ABSTRACT

FARRAR, BRANDY DENEEN. The Role of the Self and Self-concept in Mobility Processes. (Under the direction of Michael Schwalbe).

Scholars are increasingly acknowledging that to understand job mobility, both structural and individual factors and the interrelationships among them must be examined. Existing attempts to meet this objective, however, are shortsighted. Dual theories of mobility fail to incorporate important insights from a well-established body of theory on the interplay of individuals and social structure: self and self-concept theory. The purpose of this dissertation is to build upon emerging theory regarding the dual role of individual and structural factors in shaping mobility. I add to existing research by infusing existing conceptual frameworks with important insights from sociological social psychology related to the self and self-concept. Using qualitative (interviews and focus groups) and quantitative (surveys) data gathered from frontline health care workers who participated in a workforce development program, I demonstrate the utility of this endeavor. The data show that self and self-concept theory illuminates an important link between individuals and social structures that extant research overlooks: social structure shapes both the availability of mobility opportunities as well as the self-conceptions that guide mobility-relevant choices.
The Role of the Self and Self-concept in Mobility Processes

by
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A dissertation submitted to the Graduate Faculty of
North Carolina State University
in partial fulfillment of the
requirements for the degree of
Doctor of Philosophy

Sociology

Raleigh, North Carolina
2014

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DEDICATION

To my daddy.
BIOGRAPHY

Brandy Farrar was born on January 8, 1980 in Cary, North Carolina. After graduating from Cary High School in 1998, she went on to major in African American studies at the University of North Carolina at Chapel Hill. Brandy graduated from UNC with degrees in both African American studies and Sociology. After taking a year off to do research, she returned to school to pursue a graduate degree. She currently works as a Researcher at the American Institutes for Research.
ACKNOWLEDGMENTS

Not to be cliché, but as the old saying goes “No (wo)man is an island.” Never have I understood this more than going through the process of writing this dissertation. It has been a long and arduous journey. Without the guidance and support of many people, I would not have been able to obtain this degree. To my mentors, Michael Schwalbe, Jennifer Craft Morgan and Mary R. Lynn, you have been not only great scholarly and professional advisors, but also valued friends. To my cohort (and the adopted strays), you all have been an immense source of support and friendship over the years. I consider you all lifelong friends and hope to always stay in touch. To Ray, who has borne the brunt of my day-to-day neuroticisms concerning graduate school, I cannot thank you enough. You have been understanding when I was trying to do too much and motivating when I wasn’t doing enough. If I haven’t told you enough, thank you. To my family, I would like to thank my father (Wilbert Farrar) and my mother (Deborah Farrar) for steering me in the right direction without stifling my strong will and individualist thinking, as well as my brothers, sister and friends for listening to my intellectual ramblings concerning a variety of different topics. Your support has been invaluable.
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Chapter 1: Introduction

Studying how and why people move from job to job, and with what consequences is a longstanding research tradition in sociology. The consensus is that people make career-relevant choices within a context of institutional constraints and opportunities. These choices amount to more or less successful mobility strategies. Despite this theoretical consensus, little empirical exploration exists into how individual and structural factors work together to shape mobility. Exploring how structural and individual processes intersect to influence mobility requires multiple levels of analysis. That is, one must empirically take into account people’s perspectives, interests, and resources, as well as the structure and processes of jobs, workplaces, occupations, and industries, and also the larger economic context. Datasets that allow this kind of multi-level analysis are rare.

The program evaluation data for the Jobs to Careers Initiative, a workforce development program intended to create upward mobility for frontline health care workers, is such a dataset. The purpose of this study is to use this data to assess dual theories of mobility. In the sections that follow, I review the extant research on job mobility processes, identify the challenges associated with exploring dual theories of mobility empirically, and demonstrate how the J2C program evaluation data addresses these challenges.
Job Mobility

Research on job mobility typically takes one of five forms. Scholars study how: (1) structural processes enable or constrain mobility opportunities; (2) people seek to maximize status, income, and satisfaction with work via job shifts; (3) individual-level resources influence the capacity to capitalize on mobility opportunities; (4) personality influences people’s willingness to engage in job shifts; and (5) structural and individual processes combine to shape job mobility. Despite widespread consensus that the fifth line of inquiry provides the most accurate rendering of mobility processes, little empirical investigation into the intersections between structural and individual processes exists. After reviewing these bodies of research in turn, I identify the challenges associated with empirically studying dual theories of mobility and how this study addresses these challenges.

The relationship between structural processes and mobility opportunities

Scholars studying structural processes focus on how features of the economy, industry, occupation, and firms contribute to the availability of jobs and how people move between them. Examples of influential structural processes include the organization of educational systems (Erikson and Goldthorpe 1992), access to vocational training, discrimination in the labor market (Kerckhoff 1995) and the way education and employment are linked (Kurz and Müller 1987; Heinz 2003), technological or economic developments that change the distribution of jobs, and labor
policies that influence job security (Diprete et al. 1997). These processes are relevant at both the local and national levels and establish if and what type of mobility is likely to occur (Kerckhoff 1995: 342).

Industry, occupation, and firm vacancy chains also enable or constrain opportunities for mobility. These vacancy chains are often influenced by economic and market conditions, industry and firm growth and contraction, and technological innovation (Heinz 2003; Shin 2007; Haveman and Cohen 1994; DiPrete and Nonnemaker 1997; DiPrete 1993). Personnel policies that specify who is best suited to fill vacant positions and retention versus replacement human resource strategies are among the firm-specific processes that influence mobility (Hachen 1992; Anderson, Milkovich, and Tsui 1981). Size of firm also matters. Larger firms tend to provide more opportunities for upward mobility than smaller firms (Althauser and Kalleberg 1990).

**Job shifts as a way of maximizing work rewards**

A second common line of inquiry in mobility research involves studying how people seek to maximize work rewards through job shifts. From this perspective, when people are unhappy with aspects of the industry, occupation, or firms within which they work, they quit and/or seek employment in a different job or organization to improve their satisfaction with work (Lévy-Garboua, Montmarquette, and Simonnet 2007). Considerable empirical evidence documents the relationship between job satisfaction and quit and job-search behavior. Dissatisfaction with work is correlated with job mobility because it leads to quitting and job searching intentions (Hom et al. 1992; Hom
and Kinicki 2001). Further, several industry, job and firm-level characteristics influence job mobility via job satisfaction. For example, Bockeman (2009) found that deleterious work conditions decreased job satisfaction, and that this job dissatisfaction intensified job search among the workers in the study (Böckerman and Ilmakunnas 2009).

Similarly, poor financial prospects and working conditions and unpleasant job duties are correlated with quit intentions because of their impact on job satisfaction (Delfgaauw 2007; Cottini, Kato, and Westergaard-Nielsen 2011).

**Individual capacity to take advantage of mobility opportunities**

A third line of research on job mobility involves studying the individual-level resources that help people get jobs. The focus here is on how varying levels of human, social, and cultural capital influence people’s capacity to take advantage of mobility opportunities. Regarding *human capital*, education, skills, and tenure are important elements of how people get matched with jobs. Thus, the extent to which a person possesses these resources constrains or enables their mobility potential. Indeed, more educated workers are more likely to have higher upward mobility rates (Sicherman 1990). Ongoing investments in education and skill development throughout the working life also have a positive effect on upward mobility (Dekker, Grip, and Heijke 2002). People who invest in firm-specific human capital are more likely to stay with a firm and move up within it than those who invest in occupation-specific or general
human capital (Dolton and Kidd 1998). These individuals are more likely to move between firms or occupations (Dolton and Kidd 1998).

In light of recent shifts in the structure of work, researchers have begun to consider career management skills in addition to job or occupational specific skills as additional individual factors that influence mobility potential. Evidence suggests that employers are investing less in the career stability or development of their employees, and that the skill needs of industry are constantly evolving (Beck and Camiller 2000; Berg and Kalleberg 2001). In this labor market context, researchers argue, people who possess a strong ability to find and use information about jobs, education, and training are also more upwardly mobile (Bridgstock 2009).

Alongside the education, skills, and personality a person possesses, the social capital, or social networks within which they are embedded, also influence their mobility chances. Informal job matching, whereby people find jobs through personal contact is a common labor market process (Granovetter 1973). This is because social networks provide access to information about job opportunities (Lin, Ensel, and Vaughn 1981). The quality of this information, as measured by the status of the associated job, varies based on network characteristics. Weak ties to individuals of high status help people gain entry to better jobs (Wegener 1991), as do networks composed of individuals who know the job seeker, but not each other (Davern and Hachen 2006; Podolny and Baron 1997).
Lastly, because people who hire and promote others prefer those similar to them, individuals who are able to demonstrate such similarity through possession of the right cultural capital have an advantage in the labor market (Brown 1995). Studies based on this perspective usually examine the link between social class origins and status attainment, focusing on how parents transmit high-value cultural capital to their children by giving them access to the best schools, social networks, and leisure activities (Bourdieu 1984; Bourdieu 1998; Brown 1995). Indeed, a wealth of research documents significant relationships between social class origins, income, and occupational prestige (Hansen 2001a; Hansen 2001b; Mastekaasa 2004; Torche 2011; Triventi 2013)(Hansen 2001; Mastekaasa 2004; Torche 2011; Triventi 2013).

**Personality as an indicator of willingness to engage in job shifts**

Another individual-level factor that scholars study is personality. Vocational psychologists argue that personality traits predispose individuals to engage in certain kinds of mobility behavior such as quits and job seeking (Wille, De Fruyt, and Feys 2010), and that people who have open, adaptable and proactive personalities will be most successful (Brown, White, and Leibbrandt 2006; Eby, Butts, and Lockwood 2003). Research on the relationship between personality and job mobility is limited, though some evidence support the claim of an effect. For example, Van Vianem and colleagues (2003) found that sensation-seekers were more likely to have job shifts (Van vianen et al. 2003). Similarly, Vinson et al. (2007) found modest correlations between scores on
extraversion, openness to experience, and conscientiousness-related traits and frequency of organization changes (Vinson, Connelly, and Ones 2007). Woo and Allen (2013) documented a significant relationship between proactive personality and people’s perspectives on staying in their jobs (Woo and Allen 2014).

**Dual theories of mobility**

In addition to studies that focus specifically on either structural or individual influences on mobility, dual theories of mobility seek to integrate both when attempting to predict or explain job mobility. General statements about the need to consider how structural and individual processes work together to influence people’s career paths are common throughout the literature. Recently, researchers have begun to develop more formal and detailed frameworks to describe this relationship. For example, Forrier, Sels and Stynen (2009) and Ng, Sorensen, Eby, and Feldman (2007) have each developed conceptual models that seek to counteract the increasingly popular argument that career success is predominantly controlled by individuals in the modern world of work. The authors agree that individuals’ capacities (e.g., education, skills), personality and preferences (e.g., values, interests) influence their job mobility (T. W. H. Ng et al. 2007; Forrier, Sels, and Stynen 2009). However, they also argue that structural arrangements continue to play an influential role as well. Economic conditions, governmental policies, industry changes, and firm-level staffing policies are among the many structural processes that influence the expansion or contraction of the labor market and thus the quantity and quality of mobility opportunities. Individual
characteristics, from these authors’ perspectives, are predispositions that influence the
types of work roles a person is qualified to do, best suited for, and prefers.

Whether or not and what kind of mobility occurs depends on additional
considerations. Ng et al. (2007) argue that when faced with a specific mobility
opportunity, people consider whether society sees the opportunity as appropriate,
common, or desirable, whether or not they see it as desirable, and if they think they can
be successful in pursuing the opportunity. Based on these considerations, people
develop intentions. These intentions subsequently influence behavior.

According to Forrier et al. (2009), job mobility is often more complex than
people simply deciding to pursue job opportunities they find desirable and achievable.
Individuals have varying levels of control over job shifts (e.g., quitting versus being fired
or laid off), and opportunities can be largely matters of luck. Further, circumstances
sometimes compel mobility decisions rather than an opportunity per se. Thus, in
Forrier et al.’s (2009) model, mobility depends on an individual’s perceived availability
of alternative job options, the degree of control the individual has over a job shift
(voluntary versus involuntary), and the presence of a “shock event” (e.g., a partner who
gets a job in another state, having a child, company merger, dispute at work) that
compels thinking about whether to stay in or leave a current job.
**Summary and statement of the problem**

In summary, mobility researchers consider a variety of different structural and individual processes, either independently or in combination, when attempting to understand mobility processes. Theory suggests that structural processes that create or limit opportunity, biographical factors that shape individual abilities and preferences, and choice processes that occur in response to particular circumstances combine to affect mobility. Consideration of processes that occur at multiple levels of analysis is a strong approach to studying mobility, given its complexity. Yet, little empirical research exploring the propositions of these complex multi-level conceptual models of mobility exists.

This lack of research makes sense, given that it requires a dataset containing structural, organizational, and individual-level measures. That is, one must be able to assess economic conditions, organizational structures, job conditions, and individuals’ perceptions and personalities. Typically, only two levels of analysis are present. For example, many studies assess the relationship between national-level trends and industry, occupation, and firm-level processes or the relationship between firm-level processes and individual-level perspectives on work, but few explore the relationship between all three. To confirm, refine, or refute the propositions of dual theories of mobility, empirical inquiry that simultaneously accounts for all levels of analysis is necessary. The program evaluation of the Jobs to Careers Initiative, a workforce development program designed to create upward mobility for frontline health care
workers, provides an opportunity to empirically study mobility at all three levels of analysis simultaneously. In the sections that follow, I describe the Jobs to Careers Initiative and why it makes for a good empirical case study of dual mobility processes.

The Jobs to Careers Initiative

The Jobs to Careers Initiative (hereafter referred to as J2C) is a workforce development program designed to create education and career advancement for FLWs that was funded by the Robert Wood Johnson Foundation, the Hitachi Foundation, and the Department of Labor. Frontline healthcare occupations are diverse and include various health services and health care delivery roles such as nursing assistants, respiratory therapy technicians, social and human service assistants, home health aides, mental health counselors, and medical transcriptionists. They provide their patients

1 The National Evaluation of the Jobs to Careers: Transforming the Front Lines of Health Care conducted by University of North Carolina at Chapel Hill was funded by the Robert Wood Johnson Foundation with supplementary funds from the Hitachi Foundation. The primary research team from the Institute on Aging and the Cecil G. Sheps Center for Health Services Research at UNC Chapel Hill consisted of Jennifer Craft Morgan, Lead Principal Investigator; Thomas R. Konrad, Co-Principal Investigator; Melissa Mann, Study Coordinator; Ashley Rice, Data Manager; and Emmeline Chuang; Janette Dill, Brandy Farrar, Kendra Jason, Graduate Research Assistants.
and clients with preventive and early intervention services, chronic illness management strategies, and long-term and post-hospitalization rehabilitative care.

The J2C Initiative’s focus on frontline healthcare workers is two-fold. First, FLWs are in high demand and short supply. Over the next decade, frontline health care jobs are projected to increase substantially. Among service occupations, the largest number of new jobs is expected to arise in healthcare support occupations (Lacey 2009). In fact, personal home care aides and home health aides are projected to be the two fastest growing occupations in the United States (Bureau of Labor Statistics 2012). The growth in frontline health care jobs is driven by an aging population and longer life expectancies, as well as new treatments and technologies (Lacy 2009).

Second, despite the fact that these workers are in demand and an integral part of the health care work force, frontline health care jobs have many ‘bad job’ characteristics as defined by Kalleberg, Reskin and Hudson (2000) (Kalleberg, Reskin, and Hudson 2000; Robert Wood Johnson Foundation 2006). Society does not value caregiving, nor see it as an activity requiring skill, because of its association with the natural talents that women allegedly possess (England 2005). Gender ideology renders women’s work as less valuable compared to men’s work (Kilbourne, Farkas, Beron, Weir, et al. 1994; Steinberg 1990). This cultural perspective sets the stage for the low wages, lack of respect and the generally poor working conditions that care workers face (Palmer and Eveline 2012). Frontline workers (hereafter referred to as FLWs) typically lack credentials and often receive limited formal training, learning instead from peers and
through trial-and-error experience (RWJF 2006). These jobs also lack clear standards and competencies, and offer little by way of skill development and career advancement.

Further, frontline workers receive low wages and few benefits. For example, as of May 2011, nursing aides, orderlies and attendants, the highest paid direct care occupational category, earn a median hourly wage of $11.63 (Bureau of Labor Statistics 2011). One third of female direct care workers live in families whose income is at or below 150 percent of the poverty level (Potter, Churilla, and Smith 2006). Frontline workers are almost 4 times more likely to be uninsured than doctors and nurses and their un-insurance rates exceed the national average, despite the fact that health care workers overall have much lower rates of un-insurance than the average American (Chou et al. 2009).

The impending growth in frontline health care work, then, means growth in bad jobs. This has implications for economic inequality in the U.S. overall, as well as gender and racial-specific disparities in wages. Over the past few decades, employment growth has concentrated in high-paying and low-paying jobs, with little growth in middle-wage jobs (Scully-Russ 2005; Kalleberg 2011), leading to a large gap between the rich and the poor. The growth in care work is a substantial contributor to this wage polarization (Dwyer 2013). Further, because these jobs are heavily dominated by women and contain over-representations of racial/ethnic minorities, gender and racial wage disparities have also increased as a result of the growth in low-wage care work (Dwyer 2013). For these reasons, creating pathways to upward mobility in care work is a high
priority for public policy experts, care work advocates, and researchers alike (Harris-Kojetin et al. 2004; Fitzgerald 2006; Ribas, Dill, and Cohen 2012; Dwyer 2013).

The J2C funders sought to address many of the problems of frontline work. Specifically, the overarching goal of the initiative was to create better working conditions and family sustaining wages for low-wage health care workers, while improving their skills and knowledge such that they deliver higher quality care. To achieve this goal, the J2C funders developed a grant program to which organizations could apply for funds to develop and implement programs that pursue these objectives. In receiving the J2C funding, grantee organizations not only committed to developing and implementing programs that would achieve the goals of the initiative, they also committed to meeting those goals in a particular way. The grantees were instructed to develop and implement programs consistent with the J2C model of work-based learning.

**Jobs to Careers work-based learning model**

The Jobs to Careers Initiative built on the concept of work-based learning developed by knowledge theorists. The work-based learning model begins from the perspective that in order for practitioners (in any domain) to become expert, they must develop both explicit and tacit knowledge (Raelin 1997). Explicit knowledge is knowledge that can be codified (i.e., written down or verbally expressed) and shared easily with others (Dienes and Perner 1999). Tacit knowledge, on the other hand, is
difficult to communicate to others. It is acquired through observation, imitation, and practice rather than through textbooks (Dienes and Perner 1999). As a way of distinguishing, one might think of explicit knowledge as “knowing-what” (connect the pieces in the box to complete the puzzle) and tacit knowledge as “knowing-how” (ability to produce a completed puzzle).

Acquiring explicit and tacit knowledge requires both codified instruction and experiential learning. Concurrent integration of the two is what is known as work-based learning (Raelin 1997). Medical and nursing education has a long history of making use of this model. Students learn medical or nursing theory, test these theories out in real-world situations and contexts, and through this process begin to acquire the tacit knowledge required for skilled decision-making in their work. In the Jobs to Careers Initiative, the sponsoring organizations instructed grantees to develop similar types of programs (i.e., programs that explicitly integrated practice and theory) for low-wage workers in health care. The J2C funders also instructed grantees to institutionalize the programs such that they could be sustained after funding ended, and to reward workers who participated in the process. Together, the Jobs to Careers work-based learning model involved four components: (1) focus on frontline health care workers; (2) formal integration of work and learning; (3) systems changes to support the learning model; and (4) rewards for completion.

First, the individuals targeted by J2C grantees had to be frontline workers. Robert Wood Johnson Foundation defines frontline workers as individuals who earn
less than $40,000 a year, have less than a bachelor’s degree, and who work in jobs that require limited formal training and lack standards and competencies. The J2C grantees targeted a diverse group of frontline workers, including medical assistants, substance abuse counselors, nursing assistants, patient care technicians, transporters, housekeepers, community outreach workers, and unit clerks.

Second, the grantees were instructed to develop programs that formally integrated work and learning. Each partnership had to include both an employer and an educational institution. These organizations worked together to provide participants with the skills and knowledge they needed to enter and successfully perform work roles most in demand. Examples of how the J2C grantees integrated work and learning include supervisors and community college instructors collaboratively identifying competencies and learning and assessment opportunities that happen during the work day, outside of class time.

Third, J2C grantees were directed to make structural changes to their organizations to accommodate and potentially sustain their programs. Examples of structural changes that J2C employers made are development or extension of human resource policies that support employee learners, such as tuition advancement and paid educational release time. A few of the structural changes that J2C educational partners made were teaching basic skills (e.g., writing and math) alongside clinical skills (e.g., providing good end-of-life care), delivering classes onsite at the employer location, and stretching courses beyond the traditional semester timeline.
The last component of the J2C work-based learning model involved providing rewards for completion. J2C awardees were directed to provide either financial compensation to workers for participating in the programs or educational credentials that workers could use to advance in their careers. Some J2C grantees chose to offer raises or bonuses to their participating workers. Other J2C grantees developed programs that involved accumulating college credit or receipt of a certification (e.g., Certified Addictions Counselor). Table 1 provides a brief summary of the J2C programs. Table 2 outlines the four dimensions of the J2C work-based learning model, providing examples the J2C operational dimensions.
<table>
<thead>
<tr>
<th>Location</th>
<th>Program Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Philadelphia, PA</td>
<td>Participants took courses designed to increase their skills in the behavioral health field. Each course is equivalent to approximately 6 credit hours each. Basic skills classes were also available.</td>
</tr>
<tr>
<td>Medford, OR</td>
<td>Participants took courses that fulfill the requirements for Health Care Informatics Assistant Certification. This certification is equivalent to ½ of an Associate’s of Applied Science (AAS).</td>
</tr>
<tr>
<td>Austin, TX</td>
<td>Participants took 16 training modules that articulated with 5 continuing education courses at the community college. Completion of the modules was tied to progression up the Patient Care Technician career ladder.</td>
</tr>
<tr>
<td>Baltimore, MD</td>
<td>Participants took courses that fulfill the requirements for the Certified Nursing Assistant and Patient Care Technician certification.</td>
</tr>
<tr>
<td>Flagstaff, AZ</td>
<td>At one health center, participants took training modules designed to improve their skills in the health promotion field. At the other health center, the program team prepared workers for the National Council Licensure Examination for Registered Nurses (NCLEX-RN)</td>
</tr>
<tr>
<td>Owensboro, KY</td>
<td>Participants enrolled in a hybrid associate’s degree nursing program that consisted of traditional classes, online classes, and contextualized learning for basic skills.</td>
</tr>
<tr>
<td>Portland, OR</td>
<td>Participants took 27 training modules on caring for the elderly. Workers who completed all 27 modules received 3 hours of college credit.</td>
</tr>
<tr>
<td>Fall River, MA</td>
<td>Participants took courses that qualified them to become state-certified addictions counselors (CAC) and Certified Alcohol and Drug Addictions Counselor (CADAC). Participants could also take a Group Facilitation course that resulted in 4 credits towards an associate’s degree in human services at the community college. CAC certification articulates with 15 college credit hours towards the associate’s degree in human services at the community college.</td>
</tr>
<tr>
<td>Wai’anae, HI</td>
<td>Participants took 15 credits worth of classes at the community college that culminated in a Medical Administrative Support certificate. Participants also received employer-specific training.</td>
</tr>
<tr>
<td>Hartford, CT</td>
<td>Participants took a series of seven clinical courses to improve their skills as direct care workers in long-term care. Workers received half of a credit for each course they completed.</td>
</tr>
<tr>
<td>Boston, MS</td>
<td>Participants took courses in Medical Interpretation. Each course was 3 credit hours and qualified workers to become Level 1 or 2 Certified Auxiliary Interpreters (CAIs). Workers were also offered several basic skills courses in English, Math and computer skills.</td>
</tr>
<tr>
<td>Youngstown, OH</td>
<td>Participants took courses that qualified them to become Health Care Associates (HCAs) and Unit Clerks. The program also offered basic skills courses.</td>
</tr>
<tr>
<td>Jackson, MS</td>
<td>Participants took courses that qualified them to become Certified Unit Clerks/Secretaries.</td>
</tr>
<tr>
<td>San Francisco, CA</td>
<td>Participants took courses that qualified them for the Community Health Worker certificate offered by the community college.</td>
</tr>
<tr>
<td>Fairbanks, AK</td>
<td>Participants took four courses in the rural human services program offered by the university. Completion of the four courses articulated with 15-18 college credits at the university and a Behavioral Health Aid 1 certification.</td>
</tr>
<tr>
<td>Seattle, WA</td>
<td>Participants took course in the Medical Assistant program at a the Technical College.</td>
</tr>
<tr>
<td>New York, NY</td>
<td>Participants took courses that would qualify them for the Medical Administrative Assistant Certification at the community college.</td>
</tr>
</tbody>
</table>
### Jobs to Careers Work-Based Learning Model

<table>
<thead>
<tr>
<th>Component</th>
<th>Examples of operationalization</th>
</tr>
</thead>
</table>
| **Focus on frontline workers**   | - Mean wage of participating workers = $27,181/year  
- 92% of participating workers < college degree  
- Participants included: nursing assistants, unit clerks, community outreach workers, patient transporters, substance abuse counselors, and behavioral health aides |
| **Integrate work and learning**  | - The learning objectives were extracted from the work process of the FLW.  
- Critical incidents or work projects used as resources for learning and reflection.  
- Classes onsite at the workplace.  
- Learning experiences are developed in a way that is convenient for frontline workers’ schedules.  
- Work-related competencies were identified and articulated with academic learning objectives.  
- Competencies were assessed on the job during the work process. |
| **Systems changes**              | - Supervisors and/or other employees are recognized as faculty by the educational institution.  
- Tuition advancement available to FLWs.  
- Educational release time available to FLWs.  
- Participants’ performance assessments structured to explicitly acknowledge skill and knowledge acquisition through WBL activities. |
| **Rewards for participating**    | - Industry-recognized credential is associated with the learning process.  
- College or continuing education credit is assigned to meeting competencies delivered through WBL.  
- Course credit articulates with education pathways likely to be useful to FLWs.  
- There is a wage increase or job title change / promotion associated with gaining competencies. |

### Jobs to Careers program evaluation

Extensive data was gathered about the J2C Initiative as part of the program evaluation. The team\(^2\) charged with evaluating the Jobs to Careers pilot programs gathered qualitative and quantitative data to provide both formative and summative feedback to grantee organizations and the national program office. The evaluation team\(^2\)

\(^2\) I was a member of the *Jobs to Careers* evaluation team. My primary responsibilities included data collection, management, and analysis and report writing.
conducted two-person site visits with every grantee each year of funding (three visits per grantee). These site visits involved semi-structured interviews with key informants (e.g., CEOs, HR personnel, deans, instructors and project staff), focus groups and interviews with frontline workers, focus groups with frontline supervisors, and administration of organizational surveys. Extensive information regarding the details of the intervention (e.g., type of education/training offered, enrollment, attrition), organizational characteristics (e.g., size, sector, complexity, HR policies), and worker outcomes (e.g., raise, promotion, certification, college credit, etc.) was collected at each site. Project staff also reviewed the grantees’ proposals for information about why they were motivated to create the programs for their FLWs and collected data concerning the economic contexts of the grantee projects. This economic context data was extracted from the Census Bureau’s American Community Survey (2005-2009 estimates) and Quarterly Workforce Indicators, and includes median income, poverty rates, educational attainment, unemployment rates, and net job flows. Lastly, the evaluation team conducted baseline and follow-up surveys with participating and non-participating workers. This short survey assessed job quality, job satisfaction, organizational commitment, career commitment, career self-efficacy, financial rewards, career rewards and supervisor support.

The goals of the program evaluation were to analyze the structure, processes, and outcomes of the Jobs to Careers programs. Funders wanted to know what kinds of programs the partnerships created to facilitate the upward mobility of their FLWs, what
kinds of challenges, best practices, and systems changes were associated with program implementation, and what kinds of results occurred for FLWs. The evaluation effort linked individual-level data about workers’ perspectives on their jobs, workplaces, and careers to data on their job and firm characteristics, as well as to industry-, occupation-, and community-level data. The scope and content of the program evaluation data thus offer a unique opportunity to examine dual mobility processes. While the original purposes of data collection were entirely “applied,” here I use the data to address a larger theoretical question: How do structural and individual processes work together to shape mobility? The results of this study will contribute to the evidence base for dual theories of mobility.

Methods
This study unfolded inductively. Open coding of the baseline focus-group data led to identification of themes related to the research question noted above. Identification of these themes—for example, workers’ responses to the indignities of “dirty work”—prompted forays into relevant bodies of literature. I then went back into the program evaluation data to see how it could speak to issues raised by previous research. This led me to re-examine the evaluation data for its relevance to the question of how structural and individual processes combine to affect job mobility. I also had the opportunity to modify later phases of data collection to include measures of variables (e.g., career self-efficacy) used by previous researchers. This dissertation project thus
began inductively, though the process as a whole included a mix of inductive and deductive analyses, as described in more detail below.

I began by coding the focus groups that were conducted with frontline workers at the beginning of the evaluation’s grant period (hereafter referred to as Time 1 FLW focus groups). These focus groups were conducted with workers the J2C employers were targeting for participation in the workforce development programs and took place before any educational and training opportunities were offered. Twenty-eight baseline focus groups were conducted across the 17 J2C programs. Moderators asked workers to describe their jobs, their workplaces, their career goals, and their hopes for the J2C initiative. Each focus group lasted one hour, was audio recorded and transcribed verbatim.

The focus groups were analyzed using grounded theory methods (Charmaz 2006). Coding proceeded in three phases. First, I conducted open coding. Open coding involves line-by-line labeling of what is happening in the data. An example of an open code is "badmouthing supervisor." After this initial open coding, I conducted focused coding in which patterns from the open coding are used to create conceptual codes that can be used to make sense of the data conceptually rather than literally. Focused codes account for larger segments of the data and serve as building blocks for developing and testing hypotheses that informed the analytic conclusions. Examples of focused codes include “delegitimizing authority.” During axial coding, the next step in the analysis process, my goal was to organize these focused codes to ascertain at a conceptual level
what the speakers are doing, under what conditions, and with what consequences. My final step was to assess how the patterns in the data help to answer the overarching research question guiding this study.

Moving from descriptive (open) codes to more conceptual (axial) codes involves a process of analytic interpretation of the data. Here is an example. A focus group moderator asked workers during a Time 1 FLW focus group to describe the skills necessary to do their jobs well. One person responded:

You have to be, like, a people person. You have to be willing to help. You have to be caring. If you’re not any of these things you don’t need to be doing this. Because I see a lot of people that don’t need to be here, because they don’t care about the people.

I gave this excerpt the following descriptive codes: “good FLW likes people,” “good FLW is caring,” “good FLW is willing to help.” All of these codes focus on the personality of FLWs. Thus, I grouped these descriptive codes into a more conceptual code called “personality as a source of good caregiving.” Ironically, the moderator asked the FLWs about skill, not personality, which prompted me to explore why the FLWs focused on personality rather than skill. The data coded as “personality as a source of good caregiving” often overlapped with data coded as “delegitimizing authority.” Thus, I began to consider FLWs’ focus on personality a way to counteract the perspective that credentials are the most important contributions of good caregiving. Research on oppositional identity work supported this interpretation. Next, I explored how this
oppositional identity work had relevance, if at all\textsuperscript{3}, to the research questions under study. The presence of coding clusters, or patterns in the coding where several codes are often seen together, involving the oppositional identity work codes and codes related to commitment to direct care and unwillingness to pursue non-direct care jobs led me to conclude that oppositional identity work had a negative influence on FLWs’ willingness to take advantage of mobility opportunities. This is one of the findings I report in Chapter 2.

In addition to qualitative data from interviews and focus groups, the evaluation project also collected survey data using self-administered questionnaires. I approached this quantitative data in a more deductive fashion, testing hypotheses about relationships between psychological, job, organization, and community variables (see Chapter 3). These hypotheses derived in part from the inductive analysis described above, and in part from a review of social psychological literature on the self and self-concept. As a social psychologist, I was familiar with this literature, but then returned to it in a more focused way as its utility for making sense of my initial findings became clear.

The social psychological literature on the self and self-concept also provides a conceptual framework for unifying my findings and drawing out their implications for understanding mobility processes. Given that my findings and analyses were largely

\textsuperscript{3} Many themes and patterns emergent in the focus group and interview data did not have relevance for this study and thus were not reported or pursued further.
arrived at inductively, I employ this conceptual framework most fully at the end of the dissertation. This approach allows me to use the literature for interpretive purposes without being unduly constrained by it (Jessor, Colby, and Shweder 1996; Charmaz 2006). I can also thereby bring my interpretations to bear on prior theories of mobility processes, the result being a new conceptual model of how these processes operate (see Chapter 5). In the section that follows, I briefly review theories of the self and self-concept and discuss how these theories can enhance our understandings of job mobility.

A Social Psychological Framework

During the open coding of the baseline focus groups it became clear that workers’ self-conceptions played an integral role in how they navigated their jobs, workplaces, and careers, and that these self-conceptions were intimately connected with the nature of their jobs and workplaces. These early insights suggested that theories of the self and self-concept would be useful to making sense of themes in the data. Theories of the self and self-concept help to explain how people’s self-conceptions are both a cause and consequence of the social systems in which they live. After providing a brief overview of self and self-concept theories, I demonstrate how these theories may help to answer the research question guiding this study.

A central tenet of self theory is that the self is both a subject that acts on the environment and an object that emerges through social interaction (Mead 1934). That
is, individuals simultaneously shape and are shaped by social life. We learn who we are or should aspire to be through interacting with others. At the same time, because social structure is best understood as patterned interactions (Stryker and Vryan 2006), what we do creates social structure.

Self researchers typically hold interactionist or structural views of the self-concept. From the interactionist perspective, we perform who we want others to believe us to be (Goffman 1959). What we say, do, and wear – and other impression management strategies – are efforts to communicate to others who we are. Social situations provide the rhetorical resources that individuals use to project self-images. Self-presentations are important because they signal to others how they should interact with us (Stryker and Vryan 2006).

From the structural perspective, the self-concept is comprised of multiple identities (Stryker 1980). Each identity corresponds to a social role that an individual fulfills. These social roles correspond to positions in the social structure. Thus, the self-concept reflects a society’s social structure. Individuals organize and activate these identities according to how attached they are to them and to how strongly their cherished relationships with others rest on the ability to perform these roles successfully.

Both the constructionist and structural perspectives emphasize the importance of social structure. In the former case, structure supplies the tools for identity construction. In the latter, structure provides a menu of identity options to appropriate
as one’s own. Another shared belief across perspectives is that the content of people’s identities serves as a guide for behavior. From the constructionist viewpoint, self-meanings are an important part of the definition of the situation that guides behavior in interactions (Blumer 1986). From the structural viewpoint, people act in order to meet expectations associated with the social roles they occupy (Stryker 1980).

The motivational aspect of the self is one key to understanding how identity helps to explain behavior. People act purposively to achieve self goals. These goals are positive self-evaluations and authentic identities. In other words, we are motivated to experience ourselves as competent and virtuous, and to have the content of our identities seem coherent and consistent across situations and over time (Gecas 1982). These motives guide behavior. While the conceptualization of behavior as motivated by self goals applies to routine and non-routine situations, self-motives become most apparent during life transitions and in novel situations when people have to make choices about a course of action (Hitlin and Elder 2007).

Cultural expectations are also important to understanding how identity influences behavior. Within a group, institution, or culture there exists shared expectations of how types of people (e.g., mother, woman, Mexican, priest, student) behave. These expectations are a standard against which the behavior of people who occupy a particular social position are held accountable (Ridgeway 1991). To enact a desired self or to avoid social sanction, people tend to align their behaviors with these shared expectations. This is not to say that people do not resist, alter, or transform the
meanings associated with social categories. Rather, the desire to demonstrate a credible social identity or to avoid social sanction has a powerful influence on behavior.

In addition to studying how the self-concept is formed and maintained, researchers also study how it is evaluated. The term self-esteem is used to describe this evaluative component of the self. Self-esteem, or how we feel about ourselves, derives from two sources: our perceived competence (self-efficacy) and virtue (self-worth) (Gecas 1989). Like identity, perceptions of efficacy and worth are shaped by social structure. For example, the most important contribution to self-efficacy is experience of efficacious action (Bandura 1997). Institutional processes constrain or enable people's ability to have these experiences, and thus efficacy beliefs. Perceptions of self-worth rest heavily on the views of people we interact with. Structural processes (e.g., the organization of workplaces, housing discrimination) influence which kinds of people we are likely to interact with. To the extent that these interactions are with significant others, these people’s view of us influences how we feel about ourselves (Cooley 1964).

Taken together, theories of the self and self-concept help to explain the reciprocal interplay between individual psychology, individual behavior, and social structure. More specifically, I use these theories to explain how structural, organizational, and psychological processes combine to affect prospects for job mobility. I argue that it is important to understand how people define themselves, how these definitions are shaped by work experiences, and how these definitions affect career-related behavior. This approach allows for the possibility of developing a
theoretically coherent answer to the guiding question of this study: How do structural and individual processes work together to affect mobility? The answer this study offers, as I hope to show, constitutes a contribution to sociological understandings of mobility and to social psychological understandings of how individuals are shaped by social structures.

**Overview of the Dissertation**

One pattern that emerged early in the process of coding the Time 1 FLW focus group data was that workers’ self-constructions figured prominently in discussions of their past and current work experiences. In Chapter 2, I analyze these patterns by drawing on theory and research on the identity work of low-status workers as well as general theory about the role of the self in regulating human behavior. I argue that the frontline workers in the study constructed self and work meanings to bolster their self-worth in an organizational context that threatened their dignity. They used the discursive resources embedded in their industry, occupations, institutions, and work experiences to do esteem-enhancing identity work. Unfortunately, the content of workers’ identity constructions undermined their mobility potential because it discouraged behavior that would facilitate upward mobility and sustained the ideological beliefs that marginalize women and minorities.

Another pattern that emerged during the process of coding the Time 1 FLW focus groups was that workers expressed low confidence in their ability to succeed at school or to get better jobs. Researchers describe this as low career self-efficacy.
Considerable empirical evidence demonstrates that career-related self-efficacy has a strong influence on career interests, choices, and behaviors (Betz 2000; Rottinghaus, Larson, and Borgen 2003; Kanfer, Wanberg, and Kantrowitz 2001).

Given the strong association between career self-efficacy and career-related activities, in Chapter 3 I explore how FLWs’ career self-efficacy shaped their willingness to pursue education and career advancement, as well as what influenced FLWs’ career self-efficacy. Based on the information gleaned through the baseline focus groups and the theory on career self-efficacy and general self-efficacy, I hypothesized that aspects of workers’ jobs, workplaces, and community lowered workers’ career self-efficacy, thereby undermining their mobility potential. To test these hypotheses, I used data from a survey administered to FLWs participating in the J2C programs (N=576) at the end of the grant period (hereafter referred to as FLW follow-up survey), a survey administered at the end of the grant period to human resource administrators (N=27) on staff at the employer organizations in the J2C partnerships (hereafter referred to as the HR Checklist), and the Census.4

Using hierarchical linear modeling, I tested the relationship between job conditions, employer policies related to career development, and local economic context, and career self-efficacy. The findings demonstrate that job-related resources such as time and money, along with employer support for career development,

4 Details of the data and methods associated with this analysis are reported in Chapter 3.
significantly influenced the workers’ confidence in their ability to succeed in career-related tasks. Given the association between career self-efficacy and career outcomes, these findings suggest that the nature of frontline work and workplaces influences FLWs’ willingness to engage in mobility opportunities by constraining or enabling perspectives on chances for success.

The role of frontline work and workplaces in shaping FLWs’ willingness to pursue mobility opportunities is explored further in Chapter 4. Research suggests that many employers seek to shift the risk and responsibility for career management to employees; however, a few choose high-road strategies and invested in their employees’ career development (Capelli 1999; Scully-Russ 2005; Kalleberg 2012). Various explanations are offered for why some employers choose these high-road strategies, but little empirical evidence exists to validate these theories. Likewise, little empirical evidence explores how employees respond to specific development opportunities. Many factors are correlated with employees’ willingness to participate in training and development programs offered by their organizations such as previous experiences with education and training, characteristics of the opportunities and the culture of the organization (Kyndt and Baert 2013; Elman and O’Rand 2002). In care work, commitment to clients specifically, and care in general, is also a factor (England 2005; Folbre and Nelson 2000). Yet, these studies solicit employees’ perspectives on employee development opportunities in general rather than on specific opportunities offered.
The purpose of Chapter 4 is to explore what made the employers funded by the J2C initiative interested in creating mobility opportunities for their workers and how FLWs responded to these opportunities. Four sources of data are used to achieve this goal: (1) Time 1 FLW focus groups; (2) one-on-one interviews conducted with FLWs midway during their participation in the grant programs (T2 FLW interviews); (3) follow-up focus groups conducted with FLWs at the close of the programs’ grant periods (Time 3 FLW focus groups); and (4) the grant proposals submitted by the funded partnerships. These data sources were coded using the grounded theory method described above.

Several industry, community, and organization factors, such as technological changes, skill demands, care demands, and workforce instability, compelled the J2C employers to invest in their FLWs. Workers engaged the programs based on the implications of the programs for their self-conceptions. Previous experiences in their workplaces and with education, specific Jobs to Careers programmatic elements, and cultural discourses of mobility shaped what workers perceived these implications to be.

The findings of Chapters 2, 3, and 4 confirm that job mobility occurs at the intersection of individual-, organization-, and macro-level processes. These findings also suggest that theories of the self and self-concept provide useful insight into how these processes are integrated. Self theory helps to explain individual behavior and provides a comprehensive explanation of the relationship between individuals and social systems. Indeed, workers’ self-conceptions played an integral role in how they
navigated their jobs, workplaces, and careers, and thus affected their mobility potential. Moreover, the structure and processes of their workplaces shaped these self-conceptions.

In the conclusion, I argue that theories of the self and self-concept provide useful insight into the dynamics that shape mobility of FLWs, and also mobility theory more generally. Theories of the self and self-concept illuminate the point that structural processes not only constrain or enable the choices people can make regarding mobility but also the self-conceptions that guide those choices. In addition, the findings illustrate the importance of conceptualizing mobility not only as an event but also as a social object that has self-relevant meanings. These points are discussed in detail in the conclusion.
Chapter 2: Identity work and mobility

INTRODUCTION

Frontline healthcare jobs are hard. They are characterized by low pay and few benefits, heavy workloads, and low status (Robert Wood Johnson Foundation 2006). Yet, the FLWs in this study insisted that they loved their jobs because they were challenging, rewarding, and valuable to the organization and society at large. Research suggest that workers’ valorization of frontline work may be an attempt to counteract the psychological impact of working in bad jobs (Hodson 2001). These characterizations, then, may provide some psychic benefit to these workers. However, early coding of the focus groups also suggested that FLWs’ valorization of frontline work posed problems for their mobility potential in that it kept them from wanting to pursue better jobs.

The purpose of this chapter is twofold. First, I seek to understand how FLWs dealt with the badness of their jobs such that they still managed positive occupational characterizations. Second, I seek to understand how these characterizations may have implications for FLWs’ willingness to pursue better jobs. Based on an analysis of Time 1 FLW focus group data, I find that workers constructed self-understandings and work meanings in ways that buffered the psychological impact of oppressive work conditions. While these strategies allowed workers to recoup dignity and respect they were otherwise denied, there were also negative consequences to workers’ meaning-making.
In short, FLWs’ efforts to maintain self-worth undermined their movement into better jobs and reinforced the ideologies that justify the devaluation of their current jobs.

After reviewing the relevant theory and research related to how workers maintain self-worth in the face of dehumanizing work conditions and the unintended consequences that often result from these efforts, I describe these findings in detail. The concluding sections underscore the importance of understanding the role of identity work in mobility processes as well as the necessity of conceptualizing this meaning-making as a cause and consequence of the social situations in which people find themselves.

**Work, Identity, and Self-worth**

Self-worth is a basic human need (Gecas 1982). We derive our self-worth from the perceptions that others have of us (Cooley 1964) and from experiences of self-directed competent action (Gecas and Schwalbe 1983). Both sources of self-worth depend upon our social location. Dominant social groups have the power to create and disseminate positive cultural images of their group, whereas minority groups face stereotypical images associated with inferiority (Gamson et al. 1992). Minority groups also face systematic constraints on efficacious action (Gecas 1989; Hughes and Demo 1989). Thus, maintaining self-worth may be more difficult for women, racial/ethnic minorities, and the poor (Major and O’Brien 2005).
Theory and research on identity work and meaning-making explore the challenges associated with maintaining self-worth under oppressive conditions. Identity work refers to the range of activities people use to create, present, and sustain personal identities that are congruent with and supportive of self-concept (Snow and Anderson 1987). The desire to maximize positive self-evaluations motivates identity work (Tajfel 1982). Positive self-evaluations are accomplished through strategic self-presentations (Goffman 1959). Through the clothes we wear, the way we talk, who we associate with, and where we live (and many other ways), we communicate to others who we want to be (Schwalbe and Mason-Schrock 1996).

The occupations we choose also signal to others how we understand ourselves (Gottfredson and Brown 2002). Images of occupations include beliefs about the types of people who are likely to be in those jobs (Gottfredson and Brown 2002). Such beliefs may be about social group membership (e.g., gender, race), personality characteristics, and ability. Occupational membership, then, conveys identity-relevant information. By choosing occupations that affirm our cherished self-images, we tell others what kind of people we are, or imagine ourselves to be (Gottfredson and Lapan 1997).

Empirical research shows that occupational choices are patterned along race and gender lines. Although progress has been made over the last fifty years, the occupational structure continues to be highly segregated by race and gender (Queneau 2006). Women are disproportionately concentrated in care work (e.g., nursing) and other “helping” jobs (e.g., teaching). Similarly, African Americans are disproportionately
represented in the humanities and social sciences departments of colleges and universities (National Education Statistics 2005). These patterns reflect individuals’ negotiations of racialized and gender expectations about the types of work women and Blacks are capable of and suited for (Correll 2001; Buchanan and Selmon 2008). In addition to choosing jobs that signify appropriate social identities, we continue to “craft” our social, physical, and ideological environments so that desired self- and social meanings are preserved at work (Wrzesniewski and Dutton 2001). For example, women and men routinely “do gender” at work to communicate their gendered self-understandings (Martin 2003; Martin 2006). This gendered identity work often involves embracing or resisting traditional gendered ideology in ways that people find psychically or professionally rewarding (Hatmaker 2013; Priola 2007; Simpson 2004; Guerrier and Adib 2004). Similar patterns regarding racial ideology and identity work at work are evident for racial/ethnic minorities as well (Slay and Smith 2011; Adib and Guerrier 2003).

Creating meaning through work is not only about aligning personal and social identities, however; it also allows workers in bad jobs to buffer the negative impact of other well-documented factors that contribute to occupational segregation include: women and minorities' lack of necessary skills, education, and experience and organizational and individual practices that systematically marginalize or disadvantage minority workers both at the point of hire and once on the job (Bielby and Baron 1986; Moss and Tilly 2001; Reskin 1993)
poor working conditions on their self-conceptions. Low-wages and unchallenging work often combine with insecure employment, demeaning treatment, and little input into organizational processes to create conditions that deny dignity at work for many workers (Berg and Frost 2005). Other sources of dignity threats at work include bad management, work overload, and limited autonomy (Hodson 2001). Ethnographic research suggests that to reclaim dignity workers may: (1) actively resist; (2) over-perform; (3) create alternate sources of meaning; or (4) cultivate social relationships (Hodson 2001). These strategies allow workers agency and control in the face of dignity threats.

People performing “dirty work” face an added threat to their dignity. Dirty work refers to tasks and occupations that are physically, socially, or morally tainted (Hughes 1962). Because what we do figures prominently in how others view us (and therefore how we view ourselves), achieving positive self-concept is problematic for people who do dirty work. Yet, research shows that dirty workers engage in practices that buffer, redefine, or refocus negative perceptions of the work they do, and thus themselves (Ashforth and Kreiner 1999).

For example, the gynecology nurses in Bolton’s (2005) study appealed to traditional gender ideology to find meaning in the dirty work they performed (Bolton 2005). In doing so, they counteracted the psychological impact of dealing with socially distasteful situations such as miscarriages and abortions (Bolton 2005). In Jervis’s (2001) ethnographic study of nursing assistants working in a long-term care setting,
dirty workers avoided contact with polluting substances (e.g., feces, urine, drool, etc.) when possible, used their ability to stomach such contact as signs of strength, used humor to lessen the severity of disgusting incidents, and cast their work in a more positive light to counteract the challenges involved in dealing with incontinent residents (Jervis 2001). The miners in Lucas’ (2011) study appealed to larger discourses of morality, virtue, and dignity to redefine the work that they did as important, valuable, and dignified (Lucas 2011).

These workers’ efforts at counteracting the stigma associated with dirty work mirror many workers’ efforts to find dignity at work in the face of increasingly dehumanizing working conditions. Self-worth is at risk for all people who occupy social locations characterized by stigmatized or exploitive work arrangements. However, people are not passive acceptors of the social conditions that frame their lives. Rather, we actively construct our environments such that positive self-meanings are possible even in the most constraining, dehumanizing contexts. The low social status of the mostly female, minority, and poor FLWs in this study combined with the poor working conditions of frontline healthcare jobs suggest that the workers in this study would be compelled to engage in this oppositional sense-making (Schwalbe and Mason-Schrock 1996). Thus, one question guiding the first core chapter is: What strategies do the FLWs use to maintain self-worth?

Identity work and meaning-making through work allows individuals to maintain self-worth; however, there are drawbacks as well. For example, an ethnography
conducted by Willis (1977) showed how working class kids created a subculture in response to the marginalization they experienced in school and how this identity work ultimately solidified their working class status by directing them to certain kinds of work – namely low status manual jobs (Willis 1977). Similarly, Gray and Kish-Gephart (2013) showed that class-related identity work in organizations often reinforces the logics that undergird class inequality because these strategies commonly involve “Othering” processes that enhance, rather than diminish, the notion that there are fundamental differences between classes (Gray and Kish-Gephart 2013). Oppositional identity work can also create more stress and anxiety for those who engage in it by creating conflict between insiders and outsiders (Petriglieri 2011). Identity work, then, sometimes produces negative consequences in addition to boosting self-worth. Thus, I pursue a second question in this chapter: How do the strategies that FLWs use to maintain self-worth matter when it comes to their potential for upward mobility?

DATA AND METHODS

Data for this chapter come from the Time 1 FLW focus groups (N=28) conducted with FLWs in the Jobs to Careers employer organizations (hereafter referred to as T1 FLW focus groups). The workers in these focus groups occupied jobs that the J2C employers were developing programs for; however, the training programs had not yet begun at the time of the Time 1 data collection. The purpose of these focus groups was to understand workers’ perceptions of their jobs, workplaces, and careers as well as their hopes and intentions related to the J2C programs. Each focus group lasted for one
hour, was audio recorded, transcribed verbatim and analysed using the grounded theory methods described in Chapter 1.

RESULTS

When interviewers asked FLWs what they disliked about their jobs, FLWs had plenty to say. However, workers typically added positive comments about their jobs even when discussing what they disliked. To explore this pattern further, I categorized both the negative and positive comments. Focused coding revealed four distressing job features: (1) lack of appreciation and disrespect from supervisors and professional staff; (2) lack of legitimacy and control in client care; (3) difficult clients; and (4) low wages. When FLWs spoke about the positive aspects of their jobs, four themes emerged: (1) the dignified nature of care work; (2) the value of innate qualities and insider knowledge; (3) the intrinsic rewards of care work; and (4) the enjoyment of interacting with clients. Together these eight codes organize the data for the analysis presented below.

Care Work as Dignified

Society devalues care work (England 2005). This is evident in the low wages and limited benefits attached to paid caregiving (Kilbourne et al. 1994). It is also evident in the cultural perception that care work is an extension of the nurturing skills that women naturally possess, and therefore undeserving of prestige (Cancian and Oliker 2000). FLWs in this study actively challenged this view of paid caregiving by redefining
the work as dignified. Specifically, workers described care work as superior to other types of low-wage work, an expression of religious virtue, and vital to sustaining communities of vulnerable populations.

Comparisons of health care work to other low-wage jobs workers have held were common in focus group discussions. These comparisons often came up in the context of workers discussing what they liked about their jobs. Previous jobs served as the reference against which current jobs were judged. In some cases, the point of comparison was benefits. For example, the following worker talks about the difference in health insurance she received in retail versus in her current job as a nursing assistant.

I mean, I’ve worked a lot of, like, your dead-end kind of jobs. I’ve worked WalMart, Target. I’ve worked every retail in [city] just about. And finally I have health insurance that I know I can count on. I can go to the doctor and there’s not gonna be any, ‘Well, we have to send this back through,’ or any nonsense like that. My bill will be paid. So to me it’s much better.

Scholars routinely cite the limited benefits provided by frontline health care jobs as evidence of their “badness” (Potter, Churilla, and Smith 2006). From this worker’s perspective, however, the benefits she receives are good. She arrives at this evaluation based on her experience with previous jobs that provided insufficient health insurance.

Workers also compared care work to other types of jobs based on prospects for upward mobility. The above quoted worker alludes to this by referring to retail jobs as dead-end jobs. Other FLWs discussed this aspect of health care work explicitly and in detail. In a focus group discussion among hospital workers about whether or not their organization supports career advancement for frontline workers, the worker quoted
below judges the hospital to be quite supportive in comparison to her last job.

Well, I worked at a preschool before this. And there you did pretty much what they told you to do and then you were stuck there. There’s no advancement at all, which is why I left. Because I really enjoyed working with kids and everything. When you work with someone and you become a part of their life, I enjoy that. But there wasn’t a longevity there. There was no moving up. There’s no doing anything else, even taking on responsibilities and projects, which I wanted to. I didn’t have the opportunity to. So it’s great that they really give you responsibility if you want it here.

Consistent with others in this focus group, the worker believes that her current job as a medical assistant in a hospital provides more opportunity to move up and take on more responsibility compared to her last job as a daycare worker. Many other FLWs held the same belief. The heavily credentialed nature of healthcare, however, makes it quite difficult for frontline workers to advance. The extent to which upward movement actually occurred at the organizations where these FLWs are employed varied, depending on the organization; nevertheless, workers believed that this was an option, one that made the healthcare industry better than retail or childcare.

The third and final appeal of health care work over other types of low-wage work FLWs discussed in focus groups was the nature of the work itself. Care work involves interacting with and helping clients. These interactions serve as a source of pleasure for FLWs, pleasure that is not readily available in other types of work. Many of the workers moved through various positions and organizations in healthcare over the course of their work histories. For some FLWs, however, this was their first care-work job. These newcomers relished the relationships they were able to form with clients.

Reflecting on her first few months as a medical assistant, one worker noted:
Worker: I definitely learned a lot from my hands-on. And, yeah, this is my first job in a medical setting. So I was like, wow, you know?

Moderator: What did you do before coming here?

Worker: Oh, I did production garment. It was completely different. I didn’t like it. And then I did a couple of part-time jobs. But then decided [that] probably [what] I like most about this job is that I get to interact with patients. And just feel a sense of accomplishment, or, you know, just feeling like you helped them. So that’s what I like about it mostly.

The central difference between this worker’s current job and her past jobs is the ability to interact with and help patients. This aspect of care work allowed her to feel competent. In turn, these feelings of competence contribute to why she likes her job.

The pleasure that comes from working with clients that this and many other FLWs discuss figures prominently in literature on why people find care work appealing (England 2005). The benefits and promotional opportunities available do not. In fact, when scholars characterize frontline healthcare jobs as bad jobs, they often point to these negative aspects of the work. Compared to other low-wage jobs FLWs have held or have access to, however, frontline healthcare jobs fare at least somewhat better. Thus workers used these lower-status jobs as reference points in their constructions of care work as dignified.

Workers also used religious teachings to construct noble images of care work. Workers described caring for people and helping clients as more than just a job. Caring, they said, is the right thing to do. For example, one worker recounted the CEO’s telling of the biblical story of the Good Samaritan during the orientation process at the hospital where she worked:
And the story – every Good Samaritan – he said when he first walked in during orientation. The Good Samaritan on the – got on his way and rode the chariot to take his – ah, what is it? To try to provide for his family and you know, [he was] beat up. And everybody passed by except for just a regular plain person to help this person, you know? He was being the Good Samaritan when everybody else rode by. When the man got beat up on the side of the road. It doesn’t hurt to help someone and say, “What is it? Is there anything I can do to help you? I have the time.” That’s what he wants anybody to present at this hospital.

By using religious teachings to describe what it means to be a care worker, the CEO, and subsequently this worker, imbued the work with virtue. Like the Good Samaritan, nursing assistants are distinguished by their uncommon dedication to helping others. Care work, from this perspective, is not just a job but also a vocation.

FLWs in community health centers were even more vocal in defining care work as important. The community health centers are located in poverty-stricken racial and ethnic enclaves. In these settings, care work takes on an added dimension of importance because of its association with moral obligation and reciprocity in community networks. These public health workers and community outreach workers understood their jobs not only as a way of helping clients, but also as a way of helping friends, family members, and community residents who desperately needed the services their organizations offer:

I’m a third generation that grew up in this community and town as well. And what I really like about my job is the fact that I “inculture” a lot of familiar faces, the social, family. Just having to live and grow and work and play now in this community is what I like best about it. It’s because everything I do is for the community, you know. And representing the organization. Being able to live up to the goals and the expectations of the organization... And just knowing that I’m able to stand, or represent, or be with an organization that is able to provide them the need[ed] services... In my lifetime, in my career, I’ve always worked outside of my
community. But being able to bring back all my experiences, skills, bring it back to the community, and like she said, give back is what I really like. Being able to share you know a lot of what I learned and bringing it back to the community.

Discussions throughout this and other focus groups with the community health workers centered on understandings of care work that involve giving back to communities that consist of vital support networks and vulnerable populations. These discussions established community health workers’ jobs as valuable work not only to clients, but the community as a whole. As such, FLWs could take pride in their work despite the challenges they faced in performing the work.

To summarize, FLWs replaced characterizations of paid care work as low-status, insignificant work with occupational and organizational rhetorics of dignity, morality and virtue. From FLWs’ perspective, care work is better than many low-wage jobs, embodies moral ideals, and is central to sustaining marginalized communities. Together these characterizations depicted work that is desirable and valuable, and thus elevated its social and moral status. By framing care work in this way, FLWs were able to take pride in their work despite its low regard in the culture at large.

**Delegitimizing Professional Training**

In addition to cultural perceptions of care work as both undesirable and insignificant, FLWs also contend with another axis of stigma: credentialism. Care work, in general, lacks value in our society; however, FLWs are held in especially low regard because of rigid status hierarchies within the healthcare industry. Ranking within
healthcare is based largely on formal education and training (Freidson 1988). Titles and credentials signify this training (Brown 2001). They indicate not only skill and technical knowledge, but also status and power within the organization (Brown 2001).

Frontline healthcare workers lack formal education and training (Potter, Churilla, and Smith 2006). Therefore, in a field where credentials afford authority and legitimacy, FLWs are at a disadvantage in asserting claims of value and competence. The workers in this study, however, appealed to other sources of legitimacy to assert their value. Specifically, they appealed to innate qualities, insider knowledge, and “real world” experience.

The most commonly cited source of workers’ ability was innate personality characteristics. Workers believed that they possessed qualities that allowed them to navigate the demanding aspects of their jobs while providing good care. Direct-care jobs are hard, as many FLWs noted in focus-group discussions. Working with high-needs clients, particularly those in decline, was cited as a source of emotional distress. FLWs also cited the strain of juggling multiple demands from challenging clients. Physical threats were occasionally an issue, as was dealing with the emotional strain associated with client deaths.

FLWs used these negative aspects of their jobs as “rallying points” (Ashforth and Kreiner 1999) on which to stake claims of toughness. For example, after a lengthy

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6 Other sources of status in healthcare include autonomy in decision-making, professionalization, and types of jobs tasks performed (Freidson 1988).
discussion about the emotionally and physically demanding nature of their day-to-day work lives, one FLW noted:

Worker 1: Everyone doesn’t have the heart for it. Some people go into it for the money and not the caring for the patient.

Worker 4: I wouldn’t be here if it was for the money.

Worker 1: Right.

Worker 5: And also, you have to be a nurturing individual. If you have children, first of all, you know how to give quality care.

Worker 1: So you just have to be a nurturing type of person. A loving type of person. It takes guts to take care of somebody, you know.

Worker 4: Yeah, it do.

Traditional ideas about the importance of nurturant qualities in care work are clear in this exchange; however, these workers also emphasize strength and courage. Declaring that only people who have “heart” and “guts” are suited for care work contradicts the idea that anyone can perform care-work tasks. Highlighting the culturally valued qualities of strength and courage as essential to good caregiving reflects a characterization of caregivers that is more socially desirable than popular perceptions. In place of a woman simply performing tasks that come second nature, the preceding discussion conjures images of a resilient person persevering despite many challenges.

Moreover, you cannot teach someone to be strong, nurturing or loving. As the worker quoted below states, these abilities are reflections of innate personality characteristics and therefore unaffected by formal training.
I swear I think a lot of it has to do with people’s personalities. I think I could have all the training in the world and it won’t matter. It’s like – it’s my personality.

This worker expresses a common perspective of the FLWs in the study: personality is the wellspring of good caregiving, not formal education and training. Such assertions delegitimize the utility of expert knowledge and elevate the value of FLWs’ unique qualities.

These claims also represent FLWs’ attempts to identify insiders (good caregivers) from outsiders (bad caregivers). The distinction between workers who have the raw talent necessary to be good caregivers and those who do not is clear in the following quotes:

Worker 1: I don’t think you can teach it. I think that’s something that...

Worker 2: It has to come from within.

Worker 1: Yeah. Right. I don’t think that everybody has that.

All: No.

Worker 1: You – some of the people that I’ve seen that are here that shouldn’t be here.

Worker 7: Right. And they don’t have that – it’s just something they’re...

Worker 5: They don’t need to be here with us.

As shown here, FLWs believed that people who lack caregiving personalities are not suited for care work and are unwelcomed as co-workers, regardless of any formal training they may have had. This boundary work effectively identifies insiders (natural caregivers) and outsiders (the merely degreed) in the work unit. It also constructs
natural caregivers as superior to people who lack these innate qualities. This superiority is not trumped by formal training, because formal training cannot create a caregiving personality.

Workers at sites embedded in highly impoverished or racial and ethnic communities also emphasized skills that cannot be easily taught. In these cases, personality was not the source of the unique skill. Rather, workers cited insider knowledge and experience with minority populations. When asked what skills were necessary to do his job well, one community health worker said:

Well, I would say... they need more street knowledge. You need to have street knowledge. Not just college, but street knowledge, because our clients feed off of fear and weakness.

Here again, the juxtaposition of FLWs’ knowledge against formal education and training is evident. The difference here, however, is that FLWs privilege the knowledge of cultural insiders as opposed to personality types.

At the center where the previously quoted worker is employed, FLWs were responsible for making sure that community members attended to their health needs. This task was challenging because clients were race and sexual minorities (i.e., lesbian, gay, transgender, bisexual), homeless, addicted, had violent criminal backgrounds, and often suffered from mental illness. In this context, the FLWs’ experience with these problems helped them connect with and manage clients. Administrators often recognized this knowledge as relevant and beneficial, though it was not rewarded in the way that degrees and credentials were rewarded. Workers thus felt compelled to
highlight the importance of their insider knowledge and its unique contribution to client services.

In addition to emphasizing personality, experience, and cultural insight as important contributors to good caregiving, FLWs also critiqued nurses’ skills. In the healthcare field, nurses claim professional status based on formal education. FLWs often discussed the professional training that nurses receive, downplaying its utility for success on the job.

And a lot of times, like I’ve seen it. But the tech actually has to train the nurse, which I find hilarious. Especially these new nurses that’s just coming out of school and they have a mind state that, “Okay, in school they told us, this is your job and this is my job.” But in the real world, it doesn’t work like that. I just wish a lot of nurses actually had worked in hospital settings before they went to school. Because a lot of times they come here...like even when I was doing transport, they just...I don’t want to say they act stupid. But they act stupid.

The nurse characterized in this quote is naïve and possesses useless credentials.

Frontline staff are the ones who are really knowledgeable, as implied by the claim that patient techs often train new nurses. This knowledge comes from the “real world” experience that nurses lack.

Through telling these stories about incompetent nurses, frontline workers challenged the legitimacy of degrees as signs of expert knowledge. This juxtaposition of FLWs’ unique expertise against professional staff’s formal training is central to workers’ attempts to stake claims of value and legitimacy in a context where credentials reign supreme. Formal degrees supposedly imply knowledge and skill, and often in fact confer status and power. Workers lack credentials, and subsequently lack legitimacy
and authority. However, they do not accept this inferior status. Instead, they appeal to other sources of legitimacy (innate qualities and insider knowledge) and delegitimize formal training. These strategies allow workers to affirm an image of themselves as capable and valuable. Workers could thus bolster feelings of self-worth otherwise diminished by strict status hierarchies.

**Emphasizing Intrinsic Motivation**

Kalleberg (1977) identifies six types of rewards that provide job satisfaction: (1) intrinsic; (2) convenience; (3) financial; (4) relationships with co-workers; (5) career; and (6) resource adequacy (Kalleberg 1977). Frontline healthcare jobs are characterized by inflexible schedules, heavy workloads, low wages, limited benefits, antagonistic relationships with supervisors, limited promotion potential and low resources (Hewitt et al. 2008). Thus, frontline healthcare jobs rank low on most of Kalleberg's (1977) dimensions of valuable work rewards. It is not surprising, then, that workers place considerable value on the intrinsic rewards for the work. Citing intrinsic rewards provides a plausible account for why workers choose care work, given its negative aspects.

According to FLWs, there are right and wrong reasons to be in direct care jobs. People who choose this type of work because they enjoy helping others are in it for the right reasons. People who enter these jobs for the money are in it for the wrong reasons. The following focus group exchange exemplifies this distinction:
Worker 1: Everyone doesn't have the heart for it. Some people go into it for the money and not the caring for the patient.

Worker 4: I wouldn't be here if it was for the money.

Worker 2: Right.

According to this worker, she does care work because she cares about patients – not for monetary reward. This claim is consistent with cultural perceptions of care workers as motivated by a desire to help others (England 2005). By citing her caring nature as the source of her desire to do care work, the worker provides a reasonable account for why she likes her job. She also acknowledges that pay is not the lure of care work.

Other workers made similar comments discounting the importance of financial rewards. The exchange below follows a lengthy focus group discussion about co-workers who do not perform their jobs up to par. The low pay associated with the work is given as an explanation for why some workers’ job performance is so poor and as evidence supporting workers’ claims that they love their jobs.

Worker 4: I would, and this is kind of a bash at myself but, the treatment assistants are like right on the front line. They have probably quite possibly the most contact with the clients out of anybody that works here. And they pay you what they pay at McDonald’s or Dunkin’ Doughnuts. Guess what you get when you hire people – and this is totally bashing myself but – guess what you get when you hire people and pay them the same as what you pay at Dunkin Doughnuts?

Worker 2: You pay peanuts, you’re gonna get monkeys.

Worker 6: That’s why I said you’d have to like what you do to get the amount of pay that you get.

Worker 4: I love what I do.

Worker 6: Yeah, that’s what I’m saying.
Worker 4: I really do.
Worker 6: That’s the only way you can stay here and do this job.
Worker 3: Yeah, but you do your job right though.
Worker 4: I work. I know but that’s, that’s just me. But it’s not, I mean –
Worker 3: That’s conscientiousness.
Worker 4: That’s just me. It’s not everybody.

According to these workers, low wages attract workers who are neither qualified to perform, nor passionate about care work. They, however, are both good at their jobs and invested in the work that they do, as is evidenced by their love of the job despite its low pay. This attachment to the work itself rather than monetary reward, then, is both a way to provide a plausible account for enjoying such low-wage work and a way of distinguishing between good and bad care workers.

Claiming intrinsic motivation also allows workers to signify authentic “helper” identities. Recall from the previous two sections that FLWs describe caregivers as people of virtue who use their skills and insight to do important work. Not everyone possesses said virtue, skill or insight, thus not everyone is suited to perform paid care work. This characterization effectively defines who is a “caregiver” and who is not. Real caregivers, as suggested here, are those for whom intrinsic rewards matter most. The discussion that follows exemplifies how FLWs used intrinsic motivation to demonstrate commitment to caregiving.

Worker 1: And not just with that. But I mean we have the heart. My heart is my passion is nursing. I mean, I would do it for free.
Worker 4: Thank you. That’s it.

Worker 1: That’s just how I am. We have nurses who don’t have that passion. They see a paycheck.

Worker 4: Uh, huh.

Worker 1: Honestly, I don’t have to work. My husband’s, like, okay you don’t have to. But I choose to because that’s what I want to do.

By contrasting her willingness to work for free against nurses who are concerned only with pay, this worker effectively identifies herself as a caregiver and not just a worker who gives care. This juxtaposition effectively constructs intrinsic motivation as a defining characteristic of the ideal care worker. FLWs who communicate this motivation can therefore claim insider status, a status that affords workers the psychological benefits – bolstered self-worth – of the FLWs’ oppositional sense-making as described earlier.

In sum, FLWs emphasize intrinsic motivation over extrinsic motivation for work. Doing so: (1) provides a plausible account for why workers would choose these jobs given their “badness”; and (2) allows workers to claim an authentic “helper” identity. The former directly addresses the low status attached to paid care work related to the bad job characteristics, thereby buffering the negative effect of low status on FLWs. The latter also buffers the negative effect of low status on workers, but does so indirectly as a resource for individual workers to signify membership in the category of care workers who work because they care.
Managing Client Relationships

Defining care work as noble, attributing good caregiving to innate qualities and insider knowledge, and emphasizing intrinsic motivation are strategies that represent FLWs’ attempts to alter the meanings attached to care work generally, and subsequently to themselves as care workers. The fourth strategy that FLWs used to bolster feelings of self-worth, focusing on clients, represents FLWs’ attempt to create positive experiences at work and feel like competent and valuable members of their organizations. Because how we understand ourselves is closely linked to how others view us (Cooley 1964), who we choose to interact with, compare ourselves to, and respect are integral components of identity negotiation (Swann 1987). Thus, in addition to manipulating self-presentations in attempts to have others view us as we view ourselves (Goffman 1959), we also select audiences that will validate our self-understandings (Swann 1987).

FLWs felt as though professional staff and supervisors denied their significance as valuable members of the care team and organization. One worker put it succinctly: “We get treated like we’re nothing.” Clients, on the other hand, often expressed appreciation and gratitude for FLWs’ services. In focus group discussions, many FLWs talked about receiving praise from clients. This gratitude was one of the positive aspects of the job that workers stressed:

And then at the end, when they’re like grateful for what you’ve done, for how you were good to them. They’re like so, “Oh, you don’t know how much I appreciate this!” And you’re just like, you help[ed] someone. And it
just makes you feel really good about it, especially when they show their appreciation back. 

As this quote suggests, FLWs interpret client appreciation as evidence of their competence. These feelings of competence, in turn, allow workers to feel good about the work they do. Client praise, then, communicates to FLWs that their work is both valuable and skillfully performed.

Client appreciation stands in stark contrast to cues given off by supervisors and professional staff. Some FLWs lamented that no matter how hard they worked, expressions of gratitude and appreciation from supervisors, professional staff, and the organization in general were few and far between. One worker discussed this issue in relation to the overtime she often worked.

I just love the medical field, so that’s why I do it. But when you going in and you’re going in because it’s what you choose to do. But then you have those that don’t appreciate you when you get there, you know what I’m saying? They just don’t appreciate you.

Lack of appreciation for her hard work and dedication to a job that she loves frustrates this worker. Others in the focus group also felt that their hard work and dedication were taken for granted. This same worker later talked about how she focuses on the patient to avoid getting angry at her supervisor for failing to appreciate her willingness to work overtime.

Worker 1: It’s all about the patient.

Worker 2: Exactly.

Worker 3: That’s what I took the job for. It’s about the patient. What you need right now is irrelevant to me. I’m here for this patient.
Rather than view her excessive overtime as helping her supervisor meet staffing needs, this worker prefers to think about it as making sure patient needs are met. Reframing being overworked as about meeting patients’ needs rather than supervisors’ needs helped the worker mitigate the anger and frustration she felt about lack of appreciation.

Other workers also talked about focusing on patients rather than supervisors and professional staff. In some cases, this included fostering personal relationships with clients. FLWs often talked about the emotional connections they forged with patients as they cared for them and comforted their family members. For example,

> We bond with our patients of course. You know, I know [co-worker] bonds with hers...There have been times I've cried with the patient. I've cried with family members.

The workers in this focus group described relationships with patients that challenge the traditional clinical model of care provision. The strain of care workers' emotion work is well-noted in the literature (Wharton 2009). However, as other research has shown, intimate relationships with clients that extended beyond the medical model standard of provider-client relationships helped bring workers positive experiences in their work that were otherwise not forthcoming. The prospect of such rewards motivated one worker to persevere even when she was burned out.

> I don't think of – when I don't feel like coming in and I feel bad, but I remember I'm not doing it for them. I'm doing it for the patient. You can – it's easy to lose yourself, to pick your pet patients and do something that makes you feel good that you spent that extra time with them. To me, that's worth it you know. I don't care about you people. I don't have to deal with you. But this person, I'm giving my...You know to me that makes it worth it.
Instead of thinking about the potential for distress related to disrespectful and difficult supervisors, this worker focused on caring for her patient and immersing herself in the positive relationship that she has created. Because these relationships were a source of pleasure for workers, cultivating them created the potential for positive interactions and experiences at work that balanced out the negative ones.

Clients were not always a source of pleasure, however. For example, workers at several behavioral health centers dealt with clients who were physically combative, emotionally draining, and difficult to treat. In these contexts, rational detachment rather than personal relationships shielded workers from dignity threats posed by clients. Below, a team leader in a residential behavioral health facility discusses the challenges that the resident assistants face and the advice he gives to fellow staff members:

And rational detachment, that’s a real big piece, because a lot of people have a tendency to personalize what a mental health patient will do...I use a lot of metaphors to explain to them. For example, if a blind person stepped on your foot, would you take it personal? You know what I mean? You already know this person is not capable of seeing. So if they stepped on your foot, you would be like “Oh, okay. They couldn’t see it.” Well, it’s the same thought process with somebody with a mental illness. You know they may call you a name or attack you, tear your favorite blouse or spit on you, or something to that effect. And I have to, you know, constantly reiterate to the staff members that you can’t personalize this behavior. You know what I mean? Now if I spit on you, okay, that’s different because there’s a thought process involved that was willful. In their case, you know they’ve got an excuse. They’ve got a diagnosis. And that’s the hardest part for me.

In contrast to workers who relished client interactions, the FLW above urged co-workers to depersonalize client feedback. Because workers get the esteem boost from
feeling competent and appreciated, clients who don't get better or who are combative rather than thankful represent threats to the care worker identity. Thus, distancing rather than embracing residents bolsters the caregiving identity in these settings. Depersonalization buffers the negative impact of physical and emotional abuse.

It seems, then, that workers either embraced or distanced themselves from clients, depending on the identity-relevant feedback clients provided. When clients expressed gratitude and appreciation and treated workers kindly, workers cultivated personal relationships with clients and gave credence to their views. When clients were abusive or difficult to treat, workers avoided personalization and shielded themselves emotionally from negative interactions with clients. Both strategies bolstered the esteem-enhancing benefits of the caregiver identity by allowing workers to counteract negative experiences and feel like competent members of their organizations.

**Unintended Consequences**

Focus group discussions suggest that FLWs feel undervalued and mistreated by their organizations, supervisors, and professional staff. To counteract these dignity threats, workers redefine the work they do as noble. They depict good care workers as naturally skilled rather than formally trained, and real care workers as intrinsically motivated. FLWs also cultivate personal relationships with clients and valorize identity-enhancing feedback. When clients are difficult to treat or combative, FLWs distance themselves as a way of protecting their competence and identity beliefs. Together these
strategies help workers feel valuable and competent. But this identity work also has unintended consequences. For one, it biases workers against advantageous upward mobility strategies. Second, it reinforces the cultural beliefs that provide justification for the devaluation of direct care work.

My analysis suggests that FLWs counteract dignity threats in ways that undermine the efficacy beliefs essential to pursuing advantageous mobility strategies. Many workers wished to remain in their current jobs rather than to pursue further advancement in their organization or in health care more generally. One reason workers gave for lack of interest in moving up is that moving up would mean forgoing the pleasure derived from interacting with patients. Higher-level jobs, as the worker below notes, involve much less of this desirable interaction, and are thus less appealing:

I wanted to stay in the health field, but not anymore. I would never want to be a nurse. I want to do something else. I don’t want to be a nurse. I enjoy being a CNA, being in more contact with the resident instead of being the nurse just pushing the pills.

Similarly:

I don’t know. Because I started to do a certificate program in ah, social worker but then I don’t know...It’s funny because, I had, like a couple of weeks ago, I had an experience with my own sister trying to get her son like disability. And it’s tons and tons of paperwork and phone calls and all that. But I said, my goodness, that’s not for me. I don’t see myself being in an office like professional staff. That’s not what I want to do. I do want to work with them. I love my job, what I’m doing now. I think [the residents] are more happy. You know I think it’s for me. Like it’s better for me to keep them happy because they are really old. They’re gonna die. So they die happy. So I really don’t know.

In the two quotes above, workers cite their preference for face-to-face interactions with clients as the reason they wish to remain in their current jobs rather than pursue
higher-level jobs in health care. Such assertions are consistent with workers’ focus on client interactions as a way of bolstering self-worth. Clients provide opportunities for positive experiences at work. Thus, workers’ reluctance to abandon these experiences seems reasonable, especially given the few other rewards their jobs offer. It is important to note, however, that both registered nursing and social work fall under the umbrella of “helping” occupations and involve a considerable amount of client interaction. These workers’ depictions of these professions as less interactive and thus less desirable seem to be further examples of delegitimizing professional staff and vaunting the nobility of direct care.

In other words, workers’ insistence that their current jobs are preferable to professional jobs more than likely relates to workers’ oppositional identity work rather than objective features of the jobs. Favoring direct care jobs over non-direct care jobs helps workers signify their commitment to caring, thereby helping workers claim authentic caregiving identities. However, because aversion to professional occupations was an integral component of re-defining front line care work as noble and thus valuable, the ideal care worker construction undermines workers’ mobility potential by discouraging entry into professional positions. Workers who pursue these goals risk being rejected as “true” caregivers.

Constructions of the ideal care worker as motivated by intrinsic rather than extrinsic rewards also seemed to undermine workers’ willingness to pursue higher status jobs. From this perspective, helping people, not career advancement, should be
paramount. The community health worker below typifies FLWs’ insistence that helping people trumps professional achievement.

Moderator: And what would be your career goals over the next five years?

Worker: Good career goal, gee, you know, really, if I can just change one person’s life. I mean, it’s not even career driven. I mean, it is, but it isn’t. If I can just help somebody and continue to help my people in this region, that’s career enough for me. Yeah, I mean, it’s not all about a title for me. Of course it’s about making money. You know I’ve got to make money for my family. But it’s about making a difference.

The distinction between intrinsically and extrinsically motivated care workers that FLWs use to police the boundaries of authentic caregiving is evident in this statement. The worker admits that money is important, but only to support her family, not as a desirable end in itself. Professional status does not influence her career plans at all; helping people is her only goal. Many workers emphasized helping rather than professional advancement when asked about their future career plans. Doing so allowed them to claim authentic helper identities and reap the associated esteem enhancements. However, as the above quote demonstrates, reluctance to value professional achievement translates into reluctance to pursue professional achievement. Considering that aspirations are an important component of individual-level mobility processes (Kao and Tienda 1998), rejecting professional achievement as a desirable reward for work reduces workers’ mobility potential.

To be clear, there were workers who aspired to professional positions in health care. However, even these workers dealt with the confining features of the FLWs’ version of the authentic and valuable care worker. Workers felt confident and
comfortable in their roles as frontline workers, but doubted they could be successful in professional career pursuits. In particular, workers worried about completing the education necessary to apply for better jobs.

Worker: I would just, I want to finish the certification program and hopefully that can help me eventually pay for nursing if I do decide [to pursue that], because I still fear school. Still fear nursing. Not the patient contact, just the whole process.

Moderator: Of going through nursing school?

Worker: Yeah. Part time. It’ll probably take a while, so, yeah.

While this worker is confident in her ability to perform the hands-on care of clients, she lacks confidence in her ability to be successful in nursing school. Suggesting that one can be successful doing nursing work, but not in nursing school, mirrors the juxtaposition of innate caregiving qualities and expertise versus formal education found in FLWs’ oppositional identity work. As described earlier in this chapter, workers insist that formal training does not make you a good caregiver. Apparently, being a good caregiver does not help you with formal education either.

Yet, workers understood that they needed advanced education to move up within health care. The fear of failing at school was debilitating for many workers. Instead of risking this failure, workers tempered their career goals. For example, one worker refused to get her hopes up regarding career prospects because she doubted her chances of being successful. The hospital where she worked incorporated a college preparatory course into its training program. The purpose of the course was to outline the breadth of career options in allied health and identify the educational pathways
associated with pursuing these careers. This information was both useful and overwhelming for the worker.

Moderator: Do you find that [the college prep course] was helpful for you in terms of thinking about career possibilities and career paths and that sort of thing?

Worker: Yeah, kind of.

Moderator: You seem kind of hesitant. What do you think?

Worker: Well, I thought it put me in that state of mind where I started thinking hard about that. Because the truth is, I mean, it makes you think, “Oh, God. I can do this. And I can do this.” And it makes you want it. Makes you want to really fight hard for it. And I don’t know, then you have your doubts because you don’t know if you’ll be able to succeed because of so many things that can happen along the way. You don’t want to dream big, but it makes you do so. And when I first got into the program, my goodness. I figured, oh my God, I’ve got to calm down, because I’m getting ahead of myself.

This worker opted to be cautiously optimistic about her career prospects given the possibility of not succeeding in her career pursuits. She seemed to be protecting herself from the emotional fallout of failure.

Others also seemed unwilling to take a chance on pursuing advancement. These workers relished the comfort and familiarity of their frontline jobs and were reluctant to relinquish these feelings even if doing so would result in a higher position. The behavioral health worker quoted below, for example, has completed the certification necessary to move into a counselor position but does not want to move up because of the comfort that comes from performing the familiar tasks associated with her current job as a milieu therapist.
I’m not looking to move up from what I’m doing right now to begin with. Like, I’m very comfortable with what I’m doing. I really enjoy my job. Like, I really like what I do. And I made that clear right from the beginning when I got into this with my supervisor that I don’t want to do this and get thrown into being a counselor because I enjoy what I do... I have a lot of interaction. I actually probably interact more with the clients than the counselors do, because they get to spend an hour with the clients. I spend all day with them. So, I kind of get to know more about them. I hear their conversations with their peers, and that’s why we work so closely together, because I may hear something that a counselor doesn’t know about, and, you know, bring it forth to them so they can address it with the client and find out, you know, where they’re at. So that’s why I really enjoy what I do. Because I kind of still have that little bit of counselor in there with them, but I get to do a little bit of all the other stuff too. You know, I enjoy the paperwork because of it being my background with the secretarial part, and I’m comfortable in that zone. That’s part of what I enjoy too.

Similarly, the worker quoted below had not considered pursuing career advancement before her organization implemented the training program. The comfort she felt in her current job kept her content:

Worker: Well, like I was kind of in a comfort-zone thing. I was in the job for eighteen years in that job I just left. And had it not been for school, I probably wouldn’t have ventured out to even apply for the job. I’d a been sitting there for another ten or fifteen years probably.

Moderator: Well, you knew it. You were good at it.

Worker: Exactly. But I was doing it there and I never even considered, you know, I should go out and do something else, I need a different type of job or whatever. It was my comfort zone and just making myself get out there and go back to school was a big step.

It seems that these workers’ feelings of comfort stemmed from being knowledgeable and proficient in their frontline jobs. Unwillingness to jeopardize these feelings of competence and familiarity kept them from pursuing better-paying jobs.
To summarize, the psychological, emotional, and social rewards FLWs received from their oppositional identity work undermined advantageous mobility strategies. Workers defined frontline jobs, particularly direct care jobs, in ways that bolstered feelings of competence and personal satisfaction. Professional jobs, in contrast, represented movement away from valuable and authentic care work. It is not a lack of motivation, ignorance of the relationship between education and higher income, or contentment with their current class status that keeps these workers from pursuing better paying and higher status jobs. Rather, it is frontline workers’ reluctance to leave jobs that provide at least some positive experiences, reflect who they are, and allow them to feel good about themselves. Thus, reluctance to leave direct care jobs solidifies FLWs’ low class status and limits their mobility chances.

Workers’ emphasis on natural caregiving ability and the superiority of intrinsic motivation also reduces their mobility potential because it helps to sustain the cultural beliefs that justify the devaluation of care work. Traditional gender ideology, which associates care work with the skills and personality characteristics that women are alleged to naturally possess (Hearn 1982; England and Folbre 2005; Cancian and Oliker 2000), justifies wage disparities between “women’s work” and “men’s work.” Caregiving is not seen as work that requires compensation for the hard won acquisition of rare skills (Cancian and Oliker 2000). Moreover, “women’s skills” are devalued when compared to those associated with men. Occupants of jobs requiring nurturant skills receive less pay than occupants of jobs requiring cognitive skills (Kilbourne et al. 1994).
Feminized and racialized jobs also provide fewer opportunities for mobility (Maume 1999; Hultin 2003).

Professionalization and strict hierarchies in healthcare exacerbate status differentials based on cultural ideas of valuable and productive skill. Credentials are commonly seen as evidence of cognitive abilities, conferring authority and legitimacy on healthcare occupations requiring these status markers (Hafferty and Light 1995). Frontline healthcare occupations require either inferior credentials (e.g., certification as a nursing assistant) or no credentials at all. Therefore, FLWs lack the resources (degrees, credentials) with which to press claims that their jobs are cognitively demanding and thus deserving of greater reward.

In short, race and gender ideologies, along with beliefs linking formal education to valuable skill, construct direct care work as inferior, which legitimates the low pay, poor working conditions, and limited mobility potential that FLWs face. FLWs reinforce these cultural beliefs by foregrounding personality as a source of ability and by emphasizing intrinsic motivation over extrinsic motivation. By emphasizing personality and experience as sources of competence, workers favorably distinguish themselves from the merely credentialed. This allows workers to challenge the authority and legitimacy of nurses, and also to reject depictions of workers as unintelligent and unskilled. However, because the vast majority of care workers are women, and a disproportionate percentage are minority, workers who assert these claims confirm
racialized and gendered expectations regarding the type of work women and minorities are naturally capable of and should be doing.

FLWs rarely mention gender explicitly in focus group discussions or interviews, rendering gender dynamics invisible in their constructions of types of people who are “real” care workers. This is likely due to the fact that FLWs identify nurses, who are mostly female, as their main antagonists. Attributing their competence as caregivers to their uniquely female capabilities thus is not a viable rhetorical strategy. However, FLWs are eager to claim that they spend the most time with clients, perform the vast majority of the “real work” – that is the direct care work – while nurses simply give orders, sit at a computer doing paperwork, and interact with clients only briefly. Differentiating the physical and emotional tending carried out by FLWs from the technical and administrative tasks carried out by nurses mirrors the masculine/feminine dichotomy of interpersonal versus cognitive skills underlying justifications for valuing men’s work more than women’s. Thus, workers affirm a link between gender and productive skill, even though they do not explicitly reference gender.

Emphasizing intrinsic motivation also reinforces ideological justifications for devaluing care work. The belief that people enter care work because it is intrinsically rewarding is both a popular cultural conception and a common scholarly argument (England and Folbre 1999). Many scholars suggest that employers capitalize on this belief by encouraging workers to see intrinsic rewards as compensation for limited
material rewards (England 2005). FLWs in this study affirm this conceptualization by prioritizing intrinsic rewards over extrinsic rewards, and by using motivation to police the symbolic boundaries of the care worker identity.

From the perspective of FLWs, intrinsic rewards are the most valuable aspects of their jobs and the only appropriate motivation for engaging in such work. Demanding higher wages might undermine this view of care work as a calling, not just a job. It might also interfere with workers’ ability to reap the esteem-enhancing benefits afforded by the identity “care worker.” Consequently, workers are not only unlikely to actively challenge low pay and limited benefits publicly and collectively, they also inadvertently help justify those limited material rewards. Employers are thus able to continue to pay low wages, while workers find ways to pay themselves a compensatory psychological wage.

DISCUSSION

I have argued that FLWs face many challenges to securing dignity through and at work. In response to these challenges, FLWs redefine their situation in ways that allow for positive images of themselves and their work. This oppositional sense-making buffers the psychological impact of working in low-status jobs with poor working conditions. However, workers’ identity work also reduces their mobility potential. Specifically, workers construct their jobs in ways that strengthen feelings of competence and affinity for care work, but at the cost of reinforcing some of the
conditions that disadvantage them. Workers’ commitment to caring makes them hesitant to enter other types of jobs, jobs that offer better pay and higher status. Workers’ emphasis on intrinsic motivation, coupled with essentialist notions of natural caregiving skill, reinforce capitalist and sexist ideologies that justify the devaluation of care work materially and symbolically.

Thus, this analysis demonstrates how identity work can influence mobility. The nature of individuals’ occupational identity work makes certain career pursuits seem more or less psychologically rewarding. This analysis also demonstrates how this mobility-relevant identity work is intimately connected to social structure. The social situations people find themselves in provide the rhetorical resources and the psychological incentives to construct certain kinds of identities.

Identity work is mediated through institutional, cultural, and historical processes (Maines 2000). The discursive resources used by workers to construct their work and themselves as valuable were embedded in their organizations, occupations, and personal biographies. Discursive resources are “tools that guide interpretations of experience and shape the construction of preferred conceptions of persons and groups” (Kuhn et al. 2008: 2). Put simply, discursive resources provide the language and logic needed to make sense of experiences. Research shows that occupations and organizations are key suppliers of discursive resources related to meaning-making at and through work (Kitay and Wright 2007; Cohen et al. 2005). My results are consistent with this literature.
To create positive images of their work and themselves as workers, FLWs drew on several organizational and occupational discourses. Recall the worker who cast her work as similar to the story of the Good Samaritan. The CEO told this story as part of the hospital’s orientation process. Thus, the impetus to this worker thinking of herself as virtuous originated in discourse that permeated the culture of the organization, starting with the CEO and filtering all the way through to the lowest position workers in the organization – some of whom didn’t actually provide patient care.\(^7\)

Similarly, the peer provider model of health services permeated the culture of the behavioral and community health centers and provided a framework for workers’ claims of competence and value in those organizations. Proponents of the peer staff model argue that peer staff – workers who share language, culture, or personal experiences with underserved or hard to reach populations – remove obstacles to successful treatment of these populations. From this perspective, workers who possess this unique insight are valuable (some would argue essential) to effective provision of care, even if they do not possess professional training or credentials. This belief system gave community and behavior health workers a way of asserting their value and competence as care workers. These workers could frame their work as helping a

\(^7\) In this hospital, some of the workers were not in direct care jobs. They worked in housekeeping, dietary, and patient transportation. Nevertheless, they saw themselves as care workers and felt as if they were integral to successfully caring for patients.
community or population of people, not just their specific clients. Moreover, the peer staff model gave credence to the weight workers placed on insider knowledge.

It is important to note that there were hospitals in the study whose client base was similar to the community health center’s client base in terms of socioeconomically vulnerable populations; however, workers in these hospitals did not describe their work as uplifting a community or themselves as stewards of community welfare as did many of the community health workers. I argue that this is because the peer staff approach to care was not a part of these hospitals’ cultures. The rhetorics of community uplift and insider knowledge were not available for these hospital workers to construct desirable selves.

In addition to the organizational discourses that enabled workers’ oppositional sense-making, occupational discourses regarding care also came into play. One often hears the slogan, “in health care, it’s all about patient care.” Workers embraced this rhetoric and its implied valuation of direct care to assert their value as frontline workers. The extensive interaction FLWs have with clients, their commitment to patient care, and their effectiveness at treating patients were themes present throughout workers’ attempts to counteract the dignity threats they experienced at work. The alleged primacy of patient care in the health care industry gave these constructions meaning.

To summarize, organizational and occupational processes are integral components of oppositional identity work. Ironically, these processes simultaneously
create the need for oppositional identity work by rendering care work, and especially front line workers, as low-status, valueless workers. Workers negotiated their self-understandings within this milieu, seeking to construct images of themselves that bolster self-worth. The desire to maximize positive experiences and self-evaluations through and at work is universal. It is only problematic in the case of these FLWs because of the larger institutional, cultural, and social processes that render their work, and thus themselves, inferior. These workers, like many workers, experience a double bind. They strive to take pride and satisfaction in helping people to the best of their ability, as a matter of psychological survival. Yet no matter how well they do this, they will not receive the respect and compensation they feel their work merits. In fact, the more successful they are at coping with the deprivations of their jobs, the more likely it is that they will be seen as having found a suitable niche in the status quo.
Chapter 3: The influence of individual, job, workplace, and community factors on frontline worker career self-efficacy

INTRODUCTION

Chapter two demonstrated that oppositional identity work was a useful construct for understanding workers’ perspectives on education and career advancement, and thus their mobility potential. Another self-process also emerged as relevant during the early stages of analyzing the Time 1 FLW focus groups. FLWs said that they lacked confidence in their ability to be successful in these pursuits and that this lack of confidence was why they had not pursued career advancement on their own. Perceived confidence in ability to master career-related tasks is called career self-efficacy and has been empirically associated with a variety of objective and subjective measures of career success (Abele and Spurk 2009) through its influence on whether or not people pursue certain goals, and the intensity of the effort and persistence they deploy when pursuing a goal (Lent et al. 2002). If FLWs lack career self-efficacy, then the processes that shape these beliefs may shed further light on what shapes their willingness to participate in mobility-relevant opportunities and their ultimate chances for upward mobility.

The purpose of this chapter is to understand what factors influenced the workers’ career self-efficacy. After describing how career self-efficacy emerged as an important construct related to the mobility chances of the FLWs in this study, I briefly review the literature that identifies likely antecedents of FLWs’ career self-efficacy. The
relationship between these antecedents and career self-efficacy are then tested using several sources of quantitative data collected as part of the J2C program evaluation. The results of the analysis show that several features of the frontline workers’ work and workplaces constrained or enabled their career self-efficacy. These findings provide further insight into the processes that shape FLWs’ willingness to pursue mobility opportunities as well as the consequences of low-wage work for workers’ self-conceptions.

**Frontline Workers’ Career Self-Efficacy**

Career self-efficacy is a person’s belief in her or his capacity to successfully master tasks associated with career development (Betz 2000). Career self-efficacy is important because people develop career-related interests in activities they feel confident performing and which they perceive will bring valued outcomes; these interests lead people to develop goals that require engaging in these activities; and people will persist toward goals as long as they have strong efficacy and outcome expectations (Lent et al. 2002). This process is dynamic and reciprocal: as people engage in career-related activities, their experiences of success or failure influence self-efficacy and, consequently, their interests, motivation, and persistence. Empirical evidence confirms that career self-efficacy is highly correlated with interests, choices, and behaviors (Betz 2000; Rottinghaus, Larson, and Borgen 2003), and is associated
with both objective (e.g., salary and performance effectiveness) and subjective (perceived) career success (Abele and Spurk 2009).

For example, job search self-efficacy has a significant and positive influence on the intensity and type of job-seeking behavior, employment status, number of follow-up interviews, and number of job offers for graduating college students and unemployed workers (Eden and Aviram 1993; Saks and Ashforth 1999; Kanfer, Wanberg, and Kantrowitz 2001). Unemployed individuals with high self-efficacy find jobs faster (Kanfer, Wanberg, and Kantrowitz 2001) and more efficiently (lower numbers of interviews, but higher numbers of job offers) (Moynihan et al. 2003). Evidence suggests that individuals with high career-related self-efficacy also secure more satisfying and desirable jobs (Abele and Spurk 2009; Moynihan et al. 2003).

Unfortunately, focus group and interview data suggest that workers had low self-efficacy for career-related tasks. When interviewers asked workers why they had not pursued advanced education before the training programs, one worker summed up the common response succinctly: “Because most of the time, I think people feel that they can’t do it.” Workers cited three main reasons for why they felt they “couldn’t do it”: work, finances, and family.

First, workers insisted that the time commitment of full-time work made it difficult for them to attend class. The focus group discussion excerpted below demonstrates workers’ perspectives on time constraints.

Worker 1: We can’t work full time and go to school at the same time. But we can’t afford to not work full time. That’s the problem. You just can’t
balance it out. You really really can’t.

Worker 2: That’s why I only take nine hours as my max that I can take a semester because I have to work full time.

Worker 3: Especially when you’re working twelve hour shifts it’s kind of hard too.

Worker 4: They used to have them night nursing programs. They don’t have that anymore.

Worker 1: No, everybody’s during the day.

Worker 4: You used to be able to do it on the weekends. They don’t have any of that stuff anymore.

Worker 1: Yep, none of that.

According to these workers, they faced a double bind. On the one hand, they could not afford to forgo work to attend school full time. Yet the demands of working full time (sometimes two jobs) left little time for school. Lack of schooling options that accommodated working adults made it even harder to find time to attend school.

The second reason workers gave for not pursuing advanced education was limited financial resources. Many workers said that they could not afford tuition, fees, and other educational expenses (books, laboratory equipment, etc.) and that they struggled just to make ends meet.

Right now I live in the housing which they go based on my income... my two children depend on my pay. With what I make I’m not gonna be [able to] afford to go back to school. I have to put my schooling in the back burner because my job doesn’t provide me enough pay to go to school.

Without adequate resources, workers doubted they could be successful: “Because my whole thing was money, you know. It’s like I can’t afford it. How can I go to college? I
have to work. There’s all kind of doubts.” Workers pointed out that they lacked the financial resources necessary to go back to school because they were paid such low wages.

The third reason workers gave for feeling that they could not pursue further education, caregiving demands, was the most common. Workers insisted throughout focus group discussion that they had not gone back to school because of their children. For example, one worker admitted that she was interested in pursuing a college degree, but was hesitant to try given her caregiving responsibilities. “I was interested in doing human service field for five years. But I was very leery with it – I have three children myself.” Many workers simply ruled out the possibility altogether due to caregiving responsibilities: “Because I’m a single parent and I’m, like, goodness school is gonna be impossible.”

Workers cited lack of time and money, and family demands, as reasons why they did not think they could pursue advanced education. These barriers were also cited as explanations for previous failures at school. Stories of starting school and then quitting were prevalent in focus group discussions. A few workers, like the one below, indicated that they ran out of money while pursuing school.

I’ve taken a few of my basic classes or whatever. And at the time, the money, I couldn’t afford it. I couldn’t go to school and take care of my family.

However, the most common theme that emerged in FLWs’ narratives regarding previous schooling attempts was exiting school because of inability to manage
education and family caregiving. The excerpt below exemplifies workers’ stories of school disruptions due to childrearing:

I did go to college for a year. I went to [local university] for pre-nursing but I got married. I started having kids and it was kind of hard. I have five kids so it was kind of hard trying to go to school from work...I didn’t finish though...but if I could have did it I really would have. I really would have. I would have kept going because I had one time said I was gonna start it back, and then the babies... Everything seemed to get harder and harder so I said I was gonna put that off for a minute.

This worker explained that her children interfered with an earlier attempt to complete a nursing program and were also why she continues to put off returning.

FLWs often linked previous failures at school to current reluctance to go back. Workers offered failed attempts as evidence that they could not succeed and as justifications for not trying again. The worker quoted below, for example, explained that she would not pursue a bachelor’s degree (even though she would like to) because she failed on an earlier occasion:

I would love to go back to school and get my bachelor’s, but I don’t have time. I’m fifty years old and I’ve been here for a long time. I tried for a while...but it was too much. I got to have money. I got to have a job. I couldn’t quit my job.

According to workers, they faced a Catch-22. On the one hand, they wanted and had tried to get further education so that they could secure better jobs to support their children. On the other hand, they could not be successful in their pursuits because of caregiving demands. Lack of money and time contributed to this vicious cycle. This dilemma is further illustrated by the worker quoted below:

I have been trying to go through nursing school on and off for six years and [I'm] still not quite there. Part of it is because I have to work full
time. And the other part of it is I have three kids. I need to work to support my children, but I need to go to school to support my children better. And then it's real difficult when I don't make that much money at the hospital. I love my job; that's why I stay there -- because of the security. But I have to work my forty hours, plus do overtime in order to make it. And the schools don't necessarily understand, because they say, well, you know you need to take this class with this class.

According to workers, adding education to caregiving responsibilities and full-time work, with limited financial resources, was extremely difficult. Workers clearly doubted their chances for success, and for this reason many were hesitant to enroll in the Jobs to Careers program. In the next section, I identify other potential influences on workers’ career self-efficacy suggested by the literature.

**Antecedents of Career Self-Efficacy**

Research on work and personality demonstrates that the nature of jobs influences the values people have, how they think of themselves, and their orientation to social life. Organizational literature on human resource policies and practices provides detailed accounts of how employers constrain and enable workers’ upward mobility. Sociological literature on careers emphasizes the important role that institutional processes play in shaping people’s career-relevant behavior. Together these traditions of research suggest that there are key features of jobs, workplaces, and social institutions that shape career-relevant perceptions and behaviors. I review these literatures briefly below, identifying factors that are likely to be the most relevant to workers’ career self-efficacy.

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Research in the work and personality tradition demonstrates that the types of jobs that people hold influence how they view themselves and their social worlds. Kohn and Schooler (1969, 1973) produced the germinal statements on the psychological impact of work (Kohn and Schooler 1969; Kohn and Schooler 1973). Through a series of studies conducted in the 1960s, 1970s, and early 1980s, the authors showed that the jobs that people occupied influenced the values they held for themselves and their children, their self-evaluations, and their orientations towards life in general. Specifically, people who worked in jobs with a high degree of self-direction (operationalized by the constructs of closeness of supervision, substantive complexity, and routinization) were more likely to value self-direction for themselves and their children rather than conformity to external rules (Kohn and Schooler 1969; Kohn and Schooler 1973). These workers also reported higher self-confidence, greater emphasis on intrinsic rewards rather than extrinsic rewards, and less anxiety than workers in jobs with little self-direction (Kohn and Schooler 1969; Kohn and Schooler 1973). These early studies involved men only; however, later studies (Miller et al. 1979) showed that the same relationships applied for women as well. Moreover, because women are less likely to be in jobs that provide opportunities for self-direction, they are especially disadvantaged regarding development of self-directed orientation (Ross and Wright 1998).
Kohn and colleagues concluded that self-direction at work has an impact on the self through a generalization process whereby lessons learned on the job translate into diffuse feelings of self-confidence, personal control, and self-direction (Kohn and Schooler 1969; Kohn and Schooler 1973; Miller et al. 1979; Mortimer and Lorence 1979). Subsequent research substantiated these early findings (Schieman and Plickert 2008; Spenner 1988). Self-efficacy theory specifies more precisely how these effects occur. According to Bandura (1995: 80), successes in the workplace “build a robust belief in one’s personal efficacy.” Work provides or precludes opportunities to experience oneself as efficacious. Complex, challenging, interesting work in which the worker has a high degree of autonomy and responsibility enhances self-efficacy. The converse, boring routinized work in which the worker has very little autonomy and decision-making responsibility, diminishes self-efficacy (Gecas 2003: 279). Given that self-directed work influences general self-efficacy and perceptions of personal control, it is likely that these features of work also influence career self-efficacy beliefs. Job features, then, may influence FLWs’ career self-efficacy beliefs.

**Human resources literature on Organizational Career Management (OCM)**

While the work and personality tradition focuses on how work affects the ways that people think of themselves and their social worlds, recent literature on organizational career management underscores the role of employers in shaping people’s career paths (Zeitz, Blau, and Fertig 2009). As Baruch (2006) notes, “On the
one hand, the career is the property of the individual...but on the other hand for employed people, it is planned and managed to a large extent by their organizations” (Baruch 2006: 126). Some organizations have policies and practices specifically designed to help workers effectively manage their careers. These organizational career management (OCM) practices include career counseling by direct supervisors or HR personnel, formal mentoring, common career paths, postings regarding internal job openings, formal education as part of career development, and lateral moves to create cross-functional experience (Baruch and Peiperl 2000).

OCM practices help workers advance in their jobs, organizations, and industry (Baruch 2006). Career sponsorship, supervisor support, and training and skill development opportunities positively correlate with salary and career satisfaction (Ng et al. 2005). Job rotations positively affect promotions and salary growth (Campion, Cheraskin, and Stevens 1994). Managers’ support for career development positively affects workers’ career development behavior (Noe 1996). Workers who receive mentoring have higher compensation and more promotions than workers who do not receive mentoring (Allen et al. 2004). Lastly, workers in organizations practicing OCM are more likely to act on career goals than those in less supportive environments (Scully-Russ 2005; Noe, Noe, and Bachhuber 1990; Shinnar 2007).

OCM literature shows that some workplaces engage in human resource practices that encourage, support, and enable employees’ education and career advancement. Employees who have access to OCM practices achieve greater career success than those
who do not have access to OCM practices. Because OCM provides employees with both instrumental (information about promotion opportunities, tuition assistance) and socio-emotional (mentoring) resources, OCM may also increase employees’ confidence in their ability to engage in career-related tasks. Presence of OCM policies and practices, then, is another important feature of proximate working conditions that may affect workers’ career self-efficacy.

**Sociological literature on careers**

Sociological research on careers demonstrates that many social institutions influence what kinds of career-related behaviors are possible or likely (Johnson and Mortimer 2002). From this perspective, careers are “co-constructed by institutional gate-keeping and personal decisions” (Heinz 2003: 194). Employer, educational, labor market, economic, occupational and family processes converge to form an opportunity structure within which individuals make decisions regarding education and work (Rosenfeld 1992).

The structure of the economy influences the types of jobs available. For example, over the last three decades, there has been (1) a continuing decline in manufacturing employment leading to the emergence of a service economy and (2) a rise in the use of temporary, contract, or part-time employees (Morris and Western 1999; Meisenheimer 1998). There has also been considerable growth in “bad jobs” in the United States over the last few decades (Kalleberg, Reskin, and Hudson 2000). Local economies also
influence the availability of jobs. In urban communities, work often disappears (Wilson 1996). In rural communities, work is also scarce, as are opportunities for post-secondary education (Looker and Naylor 2009). The types and range of industries present, local unemployment rates, local wage levels, size and racial composition of the city also shape what jobs are available (Johnson and Mortimer 2002).

Employer organizations are also an important component of the opportunity structure. Firm- and occupational-level vacancy chains determine if jobs are available and what types of career patterns are likely (Haveman and Cohen 1994). Large firms tend to provide more opportunity for upward movement through internal labor markets than small firms (Althauser and Kalleberg 1990). However, substantial research documents racist and sexist biases in employers’ recruitment, hiring, and promotion practices (Reskin and McBrier 2000; Kennelly 1999). These biases create systematic disadvantages for women and minorities in the labor market by blocking their entry into non-stereotypical and higher-status jobs.

In addition to influencing the objective availability of jobs, communities also likely influence perceptions of the opportunity structure. Unemployment, percentage of individuals receiving public assistance, and overall SES of neighborhoods have significant negative effects on self-efficacy (Boardman and Robert 2000). Researchers argue that the effects of community-level characteristics on individual self-efficacy may be because poor neighborhoods lack the resources needed to experience efficacious action or because these neighborhoods have high concentrations of individuals with
low self-efficacy and thus few role models who achieve success. While this research has focused primarily on general self-efficacy, a similar effect can reasonably be expected for career self-efficacy as well.

To summarize, “…the social institutions of the labor market, education, family, and the welfare state...provide guidelines and resources for individuals who are constructing their careers through decisions and self-reflexive actions in the context of interrelated biographies” (Heinz 2003: 194). Individuals’ perceptions of what is likely, possible, or desirable are shaped by these institutional processes (Johnson and Mortimer 2002). Thus, the sociological literature suggests additional factors that may be relevant to worker’s career self-efficacy beliefs. Other possibly relevant factors include the structure and organization of jobs, workplaces and local labor markets and economies.

**Summary and Hypotheses**

FLWs talked about three main barriers to pursuing further education that lowered their confidence for success: lack of money, lack of time, and caregiving demands. These barriers were reasons workers cited for why they had failed in the past, why they felt like they could not succeed now, and why they were unwilling to try to pursue career advancement (namely formal education). Therefore, the first set of hypotheses I will test in this chapter relate to barriers and are:

Hypothesis 1A: Time constraints will be negatively related to career self-efficacy.

Hypothesis 1B: Low income will be negatively related to career self-efficacy.
Hypothesis 1C: Presence of children in the home will be negatively related to career self-efficacy.

Previous research suggests that other factors are likely to affect career self-efficacy. First, jobs that allow for efficacious experiences at work enhance esteem and encourage self-directed, confident action throughout all domains of social life. While these effects exist in relation to general efficacy and perceptions of personal control, it is likely that similar patterns hold for career self-efficacy. Efficacy for career-relevant activities should be especially susceptible to the influence of job characteristics because these activities are directly relevant to work. When people are in jobs that provide efficacious experiences, they should be more confident in their abilities to complete career-related activities in general. The second hypothesis I will test in this chapter is:

Hypothesis 2: Self-direction on the job will be positively related to career self-efficacy.

Second, in addition to jobs, workplaces are also likely to have a substantial impact on career self-efficacy. Organizational career management policies help employees advance in their careers. These policies and practices provide both instrumental and socio-emotional resources for workers as they navigate their careers. Access to these resources is likely to increase confidence in ability to complete career-related activities. The third hypothesis I will test in this chapter, then, is:

Hypothesis 3: Organizational support for career development will be positively related to career self-efficacy.

The structure and processes of local economies constitute the opportunity structure within which individuals form beliefs about what types of career-related
activities are feasible. When people are located in areas with failing economies, limited access to education, and competitive job markets, they may be less confident in their ability to change jobs, complete post-secondary education, or advance in their careers. This leads me to the fourth hypothesis I will test in this chapter:

Hypothesis 4: Local economic depression will be negatively related to career self-efficacy.

DATA AND METHODS

Data for this chapter come from three sources: the Frontline Healthcare Worker Survey-Follow Up, the Human Resource Checklist, and the U.S. Census. All FLWs participating in the pilot programs were given a survey (the Frontline Healthcare Worker survey) at the end of the grant period assessing job quality, supervisor relations, and career self-efficacy. Three-hundred-fifty-eight workers completed the survey (a response rate of 50%). Human resource administrators completed the Human Resource Checklist at the end of the grant period. The checklist assessed the extent to which the organizations offered a variety of policies and practices related to FLWs’ education and career advancement. Twenty-seven employers provided complete data for the HR checklist.\textsuperscript{8} Local economic data were obtained from the Census Bureau’s American Community Survey (2005-2009) and from the Bureau of Labor Statistics Quarterly Workforce Indicators.

\textsuperscript{8} Some Jobs to Careers partnerships involved multiple employers.
The analysis method I will use, hierarchical linear modeling (HLM), requires a sufficient number of level 1 units (in this case workers) per level 2 unit (in this case employers) to estimate accurate models. Several of the employers had low numbers of workers who completed the follow-up frontline worker survey. Fifteen employers were deleted from the data due to insufficient worker surveys. This resulted in the loss of 61 workers from the sample. Another two employers were deleted due to missing HR checklist data. This resulted in the loss of another 31 workers from the sample. The final analytic sample consists of 263 workers representing 11 employers.

**Measures**

To measure the dependent variable, career self-efficacy, I modified the widely used Career Decision-Making Self-Efficacy (CDMSE) scale (Taylor and Betz 1983). The CDMSE scale has a long (50 items) and short (25 items) version and includes items related to accurate self-appraisal, gathering occupational information, goal selection, making plans for the future, and problem solving. Both versions are highly reliable and strongly related to criterion measures such as the Career Decision Scale and the Vocational Identity subscale of My Vocational Situation (Betz and Luzzo 1996). The CDMSE is used primarily with young populations (mostly high school or college students). Several items are not applicable or relevant to working adults. Thus, I selected and/or modified items from the CDMSE to be relevant to an adult, working population. Twelve items make up the scale used in the present analysis (see Table 3). Workers rate their level of confidence on a scale of 1 – 10 for each question. The mean
response of all 12 items is used as the career self-efficacy score. Cronbach’s alpha for the scale is .94.

Six measures assessed the three barriers (lack of money, lack of time, and childcare) FLWs’ identified in focus group discussions. These measures were taken from the Frontline Worker Survey – Follow-Up. Two items measured lack of money: wages and dependence on paycheck. FLWs could report wages either yearly or hourly. Hourly wages were converted into annual salaries and recoded into three dummy variables: under $20,000 per year, $20,000-$40,000 per year, and $40,000 per year or more. $40,000 per year or more is used as the reference category in the analyses. Dependence on paycheck was assessed with the following item: “Which of the following best describes your financial situation: (a) I and/or my family depends on my paycheck; (b) I and/or my family can live better because of my paycheck; or (c) I and/or my family do not depend on my paycheck to maintain a desired standard of living.” Focus group and interview data suggest that some workers in the sample do not depend on their incomes (e.g., they have husbands with “good jobs” and are employed because they enjoy the work or want to keep busy). These workers’ class status may be very different from that of the “typical” frontline worker. Given that there was no item assessing household income (only information regarding the workers’ individual income from wages was gathered), this item was chosen to better capture the workers’ class status. Workers who depend on their paycheck are compared to all other workers.
Workers’ self-reports of hours worked per week, other employment, and schedule inflexibility were the measures of lack of time. Schedule flexibility was measured by a single item: “Please tell us whether or not your employer provides the following: Flexible work arrangements (e.g., self-scheduling, telework).” Workers could respond either “Yes” or “No.” Workers who reported that their organizations did not provide flexible work arrangements were compared to those who reported that their organizations did provide flexible work arrangements.

Lastly, a dummy variable was created based on whether or not the worker cared for a child under the age of 18 who was living in the household. This measure assessed caregiving demands.

Three measures assessed the extent to which FLWs’ jobs provided opportunities for efficacious action: authority, autonomy, and general efficacy at work. These measures were taken from the Frontline Worker Survey-Follow Up. Authority at work was measured by a single item, “Do you supervise (manage) others on the job?” Workers could respond “Yes” or “No.” Autonomy is measured by the average response to the following three items: “It is basically my own responsibility to determine how my job gets done,” “I have a lot to say about what happens on my job,” and “I generally have opportunities for creative input and innovation in my work.” Response options ranged from “Strongly Disagree” to “Strongly Agree.” Cronbach’s alpha for the autonomy scale is .68. Efficacy at work is measured by a single item, “You are given a chance to do the
things you do best.” Response options range on a 4 point Likert scale from “Strongly Disagree” to “Strongly Agree.”

Organizational context was assessed at two levels. The first indicator was workers’ perceptions of the extent to which they felt their organizations supported them in career advancement. Workers reported these perceptions on the Frontline Worker Survey-Follow Up. The type of supports assessed included providing promotion opportunities, offering formal education assistance, and skill development. Eleven items (See Table 3), each with response options ranging from “Strongly Disagree” to “Strongly Agree” were averaged to create the organizational support for career development scale (α=.90).

The second organizational context indicator (also from the Frontline Worker Survey-Follow Up) was workers’ perceptions of how much support they received from supervisors. The five items in this scale assessed the extent to which supervisors offered instrumental support (e.g., information about job opportunities, skill building) to workers. Workers could respond “Hardly Ever,” “Some of the Time,” or “Most of the Time” to each question. These responses were averaged together to create the supervisor support for career development scale (α=.90).

Organizational context was also assessed at the organizational level. Human resource administrators at each employer organization completed a checklist assessing the presence of structural supports for FLWs’ education and career development. Examples of these supports include formal policies on promotion from within, career
ladders, tuition assistance, and career coaching/mentoring. Because the employers were in the process of making structural changes to support FLW advancement, the checklist was designed to measure the organizations’ progress along a continuum. HR administrators could indicate if: (1) their organizations were not considering the policy/practice; (2) their organizations were considering the policy/practice; (3) the policy/practice was in the planning phases of implementation; (4) their organizations were implementing the policy/practice sometimes; and (5) their organizations were implementing the policy/practice consistently. Responses to the 17 items (See Table 3) were averaged together to create the organizational career management scale ($\alpha=.87$).

The last organizational context indicator was based on organization type. A dummy variable was created to compare hospitals to long-term care facilities, behavioral health centers, and community health clinics. Considering that hospitals are more hierarchical and consist of more types of jobs than other healthcare organizations, the hospital variable is used as a proxy for internal advancement opportunity.

Local economic context was assessed with two measures. The first ($\alpha=.87$) is a composite (sum) of the unemployment rate, poverty rate, and percent of individuals with a high school degree or below of the city/metropolitan statistical area (MSA) within which the employer is located. Information to construct these measures was extracted from the Census Bureau’s American Community Survey 2005-2009 estimates. Higher scores for economic context represent more severely depressed local economies.
The second measure of local context is net job flows. Information to construct this measure was extracted from the Bureau of Labor Statistics’ Quarterly Workforce Indicators. Net job flows were calculated (by the Bureau of Labor Statistics) by subtracting employment at the beginning of each quarter from employment at the end of each quarter for every employer in a census tract. The measure used here is the aggregated city/MSA level rate, and represents the average quarterly net job flow for the year preceding the end of the grant year.9

Research shows an association between several socio-demographic indicators and career self-efficacy and related constructs (Betz and Hackett 1997; Buchanan and Selmon 2008). Thus, it is important to control for the influence of these characteristics on career self-efficacy. Controlling for these indicators allows us to isolate the effects of job, organizational, and community characteristics on career self-efficacy net of demographic characteristics, and helps to rule out selection effects.10 Race (White, Black, American Indian, Asian, Other Race), ethnicity (Hispanic), immigrant status, and gender were determined by workers’ self-reports. Each of these variables is


10 Several employers had high concentrations of a particular race/ethnic minority (e.g., Asian) amongst their FLWs. Organizational level effects present without controlling for this phenomenon could be in fact due to overrepresentations of minority workers rather than organizational features.
represented by a series of dummy variables in the analyses; the reference category for race is white, for ethnicity it is non-Hispanic, for immigrant status it is born in the United States, and for gender it is female.

Education is represented by the dummy variables of less than high school diploma, high school diploma or GED, some college, and college degree or more. As higher education reflects success in formal education and thus increased likelihood of efficacious experiences, the reference category for the dummy variables is college degree or more. The last control variable was workers’ self-reported age (in years).

[Table 3 about here]

Analysis

I analyzed the data with a series of random-intercept models. Random-intercept models evaluate the degree to which the mean value of a given dependent variable (i.e., career self-efficacy) varies across clusters (i.e., employers) and examines whether the independent variables help to account for that variation. All independent variables were modeled as fixed factors. The only random effect was the employer. The analysis proceeded as follows. I first ran an intercept-only model in which I determined the extent to which career self-efficacy varied by employers. The next model included the social status indicators (control variables) only and was followed by a series of models in which each set of independent variables (barriers, opportunities for self-direction at work, organizational context, and local context) were entered into the regression equation. Lastly, a full model was run that included all Level 1 and Level 2 variables. In
this final model, I was interested in which effects persisted, once all relevant explanatory variables were taken into consideration.

RESULTS

Descriptive Statistics

Table 4 provides descriptive statistics for all measures. Workers reported relatively high career self-efficacy (mean = 7.56, σ=1.71). Less than half of the workers indicated their race as white. The largest minority represented was Asian. Roughly a third of workers were not born in the United States. Only 9% of the sample was male and only 8% had a college degree. The average age was 40.

Most workers (75%) made $20,000 - $40,000 per year and worked an average of 38 hours per week. Twenty-four percent of workers had some supervisory responsibility. Over half of workers (59%) indicated that their schedules were inflexible. Workers reported moderate levels of workload and autonomy; the means for both of these measures were close to the “agree” response category.

The mean for perceived organizational support for career development was higher than the mean for perceived supervisor support for career development (mean = 2.97, σ = .53 and mean = 1.14, σ = .68 respectively). HR administrators reported that, on average, employers were engaging in OCM policies/practices at least some of the time (mean = 4.05, σ=.69). Local communities varied with respect to economic indicators. Most employers were in areas with job losses; however the mean net job flow was a
gain of 2470.33 jobs during the time period specified. Considerable variations in local poverty, unemployment, and educational attainment existed between employers.

[Table 4 about here]

**Multi-level Models**

Table 5 reports the results of the HLM analysis. I began by estimating a null model that included only the random intercept for employer. This null model assessed the proportion of variance in career self-efficacy attributable to individuals versus organizations without any predictors being included in the equation. The variance components and test statistic reported in Model 1 (See table 5) demonstrate that organizations account for 17% of the variance in workers’ career self-efficacy. This variation is modest, but significant ($\chi^2 = 53.07$, p < .001).

Next, I estimated a model that included the socio-demographic variables to eliminate any potential selection effects and to control for established correlates of career self-efficacy. The results of Model 2 show significant effects for race and education. Blacks and American Indians reported higher career self-efficacy compared to whites ($\beta=1.12$, p < .01 and $\beta=.62$, p < .05 respectively). Workers with a high school diploma or some college coursework reported lower career self-efficacy than workers with a college degree ($\beta=-1.24$, p < .001 and $\beta=-.86$, p < .05 respectively). No other significant effects for the socio-demographic indicators were found. Comparing Model 2 to the null model, we see that social status indicators did not explain any of the career
self-efficacy variation attributable to organizations. Thus, race-based selection effects do not appear to be an issue.

The next series of models tested the proposed hypotheses. Hypotheses 1A-1C stated that barriers related to time, finances, and caregiving would be negatively related to career self-efficacy. The results of Model 3 (Table 5) supported two out of three of these hypotheses. One financial indicator, wages, was statistically significant. Workers who earned less than $20,000 per year reported significantly lower career self-efficacy than workers who earned over $40,000 per year (β = -1.07, p < .05). One indicator of time constraints was also statistically significant. Scheduling flexibility had a significant negative effect on career self-efficacy (β = .86, p < .000). However, another indicator of time constraints, having two jobs, had a significant positive effect on career self-efficacy (β=.42, p < .05). The presence of children under the age of 18 in the household did not have a statistically significant effect on career self-efficacy.

[Table 5 about here]

Hypothesis 2 stated that jobs that provide opportunities for self-direction, agency, and efficacious experiences will be positively related to career self-efficacy. Autonomy and efficacy at work were significant predictors of career self-efficacy. Higher autonomy was associated with significantly higher career self-efficacy (β=.45, p < .05). Having the opportunity to “do the things that you do best” was also associated with significantly higher career self-efficacy (β=.50, p < .01). Authority was not significantly associated with career self-efficacy.
Model 5 assessed the impact of organizational context on career self-efficacy. Perceived organizational support for career advancement and organizational career management practices showed significant effects. Workers in organizations with institutionalized policies and practices related to career management reported significantly higher career self-efficacy ($\beta=.60, p < .05$). High perceived organizational support for career pursuits was positively associated with career self-efficacy ($\beta=1.06, p < .01$). These results lend strong support to Hypothesis 3. Employer supports can bolster career self-efficacy.

The last hypothesis stated that depressed local economies would be negatively associated with career self-efficacy. The results of Model 6 do not support this hypothesis. Neither local economic indicators nor net job flows was significantly associated with career self-efficacy.

The final model (7) identified effects that persisted once all control and predictor variables were considered. The effects of race and education remained significant. Blacks and American Indians reported significantly higher career self-efficacy than whites ($\beta=1.08, p < .001$ and $\beta=.63, p < .01$ respectively). Workers with a high school diploma reported significantly lower career self-efficacy than workers with college degrees ($\beta=-1.07, p < .001$). A gender effect emerged for the first time in the full model. Males reported significantly lower career self-efficacy than females ($\beta = -.92, p < .01$).
In terms of predictor variables, the effects for wages (\( \beta = -1.30, p < .01 \)), having two jobs (\( \beta = .80, p < .05 \)), inflexible schedules (\( \beta = -.39, p < .05 \)), and perceived organizational support (\( \beta = 1.06, p < .01 \)) remained. New significant effects emerged for hospital sector. Hospital workers reported higher career self-efficacy than workers in other sectors (e.g., long-term care, community health) (\( \beta = .85, p < .05 \)). In the full model, only 1% of the variance in career self-efficacy was attributable to employers. The remaining variation was associated with individuals.

**DISCUSSION**

In this chapter, I set out to explore the antecedents of workers’ career self-efficacy. I hypothesized, based on focus group data and a review of the literature, that barriers, job characteristics, organizational context, and local economic context would influence FLWs’ career self-efficacy. The results of the preceding analysis supported most of these hypotheses.

Two barriers had the expected effects on career self-efficacy: wages and time. The lowest wage earners (under $20,000 per year) reported the lowest career self-efficacy. Workers who lacked control over their schedules also reported significantly lower career self-efficacy. Conversely, having two jobs produced a significant positive effect on career self-efficacy. This result contradicts my hypothesis regarding the impact of time constraints on career self-efficacy. The data do not provide insight into this counterintuitive finding. However, it may be that having two jobs reflects success at managing multiple demands on time rather than a time constraint. If this is the case,
this success might serve as an indicator of likely future success at juggling competing
demands, thus bolstering career self-efficacy.

Despite the contradictory finding related to having two jobs, these findings
suggest that work constrains or enables career self-efficacy according to the resources
it provides (namely money and time) to complete career-related tasks. Income provides
resources that individuals can use to execute career-related activities and increases
their range of choices and options (Gecas 2003; Zeitz, Blau, and Fertig 2009). The
significant result for wages suggests that income also encourages the psychological
resources necessary for advantageous career-related behavior. Higher earners have
higher confidence in their ability to complete career-related tasks. The current study
likely underestimates the effects of financial resources on career self-efficacy, given that
the sample population was low-wage workers. Comparing middle- and upper-class
wage earners to low-wage workers would likely reveal even stronger income effects.

The same is likely true for flexible scheduling. Most FLWs (59%) reported lack of
schedule flexibility. This is consistent with the abundance of research showing that low-
wage workers are less likely to have benefits such as paid time off, flexible scheduling,
tele-working arrangements or provisions for paid family/parental leave that allow for
control over time spent at work (Kalleberg, Reskin, and Hudson 2000). Thus the
negative effect of schedule inflexibility would likely be amplified if middle-class
workers were included in the sample.
The resources work provides seem to be more important for career self-efficacy than opportunities for self-direction at work. While autonomy and efficacy at work were significant when analyzed independently, these effects do not persist once all predictor and control variables are taken into account. The confidence workers gain from efficacious work may fade in the face of the economic and logistical realities of low-wage work.

There were no significant effects for caregiving despite workers' insistence that having kids was a crucial consideration in their career pursuits. One explanation for this non-significance could be the measure. Workers' self report of the whether or not they had children under 18 living in the household was used to assess caregiving responsibilities. This measure does not take into consideration the number of children under the age of 18 living in the home, care associated with elderly parents or other family members, or whether they have support for managing caregiving demands. More robust indicators of caregiving demands could produce a significant effect. Alternatively, workers could have been supplying socially desirable explanations for their previous failures and current reluctance to pursue advanced education. Research shows that women sometimes attribute career decisions to family considerations even though other explanations are more accurate or influential (Stone 2007). The “real” reasons for workers’ low career self-efficacy seem to be limited financial resources and schedule inflexibility, according to these results.
This is not to say that low career self-efficacy is inevitable for low-wage workers. Two organizational context measures produced positive effects on career self-efficacy. When FLWs felt supported by their organizations in their career pursuits, they reported higher career self-efficacy. Interestingly, these perceptions of support matter, whereas “objective” Organizational Career Management policies and practices did not. Significant findings for perceived support and non-significant findings for Organizational Career Management policies suggest that workers may be unaware of the opportunities available to them. Alternatively, workers’ career self-efficacy beliefs may be more influenced by the way that OCM policies and practices get implemented rather than the mere existence of the policies. For example, paid educational release time is beneficial in that it keeps workers from losing income while they are going to school and reduces the burden of finding additional childcare (presumably, workers would have already secured childcare so that they could go to work). However, if supervisors made it difficult to actually leave work when scheduled, or were hostile to workers requesting release time, or if co-workers were resentful of picking up the slack for workers who were in school, workers might not feel supported in their career pursuits. The tension between policy and practice could explain the non-significant finding for Organizational Career Management policies.

Still, the results of this analysis show that employers have a substantial impact on the career self-efficacy of working adults. By providing socio-emotional and instrumental support, employers increase workers’ confidence in their ability to
successfully engage in a variety of career-related activities. Thus, supportive workplaces engender the psychological resources necessary for individuals to successfully manage their careers.

Highly stratified workplaces provide the same advantage. Hospital workers reported higher career self-efficacy than workers in other sectors. This finding makes sense given the greater opportunities for career development within hospitals compared to nursing homes or mental health facilities. Hospitals have more opportunities for both lateral and vertical movement between jobs. The hospital workers were drawn to these opportunities; many talked about their initial willingness to take any job in the hospital (e.g., housekeeping) to “get their foot in the door,” in hopes that they would have the opportunity to move into other (usually clinical) positions over time.

Local economic context never achieves statistical significance in the analysis. Official measures of local economic context (i.e., Census data) reflect the objective opportunity structure. However, workers’ perceptions of the opportunity structure are likely more important to workers’ perceptions of their own career-related agency. Actual opportunity structures may constrain what workers are able to achieve, but it may be that perceived opportunity structure constrains what people think they can achieve.

Lastly, it was important to test the relationships between the proximate work conditions indicators and career self-efficacy net of socio-demographic characteristics.
Considerable research indicates that these indicators reflect position in the social structure and thus access to efficacy-building experiences. In addition, the clustering of minorities by employer (e.g., one employer had a high concentration of Asian FLWs, while another employer had a high concentration of Black FLWs) created the potential for biases due to selection effects. The results demonstrate that there were no selection effects related to socio-demographic indicators. In other words, these measures did not explain any of the variation in career self-efficacy attributable to employers. However, these indicators do exert significant, independent effects on career self-efficacy and thus are necessary control variables.

Blacks reported higher career self-efficacy than whites. This finding is counter-intuitive but consistent with previous research. The evidence supporting race differences in career self-efficacy is mixed. While some studies have shown no race/ethnic differences in career self-efficacy (Betz and Gwilliam 2002; Hackett and Byars 1996; Lindley 2006), some studies show higher career-related self-efficacy for Blacks (Buchanan and Selmon 2008). Ambiguity in findings regarding Blacks’ career self-efficacy may be because career self-efficacy measures do not take into account the frame of reference. Implicit in Bandura’s conceptualization of self-efficacy is that individuals assess their own agency based on their past experiences and the experiences of significant others. It could be that the Black workers in this study have higher career self-efficacy because they consider themselves professionally successful given their past jobs and compared to what their peers have achieved. Workers’
construction of frontline jobs as upwardly mobile in focus group discussions supports this interpretation. In addition, research on Blacks’ higher self-worth – also a counterintuitive finding – offers a similar explanation (Hughes and Demo 1989). Further qualitative study of career self-efficacy and development of quantitative indicators that assess work history and peer group experiences in relation to career self-efficacy would provide further insight into whether this explanation for Blacks’ higher career self-efficacy has merit.

The gender effect, however, is quite surprising and contradicts previous research. The men in the sample reported lower career self-efficacy than the women. Previous research shows that men have higher career self-efficacy overall, as well as for stereotypically male domains (Correll 2001; Correll 2004). Further, men who are in female-dominated jobs typically are in the highest level positions (Smith 2012; Hultin 2003). One would expect, then, that the male FLWs would have higher career self-efficacy than the female FLWs. This was not the case. Perhaps entry into a female-dominated occupation represents failure to these men, thus lowering their confidence regarding future success.

The association found between education and career self-efficacy is a finding that is consistent with previous research. However, job characteristics usually help to explain the relationship between education and self-efficacy (Schieman and Plickert 2008). That is, people with more education are more likely to be in the kinds of jobs that engender high self-efficacy. In this study, a significant effect exists for education,
net of job characteristics. The independent effect of education is likely due to the fact that educational tasks are a part of the activities workers are asked to rate their confidence in completing. Education is serving as a proxy for previous success with education and thus has a positive effect on confidence in ability to be successful in similar activities in the future. Bandura (1997) argues that experience of efficacious action is the most important source of efficacy beliefs (Bandura 1997). In as much as completing education induces feelings of efficacy, it makes sense that it would be positively related to career self-efficacy. Workers who have been successful at this particular career-related activity have higher confidence in their ability to complete similar career-related activities.

One might argue that previous experiences at work should also influence their career self-efficacy perceptions. In as much as low-wage workers typically move between low-wage jobs, it is likely that workers faced similar conditions in their past jobs. However, measures of work history were not available in the data. It is likely that the nature of workers’ previous jobs and workplaces also shape their career self-efficacy. Processes of self-conception development are ongoing and cumulative. Focusing only on current work conditions results in a limited view of how work conditions influence the career self-efficacy of adults. Future research should explore the cumulative effect of work and work places on low-wage workers’ career self-efficacy.
CONCLUSION

Long-term employment and steady upward career progression with one employer is being replaced with alternating periods of full- and part-time work, underemployment, unemployment and retraining (Heinz 2003: 200). The results of this analysis suggest that these changes may not only have direct effects on labor market outcomes by influencing the quality and quantity of jobs available and by requiring constant re-skilling, but indirect effects through worker’s sense of career self-efficacy as well. If individuals do indeed “now bear more of the responsibility for acquiring skills and managing their careers” (Capelli 1999), then social psychological resources such as career self-efficacy are vitally important to career success. As the literature demonstrates (Lent et al. 2002), career self-efficacy influences goal setting, effort, and persistence related to career activities. To be sure, the precarious nature of modern work and labor markets requires these resources.

The significant influence of jobs and workplaces on career self-efficacy found in this chapter suggests that these psychological resources might well erode along with objective economic opportunities. While middle-class and upper-middle-class individuals may be able to draw on material (financial) and social (networks) resources to attenuate the challenges associated with the “boundaryless” career, low-wage workers are less equipped. The new “risk” society in which individuals, rather than employers, bear the brunt of responsibility for navigating their careers not only reduces employers’ investment in individuals and increases non-standardized career pathways,
it also impedes the development of social psychological resources (i.e., career self-efficacy) conducive to successful career management. Career self-efficacy, then, is another component of the self-concept that influences mobility.
### Table 3: Scale measures

**Career self-efficacy** (Response options = 1 – 10; Scale is mean response; Alpha = .94)

On a scale from 1 to 10, with 1 = Not at all confident and 10 = Very confident, please circle how confident you are that you can do the following...

<table>
<thead>
<tr>
<th>Item</th>
<th>Response Options</th>
<th>Scale is mean response</th>
<th>Alpha</th>
</tr>
</thead>
<tbody>
<tr>
<td>I can make a plan of my goals for the next 5 years.</td>
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<tr>
<td>I can pick one job from a list of possible jobs I am considering.</td>
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<td></td>
<td></td>
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<tr>
<td>I can make a career decision and then not worry if it was right or wrong.</td>
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<tr>
<td>I can keep working at my career goal even when I get frustrated.</td>
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<tr>
<td>I can figure out the steps to take if I am having trouble with school.</td>
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<tr>
<td>I can figure out what I am and am not willing to give up for my career goals.</td>
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<tr>
<td>I can figure out what my current skill level is.</td>
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<tr>
<td>I can find information about jobs that interest me.</td>
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<td></td>
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<tr>
<td>I can determine what my ideal job would be.</td>
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<tr>
<td>I can find information about colleges that provide the training I need to reach my career goals.</td>
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<tr>
<td>I can talk with a person already employed in a job that I am interested in.</td>
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<tr>
<td>I can change jobs if I am not satisfied with the one I enter.</td>
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</table>

**Autonomy** (Response options = Strongly disagree, Disagree, Agree, Strongly agree; Scale is mean response; Alpha = .68)

- It is basically my own responsibility to decide how my job gets done.
- I have a lot of say about what happens on my job.
- I generally have opportunities for creative input and innovation in my work

**Perceived organizational support for career development** (Response options = Strongly disagree, Disagree, Agree, Strongly agree; Scale is mean response, Alpha = .90)

- I have the opportunity to develop and apply the skills I need to enhance my career.
- My employer does a good job of helping develop my career.
- There are opportunities for promotion with my employer.
- This job is a stepping stone to other better-paying jobs with my employer.
- I am encouraged to take formal training or classes relevant to my job.
- My employer helps me to acquire or improve my skills while at work.
- I have someone I can go to at work for advice about how to do my job better.
- My employer provides opportunities for workers to improve their math, reading or English as a second language skills.
- If I complete education programs or degrees, I will be promoted within this employer.
- This employer supports my efforts at career development.
- I believe that I have opportunities for promotion within the field given my education, skills and experience.

**Perceived supervisor support** (Response options = Hardly ever, Some of the time, Most of the time; Scale is mean response; Alpha = .90)

- My supervisor helps me identify career opportunities.
- My supervisor helps me identify educational opportunities.
- My supervisor advocates for me for wage increases or promotions.
- My supervisor teaches me new skills through examples at work.
- My supervisor creates a learning environment at work.

**Organizational career management practices** (Response options = Not considering the policy/practice, Were considering the policy/practice, Policy/practice was in the planning phases of implementation, Implementing the policy/practice sometimes, and Implementing the policy/practice consistently; Scale is mean; Alpha = .87)
Table 3 Continued

| Promotion from within (e.g. specific policies regarding how long a job will be posted within the organization before posted outside the organization) |
| Career planning and/or explicit career ladders for frontline workers |
| Career coaching (general coaching focused on work, career transitions, and/or other career-related issues) |
| Career mapping and/or career lattices (formal articulation of a career ladder or lattice, e.g. sequences of jobs that can be formalized within or across departments) which includes instruction on or enumeration of the educational, credentialing, or other steps needed to reach educational and career objectives) |
| Do you have internal resources dedicated to the training/development of FLWs? |
| Formal in-house continuing education training |
| Credentialing tied to in-house continuing education (training onsite that leads to additional credentials for participants) |
| Support for remedial skills development among FLW |
| Support for achieving post-secondary credentials among FLWs |
| Articulation agreements or other arrangements with local educational institutions for FLWs |
| Processes to provide release time for employee education [paid time off for FLWs to attend classes, participate in WBL activities, or study] |
| Do you have a staff person designated to work on training and development at least 50% of their time? |
| Tuition reimbursement for FLWs (involves an employee paying for his/her education upfront, and then the employer reimburses the employee later, typically under certain conditions such as receiving a certain grade at the end of the course) |
| Tuition reimbursement on a sliding scale (providing additional funds for FLWs for higher education as compared to other job categories with higher wages) |
| Tuition advancement or remission for FLWs (providing FLWs with funds for tuition at the beginning of a course, rather than at the end) so that FLWs do not have to pay tuition costs up-front |
| Tuition policy (either reimbursement or remission) that supports remedial skills development for FLWs? |
| Tuition policy (either reimbursement or remission) that supports continuing education coursework for FLWs? |
Table 4: Descriptive Statistics

<table>
<thead>
<tr>
<th>Variable</th>
<th>MIN</th>
<th>MAX</th>
<th>MEAN</th>
<th>S.D.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Career self-efficacy</td>
<td>1.00</td>
<td>10.00</td>
<td>7.56</td>
<td>1.71</td>
<td>----</td>
</tr>
<tr>
<td><strong>Control variables</strong></td>
<td></td>
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</tr>
<tr>
<td>White</td>
<td>----</td>
<td>----</td>
<td>----</td>
<td>----</td>
<td>41%</td>
</tr>
<tr>
<td>Black</td>
<td>----</td>
<td>----</td>
<td>----</td>
<td>----</td>
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<td>(17%)</td>
<td>0.57</td>
<td>(19%)</td>
<td>0.32</td>
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<td>2.46</td>
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Chapter 4: The interplay of structure and agency in shaping FLW mobility potential

INTRODUCTION

The preceding two chapters demonstrated that workers’ self-conceptions played an important role in their general perspectives on and willingness to pursue upward mobility. The purpose of this chapter is to understand the processes that shaped the availability and pursuit of the specific mobility opportunities associated with the Jobs to Careers programs. The Jobs to Careers employers are in the progressive minority when it comes to frontline worker career development. In fact, many employers are deskilling, depressing wages, outsourcing, and restricting development opportunities rather than sponsoring educational and career advancement opportunities for their workers (Scully-Russ 2005). Thus researchers and advocates are calling for more information on what motivates employers to invest in low-wage care workers in the hopes of leveraging these drivers to persuade more employers to follow suit.

Promoting career development may be a moot point, however, if workers are not willing to engage. The literature suggests that care workers place higher value on intrinsic rewards than extrinsic rewards and thus are uninterested in career advancement (England 2005). Much of this theory and research emerged in the context of union mobilizing, which is but one pathway to mobility for frontline workers. Little empirical evidence explores what happens when FLWs are offered mobility opportunities via employer-sponsored education and training.
The purpose of this chapter is to use the Jobs to Careers Initiative as a case study to understand (1) what processes shape employers’ willingness to sponsor career development for frontline workers and (2) how workers responded to these mobility opportunities. Data for this chapter come from the grant proposals submitted by the J2C partnerships, and focus groups and interviews with participating workers. The findings show that skill demands resulting from technological and industry innovations combined with workforce instability compelled the J2C employers to participate in the J2C initiative and develop their programs. In turn, workers responded to these programs based on the implications that participating had for their self-conceptions. These perceived implications were shaped by past experiences with education and work as well as cultural discourses regarding mobility. These findings underscore the point that individual and structural processes work together to shape frontline workers’ mobility potential. After a review of the literature on employers’ labor strategies and employees’ willingness to participate in employer-sponsored development opportunities, these findings are presented in detail.

**Employer labor strategies**

The Jobs to Careers programs involved systemic changes to the policies and practices associated with frontline worker development in the employer organizations. For example, many of the organizations adopted or revised tuition assistance and educational release time policies to provide workers with the financial resources and logistical flexibility to pursue advanced education. J2C employers also identified or
created formal career ladders within the organization and counseled FLWs on how to progress up these ladders. Culture change was another component of several of the J2C programs. Efforts to build a culture supportive of FLW development included training supervisors to serve as teachers and mentors for FLWs (not just regulators) and incorporating FLWs into care planning teams (typically FLWs execute rather than contribute to care plans). Evidence of programs similar to the J2C programs have been found in some hospitals (Wolf-Powers and Nelson 2010) and nursing homes (Remsburg et al. 2001), but these practices are not common and little is known about what motivated the exemplars to invest in their employees (Fitzgerald 2006).

The systems changes J2C employers made as part of their J2C programs are consistent with high performance work practices. High performance work practices (HPWP) involve employers implementing worker-friendly policies such as formal job ladders and lattices, tuition remission, and supervisor support (Applebaum and Batt 1994) and have been found to have positive intrinsic and extrinsic perceived and real rewards for workers (P. Berg, Kalleberg, and Appelbaum 2003; Dill, Morgan, and Weiner 2013). High road employers offer increased autonomy, voice, and greater learning and growth opportunities at work (Scully-Russ 2005; Boxall 2003).

High performance work practices have been a subject of much research. Most of this research has focused on what organizational and worker outcomes result from these practices, in what contexts, and through which processes (Combs et al. 2006). Less research explores why some employers adopt HPWP. The prevailing assumption is
that employers are seeking competitive advantage in the market. By identifying and managing the human resources that are rare, cannot be replaced (e.g., by other kinds of capital such as technology), unavailable in the external labor market, and that contribute to the efficiency and effectiveness of the organization, organizations can improve their performance and thus competitive edge (Boxall 2003). Yet many employers seek similar ends by deskill ing, depressing wages, outsourcing, and restricting development opportunities (Scully-Russ 2005: 255). This trend is especially common in relation to low-wage workers, as employers consider these workers the most expendable and easily outsourced (DiPrete, Goux, and Maurin 2002; Kalleberg 2009). Thus, the assumption that competition drives HPWP does little to explain why some employers seek the same ends through less worker-friendly means.

Recently, researchers have begun to challenge the competition explanation for HPWP and call for a conceptualization of strategic human resources that considers the socio-political context within which strategic human resource management is embedded (Purcell 1999; Watson 2004). These scholars argue that strategic HRM is best explained by identifying the socio-economic, technical, political, and legal environment within which the organization is embedded and understanding how this context shapes strategic decision making by key actors within the organization (Watson 2004; Godard 2004). For example, employers may choose a particular labor strategy because they were coerced (e.g., by trade unions, employment legislation, or the government), because it is the industry standard (e.g., other successful firms employ
similar practices) or because it has legitimacy (e.g., advocated by professional bodies or associations) (Paauwe and Boselie 2003).

This institutionalism perspective does a much better job of specifying the range of processes that explain variation in human resource strategies compared to a competition-based approach. However, much of the empirical research using this framework has focused on cross-national comparisons or multi-national corporations (Brewster, Wood, and Brookes 2008). This focus makes sense, given that theorists speculate that globalization is a key driver of the changing nature of work and labor strategies. However, institutionalism principles apply within a nation and warrant intra-national exploration as well. The Jobs to Careers programs provide an opportunity to empirically explore what processes shape the implementation of HPWPs with frontline workers in health care. Thus, the first research question guiding this chapter is: What processes compelled the J2C employers to implement HPWPs with their FLWs?

Employees’ willingness to participate in employer-sponsored career development

The preceding two chapters demonstrated that workers’ self-conceptions played an important role in their general perspectives on and willingness to pursue upward mobility. Workers’ occupational identity work signified the kind of work they felt would be psychologically rewarding, and the conditions of their jobs and workplaces
influenced how successful they thought they could be in engaging in career related activities. Workers’ insistence that higher status jobs would be less rewarding than direct care work and that they could not successfully complete advanced education due to the various constraints associated with their work and personal lives helped to explain their aversion to pursuing upward mobility. But what happens when workers are faced with a specific opportunity with mobility potential?

Little research exists on FLWs’ willingness to participate in employer-sponsored career development. However, theory suggests that they may be reluctant. Some argue that the ideology of care is at odds with pursuit of material gain (England 2005; Folbre and Nelson 2000). That is, care is and should be altruistic and provides intrinsic rewards that compensate for low extrinsic reward. From this perspective, FLWs may be reluctant to advance their careers because they value the intrinsic rewards associated with caregiving over material rewards. Indeed, the findings of Chapter 2 substantiate that FLWs may be reluctant to leave direct care work.

General literature on employees’ willingness to participate in training and development also suggests that FLWs may be reluctant to pursue development opportunities. This research shows that women are less willing to engage in training and development (Kyndt and Baert 2013), as are individuals without a college degree (Elman and O’Rand 2002). Lower job autonomy is negatively associated with willingness to train (Kyndt et al. 2013). Given that FLWs are predominantly female, have less than a college degree, and work in jobs that lack autonomy, it is reasonable to
suggest that FLWs may not uniformly embrace employer-sponsored development opportunities.

Many factors, however, shape employees’ willingness to participate in development opportunities. Key individual factors include prior experiences with education and training, self-efficacy and commitment to a particular job, career, or organization. Prior experiences with education and training can have a positive or negative influence on willingness to participate in employee development, depending on the nature of the experience (Hurtz and Williams 2009). In general, a history of participation in development is positively associated with willingness to take part in future development opportunities, unless these previous experiences resulted in failure or other negative experiences (Kyndt and Baert 2013). The more confidence a person has in their ability to master the tasks associated with the education and training, the more motivated they are to participate (Maurer, Weiss, and Barbeite 2003; Colquitt, LePine, and Noe 2000). Individuals whose jobs and careers figure prominently in their identities and that actively engage in exploration and development opportunities of their own volition are more willing to engage in development opportunities sponsored by their employers (Renkema, Schaap, and Dellen 2009).

In addition to individual-level factors, the characteristics of the opportunity also matter. For example if a person perceives the perceived outcomes to be valuable, then they are more willing to participate. Both intrinsic rewards (such as greater ability to perform well in current job or increased job satisfaction) as well as extrinsic rewards
(such as promotion or financial compensation) are taken into consideration (Maurer, Weiss, and Barbeite 2003; Sanders et al. 2011). Further, the recipient of the rewards also matters. Maurer and colleagues (2002) argue that employees also consider the extent to which their participation in a development opportunity will benefit supervisors and the organization (Maurer, Pierce, and Shore 2002). If so, then the quality of the individual’s relationship with their supervisor and their organization influences their willingness to participate.

Organizational climate is another key factor that influences employees’ willingness to engage in development opportunities. When employees feel supported, both materially (resources are available to do the required work) and culturally (employee feels able to express oneself without fear of repercussion), they are more willing to participate in education and training programs (Kyndt et al. 2013; Noe, Tews, and McConnell Dachner 2010).

Lastly, the broader social context within which employees live and work influences their willingness to engage in development opportunities. The extent to which significant others such as coworkers, supervisors, family members, and friends expect or value participation in development opportunities has an effect on employees’ willingness to participate (Hurtz and Williams 2009; Sanders et al. 2011).

To summarize, considerable empirical research documents that employees’ willingness to engage in employer-sponsored development opportunities is shaped by a variety of factors associated with the individual, the development opportunity, and the
context within which the opportunity is presented (Kyndt and Baert 2013). Most of this research, however, is focused on employees’ general willingness to take advantage of future development opportunities offered by their employers. Little research studies these processes in the context of a specific development opportunity. The Jobs to Careers program, then, provides an opportunity to shed light on how these processes play out in the context of a specific development opportunity. The second research question guiding this chapter is: What factors shaped FLWs’ willingness to participate in the J2C programs?

**DATA AND METHODS**

Data for this chapter come from the grant proposals each of the grantee partnerships funded by the Jobs to Careers initiative submitted and focus group and interview data with frontline workers participating in the Jobs to Careers programs. Each partnership submitted a grant proposal (N=17) to the funders for consideration. The sections of the proposals most germane to the research questions guiding this chapter were included in response to the following prompt in the solicitation for proposals: “Describe the challenges faced by your employers and employees that this project is designed to address.” I treat the responses to this prompt as the grantees’ motivations for creating opportunities for FLWs and analyze the responses using grounded theory methods.
Three sources of frontline worker data were used: Time 1 FLW focus groups (N = 28), Time 2 FLW interviews (N=44), and Time 3 FLW focus groups (N = 37). The Time 1 FLW focus groups occurred before the training programs began. Moderators asked FLWs about their perspectives on the J2C programs being developed. Midway through each of the partnerships’ grant periods, a series of phone interviews (Time 2 FLW Interviews) was conducted with FLWs who were participating in the programs. At this point, the J2C programs had begun and the purpose of these interviews was to assess the workers’ perspectives on the programs, including their progress to date, likes, dislikes, and early successes. A third round of data collection with FLWs occurred at the end of the partnerships’ grant periods. The goal of the T3 FLW focus groups was to assess worker’s perspectives on the programs, perceived successes and outcomes, and future plans regarding their education and careers. Workers in the T3 focus groups varied in their progress towards completing the programs. Some focus group participants had completed the activities associated with the programs; others were still enrolled and working towards their goals.

For all three rounds of data collection with FLWs, a liaison at each site recruited FLWs to participate in the focus groups and interviews. To participate in the T1 FLW focus group, workers had to occupy the job categories their employers were developing programs for. To participate in the T2 FLW interviews and T3 FLW focus groups, workers had to be enrolled (at some point) in the programs. All focus groups and
interviews were audio recorded, transcribed verbatim, and analyzed using grounded theory methods.

RESULTS

Focused coding of the grant narratives revealed five reasons employers became interested in frontline worker development: workforce instability, skills deficits, industry innovation, cultural competence, and mid-level worker shortages. Focused coding of focus group discussions revealed that when deciding whether to participate in the programs, FLWs considered whether they could complete the program successfully; which choice (enroll or not enroll) they could provide an acceptable account for; and whether the same dignity threats they experienced in their daily work would occur in the programs as well. Workers also cited their participation in the programs to bolster their esteem-enhancing identity work. Specifically, they insisted that their participation in the programs further signified their commitment to the skillful delivery of care, and that their successful completion was evidence that they were on a path to educational and career success. These findings are presented in detail below.

J2C employers’ rationale for FLW development

Workforce instability

The most common explanation for interest in participating was the desire to stabilize turnover. Eight proposals cited high turnover and its consequences as the problem their programs aimed to solve. According to these proposals, turnover was
problematic for a host of reasons. Most commonly, grantees argued that turnover was problematic because it was costly. According to the proposals, employers lost money on turnover in three ways. First, continually recruiting and training workers was expensive. Below are two proposal excerpts that illustrate this theme:

**Excerpt 1**

The costs for hiring, then losing, a patient care technician now approximate $6,000. These resources, if redirected into training, could improve patient outcomes and satisfaction surveys, increase quality of care, and stabilize turnover.

**Excerpt 2**

Using an estimate of $3,000 to hire and train each new employee, the direct cost of turnover has been calculated to exceed $44,000,000 annually for assisted living facilities in our state.

The second way turnover was costly was because surviving staff had to cover for exiting staff at overtime rates. A behavioral health facility makes this point in the following proposal excerpt:

It costs up to $4000 and a minimum of 120 hours to train an entry-level behavioral health worker. At [health center], overtime costs associated with high turnover are the largest unanticipated cost.

The third way employers talked about the costs of turnover related to revenue. Frontline workers do not provide services that employers can bill insurance companies for; however, grantees argued that high FLW turnover reduced revenue by lowering the productivity of the professional staff that provide billable services. A community health center articulates this point in the proceeding excerpt:

Staff turnover and the lack of trained staff is a contributing factor to low provider productivity. Low provider productivity impacts
reimbursements to the Health Center, which directly relates to the Health Center's financial security.

A majority of the employers who identified turnover as the problem their programs were trying to fix cited its financial impact as the reason why it was problematic. Other side effects of turnover employers wrote about in proposals included its impact on quality of care and surviving staff. According to employers, turnover “disrupts the quality and continuity of the care giving relationship that is fundamental to quality care” and “adds stress to the remaining workforce.”

This concern with turnover makes sense, given the wealth of research that documents the extremely high turnover rates (often near or above 100%) in frontline positions (Castle 2006). From the grantees’ perspective, turnover was costly and disrupted the quality and continuity of the care their organizations could provide. Creating opportunities for job enhancement or advancement was a strategy these organizations wanted to use to retain their FLWs.

Industry innovations

A second source of motivation to develop frontline workers seemed to relate to currently occurring shifts in healthcare delivery models and funding. Five grantees argued that training workers would help the organizations keep pace with major industry changes. One significant change grantees cited was the health care industry’s movement toward integrating information technology. According to employers such as
In response to the rapidly spreading use of health information technology as a tool for improving quality of care, the Health Center has invested in the implementation of an electronic health record (EHR). As a result, there has been an increased need for a higher sophistication of skills for frontline workers.

Creating learning opportunities for workers to acquire these skills would allow the organizations to keep pace with innovation in healthcare information technology.

Similarly, the hospital proposal excerpted below framed developing its frontline workers as a way of meeting its technological demands:

[This Hospital] is among the hospital systems that aspire to a comprehensive and fully integrated electronic clinical information system as an essential strategy to reduce medical errors and improve quality of care. By 2009, [hospital] will have a fully integrated electronic clinical system, including surgery, ICU/CCU, emergency, electronic health record (EHR), computerized physician order entry (CPOE), radiology information system, cardiology information system, picture archive and information system (PACS), lab, pharmacy, and medication management systems. Additionally, [this hospital] has made a significant investment in a regional healthcare information technology network, which now connects 5 hospitals and over 350 medical centers and private practice physicians, allowing the secure transmission of patient data and images for better medical decisions at the point of care. As each component of the technology information system is brought on-line, the need for new frontline workforce positions has emerged. New positions, requiring skills both in healthcare software applications and in specific clinical areas, are needed to achieve successful implementation and adoptions and to provide ongoing system and user support. [This Hospital’s] solution to date has been to “grow our own”.

In addition to technological innovation, grantees also cited changing care delivery models as justification for developing FLWs. Healthcare organizations are
under increased pressure from the government to redesign their delivery systems to
provide higher quality care at a lower cost. Various financial incentive programs are
available to health care organizations to reorganize care to achieve these goals. Pay-for-
performance programs, for example, provide financial rewards to health care providers
for doing things like increasing efficiency, collecting and submitting data to payers (e.g.,
insurance companies, Medicare, Medicaid), and improving quality and patient safety.

Several J2C grantees insisted that all members of the care team needed to be
adequately prepared to function in these new performance-based care models, not just
professional staff. The two excerpts below exemplify proposals that associated FLW
training with delivery system innovation:

**Excerpt 1**
The Health Center is preparing for the December 2007 completion of its
new 3-story medical building and is redesigning clinic support job
descriptions around an evolving model of medical care that is paperless,
customer focused, integrative, and performance based. Employees must
improve their skill sets to operate in this model.

Based on the changing health care environment and the need to maximize
clinic productivity to improve financial resources, the Health Center must
look at the skills of frontline workforce clinical staff, identifying the skills
we want this staff to have three to four years from now and to set up a
mechanism to award those that aspire to the highest level of skills that we
value.

**Excerpt 2**
In recent years, our primary care clinics have made a commitment to
increasing the quality of and access to care, while also increasing
efficiency and lowering costs—particularly for preventive health services
and chronic disease management. To meet the needs of patients, we have
adopted a "planned care" model, which involves using evidence-based
medicine to determine the best way and best providers (other than
physicians) to provide care. Planned care requires that non-physician
frontline providers, such as Medical Assistants, develop the skills they need to more fully engage in patient care.

Therefore, we are seeking higher-level skilled workers in the outpatient settings to meet increased patient demand under the planned care model, and eliminate the need to delay or divert patients due to staffing shortages. Changes in technology, such as the implementation of electronic medical records, also require frontline health care workers to have more advanced computer skills. Unfortunately, Medical Assistants at our hospital and other organizations have had limited training opportunities to advance their clinical and administrative skills within the workplace, particularly to meet the needs of the planned care model.

Each of these proposals associates FLW development with remaining competitive as the industry changes. The J2C employers citing this motivation for investing in FLWs were willing to sponsor and reward this education in order to remain up to date and profitable.

Skill deficits

Frontline worker skill deficits seem to be a third source of motivation for organizations to apply to the J2C initiative. Four grantees argued that FLWs lacked the skills they needed to be successful in their jobs and thus were in need of education and training. According to these employers, FLWs lacked both clinical and general job readiness skills.

For example, a long-term care facility wrote that their frontline workers “face skill challenges in clinical areas like Alzheimer’s and rehabilitation.” Similarly, a community health center lamented the discrepancy between the education levels of its’ workers and the severity of its’ clients behavioral health needs. The health center’s
village based counselors sometimes had only a high school diploma but were required
to care for clients with severe mental health and substance abuse issues. The proposal
describes this as:

...alarming considering that our region has a high suicide rate. There is
also a significant substance abuse clientele in the region. Just in one city,
from October 1, 2006 to June 30, 2007, over 300 patients were brought to
the emergency room with an alcohol-related diagnosis. Thus, our
frontline workers are required to deal with suicides, suicidal ideation,
and attempts, all types of mental health conditions and substance abuse
and addiction. Their current level of skill ranges from high school
graduate to bachelor’s level social worker. Their training is not sufficient
to be able to work effectively with the needs of their clients.

In addition to clinical skill deficiencies, grantees also wrote that FLWs lacked
general job readiness skills. One proposal writes that FLWs:

display basic literacy skills deficiencies, lack basic job readiness skills
such as punctuality and customer service, and have inadequate computer
literacy and technology skills.

Another proposal states that FLWs “need training in basic professional skills as well as
courses in reading, writing and computer literacy in order to adequately perform their
jobs” and that it is challenging to recruit frontline staff “with key skills such as
communication, conflict resolution, self-management, and the ability to document work
and write reports.” These employers highlighted basic skills deficits as their motivation
for creating the programs.

As was the case with turnover, grantees identified the consequences of FLWs
skills’ deficits. According to employers skill deficiencies “contribute to unacceptable
outcomes for the quality of care of our clients, as well as low morale, job dissatisfaction,
and high absenteeism and turnover.” One employer noted that “lack of employment skills also means that our frontline workers receive lower salaries and have little opportunity for advancement.” Therefore, employers defined skills deficits as problematic in its relation to other organizational challenges. Ironically, part of what makes these jobs bad is that they do not require or provide the standardized training necessary to be effective in the position. Instead, workers tend to learn informally and on the job from co-workers. Thus, it is not surprising that J2C grantees wrote about skill deficits in their proposals.

*Cultural competence*

Several grantees (three) hoped that their programs would help their organizations meet the unique needs of their hard-to-serve or underserved community populations. These unique needs included medical interpreters with insider cultural competence. In some cases, such as the community health center excerpted below, the unique need was interpreter services:

In response to the exponential growth in demand for interpreter services [the health center] developed the Certified Auxiliary Interpreter program. The program was developed to improve quality and maintain standards of interpreter practice while expanding access through capacity building of existing staff by training non-professional auxiliary interpreters. Deploying CAIs throughout the health center allows us to meet the increased demand for language and cultural assistance and improve the quality of care for our diverse patient population.
This employer described the J2C grant as an opportunity to train FLWs to help meet the demand for services in languages other than English.

In another community health center proposal, the described link between the proposed training program and culturally competent care was more nebulous. In this case, grantees argued that culturally competent care would result simply by providing frontline workers with more clinical skills. The grant positioned frontline workers as well-suited to provide culturally competent care, given their ethnic and linguistic backgrounds. According to the health center, having “trained and skilled frontline health care workers will help fill in the gaps in culturally and linguistically appropriate services” left by shortages of skilled bilingual providers and staff. The proposal goes on to note:

Most of the health center’s patients have a primary language other than English, making bilingual and bicultural frontline health workers critical to the quality care provided by the health center to its patients. Hiring staff who reflect the linguistic and cultural diversity of the community facilitates communication with patients, and develops an understanding of cultural issues that patients face, to deliver more efficient and effective care. [The health center] has faced numerous challenges in recruiting and retaining skilled bilingual and bicultural health care workers to serve the underserved community.

In short, the community health center framed its proposed training program as a way of providing frontline workers who matched the cultural and linguistic face of the community with the clinical skills necessary to meet organizational goals related to culturally competent care.
The third grant proposal that identified culturally competent care as a driving force in its willingness to develop frontline workers contained a similar argument. This health center framed the Jobs to Careers program as a way of integrating peer staff – individuals who share relevant culture or experiences with the target population – into their organization. Integrating peer staff, the proposal excerpt below insists, is an effective way of providing culturally competent care to these populations.

The integration of peer staff into an agency is a powerful means of breaking down barriers between the client community and service providers, building trustful relationships, and developing culturally competent services. At an agency like [health center], which serves some of the most disenfranchised and underserved populations, offering peer services to consumers seeking to enter or maintain recovery and engagement in healthcare is a particularly powerful tool in bridging the divide between “clients” and “service providers.” For this reason, our health center has an extremely strong commitment to integrating consumer staff at all levels of our agency, and to providing ladders of career advancement for them.

Although the vulnerable populations this community health center served (sexual minorities, the homeless, those living with HIV or AIDs and those with mental health and substance abuse issues) were quite different than the populations the other proposals citing culturally competent care referred to the idea was the same. Developing FLWs was useful because they shared salient characteristics with medically underserved populations.
From the perspective of these health centers, the J2C initiative was a way of providing FLWs who matched the linguistic and cultural face of the community with the skills necessary to meet organizational goals related to culturally competent care.

Lastly, shortages in mid-level positions, particularly nursing, were another source of motivation for employers to attend to FLWs. In three of the J2C grantees’ proposals, the desire to fill vacant positions higher in the career ladder with incumbent FLWs was listed as the reason the organizations were applying to participate in the initiative. In most instances these vacant positions were better paying and more stable (e.g., set number of hours) frontline positions. However, one grantee hoped to fill vacant registered nurse positions. For example, one health system hoped to fill vacant low-level allied health positions with non-clinical support staff in food services and housekeeping. Their proposal stated that:

There are many potential candidates for the jobs shown in Table 1.11 Among them are 1,302 incumbent employees in food service and housekeeping jobs across eight hospitals. The problem is that many of these individuals lack the hard and soft skills necessary to advance into jobs at higher rungs on the career ladder, exemplifying characteristics common to a large segment of our city’s population. As Figure 1 illustrates, 31 percent of our city’s population lacks a high school diploma. Another 28 percent possesses a high school diploma or GED but lacks the additional college-level training that so many allied health jobs require.

For this health system, the J2C program was an opportunity to provide FLWs with the education needed to enter allied health positions.

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11 Positions listed in the table: lab technician, nursing assistant, patient care technician, pharmacy technician, radiographer, respiratory therapist, respiratory therapy technician, surgical technologist
Other employers cited vacancies in credentialed positions as their justification for developing FLWs. For example, the hospital proposal excerpted below described FLWs as a candidate pool that could meet the growing need for registered nurses.

The aging of the workforce, hospital expansions, and other similar factors will require the hiring of approximately 500 additional Registered Nurses to meet the acute-care health needs of the regional community over the next five years. To this end, [this hospital’s] primary organizational challenges include lack of currently trained and qualified candidates to meet future employment growth expectancies in the Registered Nurse field. Front-line workers provide an excellent candidate pool from which to train and promote from within the hospital. As such, [hospital] leaders have committed to promote incumbent worker training and advancement as part of their strategic focus.

This next proposal excerpt is from a behavioral health facility and offers a similar explanation for its interest in developing FLWs. In this case, the focus is on having more licensed mental health and substance abuse workers.

While [behavioral health treatment centers] are fortunate to have a core group of loyal and committed employees both organizations are nonetheless always striving to fill positions—particularly positions requiring credentials: detox nurses, certified addictions counselors, and independently licensed clinicians such as licensed social workers. Many of the Healthcare entities that pay for our addiction services—third party and state payors—require that our counselors are certified in addictions counseling. We are not in compliance with these mandates because there is a shortage of people with these credentials. We have found employees who have a talent for and commitment to working with this population and have taken the position that we’ll “grow our own.” The proposed project will help us meet the “credentialing gap” by enhancing and expanding our employee development programs.

In all of the examples above, employers framed the J2C program as a pipeline program intended to create a ready pool of applicants for hard-to-fill positions. While some of these positions still classified as frontline jobs, most were credentialed mid-
level positions. It seems that for some employers, frontline positions are not at issue. Rather, shortages in qualified mid-level workers are of concern.

**FLWs’ perspectives on employee-sponsored career development**

*Considering opportunity*

During Time 1 FLW focus group discussions, moderators asked FLWs what they thought of the programs and about their interest in enrolling. Discussions revealed that FLWs’ early reactions to the J2C programs were mixed. While some workers were excited and hopeful, others were reluctant and skeptical.

At several of the J2C sites, recruitment was difficult and happened slower than expected. When focus group moderators asked workers about their perspectives and intentions regarding the programs, it became clear that some of this early reluctance was due to workers’ low career self-efficacy. Many workers expressed anxiety about entering an educational setting, and for this reason hesitated to enroll in the program. The quote below exemplifies workers’ expressions of how their educational anxiety translated into fear of participating in the program.

Worker: I mean, I really was not gonna want to do it to be honest with you. And then, you know, my supervisors were talking to me about it and wanted me to do it.

Moderator: How did they end up convincing you?

Worker: Well, because she called me on my own stuff. It’s my fears. She was like, “The reason why you don’t want to do it is because you’re scared. That’s what it is. You’re afraid. You’re afraid of school. You’re afraid of that end of it, that component, that’s why.” She goes, “And you
need to address that.” And she was right. She was absolutely a hundred percent right. And that was exactly why I was afraid.

Simply stated, the worker was afraid to enroll in the program because she thought she was going to fail. Statements like hers and this one were common in focus group discussions: “I’d almost have to say most of the time any of the stress that I had with it was really my own issues inside of not feeling good enough or smart enough or just my own person[al] fears.” The fact that workers lacked confidence in their ability to be successful in the program and were afraid to fail is not a surprising finding considering that workers said that they had not had much success in pursuing advanced education in the past. Further, theory on self-efficacy underscores the relationship between previous experiences of success (or failure) and expectations of future success (or failure). Still, it is important to note that a core consideration when workers were presented with the J2C programs was whether or not they could be successful. Many workers thought that they could not, and thus were hesitant to enroll.

In most instances, workers overcame this initial reluctance and enrolled in the programs. They did so on the promise that the programs would reduce common barriers that low-wage workers face to completing advanced education. Features of the program, such as the paid educational release time, onsite classes, and tuition advancement, seemed to not only convince workers that their chances for success might be better this time around, but also that they could not opt out without facing social disapproval. Many workers said the barrier-reducing features of the programs
meant that they had “no excuses” for opting out. The following statement illustrates the “no excuses” perspective:

Anybody would do it. That’s why this is better than a scholarship to me. That’s how I put it. Honestly. Because a scholarship, they’ll pay for your schooling, maybe your books. This, they pay for all of that, plus our wages. Plus, you know, gave us the resources we need. We all had laptops to use. So there’s no excuse for us not to be able to do it.

Recall that in T1 focus group discussions (pre-program), workers said that they had not, could not, and would not pursue formal education programs because low wages, full-time work, and family demands meant they did not have the time or money. Focus group discussions suggest that by reducing some of these challenges, the programs not only shifted the opportunity structure, but also the symbolic landscape within which workers could construct credible accounts for their educational choices. The barriers workers cited were no longer reasonable explanations for not pursuing advanced education. This sentiment is expressed in the following quote:

You can do it. You most definitely can do it. By them putting this class, incorporating it within our work week, I mean, you really can’t use that as an excuse.

Project staff may have shared workers’ “no excuses” perspective. In the quote below, a behavioral health worker shares an exchange she had with the CEO of their facility about hesitation to participate in the credential program.

It’s pretty bad to know when the CEO goes, you know, “I had two young kids. Just bought a house. I was going for my master’s.” And she’s going, “So come on. Bring on an excuse.” I’m like, “Well I’ve got it now”…And I think you really need people to do that, because we can all sit there and come up with excuses.
What this focus group excerpt suggests is that workers continued to offer excuses, but that these were rejected by others. Perhaps this explicit rejection, in addition to anticipated rejection, was also responsible for workers’ adoption of the “no excuses” rhetoric.

In addition to workers’ explicit declarations that the programs left them little recourse to justify non-participation, there was more subtle language that conveyed the same message. For example, workers referred to individuals who couldn’t or wouldn’t do the program as foolish or crazy. The worker below, for example, talks about how she would be a fool to drop out of the program despite how hard it was to actually make it work, given the demands of her job.

I mean, compared to them taking me to school, paying me to go, paying for my school, giving me a raise, I was happy. I was happy. I mean, the beginning part there was a time when I was like, “Oh my gosh, I can’t do this.” Trying to juggle this, it got kind of hard. Our department got short-staffed. There was kind of a little pressure. And then I said, “Oh, man. You know what? I ain’t going to deal with this.” But then the spirit came and gave me a slap and said, “Come on let’s go!” (laughter). And put all that together and I said, I’d be a fool not to try.

A similar sentiment was expressed by another worker who, when asked about her initial perceptions of the training program, said, “We’d be crazy to say no to that. You know what I mean?” What she meant is that if barriers were eliminated, it made good sense to get on board.

Workers were hopeful about receiving the kind of support that they needed to be successful and also cognizant of the fact that this support rendered their usual justifications for choosing not to pursue advanced education unacceptable. It seems,
then, that workers considered not only whether they could be successful in the programs, but also which course of action (enroll or not enroll) they could provide an acceptable account for. Ultimately, workers decided that the barrier-reducing features of the programs meant that there was no acceptable account for choosing not to enroll, given that these features directly addressed the barriers FLWs had cited in their discussions of why they had not pursued or succeeded in advanced education in the past.

One could argue that there were good reasons for not responding positively in some cases. For example, some programs involved minimal rewards for completion, while others simply did not match the career interests of the participating workers. And of course long-term payoffs were still very much in question. Still, once obvious barriers were eliminated, the risks of taking a chance on the program were greatly reduced, while the risk of social disapproval for non-participation increased.

Not all workers, however, responded positively to the programs. A small portion of workers spoke negatively about the programs despite the barrier-reducing features. This negativity manifested as skepticism and resentment. For example, when asked what she thought of the program, one worker said:

Well, because a lot of times when your employer is offering something educational, a lot of employees start to think negative about it from the very top. It’s something that’s gonna benefit them. How is it gonna benefit me?

One of workers’ main complaints was that they worked very hard for little pay or appreciation. This quote suggests that workers expected the program at their
organization to be yet another way to exploit workers. She, like several others in her organization, assumed that the program would somehow benefit the company, but was skeptical that benefits would accrue to participating employees.

Other workers viewed the program as further evidence of their employers’ unwillingness to acknowledge and reward their pre-existing knowledge and skills. At one organization in particular, many workers expressed resentment about having to take classes to receive the raises they felt they already deserved. The following quote exemplifies the resentment these workers felt.

[Workers] feel that the basic incentive for this program was a pay raise, basically. And some of them feel that, or at first I felt I’m like, why do I have to jump through this hoop to show that I know my job to get a pay raise? Or going to school? At first I was very skeptical, I have to tell you. I was very skeptical. You know, I was like, why do they have make us jump through all these hoops to get a raise?

Workers believed that they should be acknowledged and better rewarded for their current knowledge and skills – not forced to take classes on topics they felt they had already mastered.

The issue of the training programs’ curriculum containing topics that FLWs already knew well was brought up many times in focus group discussions. Statements like this worker’s were common:

I mean, one of the trainers come to me and tells me this is what we’re going to work on. This is what we’re going to learn. They tell me and I kind of know what they’re trying to tell me or explain to me, because I’ve been here that long, everything to me is... for me, a repeat.

The redundancy of the curriculum made some view the program as a waste of time:
Well, some of them thought that it was nonsense. Like, we know how to do that. Or, it’s just a waste of our time.

Together, these findings suggest that some workers did not see the J2C programs as an opportunity, but instead as an extension of their employers’ devaluation. A third consideration of workers as it relates to choosing whether or not to enroll in the J2C program has thus emerged. Workers considered the extent to which the programs would be a continuation of the dignity threats they faced in their daily work. To the extent that they expected this to be the case, they were resentful and skeptical of the programs. Reluctance to enroll stemmed from a desire to avoid experiencing further dignity threats at the hands of their employers.

Discourses of mobility

In addition to considering the potential impact of the programs on their self-relevant experiences, workers also used the programs as discursive resources for their identity work. Workers used the programs to bolster two components of their self-images: (1) authentic caregivers; (2) successful caregivers. Participating in the programs, according to workers, further demonstrated their status as authentic caregivers. Completing the programs, workers said, provided evidence that they would achieve career success in the future.

When describing their experiences in the programs, many of the images that were present in the oppositional identity work described in chapter 2 were also present in workers’ discussions of the workforce development programs. For example, one of
the images that carried through to workers’ discussions of the training programs was
the noble care worker. In these depictions, the classes enhanced workers’ self-
sacrificing approach to caring for their patients. In the example below, the substance
abuse counselor wore the professional knowledge she gained through the coursework
as a badge of courage in her efforts to help clients.

They’ll say to me, “The crazier they are, the more she likes them.” And it’s
because I have that education that I can use that I learned here. You
know, because, like I told you before, I thought I knew it all, guru of AA.
And here I am now, taking care of some real compromised people and
being able to respect them and treat them with dignity, treat them with
respect and to demand that from my staff too. I’ve kind of changed. I
started as an MT, became a counselor, and now I’m a lead counselor of the
unit. So if I see someone being mistreated, I certainly don’t tolerate that
either, you know? Because we’re all here for the same purpose: for that
person...And I think going to school has given us the opportunity to learn
how to deal with these people. And the more compromised they are, oh,
you bet I’ll take them on. Because that’s a challenge for me, because I get
to learn from them too, you know? But I think that’s why we’re here.

The strong and noble care worker image comes through in this quote very clearly.

According to her, the training program gave her the tools and authority (as lead
counselor) to be even more courageous in caring for clients.

Below is a similar example. In this excerpt from a focus group discussion with
village-based counselors, the moderator asks for concluding overall thoughts about
people’s experiences in the program. One of the workers describes her participation as
contributing to the greater good of her community:

I mean, something positive is happening for our region. That’s what I
would like people to see it as, as something positive for our region, for
our people. It doesn’t need to be [based on race]. Because, I mean, people
of all sorts of races, colors, we all suffer. And, you know, it’s region wide.
Our suicide rate is so high. If we could see that, you know, we’re making
baby steps to making this a better place. I mean, if you look at our
mission statement: to be the healthiest people in the world. Can you
imagine that? That’s a mission statement right there. And if we all had
that, you know that’d be awesome.

Recall from chapter two that the community health workers often talked about caring
for clients as community building, not just individual healing. The counselor’s
comments above about her participation in the grant program echo this sentiment.

Workers also used their participation in the training programs to reiterate their
commitment to client care. Clients played a central role in workers’ esteem-enhancing
identity work because they were, in most cases, sources of positive experiences at work.
Helping clients get better made workers feel good about themselves. Thankful and
appreciative clients counteracted the disregard workers felt from professional staff.
Thus, much of FLWs’ identity work focused on their relationships with patients. The
same “it’s all about the patient” rhetoric emerged in workers’ discussions of the training
programs.

This language first emerged in initial focus group discussions when moderators
asked workers what they were hoping to get out of the training programs. As one
worker put it, “I hope it just makes us better as caregivers and med aides and nurses
and everything.” Framing the programs as a way of being an even more effective
caregiver was also common after workers completed the programs. For example, the
behavioral health worker quoted below said that the training program helped her to be
more empathetic:
I think that for me it gave me more empathy for the clients. I'm looking at your little guy here, “promoting work based learning for quality care” and that's the bottom line right? The clients that we help here.

The “little guy” the worker is referring to is a stress ball incentive provided to focus group participants. On it was the tag line for the Jobs to Careers initiative: “Promoting work-based learning for quality care.” This tag line became a rhetorical device that the worker used to describe her participation in the program as reflecting commitment to quality care.

The nursing assistant quoted below also offered her participation in a J2C program as evidence of her commitment to top quality care. She links her decision to take a class on hospice care to her commitment to being the best caregiver she can be.

I've done the Hospice and the Palliative Care [class], which I like. The Hospice is when I have a patient that's going, I want to make sure they're comfortable. I want to make sure I'm doing the right thing. That's what I like. My motto is, treat everybody here that you're doing as if they're your own mother and father and how they wanted to be treated. And that's how I work. You know, other people say, "Well, I don't do that." But that's my philosophy. That’s how I was taught. Take care of your elders. I take care of my mother right now. My father is here, but I take care of my mother at home. And so I took the Hospice so I know when the last moments are here they're well taken care of and the family doesn't have to worry about it when they go home at night, because they know we're taking good care of them.

Casting the training programs as a way to provide even better care for clients demonstrates workers' use of education as a new rhetorical resource for their identity work. Authentic care workers, according to front line staff, put clients above all else. Just as FLWs claimed that working hard for little pay was evidence of their commitment
to care, the nursing assistant above offers her choice to take a hospice class as proof that she is truly devoted to helping.

This quote illustrates the overarching theme of workers’ integration of career advancement into the authentic care worker identity. Workers used their participation in the grant programs to bolster their claims to being noble, knowledgeable, and committed to top quality care. In doing so, workers presented self-images consistent with the ideal care worker, thus maintaining authentic selves.

The second main way that workers used the programs discursively to bolster their self-images was by claiming that their participation signified their new upwardly mobile career trajectories. With a few exceptions, the rewards workers received for completing the training programs were minimal. For example, only 17% of workers received a promotion and 50% of workers received a wage increase over the course of the grant period. Further, the median wage increase was $.58/hour, which translates into only $1185 in additional earnings over a year. Workers fared better in terms of

12 One grantee partnership supported workers in completing a licensed practical nursing (LPN) program. Workers who successfully completed this program and secured a LPN position experienced wage increases of up to $12.16/hour.

13 The Jobs to Careers programs were designed before the economic recession; however the outcomes were assessed during and after the recession. Thus, the limited outcomes may have been viewed so favorably by workers because they were achieved within a broader economic context of layoffs and stagnant wages.
educational rewards; however, most of the credentials were low-level certifications rather than more lucrative associates or bachelors degrees. Despite the minimal impact of the programs on participants’ class status, workers uniformly insisted that the programs enhanced their professional careers. Specifically, they said that the programs made them more skilled caregivers, gave them the confidence and motivation they needed to go further in their careers, and were stepping stones for future success.

When moderators asked workers what they got out of the programs, many workers insisted that it made them more skilled caregivers. For example, the worker quoted below said that she gained the confidence necessary to provide good care:

> The biggest benefit? It enabled me to grow as a person and therefore be a better counselor. I think the more self-assured, ah, self-aware, secure you are within yourself, you provide better services to the clients. If you’re more resolved. So I think that was huge for me.

Similarly, another worker talked about using what she learned in the program to get better “results” with clients:

> I just feel that the skills that I’ve learned over there that I’ve already applied over here, that it’s been like night and day with the difference of ease. To take what we’re doing and to bring it in here, apply it and see the results from the clients, then it’s like, wow, this stuff really works. Yeah, it’s good.

The preceding quotes demonstrate that workers not only insisted that they learned valuable information in the programs but also that this knowledge made them more effective in caring for clients. Some workers reported an immediate payoff of participating in the programs in the form of improvements to their ability to
successfully perform their jobs. In reporting this benefit, workers were able to even more firmly assert their identities as caregivers.

In addition to the immediate professional benefits of the training programs, workers also claimed that the programs set the stage for future career success. According to workers, the programs gave them the confidence and motivation that they needed to pursue advanced education. In most instances, workers said that they gained this confidence and motivation because they had been successful in the programs. This success, as the worker quoted below said, reduced their anxiety and bolstered self-confidence.

I definitely had this fear going into this. I was very scared when this started and I first applied for it, not really realizing what all was involved. I'll admit that. And then when they said, “Okay, well, you know now you have to do an interview. Okay, now you’ve got to go over here and do a typing test.” And I was like, “Oh, wow, a typing test. I hadn't thought about that. Okay.” And then they said, “Okay, you’ve got to go the college and do a placement test.” And that was really scary. So I was at the point at that time to say never mind. I’m not going to do it. I’m gonna drop out. I’m not doing no placement tests. There’s no way I can do that...At each step I was like, oh, never mind, I’m gonna quit this. I’m not gonna do this, you know? And then I would do it and, and do so well that it was like, wow, I can do this, you know? This is not a problem. So each step has been actually a renewing of my faith in myself. That has been good to know that I can do this. Whatever they throw at me, I can handle it. And so after two terms I'm feeling much more comfortable and not so scared and, you know, hey, I can handle this. And why not go on and get my associate’s degree, you know?

The worker quoted below describes a similar situation.

I hadn’t gone back to school. And [the training program] helped me get back into the groove of things. For me, the medical terminology class was kind of like a stepping stone. I said, ok, if I could, you know, learn something from this and be comfortable learning again – because I’ve been out of school since like ‘01 – I’m like, I can go back to school. And
that gave me the motivation. Like, “Yeah, that’s my window. My window has just opened. Let me jump in.” So that gave me the motivation to go back to school.

Many workers reported the biggest benefit that they received from participating in the programs was the confidence to pursue advanced education. This confidence, they said, would carry them far in their professional lives.

I think I feel a lot more confident. I feel a lot more responsible. I feel a lot more...I guess empowered to continue with my educational career and goals, and to serve as a model, so to speak, to other frontline workers, other health technicians. And you know, just lead the way for whoever and say it can be done. I don’t think I’ve accomplished anything yet personally, but I think I’ve made huge steps towards being a professional student and knowing what’s required of students who are going full time who might not have, you know, the workforce careers. So it’s a different aspect that I was not used to. So I’m getting a better feel as to what full-time students are up against on a daily basis. So I’ve learned that much. I see that change in me. And I think I’m a more well-balanced individual over all. Because this is additional work ethics that I’m gaining, which I didn’t have before. I might have [had them before]. But I’ve improved on them. So I feel a lot more well balanced. So I think that’s something I’ve gained.

FLWs wielded their improved skills and knowledge and newfound confidence as indicators of their professional development and improved career potential.

One could also argue that workers’ positive expressions regarding their participation in the program are more about their desire to reduce cognitive dissonance rather than their identity work (Festinger 1962). In other words, FLWs may be attempting to reconcile the fact that they participated in this program but yet did not receive substantial objective career rewards. Facing the incongruence between their participation and outcomes, workers reported these other less tangible rewards (e.g., confidence, feelings of competence, etc.) to make it seem “worth it.” I hesitate to
minimize the value or importance of the subjective outcomes workers reported, given the wealth of studies that demonstrate that intrinsic rewards are as important to job satisfaction as extrinsic rewards (Morgan, Dill and Kalleberg 2013) and given that trivializing the desire and commitment to care is a core reason why care-work jobs are bad (Glenn 2000; Stone 2000; Davies 1995). However, if these outcomes were less valuable to FLWs than objective rewards and workers did experience cognitive dissonance, it does not contradict my overarching argument. Theory on cognitive dissonance maintains that people are only motivated to reduce dissonance when it results in a threat to self (Sherman and Cohen 2006; Stone and Cooper 2001). Thus, the alternative explanation, that workers are attempting to reduce cognitive dissonance, still substantiates my underlying argument that workers are engaging the programs based on the meaning that they have for their self-conceptions.

FLWs, who had yet to experience much by way of upward mobility, were able to make sense of and find value in their program participation. They did so in ways consistent with embrace of their “caregiver” identity, and in ways consistent with the subculture of health care, a subculture that vaunts the importance of education and professional credentials. The Jobs to Careers program gave them the tools to present the identity they valued most (skilled and committed caregiver) and to align themselves more favorably with the status hierarchy in health care. In short, it helped them become better at what they valued and to feel more like insiders as the process unfolded.
DISCUSSION

While most of the academic literature stresses the importance of agitation and revolution to making a difference in direct care, the data for this study suggest that there are processes other than legislation and collective bargaining that compel employers to do better by their FLWs. The healthcare sector is a high growth sector that struggles to meet the skills and labor force needs of its employers, particularly at the level of frontline work. The features of frontline work contribute to these challenges. Thus, the J2C employers chose to create mobility opportunities largely within the context of trying to recruit and retain an adequate and well-prepared direct care workforce.

Conditions seem to be conducive to increased employer investment in frontline jobs. The Jobs to Careers grantees’ accounts for why they were motivated to invest in their FLWs are consistent with trends in the health care industry. For example, several grantees cited the desire to provide culturally competent care as their motivation for developing their FLWs. Several prominent groups have released formal statements naming cultural competence as integral to high quality care (Association 1991), and there is a proliferation of research exploring what this means and how to provide it. This has placed greater attention on FLWs because of their perceived ability to deliver this care easily. Given that the Affordable Care Act, by extending insurance coverage to medically underserved groups, will likely bring even greater numbers of marginalized populations into the health care system, demand for the linguistic and cultural
proficiency of FLWs may continue to rise along with their value to the health care system.

In addition to increased demands for and valuing of culturally competent care, a second source of pressure to develop frontline workers seemed to relate to recent health information technology legislation and innovations in care delivery. Grantees who focused on Health Information Technology adoption seemed to be taking their cue from the HITECH ACT, which provides directives and funding for innovations such as electronic health records and health information exchanges. In terms of care innovations, there is a rise in pay-for-performance reimbursement models where insurance companies pay health care organizations based on the quality of services they provide. These new payment models have spawned numerous quality improvement initiatives led by public and private organizations. Both industry changes have created the need for new skill sets and roles for low-wage workers that require formal education and training. The J2C employers were willing to sponsor and reward this education in order to remain up to date and profitable. This suggests that technological and care delivery innovations may compel other employers to invest in FLWs as well.

Shortages in mid-level positions, particularly nursing, seemed to be a third source of pressure for employers to attend to FLWs. Experts offer many strategies to address shortages in health care workers. Several J2C grantees chose to “grow their own.” The economic downturn has created a temporary abatement of many health care worker shortages. However, experts suggest that once the economy stabilizes,
shortages will return in full force, perhaps even stronger. Further, Bureau of Labor Statistics predictions estimate exponential growth in the demand for many allied health workers. If this is the case, employers may look once again to sponsoring their own lower-level workers’ education to meet labor force needs.

The last set of conditions that might compel employers to take high road strategies with FLWs relates to the nature of frontline work. That employers would identify skills’ deficits as a driving force for their interest in developing frontline workers is somewhat ironic. Part of what makes these jobs bad is that they do not require or provide standardized training. Instead, workers tend to learn informally and on the job from co-workers. It seems like employers are beginning to understand that this is not an effective way to learn and that this sporadic method is problematic for the functioning of their organization. In this way, the characteristics of frontline work are what create pressures to change.

Similarly, a wealth of research documents the extremely high turnover rates in frontline positions (Castle 2006). Turnover correlates strongly with bad job characteristics such as low wages and lack of standardized training. A couple of grantees acknowledge this in their proposals. From a worker advocacy standpoint, this is problematic. The question is whether employers are troubled by high turnover. These results suggest that they are, because they believe it to have a negative impact on their bottom line and quality of care. Thus, the badness of these jobs has created a problematic situation (turnover) that employers are forced to deal with.
It seems, then, that there are a number of pressures related to the nature of FLW jobs, industry changes, consumer demands and occupational shortages that created circumstances that force employers to consider improving working conditions or creating advancement opportunities for FLWs. Perhaps these conditions will persuade the Jobs to Careers grantees to sustain the improved opportunities created through the program or persuade other employers to follow suit.

However, “the availability of job mobility options is a necessary but not sufficient condition to motivate employees to pursue job mobility options” (Ng et al. 2007). The particular ways that people choose to engage these opportunities reflects the agency component of the mobility process (Scully-Russ 2005). FLWs engaged the J2C opportunities based on their self-conceptions. As self-efficacy theory predicts, the most common consideration that FLWs talked about in focus group discussions was whether or not they could be successful. Previous experiences of failure and a general lack of confidence in their skills made workers believe that they could not be successful. Thus, many workers were initially hesitant to enroll. That self-efficacy perceptions play an integral role in workers’ willingness to take advantage of the mobility opportunities associated with the J2C program is not a novel finding, but necessary to include given its importance.

Despite initial reluctance, workers did enroll and persist in the programs. They felt pressured to do so because the programs discredited their usual justification for opting out of education and training. Once the grantee organizations created
educational opportunities that were financially doable (tuition assistance, paid educational release time) and convenient (onsite classes), workers’ initial accounts for not pursuing advanced education became less credible. Opting in to the program came to be seen as the wise, socially desirable choice.

That workers participated in the program and toughed it out because they felt there were no excuses for them to do otherwise suggests that engagement with mobility opportunities is linked to social and interactional accountability. In other words, people are unlikely to pursue courses of action for which they cannot provide acceptable accounts (Mills 1940). What is an acceptable account can be gleaned both from the situation and group to which the account is directed, as well as a person’s ongoing self-narrative. That is, people have to provide accounts that fit within a specific shared definition of the situation (e.g., in America, career success is admired) and align with ongoing self-narratives (e.g., I said that I would pursue career advancement, if only there weren’t all these barriers in my way) (Scott and Lyman 1968). Both types of accountability were present in workers’ discussions of their somewhat begrudging choices to enroll in the programs.

This line of thinking is consistent with the literature on gender biases in career-related decision-making. The argument is that people choose careers that they believe will be seen as acceptable by others, given their gender (Gottfredson and Brown 2002; Gottfredson and Lapan 1997). Recent literature also suggests that women tend to cite family demands to justify exiting the workforce or working part-time when other
factors had stronger influence on the decision because gender ideology renders family considerations an acceptable account for career choices (Stone 2007). This gendered accountability, the argument goes, is at least partly responsible for occupational segregation. The results I have presented suggest a more generic process. That is, people take into consideration what they can provide an acceptable account for when constructing courses of action related to their careers. In the case of frontline workers, the expected course of action – expected by their supporting supervisors – was to enroll and persist in the grant programs. Thus that is what they did.

A few workers, however, were skeptical and resentful of the programs. After exploring this resistance in focus group discussions, it became clear that these workers viewed the programs as an extension of the devaluation they experienced in their daily work. Their attempt to avoid yet another dignity threat suggests that people consider how mobility opportunities will make them feel about themselves. In this case, workers seemed to consider whether these programs would make them feel valued. After concluding that they would not, these workers were skeptical and resentful.

To summarize, when deciding whether to enroll in the programs, workers considered whether or not they would be successful, what they could offer an acceptable account for doing, and whether or not they would experience the same dignity threats in the program as they faced in their daily work. These considerations map closely onto the core self-motives that regulate behavior: efficacy, consistency, and self-worth. The need to feel competent (self-efficacy motive), authentic (self-
consistency motive) and valued (self-worth motive), are some of the most fundamental regulators of human behavior (Gecas 1982; Howard 1994; Ezzy 1998; Yardley 1987). The power of these needs was evident in workers’ attempts to avoid the programs so as not to fail, in their acquiescence to participating so as to maintain consistency with their ongoing narratives of work and education, and in their resistance to the perceived dignity threats associated with the programs.

In addition to choosing course of action that they believed would minimize self-threats, workers also attempted to fulfill self needs discursively. Workers used their participation and success in the programs to bolster their esteem-enhancing identity work. That workers used the training programs to affirm their identities as caregivers suggests that individuals are more likely to embrace job-related opportunities that are consistent with valued identities. Recent theory on union organizing among care workers invokes workers’ attachment to authentic care. The pull and push of women into care work rests on the notion that people who do this work are passionate about and committed to care. Labor organizing’s focus on improving working conditions, wages, and benefits can be at odds with the care worker identity, especially if workers imagine that strikes might compromise patient care (Gerrick 2003). Yet, these organizing efforts could result in much needed improvements to paid care work (Rhee and Zabin 2009). Thus, some scholars are calling for organizing that explicitly emphasizes quality of care (not just better working conditions) and that frames care work as a moral imperative and public good (Cobble 2010). The results of this study
concur that this might be a good strategy. Workers cared a great deal about their caregiver identities. If this motivated them to participate in the Jobs to Careers program, it could motivate them to join a union.

Lastly, workers’ stories of professional growth and career potential in the face of limited achievement suggests that cultural discourses of mobility are important to consider when trying to understand how people make sense of mobility opportunities. Participation in the training program opened the door for workers to claim competence in ways that were more in line with the status quo and thus bolstered their esteem-enhancing identity work. Workers described their experiences in the program in ways that were consistent with cultural narratives of professional achievement and growth. Clearly, they had learned how to talk about their experiences in socially-approved ways. The question is, where does this story go from here? Do workers get a payoff from their additional education, bolstered self-confidence, and new self-understandings? Or do other barriers to mobility arise to thwart their aspirations? If the latter occurs, the workers will have to again revise the more hopeful narratives they took from the Jobs to Careers Initiative.
Chapter 5: Conclusion

Integrating self and self-concept theory into the study of mobility processes

The overarching goal of the dissertation was to specify how self and self-concept theory could inform dual theories of mobility. I argued that such a pursuit was worthwhile, given that this body of research provides a useful explanation of human behavior and how that behavior is both a source and consequence of social structure. Both of these strengths contribute to a more comprehensive and sophisticated understanding of how individual and structural processes interact to shape mobility. The dissertation findings suggest that self-theory contributes to dual theories of mobility in four ways.

First, self theory’s premise that structure influences self-conceptions allows us to see that the same kinds of structural processes that constrain or enable mobility opportunities also make certain orientations towards job shifts more likely than others, because these processes have implications for people’s self-conceptions. For example the heavily credentialized nature of healthcare restricts FLWs’ ability to move up within their industry or workplaces. To enter higher level jobs, FLWs must obtain additional advanced education. Being at the bottom of the healthcare occupational hierarchy also seems to restrict the social psychological orientations that are conducive to seeking advanced education. More specifically, the structure and culture of FLWs’ jobs and workplaces influenced their confidence in their ability to successfully engage in the kinds of activities that are beneficial when pursuing upward mobility.
Some features of FLWs’ jobs and workplaces had a negative impact on workers’ career self-efficacy. For example, the survey data showed that low wages and inflexible work schedules were significantly associated with decreased career self-efficacy. Other working conditions, such as organizational support for career development, had a positive impact on workers’ career self-efficacy. Given that self-efficacy influences the likelihood of engaging in a task and persisting in the face of obstacles, workers’ career-related self-efficacy was a potential hindrance or aid to workers’ mobility prospects. The point here is that the workers’ career self-efficacy should be understood, at least in part, as a consequence of structural conditions. Jobs and workplaces, then, can bolster or undermine the self-conceptions that are beneficial to pursuing upward mobility. Current research overlooks this social psychological process when studying mobility.

Self and self-concept theory can also help us see how self-constructions underlie mobility-relevant behavior. Social psychologists conceptualize the self as a social object that is constructed through interactional processes. This view stands in stark contrast to dual theories of mobility that conceptualize personality, capability, capacity, and disposition as more or less fixed individual characteristics. On the contrary, as I have shown, the dissertation findings demonstrated that FLWs actively constructed an occupational identity, and these constructions changed as circumstances changed.

In the beginning of the study, FLWs defined the authentic caregiver as noble, naturally talented in providing high quality care, intrinsically motivated, and personally invested in clients. FLWs also insisted that as low-wage workers in demanding jobs who
had children, they could not pursue and complete advanced education and that they did not want to pursue higher status work because they enjoyed direct care. By the end of the study, workers described themselves as still committed to clients and skillful in their work, but now appreciative of expert knowledge and interested in upward mobility. This shift calls attention to the dynamic nature of people's self-constructions.

It also demonstrates the point that these self-constructions are intimately connected with the social situations that people find themselves in. FLWs’ oppositional identity work reflected attempts to counteract the dignity threats associated with their jobs and workplaces. Workers needed to find ways to feel good about themselves even though they were held in low regard. The conditions of their work and workplace compelled FLWs to construct the authentic caregiver identity.

These conditions also supplied the discursive tools workers used in their identity constructions. FLWs used the discursive resources embedded in their interactions with clients, co-workers and supervisors, and the social systems they moved within, to construct and police authentic care work and to account for their past, current, and future career-related behavior. For example, FLWs used organizational rhetorics about the moral virtues of care (e.g., the story of the Good Samaritan told by the hospital executive) and the role of community health centers in meeting the needs of medically underserved populations in their descriptions of frontline caregiving as virtuous. In addition, FLWs offered clients’ expressions of appreciation as evidence that they were good caregivers. Constructionist views of the self, then, demonstrate both the
dynamic nature of self-conceptions as well as the inseparability of individuals and social systems.

To understand how self-constructions become consequential for mobility, we must turn our attention to the role of symbolic representation as it relates to behavior. People attach meanings to the social objects in their environments (Stryker and Vryan 2006). It is these meanings that guide actions: “People are guided to act in certain ways and not others on the basis of the projections, expectations and memories derived from a multiplicity but ultimately limited repertoire of available social, public and cultural narratives” (Somers 1994: 614). “In the end, we become the autobiographical narratives by which we tell about our lives” (Bruner 1987: 15). Thus, workers’ self-constructions serve as a foundation for guiding behavior.

Early on in the study, these self-constructions undermined the kind of behavior that would help FLWs secure higher class status. Workers constructed an occupational identity (the authentic caregiver) that encouraged rejection of formal education and training, and attachment to direct care. Further, because these workers are predominantly women and minorities, such views confirm the racialized and gendered expectations regarding career preferences, thereby reinforcing the ideological contributions to their low class status. To be clear, these constructions were a set of identity-adaptations to working conditions that were already quite bad. However, embracing a caregiver identity could thus entrench workers within low-wage labor. By
the same token, workers’ upwardly mobile narratives at the end of the study could improve their mobility prospects.

Thus, workers’ identity work influenced their likelihood of participating in various career-related activities. To the extent that this sense-making encouraged negative views of career-related activities, FLWs’ mobility potential was diminished. To the extent that it encouraged more positive views of career-related activities, workers’ mobility potential was enhanced. Therefore, focusing on values, personality, and capacity alone, as current research does, will not capture the full scope of the individual factors that influence mobility-relevant behavior. More attention should be placed on self-constructions as well.

The third contribution of self and self-concept theory to dual theories of mobility demonstrated by the dissertation findings is that it introduces a motivational dynamic that current research overlooks: self-motives. Current dual theories of mobility argue that people make mobility-relevant decisions based on their interests and perceptions of success potential. My findings suggest that people make mobility-relevant decisions based on whether they believe a course of action will meet the fundamental self needs that motivate behavior.

The three core self-motives are efficacy, self-worth and consistency. A wealth of research explores how the self-efficacy motive guides career-related choice and behavior (Lent et al. 2002). The consensus is that people choose career paths and engage in career-related behavior that they believe they will perform competently. The
data in this study substantiate the importance of self-efficacy in career-related behavior and extends the implications to include mobility. Workers were reluctant to trade the feelings of competence they experienced in their current jobs for uncertain success in education or higher status jobs, and thus were reluctant to pursue these activities. Also as self-efficacy theory predicts, workers who experienced increased self-efficacy as a result of participating in the programs expected this confidence to continue and to carry through to their future career pursuits.

In addition to self-efficacy, the influence of other self-motives were evident as well. Workers also seemed to think about mobility based on the extent to which it allowed them to maximize self-worth and to maintain authentic identities. For example, FLWs’ said that they were reluctant to leave direct care jobs in pursuit of higher status work in healthcare because they would have less interaction with clients. One could reasonably argue that workers were concerned about having fewer opportunities to experience the self-esteem boosts associated with interacting with clients. A third example of the self-worth motive emerged in discussions with workers who spoke negatively of the J2C programs. These workers rejected the programs because they viewed it as a continuation of the dignity threats they already experienced at the hands of their employers. Theory on the self-worth motive, which argues that people engage in behavior that maximizes self-worth and avoids situations that threaten it, helps to explain workers’ views of mobility (Sherman and Cohen 2006).
Evidence for the importance of the consistency motive emerged when FLWs were discussing the Jobs to Careers programs. Workers made sense of the programs in relation to their ongoing self-narratives. When asked why they had not pursued higher education in the past, some FLWs admitted that they simply did not want to go back to school. However, a substantial group said that they were interested and had even tried before, but could not be successful because childcare demands, limited financial resources, and inflexible work schedules made it too difficult. When many of the Jobs to Careers programs developed supports to decrease these barriers, several FLWs admitted that they somewhat reluctantly enrolled in the Jobs to Careers programs because opting out would contradict their earlier accounts for why they had not pursued advanced education. Workers felt compelled to act in accordance with their previously offered narrative accounts of wanting to go back to school but being thwarted due to circumstances beyond their control. This finding is consistent with theory on the consistency self-motive which states that people strive to maintain consistency in their self-constructions and behaviors (Ezzy 1998).

The desire to maintain consistency with self-narratives was also demonstrated in the ways that workers integrated the J2C programs into their caregiver identity work. Workers framed their participation in the programs and new career aspirations in ways that were consistent with the caregiver identity. For example, taking classes was described as further testimony to FLWs’ commitment to providing the best possible care.
When considering mobility, then, it seems like workers wanted to maintain consistency with their ongoing self-narratives, to feel good about themselves, and to feel competent. These findings are consistent with self-theory’s conceptualization of the motivational components of the self. Future research should study the role of self-motives in mobility processes.

The last contribution of self and self-concept theory to dual theories of mobility suggested by this study is a reminder that mobility is not simply an event, but rather a social object imbued with meaning. The many instances of workers invoking mobility as part of their identity work support this conclusion. In early focus group discussions, for example, workers described their progression from non-direct care jobs to frontline jobs as indicative of mobility, even though these jobs all fit squarely within conceptualizations of “bad jobs.” The nobility of the work and the potential to advance, they argued, are what made these jobs better. Similarly, workers insisted that their successful completion of the training programs indicated professional growth and strong potential for future career success despite having achieved little by way of career progression. These claims were a part of workers’ esteem-enhancing identity work. In short, the concept of mobility was one discursive tool that frontline workers used to present desirable selves. Mobility, was important, then, as both possible fact and as an element of talk. Future research should explore how individuals negotiate the meanings attached to mobility.
Taken together, my findings suggest that frameworks for understanding the dual role of structural and individual processes in shaping mobility would benefit greatly from including social psychological theories of the self and self-concept. Figure 1 depicts a conceptual framework that reflects this integration. It demonstrates that structural processes, such as the status and tasks associated with a job, workplace policies and culture, and industry and labor market processes shape people’s mobility-relevant experiences. Through these experiences people develop self-conceptions – with the goal of feeling authentic, competent and worthy – and then act to implement these desirable selves. The likelihood of mobility depends, in part, upon the extent to which the content of these desirable selves aligns with behavior that is beneficial for upward mobility. But ultimately, structural processes shape which selves are most likely to be claimed and enacted.
Figure 1: Conceptual framework
IMPLICATIONS

This study was a matter of academic import in that there was a strong need for empirical exploration into dual mobility theories. Empirical evidence allows researchers to confirm, refute, or refine the propositions contained in dual mobility theories and thus advance the accuracy and utility of these theories. This study was a matter of practical import as well. Care work advocates have been theorizing and strategizing on potential pathways to higher class status for frontline workers for decades but have achieved limited real-world improvements. Understanding viable pathways at both the employer and worker level may help to inform these efforts and translate into more widespread improvements to frontline work.

The conclusions presented above have several theoretical, methodological, and practical implications. For example, despite the fact that theory on career self-efficacy acknowledges that efficacy beliefs are continuously formed throughout life, typically research on career self-efficacy is conducted with youth and adolescents. Further, researchers focus primarily on schooling experiences and cultural ideology as important sources of career self-efficacy, and pay little attention to experiences at work. Little theory or empirical research has explored the career self-efficacy beliefs of adults nor the role of work experiences in shaping career self-efficacy. The findings of this study demonstrate that career self-efficacy is important for adults’ work trajectories and that work conditions play an ongoing role in affecting career self-efficacy beliefs.
Future research should study the sources and consequences of career self-efficacy in adults.

A conceptualization of the self and mobility as constructed necessitates a methodological shift in the study of mobility. Most studies of mobility are quantitative. Scholars seek to relate individual, organizational, and community-level measures to patterns of occupational and job shifts. To explore mobility processes of the kind identified here, qualitative methods are more appropriate. Specifically, soliciting people’s life narratives would allow researchers to capture people’s understanding of themselves and their situations and to analyze how these meanings have relevance for their mobility potential. Studying cultural discourses of work and achievement may also shed light on how people perceive mobility constraints and opportunities.

In addition to refining existing dual theories of mobility, the findings of this study also have real world implications for the mobility potential of FLWs. Frontline health care work is highly feminized and racialized work. Frontline health care jobs are heavily dominated by women; seventy-nine percent of the frontline workforce is female, and 32 percent are African American, Hispanic, or Asian (RWJF 2006). They also have many “bad job” characteristics as defined by Kalleberg, Reskin and Hudson (2000), such as low pay and few benefits. For example, as of May 2011, nursing aides, orderlies and attendants, the highest paid direct care occupational category, earn a median hourly wage of $11.63 (Bureau of Labor Statistics 2011). Fewer DCWs in long-term care (41 percent) than other workers (53 percent) receive employer-based health insurance,
and one third of female DCWs live in families whose income is at or below 150 percent of the poverty level (Potter, Churilla, and Smith 2006). Given the second-class working conditions and overrepresentation of women and minorities, studying the mobility processes associated with frontline work overlaps with equality concerns.

From a practical perspective, the dissertation findings suggest that to create upward mobility for FLWs, institutional and individual processes must be addressed. At the institutional level, the upward mobility strategy likely to be most effective is to improve the status and working conditions of workers’ current jobs. The data show that some workers will not pursue career opportunities simply because they do not want to. Rather than consider this position a deficiency in need of remedy, advocates would do well to re-structure these jobs such that the desire to care does not equate to inability to earn a family wage. Further, “the very assumption that workers in entry- and lower level line positions should want to progress into supervisory and/or managerial positions is based on the middle-class, White, male, North American value system, which individuals from other cultures and lower SES may not share, or have access to” (Shinnar 2007: 366 - 367).

As I described above, direct care jobs affirm workers’ self-understandings and provide feelings of competence and self-worth. These workers, unlike many workers,

14 Most research on low-wage workers in healthcare at this point has been done in long-term care settings (i.e., nursing homes and home health agencies). Research on frontline workers in other healthcare settings is extremely limited.
do not experience a sense of alienation from who they are and what they do. They take
great pride and satisfaction for helping people. They will continue to hold these jobs as
long as they are receiving these benefits. What FLWs lack is the respect and
compensation that they believe they deserve as human beings and as individuals doing
noble work. To evaluate their mobility chances based on the extent to which they
choose and pursue higher status and better paying jobs reinforces the devaluing of
those jobs and ignores the biggest potential for their mobility – rewarding the work
they already perform.

Conditions seem to be conducive to increased employer investment in frontline jobs. The Jobs to Careers grantees’ accounts for why they were motivated to invest in
their FLWs are consistent with trends in the health care industry. For example, several
grantees cited the desire to provide culturally competent care as their motivation for
developing their FLWs. Several prominent groups have released formal statements
naming cultural competence as integral to high quality care (Association 1991), and
there is a proliferation of research exploring what this means and how to provide it.
This has placed greater attention on FLWs because of their perceived ability to deliver
this care easily. Given that the Affordable Care Act, by extending insurance coverage to
medically underserved groups, will likely bring even greater numbers of marginalized
populations into the health care system, demand for the linguistic and cultural
proficiency of FLWs may continue to rise along with their value to the health care
system.
In addition to increased demands for and valuing of culturally competent care, a second source of pressure to develop frontline workers seemed to relate to recent health information technology legislation and innovations in care delivery. Grantees who focused on Health Information Technology adoption seemed to be taking their cue from the HITECH ACT, which provides directives and funding for innovations such as electronic health records and health information exchanges. In terms of care innovations, there is a rise in pay-for-performance reimbursement models where insurance companies pay health care organizations based on the quality of services they provide. These new payment models have spawned numerous quality improvement initiatives led by public and private organizations. Both industry changes have created the need for new skill sets and roles for low-wage workers that require formal education and training. The J2C employers were willing to sponsor and reward this education in order to remain up to date and profitable. This suggests that technological and care delivery innovations may compel other employers to invest in FLWs as well.

Shortages in mid-level positions, particularly nursing, seemed to be a third source of pressure for employers to attend to FLWs. Experts offer many strategies to address shortages in health care workers. Several J2C grantees chose to “grow their own.” The economic downturn has created a temporary abatement of many health care worker shortages. However, experts suggest that once the economy stabilizes, shortages will return in full force, perhaps even stronger. Further, Bureau of Labor Statistics predictions estimate exponential growth in the demand for many allied health
workers. If this is the case, employers may look once again to sponsoring their own lower-level workers’ education to meet labor force needs.

The last set of conditions that might compel employers to take high road strategies with FLWs relates to the nature of frontline work. That employers would identify skills’ deficits as a driving force for their interest in developing frontline workers is somewhat ironic. Part of what makes these jobs bad is that they do not require or provide standardized training. Instead, workers tend to learn informally and on the job from co-workers. It seems like employers are beginning to understand that this is not an effective way to learn and that this sporadic method is problematic for the functioning of their organization. In this way, the characteristics of frontline work are what create pressures to change.

Similarly, a wealth of research documents the extremely high turnover rates in frontline positions (Castle 2006). Turnover correlates strongly with bad job characteristics such as low wages and lack of standardized training. A couple of grantees acknowledge this in their proposals. From a worker advocacy standpoint, this is problematic. The question is whether employers are troubled by high turnover. These results suggest that they are, because they believe it to have a negative impact on their bottom line and quality of care. Thus, the badness of these jobs has created a problematic situation (turnover) that employers are forced to deal with.

It seems, then, that there are a number of pressures related to the nature of FLW jobs, industry changes, consumer demands and occupational shortages that created
circumstances that force employers to consider improving working conditions or creating advancement opportunities for FLWs. Perhaps these conditions will persuade the Jobs to Careers grantees to sustain the improved opportunities created through the program or persuade other employers to follow suit.

Even if opportunities do increase for FLWs, this will not be sufficient for upward mobility. Another bridge must be built at the individual level as well. That is, opportunities must be offered in ways that seem sensible and attractive to those targeted. First, FLWs must be encouraged to think success is possible. Second, opportunities must be desirable. Third, employers must offer some immediate psychic rewards to workers who try to advance in their careers. Only if these conditions are met will FLWs be likely to strive for whatever objective opportunities that might exist. Researchers and care work advocates must acknowledge this important finding in their work if they are to understand and influence the career choices of FLWs.

LIMITATIONS

There are three main limitations of this study. First, the use of frontline health care work as a case study for understanding how self and self-concept theory can inform dual theories of mobility may limit the generalizability of these findings. A central theme running throughout the dissertation findings is that features of frontline work were important to understanding their mobility potential. The strict occupational hierarchy within healthcare was also important. However, such deleterious working
conditions and strict and complex hierarchies are not present in all industries. It could be that industry and occupational processes had such pronounced influences on workers’ self-conceptions such that there were mobility implications because frontline work is so intimately shaped by discourses of status. That is, it may be the status processes – or more accurately status threats – associated with frontline work that made self-processes so integral to their mobility potential. While the self-processes I have described are widely applicable for explaining behavior, it is not clear whether they would emerge as prominently as they did in this study if the focus was on other kinds of work. Thus, future research should study the role of self-processes in shaping mobility in other occupational contexts.

Second, the Jobs to Careers grantees are in the progressive minority when it comes to worker development. In fact, many employers are “deskilling and devaluing workers as well as restricting them to narrowly defined jobs that are predicated on tight supervision, redundant tasks, low wages, and few developmental opportunities” (Scully-Russ 2005: 255). These organizations’ willingness to try developing their frontline workers suggests organizational conditions better than average. Frontline workers in general likely face more severe barriers to mobility than those observed. The data in this study, then, do not likely reflect the severity or full range of barriers that frontline workers face in pursuing better jobs. Future research should study frontline workers in employers who are less invested in FLW development.
The last limitation of the study is the potential selection bias of the FLWs who were interviewed. While all participating FLWs were solicited for the surveys, the evaluation team worked with a liaison within each J2C program to identify and recruit a sample of FLWs to participate in the interviews and focus groups. This method was chosen in light of finite resources (it was not feasible to interview all participating FLWs) and for purposes of practicality (J2C staff had convenient access to and authority over FLWs for recruitment and scheduling purposes). However, given that the data were collected within the context of a program evaluation, it is probable that the grantee liaisons chose FLWs who were the most positive about their career opportunities and successful in the specific J2C programs. Further, the evaluation team did not interview any FLWs who had dropped out of a J2C program. FLWs who are less interested or involved in pursuing better jobs or advanced education have less representation in the data. Thus, the case under study here might be even more specifically defined as upwardly mobile FLWs, and less indicative of FLWs in general.

Despite these limitations, the multi-site Jobs to Careers program provides an interesting opportunity to study the micro processes of mobility in detail. The generalizability of these findings may be limited. But the theoretical, methodological, and practical issues these findings have raised have important implications for future work. The bridges and barriers to upward mobility are both symbolic and structural. Attention to self-processes is crucial to understanding this duality.
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