitioners and researchers regarding the considerable needs of this wholly underserved population. It is clear from the responses of these Latinas that additional, larger studies are needed both to better understand the needs of this population and to develop effective interventions.

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## Appendix A

### Focus Group Script and Probes

Take a moment to think about some of the activities you typically perform at your place of work. If you're not working currently, think about your last job. In a given work shift, think about all the different kinds of activities you may perform.

Q: First, what are some examples of the kinds of jobs and job activities that you were thinking about?

(try to get everybody to share some of their occupational histories and activities before fully discussing safety concerns and training)

Now, think about the safety issues or injuries potentially associated with those activities. These can be very minor or very serious.

Q: What are some examples of the kinds of personal safety issues that you are thinking about?

For examples given, probe:

Source of risk awareness or knowledge,

Awareness of other potential risks for a given occupation

Attempts to prevent or ameliorate?

Injuries sustained? Get details

Other ...

Get examples of both “minor” and “major” safety issues.

Q: What are some examples of safety training that you may have received for current or former jobs.

Q: What kinds of things would you need to feel totally safe and secure at your jobsite?

## References

- Aguirre-Molina, M.; Molina, CW. *Latina health in the United States*. San Francisco, CA: Jossey-Bass; 2003.
- Blustein, DL. *The psychology of working: A new perspective for career development, counseling, and public policy*. Mahwah, NJ: Lawrence Erlbaum; 2006.
- Delahanty J, Shefali MK. From social movements to social clauses: Assessing strategies for improving women’s health and labor conditions in the garment sector. *Development*. 1999; 42:98–102.
- Dong X, Platner JW. Occupational fatalities of Latino Construction workers from 1992 to 2000). *American Journal of Industrial Medicine*. 2004; 45:45–54. [PubMed: 14691968]
- Finch BK, Koloday B, Vega WA. Perceived discrimination and depression among Mexican-origin adults in California. *Journal of Health and Social Behavior*. 2000; 41:295–313. [PubMed: 11011506]
- Gannage CM. The health and safety concerns of immigrant women workers in the Toronto sportswear industry. *International Journal of Health Services*. 1999; 29:409–429. [PubMed: 10379459]
- Goldenhar LM, Swanson NG, Hurrell JJ, Ruder A, Deddes J. Stressors and adverse outcomes for female construction workers. *Journal of Occupational Health Psychology*. 1998; 3:19–32. [PubMed: 9552269]
- Hoskins AB. Occupational injuries, illnesses, and fatalities among women. *Monthly Labor Review*. 2005; 128:31–37.
- Krieger N. Embodying inequality: A review of concepts, measures, and methods for studying health consequences of discrimination. *International Journal of Health Services*. 1999; 29(2):295–352. [PubMed: 10379455]
- Loh K, Richardson S. Foreign-born workers: Trends in fatal occupational injuries, 1996–2001. *Monthly Labor Review*. 2004; 127:42–53.
- Marshall, NL.; Barnett, RC. Family-friendly workplaces, work-family interface and worker health. In: Keita, GP.; Hurrell, JJ., editors. *Job stress in a changing workforce: Investigating gender*,

diversity, and family issues. Washington, DC: American Psychological Association; 1994. p. 253-264.

Messing K. Women's occupational health: A critical review and discussion of current issues. *Women and Health*. 1997; 25:39-68. [PubMed: 9302729]

Messing K, Grosbois SD. Women workers confront one-eyed science: Building alliances to improve women's occupational health. *Women and Health*. 2001; 33:125-141. [PubMed: 11523635]

Messing K, Lippel K, Demers D, Mergler D. Equality and difference in the workplace: Physical job demands, occupational illnesses, and sex differences. *NWSA Journal*. 2000; 12:21-49.

National Institute for Occupational Safety and Health. Washington, DC: Author; Providing safety and health protection for a diverse construction workforce: Issues and ideas; p. 99-140.DHHS (NIOSH) Publication N0.

National Research Council. Safety is seguridad: A workshop summary. Washington, DC: The National Academies Press; 2003.

Norton SM. Pregnancy, the family, and work: An historical review and update of legal regulations and organizational policies and practices in the United States. *Gender, Work and Organization*. 1994; 1:217-226.

Ontario Women's Directorate and the Industrial Accident Prevention Association. Personal protective equipment for women: Addressing the need. Toronto, Canada: Industrial Accident Prevention Association; 2006.

Orrenius PM, Zavodny M. Do immigrants work in riskier jobs? *Demography*. 2009; 46:535-551. [PubMed: 19771943]

Passel, JS.; Cohn, D. Trends in unauthorized immigration: Undocumented inflow now trails legal inflow. Washington, DC: Pew Research Center; 2008.

Pavalko EK, Mossakowski KN, Hamilton VJ. Does perceived discrimination affect health? Longitudinal relationships between work discrimination and women's physical and emotional health. *Journal of Health and Social Behavior*. 2003; 44:18-33. [PubMed: 12751308]

Pew Latino Center. Statistical portrait of Latinos in the United States, 2007. 2009 Mar 5. from <http://pewlatino.org/factsheets/factsheet.php?FactsheetID=46>.

Richardson, S.; Ruser, R.; Suarez, P. Contained in safety is seguridad. Washington, DC: National Academy Press; 2003. Latino workers in the United States: An analysis of employment distributions, fatal occupational injuries, and non-fatal occupational injuries and illnesses; p. 43-82.

Soldatenko MA. Made in the USA: Latinas/os garment work and ethnic conflict in Los Angeles sweat shops. *Cultural Studies*. 1999; 13:319-334.

Stellman JM, Mailman JL. Women workers: The social construction of a special population. *Occupational Medicine: State of the Art Reviews*. 1999; 14:559-580.

Strauss, A.; Corbin, J. Grounded theory procedures and techniques. Thousand Oaks, CA: Sage; 1990. Basics of qualitative research.

U.S. Census Bureau. [Retrieved September 8, 2005] Facts of features: Latino heritage month 2005. 2005. from <http://www.census.gov/>

U. S. Census Bureau. [Retrieved January 8, 2008] Current population survey: Annual social and economic supplement. 2006. from <http://www.census.gov/>

Villegas J, Noriega M, Martinez S, Martinez S. Work and health in the Mexican Maquiladora industry: A dominant trend in dominated neoliberalism. *Cadernos De Saude Publica*. 1997; 13:123-134. [PubMed: 10886943]

## Biographies

**Donald Eggerth** received his doctorate in counseling psychology from the University of Minnesota. He is currently a Senior Team Coordinator in the Education and Information Division of NIOSH. In this position, he coordinates a multistudy research agenda concerning the work experiences of Latino immigrants. In addition, he is a Research Fellow



with the Consortium for Multicultural Psychology Research at Michigan State University and an Affiliate Faculty member with the Department of Psychology at Colorado State University. In his spare time, he enjoys reading, attending the symphony, and traveling with his family.

**Sheli C. DeLaney** received her master's degree in Cultural Anthropology from the University of Cincinnati. She is currently an Associate Service Fellow at the National Institute of Occupational Safety and Health in Cincinnati, OH. Her research interests include the occupational safety and health of women in the workplace and the development of tailored educational and training materials for immigrant workers. Outside of work, she likes to play the flute, garden, and volunteer as a Spanish/English interpreter at a local free clinic.

**Michael Flynn** has a master's degree in anthropology and is a Public Health Advisor with the Training Research and Evaluation Branch of NIOSH. His research focuses on developing and evaluating culturally tailored interventions as well as identifying pre and post training conditions that facilitate or hinder occupational safety among immigrant workers. Prior to coming to NIOSH, he worked for 10 years in nongovernmental organizations in Guatemala, Mexico, Ohio, and California. In his spare time, he enjoys cycling, camping, and coaching his sons' soccer teams.

**C. Jeff Jacobson** is a medical anthropologist with appointments in the Department of Anthropology and the Department of Family and Community Medicine at the University of Cincinnati. His research interests are concerned with the application of ethnographic, qualitative and interpretive methods to mental health research in multi-ethnic, global settings. He is currently conducting research on depression in rural Honduras, on the response of religious organizations to the HIV/AIDS epidemic in Cincinnati, and on the validation of measures of physician work intensity. In his spare time, he enjoys home improvement projects, cycling, music, and spending time with his children.

**Table 1**

Employment in Country of Origin and in the United States

	Country of Origin	United States
Agriculture	8	3
Work at home	20	0
Manufacturing	4	5
Office settings	9	0
Retail	5	5
Service	1	40
Student	6	0

*Note.*  $n = 53$ .