

ABSTRACT

Title of Document: THE STATE AS PUBLIC EMPLOYER: THE ORGANIZATION AND CONDITIONS OF WORK AND HEALTH OUTCOMES.

Kim Bach Nguyen, Ph.D., 2008

Directed By: Professor Leonard I. Pearlin, Department of Sociology

The last century featured enormous strides in establishing the link between work and well-being in contributing to persistent racial health inequalities in the U.S. Despite the impressive body of sociological literature that has been amassed on the role of work in contributing to disparities in racial well-being, however, as yet we know little about the structural *origins* of these inequalities or how the distribution of health across racial groups is linked to larger socioeconomic processes. Because the relationship between work and well-being has chiefly been studied by linking proximate job conditions to individual health outcomes, prevailing inquiries tend to neglect larger social forces setting those very mechanisms into play. The state – as public employer – has largely been overlooked despite the central role it plays in structuring those very proximate job conditions, which in turn bear on individual experience. This is particularly the case for African Americans, for whom state

intervention has been a potent force in propelling their occupational advancement in the post war period.

The central aim of this dissertation is to examine the relationship between the conditions of work and health disparities and to incorporate public employment and its organizational correlates into our vision of the process. Guided by promising leads offered by theory and research on the welfare state and labor markets, organizations and workplace inequality, and work and well-being, several pathways were identified linking sector of employment and jobs conditions to individual health. Drawing on survey data from the Aging, Stress, and Health (ASH) Study, preliminary evidence suggests that public employment plays an indirect role in enhancing individual health through fashioning the organizational context of the workplace. The structure of opportunities serves as a critical intervening link between sector and other job conditions, which in turn, bear on well-being. In sum, sector plays a role in affecting individual well-being by creating the concrete realities under which people work and the extent of their exposure and vulnerability to stressful conditions. While an indirect relationship between sector and health exists for all workers, however, the association was not found to be especially consequential for women and blacks.

THE STATE AS PUBLIC EMPLOYER: THE ORGANIZATION AND
CONDITIONS OF WORK AND HEALTH OUTCOMES.

By

Kim Bach Nguyen.

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Advisory Committee:
Professor Leonard I. Pearlin, Chair
Associate Professor Donna Howard
Associate Professor Meyer Kestnbaum
Associate Professor Jeffrey Lucas
Professor Reeve Vanneman

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CHAPTER ONE

INTRODUCTION

1.1 Introduction

To locate the sources of social order and disorder, seminal accounts in sociology set their sights on the broad canvas of larger social structures, whether it was the extent of a society's integration and regulation for Durkheim or the structure of economic relations in capitalist society for Marx. Contemporary sociological inquiries into psychological outcomes, however, represent a marked departure from these early works. Even as an impressive body of literature has directed attention to the physical and mental health disparities that often arise from people's social and economic location within systems of inequality, a micro level framework examining the immediate milieu in which people live has been widely adopted in this effort. Sustained attention to the proximate structures and processes has yielded valuable insights into an array of potential risk factors, yet such inquiries tend to neglect the overarching social forces setting those very mechanisms into play. As a consequence, we know a great deal about the distribution of well-being across social statuses and the immediate conditions bearing on individual experience, but less so with regard to how those divergences transpire precisely or how they might relate to larger social and economic structures.

Emerging from the amassed scholarship, however, has been increasing recognition of how the move away from core issues of the discipline and the inattention to origins are intertwined (Link and Phelan 1995; Pearlin 1989). In

particular, Link and Phelan have called for examining what they term the “fundamental causes of diseases” in medical sociology. By neglecting social conditions, intervening mechanisms merely assume different forms over time. Truly understanding the association between proximate conditions and health requires turning our analytic attention to the broader dimensions of social organization. In doing so, the effort will also productively link medical sociology to core sociological interests (Link and Phelan 1995; Pearlin 1989).

Pescosolido and Kronenfeld (1995) further underscore the importance of this much needed synthesis. Without reading widely across the subfields of the discipline defined by social institutions and processes, they argue, raises questions as to the limitations of medical sociology’s prevailing approach as well as to whether it can offer cutting-edge syntheses in the growing trend toward multidisciplinary research – a movement that demands greater fundamental understanding of sociology’s conceptual and methodological toolkits. Unless we are hospitable to integrating perspectives within our own discipline can the continued vitality and relevance of medical sociology be ensured. Indeed, part of the inability of sociological work on mental health to penetrate others areas or even the core of the discipline Fenwick and Tausig (2007) have argued, is “the absence of research that links the unequal distribution of mental health outcomes across individuals and groups in society to more general structural dynamics that routinely produce and reproduce unequal outcomes in the distribution of other social, economic and psychological rewards, such as income, wealth, status, power and cognitive abilities” (143).

Given the necessary attention it must pay to the larger economy, studies of work and well-being are potentially among the most promising lines of inquiry for forging ties between medical sociology and the broader discipline. With that view, this proposal seeks to engage more directly in and integrate theory and research on the state and organizations to extend our outlook beyond the immediate features of labor arrangements to their connection to larger structural dynamics. Specifically, the central aim of this proposed dissertation is to examine the relationship between work stratification and health disparities and to incorporate public employment and its organizational correlates into our vision of the process. It is my position that the public sector plays an indirect role in enhancing individual health through fashioning the structural and organizational context of the workplace, relative to private industry. These intermediary features include regular opportunities for pay and promotion, the racial composition of the work setting, and the specific characteristics of the job. I anticipate this politically-mediated relationship, furthermore, to be especially consequential for blacks, women, and blacks at the higher end of the economic spectrum, specifically.

To inform these claims, I complement social psychological perspectives on well-being with politically-mediated approaches and organizational theories commonly employed to explain economic inequalities to demonstrate how these processes equally apply to health disparities. While not studied directly, the collective insights drawn from these various perspectives offer a context for understanding and tracing the relationships among sector of employment, organizations, work conditions, and health. This effort shares an affinity with what Fenwick and Tausig (2007) have

recently termed “the political economy of stress,” a model they set forth to explicitly link the distribution of individual mental health outcomes to “socioeconomic structures and processes that operate both on the macro/societal level and the meso/organizational level. Such an approach directly inserts mental health research into the research discourse of other sociological subfields and links it to central sociological questions of social organization and social inequality” (143).

Indeed, the present analysis is highly sensitive to the role the political economy plays in shaping the work-related health outcomes of women and minorities for several reasons. To begin, few institutions are left untouched by capitalism, especially the occupational structure. True to form, much of the structure of work in the U.S. hews to the principles of the free market. Even a capitalistic economy, however, is not without shelters. Distinct from the free market and its profit motive, the state as public employer operates on an entirely different set of principles and practices – one relatively committed to ensuring greater social equality – albeit to somewhat varying and at times contradictory degrees. Given the health of embodied selves depends on socially structured opportunities for creating the conditions for well-being, investigating the polity becomes vital to understanding health outcomes. This is particularly true for African Americans, for whom state intervention has been a potent force in propelling their occupational advancement in the post war period. As Sharon Collins (1983; 1997a; 1997b) has argued, progress has critically depended on politically mediated action rather than the demands of the free market.

The state has played such a pivotal role in advancing the position of blacks in the U.S. that no assessment of their status with respect to labor arrangements would be

complete, arguably, without also attending to their experience in the public sector. While it is widely recognized that discriminatory labor arrangements are essential to stratifying life experiences and consequently health outcomes, however, public employment continues to be a neglected site of inquiry despite the central role it plays in structuring – and possibly inhibiting – those very proximate job conditions and organizational processes, which in turn bear on individual experience. In not systematically incorporating such broader structural dynamics, moreover, we lose sight not only of the origins of racial inequality but also of potential protective factors that may help mitigate work-related health disparities for women and minorities. To ignore the state when considering the general status of these groups as it relates to work and well-being, then, is a deeply flawed strategy. In light of its significance, the public sector merits greater theoretical and empirical attention than it customarily receives.

1.2 Significance of the Inquiry

At the same time, very concrete matters – and not merely issues of conceptual and empirical validity – are at stake. In the U.S., there is continuing and contentious debate over the extent of the state’s responsibility for the well-being of its citizens. Issues of dependency, inefficiency, and fiscal burden loom large in the contestation over state intervention. Meanwhile, support for race-conscious policies such as affirmative action have come under siege, leading in some cases to the outright reversal of civil rights efforts, as was effectively illustrated in the recent case of the University of Michigan’s decision to ban affirmative action in its admissions policy,

joining a handful of other states already with such injunctions in place while others consider similar ballot initiatives for race- and gender-blind admissions. Despite fierce opposition from government, business, labor, education and religion leaders, furthermore, the state of Michigan also passed Proposition 2, banning race and gender preferences in public education, employment, and contracting.

The current climate favoring retrenchment and privatization makes the question of whether, in fact, the state affects the well-being of women and minorities especially urgent. The contours of public employment portend that any restructuring will have strong racialized and gendered effects. Given their greater representation in the public sector, any cutbacks or withdrawal of government assistance will affect these groups most dramatically. If retreat is indeed the case, women and minorities occupy a precarious position in the labor market, casting into stark relief the fragility of their gains. As the private sector – which has been shown to be a relatively inhospitable niche for minorities – increasingly absorbs these groups, the security over their worklives is likely to become more uncertain. More broadly, with the workforce growing increasingly ethnically diverse in the U.S., the debate over how integration affects work-related outcomes will be rejoined. Enriching our understanding of the state’s role in shaping social relations and their resultant effects, then, constitutes a critical sociological task.

1.3 Outline of Subsequent Chapters

The remainder of this analysis is assembled as follows. Chapter Two critically reviews research with respect to work-related health disparities that currently

dominate medical sociology. The examination highlights shortcomings in this body of research – namely, its relative inattention to the structural origins of health inequalities and in particular, the macro economic structures and organizational processes from which work-related health outcomes derive. Furthermore, overlooking the sector of employment has obscured the association between work and well-being for women and minorities, leading many scholars to conclude that their disproportionate concentration in an economic niche necessarily translates into adverse health consequences. The introduction of public/private sectoral variation, however, challenges these underlying assumptions with respect to women’s and minorities’ experiences in the labor market.

More meso- and macro- oriented accounts are presented in Chapter Three, drawing heavily on the political economy literature. This chapter is organized around two distinct but related parts. The first half establishes the relevance of the welfare state for life course outcomes, including individual health and well-being. I then follow with theory and research linking the welfare state to labor markets, with a particular focus on how state action distinctively bears on the worklives of women and blacks. Thus far, previous research on work-related health rarely takes African Americans’ labor history into serious consideration, especially in its relation to the state. This inattention to history and larger social structures – along with a tendency for scholars to privilege the private sector – contributes in large part to the absence of sectoral related research in matters of well-being.

In the second section of Chapter Three, I examine state interventions in capitalist labor markets aimed at expanding opportunities for blacks through

legislation and public employment. In doing so, I turn my attention to how the state actively shapes organizational practices to reduce racial and gender workplace inequalities. The analysis yields two critical observations for this study. First, it underscores the *politically mediated* nature of racial inequalities in the workplace. Rather than an apolitical process, much of blacks' occupational gains in job selection, promotion, and pay among other rewards largely depend on state action – both in the economy as a whole but more intensely in the public sector. Second, scholarship on organizational inequality is valuable for pinpointing the specific *mechanisms* (structural opportunities and integration) explicitly used by the public sector to check discrimination – the experience of which sociological work on health disparities has consistently tied to diminished physical and mental well-being.

The selective research culled in Chapters Two and Three is intended to inform and complement each other. Whereas a vast literature in medical sociology concentrates on proximate structures affecting health disparities, an equally extensive literature on labor market inequalities centers on how larger macro and organizational structures influence economic outcomes. The insights garnered from these respective areas suggest the need to include employment sector and its organizational correlates as a crucial corrective to prevailing research on social inequalities in racial and gender work-related well-being.

Chapter Four encompasses the conceptual framework, analysis plan, and data used in this research. Based on my syntheses of the literatures on employment and health; the welfare state and labor markets; and organizations and inequality, I develop linkages among public employment, organizational structure, and physical and mental

well-being for women and African Americans. My central position is that the public sector plays an indirect role in enhancing individual health through fashioning the structural and organizational context of the workplace, relative to private industry. These features include systematic opportunities for advancement and pay increases, racial composition, and the specific conditions of work (job control and job demands). I anticipate this politically-mediated relationship, furthermore, to be consequential for all workers, but especially women, blacks, and blacks at the higher end of the economic spectrum.

To assess the effects of public employment on racial health inequalities, I draw on survey data from the Aging, Stress, and Health (ASH) Study whose principal aim is to gather information on status inequality, stress, and health disparities among older adults residing in Washington, DC and two of its neighboring Maryland counties, Montgomery and Prince George's. Both the focus and site of this study affords a unique opportunity to investigate the complex relationship between the state as public employer and individual well-being over the life course in the setting where the public sector exerts the greatest impact on occupational life. While the reach of the state extends across the country, nowhere is the presence of the public sector – particularly at the federal level – as keenly felt as it is in the nation's capital. Importantly, one of the District's jurisdictions examined here, Prince George's County, is also home to the most affluent majority African American community in the U.S. This feature permits the oversampling of middle-class blacks in the study, which enables the comparison and analytic distinction of race and class effects. While the empirical focus of this

analysis is on the Washington, DC area, however, the issues addressed here with respect to public employment and individual health are of wider concern.

In Chapter Five, I examine the direct and indirect relationships between sector, the organization and conditions of work, and individual health outcomes through a series of multiple regression analyses. I first assess the impact of proximate job conditions on various indicators of well-being, including self-rated health, illness symptoms, depression, and self-esteem. The findings indicate that while all of the job conditions under study – opportunities for regular pay increases and promotion to higher positions, racial composition, job control, job demands, and perceived work-related discrimination – are associated with some indicator of health, they do so to varying degrees. After establishing the associated work-related links to individual well-being, I turn my attention to the role of sector in creating differences in job conditions that are shown to influence health. The results reveal that sector of employment largely operates through the structure of opportunities it provides to affect health outcomes. I also find that such organizational properties play a critical intervening role between sector and job characteristics. That is, these opportunities for regular pay increases and promotions to higher positions also directly shape the conditions of work – namely levels of job control, job demands, and job discrimination – which in turn influence self-rated health, illness symptoms, depressive symptoms, and self-esteem. The bureaucratic level found to be most critical to such opportunity structures is the federal unit of government, over state and local units. While an indirect relationship between sector and health exists for all

workers, however, the association was not found to be especially consequential for women and blacks.

In the concluding chapter, I summarize the central findings concerning the relationships between sector, job conditions, and health outcomes. I then discuss the results and limitations of the analysis and offer directions for future research.

CHAPTER TWO

WORK STRATIFICATION AND WELL-BEING

2.1 Introduction

In medical sociology, as with its kindred disciplines, material evidence of social arrangements registers in individual well-being. Mirroring social strata's continuum – with health and illness paralleling privilege and deprivation – the biological body proves to be an efficient distillation of social realities. As the literal embodiment of social experiences, perhaps no other manifest form offers such a personal expression of the structural inequalities in society.

Our present arrangement of unevenly distributed rewards and resources has led some groups to be more profoundly and persistently inscribed than others. Racial minorities and women, in particular, have disproportionately borne the injurious imprints of unequal social conditions. For these groups, the impressions that everyday and cumulative disadvantage leave may take on many forms – not only in terms of diminished social, economic, and political life – but also importantly here, assume negative physical and psychological consequences.

The social production of these health inequalities is the focus of this chapter. Specifically, I critically review what we have learned thus far regarding disparities in gender and racial well-being that arise from labor arrangements. First, I elaborate on the manifold ways in which the experience of work is significant for understanding the unequal distribution of health outcomes before examining the vast literature on work stratification and well-being. The inspection reveals past research has followed two

distinct but largely separate research traditions. One body of literature is characterized by relating potentially stressful job conditions to individual well-being. Moving away from the specific conditions of work to the general economy, the second constitutes labor market studies linking features of the macroeconomy to health at the aggregate level. Rarely are the two traditions united in research, with the exception of a small set of studies that assesses how aggregate conditions of the economy affect individual psychological outcomes through the mediating conditions of work. While the focus may not necessarily be state action, these inquiries are instructive for specifying the particular relationships that larger structures have to meso- and micro-level phenomena.

Based on this examination, the assessment suggests a critical need to incorporate institutional- and organizational- level factors into our analyses to clarify the structural determinants of inequalities in the workplace. As yet, given the prevailing micro orientation and its inattention to history and larger social structures, scholarship on the social patterning of health and illness has largely overlooked the sector and organization of employment in shaping well-being. Whereas the evaluation of micro-level studies has directed our attention to the omission of sector in current analyses, studies that have incorporated multiple levels of analysis help us to specify how larger structures such as sector are linked precisely to individual outcomes. This latter point will be especially important for the analyses herein.

2.2 Overview of the Nature of Work

The field of sociology has held a longstanding interest in racial health disparities, marshaling an impressive body of literature documenting these inequalities over the last several decades (Williams 1990; Williams and Brayboy Jackson 2005). Critical to this enterprise has been scholarly engagements seeking to understand inequalities in health and illness with respect to the structural arrangements of society and people's social and economic location within them (Pearlin 1989).

Among the structures that are presumed to have the greatest bearing on life course are those that are intimately tied to the division of labor – namely, the occupational structure. Because the distribution of rewards and resources as well as the positions that comprise the opportunity structure into which people are allocated are closely linked to the structure of work, individual outcomes are expected to vary most widely across social status groups (Mayer and Carroll 1990 in Mayer 2004). For this reason, the occupational structure is particularly powerful in stratifying life experiences and shaping mental and physical health.

Given the centrality of labor arrangements in determining social and economic location – and thereby one's differential access to resources, rewards, power, autonomy, and status – research on work and well-being has been critical to our understanding of how social forces differentially impinge on individual physical and mental health for women and minorities. In addition to chiefly defining an individual's class and status in the social structure, the reach of work appears in many guises. The workplace often serves as an important social setting where relationships are formed (Feldberg and Nakano Glenn 1979) and support is tendered (Tausig 1999) but also where interracial contact is relatively high, partially offsetting the sharper

divisions found in the more circumscribed encounters of social circles and residential communities (Reskin, McBrier and Kmec 1999; Vallas 2003). For most individuals, moreover, occupational life is a fundamental experience, serving as not only the primary source of economic well-being – and in turn, psychic and physical well-being – but also a principle basis for self-definition, meaning, and prestige (Mortimer and Lorence 1995; Tausig 1999). In affecting the objective conditions of life as well as one's subjective reality, work – and the structure of work – is especially consequential for health outcomes.

Understanding the implications of larger systems of stratification such as work for individual experience necessitates bridging several levels of analysis. Theory and research on the relationship between work and well-being has largely drawn on the theoretical and analytic framework offered by the study of social structure and personality, a domain of social psychological inquiry that seeks to relate and trace out how macrostructures bear on the microsocial conditions of individual lives. Linking these two phenomena and processes are intermediate mechanisms. That is, according to this paradigm, systems of stratification become relevant for mental and physical health through exerting their effect on intermediary structures (such as opportunity structures and micro-social interactions) and status characteristics that impinge directly on the individual (House 1995). The workplace, then – as the site where the larger social structure and the individual inevitably meet – is ideally suited for studying how macro social forces influence inequality (Baron and Bielby 1980) and specifically here, disparities in individual health and well-being.

2.2.1 Work Stratification and Well-Being

Efforts directed at this systematic bridging of social structure and the individual have been critical for apprehending the relationship between work, well-being, and social structural position. A foremost approach to emerge from this body of literature is the study of work and personality developed by Kohn and Schooler (1983). Indeed, the research program carried out by Kohn and Schooler has become essential to our understanding of how the conditions of work serve as a critical intervening link between social stratification and individual psychosocial functioning, with the sense of well-being conceptualized as one of the basic dimensions of personality. The central premise underpinning their studies is the idea that the structural imperatives of work – especially, substantive complexity, occupational control, and self-direction – mediate the effects of social structural position – namely, social class – on their incumbents’ values, orientations, cognitive processes, and sense of well-being. Presumed to mediate the effects of work on individuals is the psychological process of ‘learning generalization’ – or the direct transfer of lessons on the job to life outside the workplace.

Various studies by Kohn and Schooler, as well as those who have extended their research, have demonstrated work structures offering greater opportunities for the exercise of occupational self-direction consistently account for higher status persons’ greater valuing of self-direction for themselves and their children, their less authoritarian nature, greater receptivity to change, diminished distress and alienation, more positive self-concepts, and higher intellectual functioning among others, compared to occupants of lower social status (for reviews, see House 1992; Spenner

1988). Further, the effects of the experience of occupational self-direction on intellectual functioning and self-directed orientation need not be concurrent, but are found to persist into late life (Schooler, Mulatu, and Oates 2004).

Alternate explanations argue that the effects of job conditions are not merely additive but also interactive. Research by Karasek (1979) has examined how the balance of job demands and decision latitude affect mental health, with greater demands leading to psychological distress. Other important research developments in this area have investigated the mediating and moderating roles of the self-concept (facets including the sense of mastery and self-esteem), social support, and coping. Such factors have been shown to ameliorate the deleterious impact of occupational stress on well-being (Pearlin et al. 1981).

Although Kohn and Schooler's research program has been significant for identifying the structural conditions that impinge on well-being, left out of the specification are critical features of the *organizational* structure and context that have been shown to bear on work related outcomes, including formalization (Oldham and Hackman 1981), sectoral location (Hodson and Sullivan 1985), and interpersonal relationships at work (Vallas 2003). It should be noted that while bureaucratization has been studied, the concept was uncoupled from sector (Kohn 1983). The framework largely ignores the appreciable variation that exists in organizational arrangements and practices that contribute to the structure of work.

Rather, this body of literature has largely consisted of specifying the particular job characteristics that bear on individual psychosocial outcomes. While specifying how occupational structure intervenes between social structure and individual health

has advanced our understanding of broad patterns in work stratification and well-being, exclusive attention to the structural context of the work does not sufficiently capture its connection to large-scale social systems. In neglecting macro economic and social conditions, research in this area has failed to demonstrate how other major social institutions and dimensions of stratification – including the sector of employment – fashion the very intervening mechanisms such as the job conditions, which they study. Ultimately, what is lost amid these inquiries is concern for the *origins* of the structure of work. Instead, the occupational properties that have been linked to distress are taken as givens when they are in fact defined by and originate in the larger social structure. Furthermore, the research program overlooks organizational structures that have been implicated in well-being. The omission of sector and organizational structure, moreover, has particular consequences for studying the effects of work for women and minorities.

2.2.2 Gender, Race, Work, and Well-Being

Although the social structural position of interest to Kohn and Schooler was social class – and primarily among white men, their work on stratification and personality has offered conceptual basis for examining how occupational structure intervenes between other social structural positions – including locations by race and gender – and individual health. From research on work stratification and well-being, we know that poor job conditions have negative mental health consequences. Exposure to work-related stressors, however, is not randomly distributed throughout the population. Rather, constrained opportunity structures – and their attendant

adverse work conditions – are more likely to be experienced by women, minorities, and individuals occupying lower socioeconomic statuses.

With respect to studying women and blacks, understanding the relationship between work stratification and well-being necessitates relating occupational structures to the individual social locations of gender and race – which are themselves dimensions of larger systems of stratification. Because positions in the social structure – not only by class but by race and gender – are central determinants of the occupational arrangements and work conditions their incumbents face, gender and race also integrally structure inequities in social organization. This stream of research is highly sensitive to the gendered and racialized structural processes that organize workers in the labor force.

Studies in this tradition reveal the markedly different structural conditions under which men and women and blacks and whites often work. The differential distribution of their labor, moreover, exists across several levels of the economy, from sector, labor market, industry, and organization, to type of occupation and particular job characteristics. Such broad and immediate stratifications by gender and race are not without consequences. Individuals' location across labor markets largely determines their opportunities for attaining work-based rewards. These differences in employment experience have been implicated in an array of outcomes for historically excluded groups – not only in terms of inequalities related to work such as income (Cohen and Huffman 2003; Cotter, Hermsen, and Vanneman 1999; Tomaskovic-Devey 1993), occupational attainment (Kanter 1977) opportunities for mobility (Rosenfeld 1980), authority (Smith 2002; McGuire and Reskin 1993), but also

importantly here, gender and racial health disparities (Forman 2003; Loscocco and Spitze 1990; Jackson, Thoits, and Taylor 1995).

It bears noting that while women and blacks face common experiences in the labor market relative to white men, racial and gender hierarchies also intersect, creating complex patterns of work stratification. In what follows we review the findings for women and then blacks before considering some of the issues at the interplay of gender and race.

A. The Labor Market and Occupational Segregation

Despite women's and blacks' significant inroads in the workforce over the last century, the U.S. labor market continues to be marked by pervasive segregation. At the same time, the split is less conspicuous by race than by sex. That is, the variation of blacks in gendered jobs is not as pronounced as by sex (England 2005; King 1992). A more detailed breakdown of jobs, however, reveals greater racial differences. Although the broad contours of work are more similar for blacks (England 2005), significant differences remain such that minority women are more disadvantaged in the labor market than white women.

Prominent explanations for this occupational divide may be loosely classified as supply-side or demand-side arguments, with the former heavily reliant on human capital and status attainment theories and the latter on theories of segmented labor markets and discriminatory employment practices. While the determinants are likely to be found at the interaction between individuals and organizations – the social characteristics of race and gender not only influence what individuals bring to the

world of work, but also how occupational institutions respond to these individuals – the weight of evidence favors a structural perspective. That is, where men and women are equivalent in human capital and background characteristics, the existence of systematic structural patterns in the hierarchical distribution by gender and race into labor market positions remains (Kaufman 1986). By whatever process in which individuals become distributed in that hierarchy, what is evident is that men and women and blacks and whites hold different jobs and their differential allocation is a critical factor in producing and maintaining gender and racial health inequalities in the U.S

Compared to men, the work performed by women and blacks is disproportionately located in peripheral or secondary sectors of the economy, in nonunionized industries, and in small firms without job ladders or internal labor markets that facilitate career mobility (Beck, Horan and Tolbert 1978; Oliver and Shapiro 1995). Further, women tend to be employed in less varied occupations compared to men; that is, their participation is confined to a more narrow set of occupations (Kerckhoff 1995; McLeod and Nonnemaker 1999). The jobs they do hold are more likely to be part-time, temporary, and take place at nonstandard work hours (Herold and Waldron 1985; Kalleberg, Reskin, and Hudson 2000; Presser 2003) – all of which contribute to economic instability and poor health outcomes (Gordon et al. 1986; Herold and Waldron 1985; U.S. Congress 1991). While both white and black women are likely to be employed in service jobs and clerical positions, relative to white women, black women predominate in food preparation, private household cleaning and personal care (Reskin and Padavic 1994). Compared to white men, black

men are more likely to be employed in production, transportation, and material moving occupations (King 1998). The concentration of women and blacks in the most marginalized structures of the economy, moreover, is entwined with and contributes to the devaluation of their labor (Cohen and Huffman 2003; Smith 2002) and reinforces their subordinate position in the labor force.

A.1 Work Conditions and Health

The importance of the differential distribution of work is magnified by the consequences these discriminatory labor market arrangements have for health outcomes. Specifically, occupational segregation means that the sectors, industries, and firms in which women and minorities are employed expose them to a different – and more stressful – set of the work conditions and experiences. Relative to men, women tend to predominate in occupations that command lower wages and that confer little autonomy and substantive complexity, resulting in a diminished sense of self-esteem, and heightened levels of physical and psychological distress (Karasek, Gardell, and Lindell 1987; Pugliesi 1995; Rosenfield 1989). Compared to men, women workers are also less likely to be employed in jobs that are characterized by flexibility, prestige, job security, authority, employer-sponsored medical benefits, and promotional opportunities (Glass 1990; Pearlin and Lieberman 1979; Seccombe 1993; Smith 2002).

Likewise, African Americans' employment is typified by work characteristics that are related to job-related distress. Given the more restricted labor markets they are likely to encounter, employed blacks are less likely to access good, well-paying

jobs offering high decision latitude and low job demands (McGuire and Reskin 1993; Oliver and Shapiro 1995). Relative to whites, blacks are overrepresented in jobs characterized by closer supervision, lower task complexity, less autonomy, and less supervisory responsibility (Petrie and Roman 2004; Tomaskovic-Devey 1993). Blacks are also less likely to exercise authority in the workplace than whites (Smith 2002; Wilson 1997). The disparity, furthermore, widens at higher levels of occupational status (Kanter 1977; Wilson 1997). The confinement of blacks to lower-status organizational levels, into predominantly low paying (Cotter, Hermsen and Vanneman 2003), less flexible, less autonomous (McGuire and Reskin 1993; Petrie and Roman 2004), and less rewarding occupations with limited job advancement, authority (Smith 2002), or employee benefits places them at risk for an array of emotional health problems.

A.2 Discrimination and Health

In addition to the more stressful work conditions they face, discriminatory treatment in the labor market is viewed as a unique and significant source of stress to which women and African Americans are disproportionately exposed. In fact, a substantial body of literature has shown that perceptions of discrimination contribute to adverse physical and mental health outcomes (Williams, Neighbors, and Jackson 2003). For those who are employed, moreover, job and workplace discrimination have been found to be the most commonly reported form of discrimination (Krieger 1990). Turner and Turner (1975) have also shown that among black women, perceived discrimination is significantly associated with actual discrimination in

occupational opportunity. The impact of these repeated experiences of unfair treatment range from anxiety, depression, diminished feelings of control or mastery, psychological distress and social isolation, but also physical conditions such as high blood pressure, heart disease, more respiratory illness, and chronic health problems (Broman, Mavaddat, and Hsu.2000; Darity 2003; Forman 2003; Gee 2002; Mays, Coleman, and Jackson 1996; Kessler, Mickelson, and Williams 1999; Krieger 1990; Krieger and Sidney 1996; Landrine and Klonoff 1996; Pavalko, Mossakowski, and Hamilton 2003).

A.3 Workplace Composition and Health

Also bearing particularly on women and minorities' well-being is the racial and gender composition of the workplace. While comparisons are often made across occupations or jobs, a less studied but critical form of gender and racial segregation is one that can be observed over establishments. Although occupational segregation is important for differentiating the specific work conditions that women and minorities face, their distribution within organizations is significant to understanding the extent and patterns of cross-group contact that occur among workers in order to make sense of how the social relations of the work setting bear on health. Relative to other spheres where people are likely to interact, the workplace is a primary setting where interpersonal exchanges across groups unfold. It is within establishments, furthermore, that work arrangements and reward structures are defined (Reskin, McBrier, and Kmec 1999; Sorensen 2004) and where the social processes linking the micro and macro levels that bear on workers play out (Baron and Bielby 1980). As

Pfeffer (1983:303-304) has observed, the relative proportions of dominant and minority group members “condition the forms and nature of social interaction and group processes that in turn affect workers’ psychological well-being, attitudes, and even job performance.”

Research on inequalities resulting from the gender and racial composition of organizations has largely appealed to two competing perspectives, one set forth by Kanter and the other by Blalock. In her classic ethnographic study of organizational work groups, Kanter’s (1977) theory of proportional representation suggests tokenism holds negative implications for minority workers’ performance and well-being, relative to those working in balanced or demographically similar settings. Because of their greater salience and visibility, members of a numerical minority are more likely to be subject to stereotyping, exaggerated group differences, social isolation, greater performance pressures, and less social support than members of the dominant group. Rising up the ranks for tokens is difficult, moreover, as the criteria for authority/managerial attainment become more subjective and unstructured and closely reliant on shared understandings and trust that are facilitated by homogenous environments. The more negative experiences and expectations resulting from numerical isolation are expected to adversely affect tokens’ performance on the job, inhibit opportunities for advancement, and implicitly, increase psychological distress. As the minority share increases, however, negative responses from the majority are expected to diminish. These expectations are assumed to apply equally to men and women, blacks and whites, regardless of their social – and not merely numerical – dominance.

Running counter to these ideas is the approach advanced by Blalock. With origins in the race relations literature, Blalock's (1967) theory of group threat contends that increasing levels of minorities present conflict and competition over resources and rewards, consequently heightening resistance from the dominant group. In the context of work, majority groups are expected to exhibit more negative attitudes and behaviors with the growth in female and ethnic minority representation. Women and blacks, then, should face the greatest hardships in heterogeneous settings where their greater presence poses a threat, rather than when they are statistically skewed either to the majority or the minority (Wharton and Baron 1991).

Findings from this collective body of research are complex and at times contradictory, making it difficult arrive at any decisive conclusion. Consistent with Kantor's theory, research on the effects of composition has demonstrated that token status is detrimental to minority workers. Numerical isolation by race or gender has been associated with greater feelings of anxiety and depression (Jackson, Thoits, and Taylor 1995), increased levels of distress (Sellers 2001), poorer psychological functioning, psychosomatic complaints, job and life satisfaction (Enchautengui-de-Jesus et al. 2006), and higher reports of institutional discrimination and interpersonal prejudice (Hughes and Dodge 1997). Token members have also been shown to be excluded from informal social networks (Roth 2004) and receive harsher performance reviews (Reskin et al. 1999). Other studies lend support to Blalock's theory, whereby workers in skewed settings exhibit significantly lower levels of distress (Sellers 2001) and higher levels of satisfaction (Loscocco and Spitze 1991).

Whereas the preponderance of evidence indicates women and blacks are less likely to be accepted in token work settings, their presence in increasingly integrated environments yields less clear results. These inconsistencies appear to be partly attributable to the extent of the linear or curvilinear relationship between composition and well-being – that is, whether a certain threshold or tipping point needs to be traversed before the benefits of similarity are accrued to minority workers.

A study by South et al. (1982) found that as relative numbers of women increases, they received less encouragement from male supervisors, but also more mutual support from fellow female workers. Increasing minority group size has also been associated with increased negative workplace experiences (Tsui and O'Reilly 1989), reduced chances for promotion (Maume 1999), devaluation of minority workers' abilities and pay (Braddock and McPartland 1987; Tienda and Lii 1987), and significantly lower levels of life satisfaction for upwardly and downwardly mobile black men (Isaacs 1984). In predominantly female or African American settings, however, we generally find group homogeneity produces positive sentiments for minority workers. Similar gender and racial composition has been shown to offer women and blacks, respectively, in-group support and acceptance (Postmes and Branscombe 2002) and higher work satisfaction (Hodson 1984).

Rather than a linear association, some studies lend support to an inverse U-shaped relationship but whether the outcomes are positive or negative seems to depend on the socioeconomic character of the group examined. In a study by Enchautengui-de-Jesus et al. (2006), African American and Latino workers who inhabited the polar ends of the demographic continuum in a work setting – with either very low or very

high numbers of co-ethnics – evidenced poorer psychological functioning, greater psychosomatic complaints, and lower job and life satisfaction than those working in more balanced environments. Their sample was largely confined to minorities with low levels of education and income. Jackson et al.'s analysis (1995) of black elites, by contrast, also found a curvilinear pattern but one with salubrious effects at higher levels of representation. Specifically, the authors observe that as the ethnic proportion the workplace increases, levels of anxiety also rise but then begin to decline when blacks reach a critical mass. In other words, at the highest levels of representation, blacks experience lower levels of anxiety.

By turning to gender and racial composition, the social processes that operate at the workplace and relational nature of organizations come to the fore. Interactions are vital to this line of inquiry whereas they are arguably less so with studies on occupational segregation that are focused on identifying the structural conditions of work. This body of research offers an important complement to the literature and speaks to how not just the characteristics of jobs, but the gender and racial boundaries of the workplace terrain are consequential for well-being. On balance, women and blacks are more likely to accrue positive outcomes in similar settings and less so in dissimilar ones. As the female and ethnic proportion of the workplace increases, the outcomes are less clear.

2.2.3 Discussion

By far, the wealth of the literature on work and gender and racial inequality is organized around components of the job, the experience of discrimination, and

workplace composition and implicitly, how they flow from occupational segregation or the primary and secondary labor markets. Findings from this body of research indicate women and blacks are at a significant disadvantage to white men in securing desirable jobs, leading in part to their lower status and remuneration. Despite patent recognition of how the labor market is stratified by race and gender and the rewards and costs that flow from occupational sex segregation, research on work and well-being rarely accounts for these larger structural forces in examining women's and blacks' well-being. Rather than directly investigating occupational sex segregation itself, the literature merely looks to its attendant job characteristics.¹ Notably absent in these discussions, furthermore, is attention to state sector, despite its considerable impact on the work lives of women and minorities.

In large part because the free market economy predominates in the U.S., the majority of research relating to work and well-being implicitly – if not wittingly – privileges private industry. In other words, while it is true that women and blacks are concentrated in less rewarding occupations, these findings largely reflect private – and not public – employment. Yet when we consider the state as employer in our analyses, we find the public sector consists of an important site of women's and blacks' employment in 'good jobs.' Compared to what we know of women's and blacks' typically disadvantaged position in the labor force, their experience in the public sector tends to be an advantageous one – often running against their encounter with private enterprise. In contrast to the private sector, public employment is characterized by better pay (Fuller 2005; Gornick and Jacobs 1998; Grodsky and

¹ Curiously, with respect to economic well-being, occupational sex segregation is often addressed directly. In fact, it is among the most robust factors accounting for income inequality between men and women and blacks and whites.

Pager 2001); less gender and racial wage inequality (Gornick and Jacobs 1998; Long 1975; Moss 1988); equal promotion rates by gender and race (DiPrete and Soule 1986); increased security, decision latitude (Fenwick and Tausig 1994), exercise of authority (Wilson 1997); fewer experiences of perceived discrimination (Pavalko, Mossakowski, and Hamilton 2003); and less gender and racial segregation (King 1995).

With respect to employee benefits – where the workplace is the primary site for their receipt – past research reveals that employment in the public sector is often accompanied by a greater array of employer-paid social provisions such as child care benefits, life insurance, retirement plans, vacation leave and sick leave, relative to public industry (Heywood 1991; Wiatrowski 1988). Public employees also enjoy more generous pension plans, less costly health benefits (Moore 1991), and are more likely to participate in health maintenance organizations (Moore 1991; Wiatrowski 1988). Access to these benefits is vital to individual well-being and enhances the ability of families to negotiate family and work demands. Women and minorities are less likely to enjoy such workplace-based rewards in the private sector because they are overrepresented in contingent, part-time, unstable jobs or smaller firms (Fuller 2005) where such benefits are less common (Seccombe 1993).

Without making distinctions or comparisons between public and private sector obscures general patterns of work conditions.² In particular, the features of work that we know to be related to physical and mental well-being discussed earlier – including job autonomy, job demands (and the institutional support to meet those demands),

² If sector is considered at all in studies of work-related well-being, the differentiation is generally made between core and periphery or alternatively, primary and secondary labor markets rather than public and private industry.

work security and stability, and access to resources (particularly health insurance and benefits directed at balancing work-family demands, and so forth) among others – are also systematically related to sector. In not taking macro structural conditions explicitly into account, we lose sight of the fact that structural imperatives of the job are patterned by sector and in ways that are not always unfavorable to women and minorities *even when they predominate in a work setting*. In many ways, the state sector shares more features with the core than peripheral sector. Public employment does not neatly fall within the current orthodox mapping and its analytic absence conceals the divergent employment experiences of women and minorities in the two sectors of the economy. Compared to their experience in the private market, women and blacks are less likely to be exposed to health-related stressors and have more resources available to deal with them.

2.3 Summary

In setting out to explain the link between location in the social structure, work characteristics, and health, this body of literature has largely centered on taking gender and racial stratification as markers of social structural positions. While capturing representations of larger structures in this way can identify the work conditions and work-related stressors women and blacks routinely encounter, it does not clearly identify the active agents shaping and producing these stratified experiences. Attention has centered on characteristics of segregation, moreover, and not occupational segregation itself or other larger structures. By focusing on specific employment conditions, however, the prevailing approach overlooks the broad

spectrum of institutional and normative arrangements in which labor markets are embedded – namely those set by the public sector – that organize and potentially mediate the common structural and organizational imperatives of jobs that women and blacks face and that consequently bear on their more unfavorable health outcomes. While the state sector may be important to all workers, moreover, given the high representation of women and ethnic minorities, it may bear special implications for these historically excluded groups. In neglecting broader structural properties, however, we lose sight not only of the origins of inequality but also of potential protective factors that may help mitigate work-related health disparities for women and minorities.

Much of the foregoing analysis reveals significant differences in the material conditions women and blacks face between private and public enterprise. Although it becomes evident that differences in the organization and structure of work are systematically patterned by sector, less clear is *how* the sector of employment specifically bears on job characteristics, discriminatory experiences, and workplace composition to shape well-being. In order to make sense of these observed patterns, we turn our attention to the second stream of research in work and well-being that focuses on more macro-level studies that can help broadly articulate the links between larger structures and individual health.

2.4 Overview of Macro Perspectives

An important counterweight to the aforementioned literature is more macroscopic accounts that explicitly tend to larger structures – beyond social status

position. This tradition of research largely focuses on economic stress. A small body of literature, however, links the macroeconomy and the more immediate conditions of work to well-being to advance our understanding of the sources of inequalities. In this section, we draw on the economic stress and work distress literature to specify the particular links between broad economic conditions and health outcomes. The inspection reveals that the relationship may be direct, indirect, or interactive. In what follows, I begin with the economic stress literature before turning to studies that account for both economic and work stress.

2.4.1 Economic Change and Health

Economic stress research links macroeconomic structures and changes to health outcomes, albeit largely at the aggregate level. Guiding this line of inquiry is the idea that unfavorable macroeconomic conditions, conceptualized as stressors, increase individuals' distress and anxiety concerning the likelihood of continued employment as well as uncertainties surrounding employment security and stability given the changing nature of work. The greater risk of exposure to macroeconomic stressors such as rising unemployment rates, it is argued, leads to higher aggregate rates of morbidity and mortality (Catalano 1989). Consistent with this explanation, labor market studies applying time-series analyses have shown a direct relationship between aggregate indicators of broader economic conditions (unemployment rates) and aggregate rates of disorder or stress-related indicators of poor health, such as mental hospital admissions, suicide rates, cardiovascular illness or mortality (Brenner 1973; also see various works by Catalano, Dooley, and colleagues).

Although aggregate time-series designs have repeatedly established the significance of the economy's performance for well-being, this stream of research has been critiqued on several grounds. To begin, aggregate level analysis cannot evade the risk of committing an ecological fallacy (Fenwick and Tausig 1994; Tausig 1999). In this case, individuals experiencing greater morbidity may be incorrectly assumed to be those same individuals who were exposed to economic uncertainty. In addition to criticisms of inferring individual level relationships, the aggregate approach is further hampered by its inability to identify the social and organizational mechanisms as well as normative constructs that engender unequal health outcomes.

2.4.2 Economic Change, Job Conditions, and Individual Health

To a lesser extent, research in this area has linked larger economic forces to the proximate conditions of work and in turn, to individual psychosocial outcomes. Specifically, it has been demonstrated that the relationship between changes in the economy – namely, increasing unemployment rates – and worker distress may be direct (Brenner 1973; Catalano and Dooley 1977; Reynolds 1997), indirect (Dooley and Catalano 1984; Fenwick and Tausig 1994), or moderated by job conditions (Reynolds 1997).

With respect to direct effects, past research indicates that worsening economic conditions bear on lower job satisfaction, reduced organizational commitment, and increased psychological distress (Catalano, Rook, and Dooley 1986; Dooley, Rook, and Catalano 1987; Reynolds 1997). Other studies lend support to an indirect relationship. Fenwick and Tausig (1994) observe that economic contexts are primarily

related to worker stress and lower life satisfaction through its effect on changing routine job structures and increasing worker exposure to stressful work conditions. In particular, as unemployment rates rise, employers respond to a difficult economic climate by reducing workers' decision latitude while increasing their job demands. Although macroeconomic conditions initially had significant effects on both individual outcomes and job structures, unemployment rates no longer held a direct effect on stress and satisfaction once the intervening variables of job structures were introduced. In other words, work conditions mediated the effects of unemployment rates on health.

Examining whether an interaction exists between broader economic conditions and specific job characteristics on worker distress, Reynolds' (1997) study finds unemployment rates and job complexity interact in their effects on workers' levels of psychological distress. That is, the stressful impact of greater economic uncertainty varies by job complexity, with workers holding highly complex, rewarding jobs being more threatened by industrial unemployment than those occupying less demanding ones. Not all job characteristics, however, moderated the impact of an economic downturn on depressive symptoms. In contrast to job complexity, the relationship between job demands and psychological distress was not contingent upon unemployment rates. Work overload was positively related to psychological distress, but the association was independent of industrial conditions.

It becomes evident that macro social conditions are particularly consequential for individual experience and that there are various pathways in which economic phenomena may exert its influence on well-being. However, the macroeconomic

context under consideration in these studies has centered almost exclusively on unemployment rates – whether it is conceptualized as economic stress or uncertainty, recession, labor markets, or industrial context. Despite their narrow focus, however, these analyses are instructive for clarifying the different sets of relationships between broad economic conditions and individual health.

2.4.3 Economic Sector, Job Conditions, and Individual Health

Although studies that have attended to the macroeconomic context have demonstrated the importance of looking to how the larger social structure bears on immediately impinging social environments – which in turn shape individual outcomes, these analyses have rarely been widened beyond the general economy’s unemployment rates to include other macroeconomic conditions, namely the sector of employment. Yet the larger structural context of labor plays a significant work-related role in generating or inhibiting workplace stressors and, consequently, individual well-being. Indeed, the incorporation of sector into analyses – while uncommon – has revealed important relationships, whether they have been studied within or outside the U.S., or with respect to epidemiological investigations.

Specifically, a small but notable body of research has shown the effect of sector on health is primarily indirect, via its influence on more immediate job structures. Work by Fenwick and Tausig (1994) examined several macroeconomic conditions in their analyses, including sector – defined as periphery, core, or state. Because each differs in terms of such factors as the level of capital intensity, profit margins, the organization of production, unionization and market concentration

(Fenwick and Tausig 1994; Kerckhoff 1995) and, consequently, how they affect job structures, the potential for producing worker stress is expected to vary by sector. The less stable and secure job structures characterizing the periphery were predicted to increase worker vulnerability, compared to the more protected market situations of the core and public sectors. Accordingly, Fenwick and Tausig find that relative to employment in the periphery, state sector employment increased job satisfaction through its effects on proximate job conditions, including greater decision latitude and increased job security. In addition to job structures, sector was also mediated through earlier reports of stress and satisfaction.

Similarly, Pavalko, Mossakowski, and Hamilton's study (2003) reveals an indirect path. Rather than intervening job structures and levels of stress and satisfaction, however, their analysis relates sector to perceived discrimination among female workers. Given the public sector's greater regulation over work conditions relative to private enterprise, blatant forms of discrimination were presumed to occur less frequently in the context of government employment. The authors observed that women were 36 percent less likely to report discrimination in the public sector than in the private sector. Working in the private sector appeared to place women at greater risk of perceiving discriminatory experiences. Perceptions of work discrimination, in turn, were found to adversely affect emotional and physical health. Their finding on the association of sector and discriminatory experience is an important reminder of the structural context of discrimination and its potential relevance for comprehending the health consequences of those stressors.

Moving away from the U.S., a Finnish study by Virtanen et al. (2006) assessed sectoral differences in working conditions and health for permanent and non-permanent workers. Compared to the private sector, fixed-term employees in the public sector experienced significantly less psychosocial strain. This was particularly true for female public employees. Regardless of contractual status, moreover, the public sector was found to offer more equal working conditions for employees than private employers.

The significance of public sector employment for health outcomes has also been supported by epidemiological work. Although the authors neither articulate the processes linking sector and mortality nor control for socioeconomic factors in their analyses, Detre et al.'s (2001) study of high-level managerial and professional workers offers suggestive evidence of a survival advantage experienced by men and women employed with the federal civil service, relative to the general U.S. population. Federal male and female workers' 15-year age-adjusted mortality were approximately 50 percent and 38 percent lower, respectively, than the population at large. Notably, Detre et al. also found that the relative survival advantage was most prominent among non-White federal civil servants. In fact, non-White participants not only experienced the greatest improvements in mortality compared to the general population, but they also fared better than their federal counterparts.

In terms of cause-specific mortality, both White and non-White federal male workers experienced significantly lower than expected levels of mortality related to heart disease and cancer, compared to the general population. Among White and non-White women, federal employment was associated with improved heart disease

mortality. With respect to 15 year cancer mortality, by contrast, non-White women actually experienced a higher rate of mortality among federal workers (Detre et al. 2001).

On balance, male and female federal workers appear to maintain a mortality advantage over the population at large. The favorable mortality experience, moreover, tends to be greatest for non-White employees. It should be noted, nonetheless, that the epidemiological evidence may not be widely generalizable given its restriction to high-level workers and limited controls.

Turning to studies that have variously considered economic sector in their analyses highlights the importance of sector on work-related health outcomes, whether it be life satisfaction (Fenwick and Tausig 1994), psychosocial strain (Virtanen et al. 2006), emotional distress and functional limitations (Pavalko, Mossakowski, and Hamilton 2003), or mortality (Detre et al. 2001). Despite the importance of sector-related health outcomes, however, the state as a subject of inquiry has been nearly entirely absent from studies involving work and well-being.

The insights drawn from this limited body of literature merit greater attention in studies concerned with the social origins of racial and ethnic health inequalities. Nonetheless, it should be noted that even though sector has been figured into these studies, the sociological attention was marginal. The existing evidence can tell us little about how or why the larger sectoral context should affect the well-being of blacks and women in particular. While its articulation of how social structure comes to influence individual experience more broadly is critical, the public sector bears on the employment context in particular ways that have yet to be addressed. Further,

there is a vital need to engage in accounts for how the racialized and gendered processes in the labor force arise from historically specific structures.

2.5 Conclusion

On balance, the accumulated evidence on work stratification and well-being has largely consisted of identifying the specific conditions of work that are relevant for well-being. It has been less successful at tying the health implications of social status and job characteristics to the macrostructures from which they derive. While studies within this tradition examines many of aspects of labor markets, the importance of institutional and normative context within which women and blacks work is often lost. The result is that we still do not have a good understanding of the *origins* of the conditions stratifying racial work-related health disparities and have been limited in our ability to account for how the distribution of health across racial groups is linked to larger socioeconomic processes. Specifically, we know little about the relationships among race, the macroeconomic origins of work, job conditions, and well-being. Despite calls for the incorporation of economic and institutional context, the extant research has not fully profited from these insights.

Based on a review of the literature, undertaking research linking the macro and micro levels is uncommon and even rarer in the case of the state, despite the particular consequences public employment has for women and blacks. Arguably, the oversight is in large part due to the fact that the various perspectives on work and well-being have developed primarily in isolation from each other. Research remains compartmentalized and fragmented, rarely bridging gaps *within* scholarship on work

and well-being or drawing insights *across* the larger sociological discipline. Yet the few studies that linked macro, meso and micro levels have proven highly instructive for clarifying the relationship between broad economic conditions and individual health outcomes.

The introduction of sector, specifically, into analyses raises questions concerning the perceived universality of women's and minorities' experiences in the labor market. Compared to private industry, public employment enhances women's and blacks' workplace-based rewards relative to men and whites. Research into sectoral related *health* outcomes underscores the importance of public employment for female and minority workers, but there have been few attempts to assess how the sector of the economy affects individual psychological outcomes, with the notable exception of a handful of studies (Detre 2001; Fenwick and Tausig 1994; Pavalko, Mossakowski, and Hamilton 2003; Virtanen et al. 2006). At the same time, economic sector was not a central concern of the sociological analyses, and as a consequence, they do not fully elaborate on the significance of the state for particular groups or by what normative constructs or mechanisms they act. Where we found sector played a focal role were studies residing outside the province of sociology as well as the U.S. – in the economics literature that examined Finland – or in epidemiological work that can only provide us with descriptive information. Because of the peripheral attention accorded to sector, we still do not understand why public employment in particular should be important for women and African Americans despite these observed patterns.

There is a vital need to draw back and cast our lens to a wider perspective from which to place work-related health disparities in context. To fully apprehend the relationship demands that we not simply examine the experience of individuals in their work settings but to grasp how work-related well-being is tied to larger macroeconomic structures, job characteristics, and workers' positions in other systems of inequality (Tausig 1999). Further, "Stressful jobs are not randomly distributed throughout the economy; rather, they are products of macro economic structures and forces such as the *economic sector* and *organizational structure of firms* in which the jobs are located and perhaps most fundamentally, the economic markets in which firms and workers compete" (Fenwick and Tausig 1994:268) (italics mine).

In the next chapter, I establish the relevance of the state for understanding health outcomes, particularly as it is consequential for women and blacks in the U.S. The section offers a background from which to understand the relationship between the state in the lives of its citizens. I also draw heavily on the political economy literature, including the welfare state and labor markets as well as organizations and inequality – studies where macro and meso structures stand at the forefront – to articulate the organizational processes by which sector becomes important. The analysis reveals models used to examine economic outcomes can also serve as a profitable guide for understanding non-economic social outcomes, including health disparities.

CHAPTER THREE
STATE ACTION, ORGANIZATIONAL STRUCTURES,
AND INDIVIDUAL EXPERIENCE

3.1 Introduction

As noted, a review the literature on studies of occupational life and well-being finds that the state dimension rarely makes an appearance in theoretical and empirical work. As a subject of inquiry, research on the state as public employer – in which the state plays the most direct role in individual lives – is nearly nonexistent. Turning more generally to research on state action and the life course, research on the state has been equally spare, with the exception of studies concerned with the effects of military service or educational attainment – albeit somewhat implicitly with respect to this latter point.³ If state activity is in the foreground of inquiry, what comes into view is the isolated impact of particular policies on specific social groups. Otherwise, only a relatively small body of work has contributed to this tradition, but even here the focus on institutional arrangements and processes on the life course has been conceptualized in rather dramatic terms – historical events that were quite out of the ordinary – whether they be the Great Depression (Elder 1974), the G.I. Bill during World War II (Elder 1974; Elder 1987), or China’s Cultural Revolution (Zhou and Liren 1999). The routine activities of the state are frequently neglected. Ultimately, politics is seldomly understood as intervening at all in the life events and transitions of individuals.

³ Education is a very visible public institution and one that is less likely to be taken for granted because it dominates schooling, unlike public employment in the world of work.

Several reasons might account for the absence of the state in inquiries into health and employment – and life course outcomes more broadly – in the U.S. To begin, the state plays a far smaller role in the lives of its citizens, relative to other advanced capitalistic countries (Leisering 2003; Mayer and Schoepflin 1989). Largely – but not wholly – a free market economy, there may be an inherent tendency to regard the U.S. exclusively in private terms (Smith and McLaughlin 1962), rather than its reality of a mix of private and public enterprise (Esping-Andersen 1990; Peters 2005). Second, perspectives on the state and the life course are conceived on two very different levels of analysis and time frames that is sometimes difficult to define in relation to one another (Mayer and Schoepflin 1989).

In this chapter, I establish the relevance of the welfare state for life course outcomes broadly and the various means through which it bears on individual experience. Specifically, the intent is to offer a background to inform the interrelationships among state action, organizational structure, and individual work-related outcomes. To this end, the chapter is organized around two distinct but related parts. In the first half, I begin with the conception and development of the welfare state in the U.S. and then follow with theory and research linking the welfare state to labor markets, with a particular focus on how state action distinctively bears on the worklives of women and blacks. This discussion reveals the states' political claim of commitment to citizens' welfare lends itself as an apt subject for examining whether or not its systems of social provisions in fact creates well-being and ameliorates social inequalities. The analysis also highlights the importance of the peculiar state-market relationship in the U.S. for work and well-being – not only because occupational life is

shaped by the state but because an array of social provisions is also secured through employment.

In the second half of this chapter, I examine state interventions in capitalist labor markets through legislation and public employment to highlight the linkage between state action and organizational structures. The analysis yields two critical observations for this study. First, it underscores the *politically mediated* nature of gender and racial inequalities; specifically, the state reduces racial and gender workplace disparities by actively shaping organizational practices. Second, scholarship on organizational inequality is valuable for pinpointing the specific *mechanisms* (formalized structures of opportunity and integration) explicitly used by the public sector to check discrimination – the experience of which sociological work on health disparities has consistently tied to diminished physical and mental well-being. Given the observed points of connection, the inspection suggests incorporating sector of employment and organizational features into our analyses of the work-health relationship.

3.2 The State and The Life Course

The analytical absence of the state is remarkable when we consider that the state figures prominently in the larger society and pervades nearly every facet of contemporary social life. One of the defining features of the modern state, in fact, has been the increasing expansion of its traditional activities into other domains of society – to the extent that its reach is deeply embedded in the everyday affairs of its citizens. Particularly in the two decades following the second half of the 20th century,

the state progressively expanded the scale and scope of its capacities to include managing and providing for the welfare of its citizens – to the point that these activities have become the principle undertaking of states in Western capitalist societies (Myles and Quadagno 2002; Orloff 2003). Instrumental to moving countries in this direction were changed attitudes in response to the defeat of fascism from the Second World War (Kahn 2002; Orloff 2003). Nations began offering an alternative vision to these experiences and pursued a wave of reforms.

The welfare state has typically been conceptualized as a state committed to securing some basic level of welfare for its citizens (Esping-Andersen 1990). In a classical theoretical statement, T.H. Marshall ([1949]/1964) argued that at the core of the welfare state is the extension of the right to economic welfare and security – or social citizenship. This process is articulated with the political aim of achieving greater equality within capitalist society, understood in class terms. That is, in this formulation citizenship as a principle of equality is viewed in contradistinction from class, a principle of inequality (O'Connor 1993). To achieve its goal, the welfare state intervenes in – and on behalf of – civil society by altering or operating outside of social and market forces. Such mechanisms encompass social insurance, assistance programs, and regulation.

In its evolution, the state has progressively taken over responsibilities for managing the economy and mobilizing resources – including the law, tax and education systems – for economic development. In addition to controlling markets, the modern state assumed welfare responsibilities of older institutions it had challenged and weakened such as the church and the family. From birth to death, the

state has increasingly played a role not only in structuring critical passages over the life course (schooling, work, and retirement among others) but also in regulating the exigencies people face and their capacity to cope with them, whether through social provision, policy, or employment. Specifically, the provisionary and regulatory scope of states encompassed ‘cradle-to-grave’ services – from selective to fairly comprehensive coverage of the population, including securing minimum guarantees of income, health, housing, education and other conditions of social life as well as safeguarding against modern risks. In the U.S., these social security systems reached their maturity between the 1950s and 1970s. It was toward the end of this period, moreover, that the main contours of now familiar national social institutions were established (Myles and Quadagno 2002). In sum, modern forms of statehood have hinged on enfolding greater areas of social life within the purview and control of the polity – in namely, the production of social well-being.

Yet despite the fact that the state wields considerable influence in shaping individual lives either directly or indirectly, “individual lives are being portrayed as if they were occurring in a state-less social structure” (Mayer and Schoepflin 1989:189). No less importantly, not only does the state organize individual lives, it also structures the entire political economy. The interplay between the two, furthermore, profoundly shapes – and may have far reaching effects on – occupational life in manifold ways. Because of the centrality of the state in structuring, and in turn being structured by, both the life course outcomes of individuals and labor markets – particularly for women and minorities, incorporation of the polity into our analyses is essential if we are to achieve a more comprehensive understanding of work and well-being.

3.3 The U.S. Welfare State

Advancing the welfare of citizens through social provision and regulation can take many forms – from select to universal – and involve diverse actors – ranging from the state, the market, the family, civil society associations, and international non-governmental actors among others. Further, the extent and means through which a state assumes responsibility for the welfare of its citizens varies along a number of dimensions. Several scholars have attempted to make sense of this diversity, but the most widely used typology of welfare state regimes in recent years has been the analytic scheme constructed by Esping-Andersen (1990). In this formulation, variations in capitalist welfare are understood as reflecting a particular configuration of policies. That is, rather than a linear distribution (such as more or less generous), variations are clustered by regime-types. Building on the work of Marshall and Titmuss among others, Esping-Andersen proposed three dimensions along which regimes could be distinguished – including the effects of the welfare state on social stratification; the “de-commodification” of labor – or the extent to which states insulate or protect citizens from dependence on the labor market for their livelihood; and finally, the institutional logic for assigning the interdependent provisioning of welfare to the state, the market and the family. Based on these dimensions, Esping-Andersen identified three distinct welfare state types upon which regimes fall – namely, ‘liberal’ (Anglo-American), ‘conservative-corporatist’ (central European), and ‘social-democratic’ (Scandinavian).

Importantly here, each regime type represents a distinct relationship between state and market interaction. While no pure case exists, the United States is classified as a liberal welfare state in this scheme, in which state activity is subordinate to the market. Wherever possible, market provision of services is promoted; the state intervenes only when working capacities fail. This particular institutional arrangement furthers social dualisms between the majority of citizens who rely on the market and the remainder – namely the poor – who rely on state provision. Liberal regimes are dominated by income and/or means-tested programs, modest universal transfers, and limited social insurance plans. While a commitment to universalism may exist, the emphasis of universalism pertains to equality of opportunity, rather than equality of outcomes.

Although the U.S. has been characterized as a liberal welfare state in comparative studies of highly developed Western nations (and has long provided social services in some form to its citizens), it should be noted that the term welfare itself does not resonate in the same way in the U.S. as in Europe. This may be partly attributable to the fact that, while not strictly a welfare state in the European sense, the state in the U.S. offers social provision for the welfare of its citizens primarily through (tax-subsidized) private labor arrangement – thereby making its presence, arguably, less visible and seemingly marginal. Indeed, scholarship by Howard has persuasively argued that tax expenditures in the United States that have social welfare objectives – or the “hidden welfare state” – are largely hidden to most observers as part of U.S. social policy, despite their impressive size and scope (1997). Further, welfare’s stigmatizing association to means-tested assistance programs (Kahn 2002) likely

occludes the identification and use of the designation ‘welfare.’ In a nation where civil society and the “primary worlds of family, work, and friends” (Elder 1991) dominate, a more narrow conception of the state instead prevails. Specifically, there is a tendency in the U.S. to assign the idea of the state – along with its corporate bodies and functions – with the more technical term “government” or “administration” (Mayer 1989).

3.3.1 The Welfare State and Labor Markets

Given the distinct interplay in social provision between the state and the market in the U.S., examining the political features of labor arrangements becomes critical to studying the relationship between work and well-being. As Esping-Andersen has argued, “Of the many social institutions that are likely to be directly shaped and ordered by the welfare state, working life, employment, and the labor market are perhaps the most important” (1990:141). In other words, the state is a fundamental force in organizing and stratifying the economy. At the same time that it directly and systematically shapes the labor market, the state also, in turn, is affected by market principles and activities.

Far from a self-regulating organism setting its own rules and practices as neoclassical economic arguments would sustain, the labor market is not and cannot be treated (analytically or otherwise) as a politically autonomous entity, closed off from other institutions. In the case of the public sector, furthermore, the state and the market are fully unified. As direct employers of the labor force, the bureaucratic labor market operates on its own economic logic rather than traditional capitalistic market

principles. Further, while the state bears on the activities of all labor arrangements, it will likely have its most effective impact in the public employment setting. It is in this integrated context that the state possesses the greatest capacity to carry out its objectives and can most directly achieve its ends.

The form of the U.S. economy has been described as a blend of capitalism and social welfare. Rather than patterning benefits on more universalistic principles and serving as exclusive provider, the American welfare state is premised on a complex mixture of public-private provision based on maintaining employment, with the majority of social benefits directed at wage earners. Specifically, the state encourages social provision to citizens – and indirectly to their families – through the market by offering tax-subsidies to private companies. By facilitating the ability of businesses to offer benefits to employees, the state plays a major – if somewhat hidden – role in supporting social services. Most social protections and provisions, then, are provided by employers through the tax system, although usually employees must also make contributions to receive them. In this way, the welfare state is tightly intertwined with the private sector in social provision and regulation and it is the peculiar public-private relationship in the U.S. that determines service outcomes (Peters 2005).

Given the particular arrangement of these mutually interdependent institutions, work is especially critical to the receipt of social services and benefits in the United States. Unlike European welfare states, entitlements to most social benefits – such as health insurance and pensions – are not equally distributed across all individuals but rather, are channeled primarily to citizen-workers. For this reason (that provisions cannot be drawn independently from the state), individuals experiencing employment

loss also lose their connection to other critical social protections. Because work is linked to an extensive array of social provisions, the penalties for being out of work can be extremely high.

In the existing system of welfare provision, the set of benefits that can be secured through employment can be wide-ranging. For those who *do* work or are seeking work, the state has assumed responsibility in numerous and far-reaching ways. In terms of facilitating employment entry, the various instruments include temporary work programs, wage subsidies, industrial subsidies, and manpower policies. To ease the entry as well exit of (mainly) women and parents, the state provides family programs. For older people, retirement policies help smooth the transition out of the labor force. In addition to easing entry and exit, the state also shapes the setting in which citizens work. Specifically, it assists workers in reconciling and harmonizing their multiple roles in family and professional life by granting vacation and temporary work leave; ensures a minimum working wage; and addresses issues concerning the quality of the work environment, among others. The most direct approach of the state's influence on labor demand and allocation, however, remains in its role as employer. It is also in this role, furthermore, "that it most fundamentally alters the ways in which we must understand labor markets" (Esping-Andersen 1990:157). While social provisions are provided through work as a general rule, even here the dispensing of services and benefits is not guaranteed. That is, employment-related status alone is not linked to benefits – it is employment in 'good' jobs that are attached to the most social services. And whereas the extent of social provision varies greatly

by quality of job in private enterprise, benefits – on balance – in the public sector are attached to jobs across the board.

3.3.2 The Welfare State, Gender, and Race

Given both its manifest objective and relation to the labor market, the state becomes particularly consequential for women and minorities' employment and working life. While the state influences employment in general, it bears on the experiences of women and minorities in more targeted ways and its action – or inaction – may contribute to or impede not only the level but the quality and conditions of their labor market participation. Considerable evidence, furthermore, supports this claim.

Because of women's greater employment in the public sector but also their greater involvement in reproduction (which affects their status as clients and consumers and the claims they are able to make on the state), Hernes has argued that state policies play a greater role in determining women's lives relative to men's (in O'Connor 1993). Specifically, public policies in the areas of employment, flexibility in work schedules, pay equity, child care, family leave, and so forth can serve as resources from which individuals can draw to cope with work and family demands and contribute to overall economic well-being. A similar argument can be made for African Americans in the U.S.

Indeed, the character of state provision is undeniably significant for the material condition of women and minorities. However, the quality of the relationship between the state and subordinate groups may be emancipatory or oppressive, creating

opportunity or dependence. Within systems of social provision and regulation, we cannot assume a state possesses a coherent regime. In the U.S., the state has been ambivalent or contradictory with respect to the rights of minorities and women. Because systems of public provision are the product of shifting political currents and assembled over decades of incremental and varying development, a country's welfare state package may be neither consistent philosophically nor uniform in its impact. Certain features of social programs may reinforce inequality while others may actually advance the relative position of subordinate groups (Gornick and Jacobs 1998; Orloff 1993). As social citizenship perspectives have stressed, policies may have an emancipatory or regulatory potential (Orloff 1993).

While recognizing the subordination of certain groups such as women and minorities, some scholars emphasize the possibilities for empowerment through the welfare state. Indeed, it has opened up considerable opportunities for minority groups – facilitating employment in general through the availability of public services and benefits and more directly in terms of public sector employment. The development of a large welfare state, furthermore, enables workers to mobilize and further their interests; through public policies, combating the adverse aspects of long standing patterns of labor force participation is made possible. To be sure, several analysts have argued that women's political mobilization is aided by their ties with the state whereas the mobilization of men is facilitated through their ties to the labor market. Because women – compared to men – are less likely to be incorporated into political organizations and especially trade unions, they cannot articulate and defend their interests through the same means. In part through political struggle via the state then,

subordinate groups may counter domination. At the same time, there is recognition that the realization of this potential is far from being achieved. Further, even where emancipation is not a professed claim, public social provision may have the unintended consequence of creating greater independence for women and other subordinate groups (Orloff 1993).

Given that the social provision and entitlement to benefits accrue most to the citizen-worker in the U.S., examining the status of women and blacks in public employment – where services are mostly likely to be applied and enforced – offers in some ways, the investigation of the best case scenario (relative to available alternatives). For the analysis herein, we focus on women and minorities as wage earners in the public sector, relative to their counterparts in private industry. In this way, we explore the possibilities for more equitable relations.

3.4 State Intervention in Capitalist Labor Markets

In this half of Chapter Three, I examine statist interventions in capitalist labor markets aimed at expanding employment opportunities for African Americans and women. The relationship between the state and black occupational advancement is developed in two parts. I first trace out how the state broadly shapes the economy through equal employment legislation, followed by an analysis of the extent of its impact on labor markets. In the second part I elaborate specifically on public employment's role in reducing racial workplace inequality. To that end, I examine the literature on how the public sector's various mechanisms bear on a range of workplace based rewards. Exploring these two lines of inquiry are critical for understanding the

link between the state and organizational practices in reducing gender and racial workplace inequalities. The collective research shows distinctively different experiences for minorities and women by sector and these findings raise questions concerning whether the public sector's role in shaping economic outcomes may also be extended to non-economic ones.

3.4.1 The Development of Anti-Discrimination Legislation

Since the post-World War II period, the expansion of the welfare state – particularly federal civil rights legislation and the regulatory and welfare service agencies it spawned – have been responsible for opening up increased employment opportunities for African Americans in unprecedented numbers (Collins 1997; Patillo-McCoy 1999). The role of the state in advancing the position of blacks in the U.S., in fact, has been such that no assessment of their status with respect to labor arrangements would be complete without also attending to the polity. After a long and established tradition of racial subjugation, the social and economic fortunes of African Americans profoundly shifted beginning around the middle of the last century when the state made its first concerted steps to intervene in – and open up – employment opportunities for blacks. In the process, the breakdown in racial barriers ushered in an unrivalled level of prosperity for African Americans heretofore unseen in this country. Dramatic changes the black occupational structure unfolded, with black men moving into blue collar work during the Second World War and then on to professional, managerial and clerical occupations in the 1960s and 1970s. Black women, meanwhile, increased their representation in non-domestic service jobs and factory

work in the 1940s and clerical positions in the 1950s. Over the next two decades, the number of black women in clerical jobs continued to grow as did their entry into higher ranking positions in sales and professional occupations (Allen and Farley 1986).

These previously denied opportunities propelled blacks toward greater upward mobility, with more educated blacks better able to take advantage of increased access. As a result of the restructuring of race relations, a black middle class began emerging⁴ (Allen and Farley 1986; Wilson 1978). Prior to that time, economic advancement was severely restricted to a separate and marginalized market whereby black professionals and entrepreneurs catered to a primarily black clientele. Otherwise, working blacks were chiefly consigned to one of two fates – manual labor or domestic work (Allen and Farley 1986; Amott and Matthaei 1996; Higginbotham 1994; King 1995; Sanchez-Hucles 1997).

The economic oppression imposed by racial discrimination would begin lifting with key federal initiatives. Largely created in response to political pressures exerted by the black community from the 1940s through the 1960s, the U.S. government developed and enacted antidiscrimination legislation and enforcement to appease dissension (Burstein 1985; Kellough 1992). To avert threat of a mass protest on Washington organized by civil rights leader A. Phillip Randolph who called for legislating antidiscrimination in the defense industry, President Roosevelt issued Executive Order (EO) 8,802 in June 1941, outlawing racial discrimination in the

⁴ State intervention in the market economy created material prosperity for blacks, albeit for some more than others. While the greatest beneficiaries of federal efforts came from the most privileged backgrounds, a growing black underclass also began surfacing during this time, largely due to the industrial shift away from manufacturing work (Allen and Farley 1986; Wilson 1978).

federal civil service and in firms holding government contracts (Stainback, Robinson, and Tomaskovic-Devey 2005). In the 1950s, executive orders were issued by President Truman to institute fair employment procedures in the federal government and to set up compliance procedures for government contractors (Collins 1997). With Executive Order 10,925 issued in 1961, President Kennedy expanded the scope to require all government contractors to practice affirmative action in terms of the hiring and promotion of racial minorities. In addition to federal efforts, between 1945 and 1964 almost half of all U.S. states adopted enforceable laws called fair employment practice (FEP) laws to restrict racial inequality in employment opportunities (Stainback, Robinson, and Tomaskovic-Devey 2005).

Although the first equal employment laws have been underway beginning in the 1940s, it would not be until the mid-1960s that the state began intensifying antidiscrimination efforts that would revolutionize employment rights. A landmark legislation in the U.S., Title VII of the Civil Rights Act of 1964 signed by President Johnson prohibited private employers with at least 100 employees from discrimination on the basis of race, color, sex, religion or national origin (Burstein 1985; Edelman 1990) and established the Equal Employment Opportunity Commission (EEOC) to monitor compliance with Title VII of the Act and enforce its statutes. Gradually, civil rights coverage expanded in scope and applied to progressively smaller sized firms, government units, contractors, and unions (Chay 1998).

In 1965, Johnson issued Executive Order 11,246, making it illegal for federal contractors, subcontractors, and unions to discriminate and created the Office of Federal Contract Compliance (OFCC) in the Department of Labor, later named the

Office of Federal Contract Compliance Programs (OFCCP), as its enforcement arm to monitor their activities (Burstein 1985; Edelman 1990; Chay 1998). Depending on the monetary value of the contract and number of employees, employers were required by EO 11,246 to draw up affirmation action plans specifying goals and timetables for hiring and promoting racial minorities (Chay 1998; Dobbin et al. 1993). From 1966 onward, all establishments under the purview of affirmative action or that employed 100 or more workers have been required to submit annual EEO-1 reports detailing employment data in specific occupational categories by race and gender (Chay 1998).

Particularly important was the amendment to Title VII via the Equal Employment Opportunity Act (EEOA) of 1972 signed by President Nixon, under which the size threshold for coverage was lowered to as little as 15 employees from previously reduced floors of 25, 50, and 75 workers in private employment (Chay 1998) and coverage was extended to educational institutions and state and local governments (Dobbins and Sutton 1998). A new section to the amendment was also added, obligating the Federal Government to non-discrimination and charged the Civil Service Commission with overseeing federal agencies (Chay 1998). Passage of the 1972 Equal Employment Opportunity Act also ended the need to base federal civil rights employment legislation on presidential orders (Kellough 1992). Overall, the EEOA of 1972 expanded its regulatory scope in both the private and public sectors as well as strengthened the authority and capacity of the EEOC to enforce antidiscrimination law. In 1974, furthermore, the EEOC issued a guidebook for employers entitled *Affirmative Action and Equal Employment* which recommended establishments to formalize hiring and promotion practices and to expand record

keeping of personnel. In doing so, organizations could preclude litigation by being able to offer evidence against discriminatory behavior (Benkoraitis and Feagin 1977).

Whether or not federal civil rights legislation was in fact able to redress racial workplace inequality has been open to question. Although some argue that the state lacked the administrative and financial capacity to properly enforce these laws,⁵ strong evidence supports the claim that federal efforts to improve the status of blacks were largely responsible for changes in black economic opportunities. In particular, Sharon Collins (1997) contends that rather than market forces, the occupational gains secured by blacks were the product of “politically-mediated” processes belonging to a very distinct historical era in which the state made conscious and concerted attempts to address equal employment opportunity through shaping labor markets. Her work (1993; 1997) along with many others (Cancio, Evans, and Maume 1996; Chay 1998; Leonard 1990; Stainback, Robinson, and Tomaskovic-Devey 2005) have demonstrated how the employment opportunities available to blacks correspond to the extent of political commitment and pressure (both fiscal and rhetorical) in a given period, with the number of professional and administrative jobs open to blacks expanding in times of vigorous federal policies and programs and stagnating or declining when federal support and civil rights upheaval abate.

While not explicitly advancing a politically mediated approach, other research also highlights the role of political institutions in shaping market and organizational processes. Work by Cancio, Evans, and Maume (1996) found that the wage disparity between blacks and whites increased during the 1980s when federal government

⁵ Others have argued that black progress was inevitable given their rising educational levels as well as their “Great Migration” from rural southern states into mostly northern industrial cities. Empirical support for these assertions, however, is weak.

reversed its support for affirmative action initiatives. Theory and research in new institutionalism posits that the very features of U.S. employment law that would normally be deemed weak – ambiguity, complexity, and fragmentation – in fact turned out to be an unlikely source of state strength, leading to concerted efforts on behalf of establishments to alter their organizational practices (Dobbin et al. 1993; Dobbin and Sutton 1998; Pedriana and Stryker 2004). Evidence from this tradition suggests that ambiguous legal mandates and broad compliance standards stimulated firms to devise their own strategies as preemptive measures to thwart potential litigation. In response to the uncertainties generated by the absence of specific prescriptions for employer adherence to EEO law, organizations set out to construct internal labor markets (Dobbin et al. 1993) as well as bureaucratic personnel and antidiscrimination offices (Dobbin and Sutton 1998) and establish these various mechanisms as legitimate means of redressing discrimination in the eyes of the courts. Whether organizations sought to define regulatory compliance themselves in order to gain control over the process or merely ceremonially adopted those measures, the effect of their implementation is likely to have led to an actual change in the racial structure and composition of their workplaces (Stainback et al. 2005). Interestingly, as these organizational practices proliferated and were institutionalized over time, justifications for both policy-induced efforts ultimately shifted away from legal compliance and were recast with economic efficiency rationales (Dobbin and Sutton 1998).⁶ Regardless of the retheorization or the intention of organizations, these specialty departments and the formalized

⁶ In this transition, Dobbin and Sutton (1998) argue that the authority of the market reasserts itself over that of the state, thereby obscuring the role of polity in matters of the economy. According to the authors, “the administrative weakness of the state is the cause of its normative strength, for this weakness ensures Americans will come to see civil society and the market as the sources of social phenomena that are in fact generated by the state” (443).

processes that were installed proved to be an important shield against employment bias in the selection and promotion of women and minorities.

Adoption of these particular procedural strategies by the market, however, was only partially achieved with government policy (Collins 1989). While legislation can widely effect changes, not all establishments are equally susceptible and responsive to political pressure. Given their closer scrutiny, large and public organizations are more likely to embrace the compliance solutions of human resources and EEO/AA offices and formal promotion mechanisms (Dobbin et al. 1993; Marsden, Cook, and Knoke 1994). At the same time, however, women and minorities tend to predominate in small companies in private enterprise (Fuller 2005). If small firms do conform to industry practices, the purpose is often to achieve legitimacy (Dobbin et al. 1993; Meyer and Rowan 1977). This kind of emulation for symbolic reasons tends to be absent of any actual reform and is unlikely to curb propensities to discriminate against women and blacks (Reskin and McBrier 2000). Other agencies are insulated from change because of the clout or institutional autonomy they wield in their respective political and economic environments. Older organizations headed by entrenched leadership, moreover, are presumably subject to greater structural inertia and consequently, are resistant to altering their employment practices (Baron, Mittman, and Newman 1991). Given the impediments to change, the impact of legislation on the market is less likely to be uniform than contingent on such factors as establishment size, age, sector, and agency leadership among others. In the end, even if the force of law was instated and considerable pressure was exerted for change, the force of habit at times stubbornly remained in some quarters of the economy.

3.4.2 Public Employment

State intervention in market processes, however, is not limited to public policy in pursuing social equity. The welfare state is more than simply a system of employment protection and social provision. Its reach extends much further – and in many ways deeper – in its role as public employer. In addition to legislation outlawing discrimination, the state directly generated new employment opportunities through an expanding social service bureaucracy. The creation of these federally funded social welfare agencies offered a measure of protection from capitalism’s destabilizing effects. Given the broadened social services and antipoverty programs concentrated on the minority- and female-dominated areas of health, education, and welfare, this development was particularly consequential for black women (Burbridge 1994; Moss 1988).

Whereas federal attempts to eradicate employment bias through legislation are largely indirect and unevenly institutionalized in the private sector, public employment’s immediate involvement with the state enables the pursuit of nondiscrimination to be more fully realized. Unlike private industry, the conventional lineaments between labor and state are less clearly drawn in the public sector. Because the state formulates its own employment practices, its role as employer and the bureaucratic apparatus it applies is the most direct means by which it can reduce racial inequality in the workplace. Insofar as the public sector places greater weight on social equity than private enterprise, furthermore, the adoption and enforcement of

antidiscrimination initiatives should be greatest and most consistent within its own house (see also Blank 1985; Lieberman 1980).

While conceptual disagreements exist with respect to the state's emancipatory or regulatory potential – at least with respect to social programs discussed earlier, scholarship on the state in its activity as employment machines have largely been premised on its equalizing capacity. In its role as public employer, in fact, the state has long been viewed as a forerunner in promoting equal opportunity (Krislov 1967; Grodsky and Pager 2001), consciously serving as a model for other organizations to follow.

In the U.S., the public sector is characterized by several distinct and interrelated features which encourage the adoption of equal employment practices relative to private enterprise. Because of its closer scrutiny – not only by regulatory bodies but by the public and various media, vulnerability to political pressure, and more stringently enforced workplace regulation (Blank 1985), public agencies are more likely to undertake actions to protect employee rights (Blank 1985; Dobbin and Sutton 1998; Marsden, Cook, and Knoke 1994). The absence of a profit maximization requirement and productivity-logic, moreover, allows public agencies to absorb any short-run costs involved in integrating disadvantaged groups (such as attracting them with compensation above the minimum necessary) that may be more difficult to sustain in competitive markets (Abowd and Killingsworth 1985; Asher and Popkin 1984). That is, a strict focus on minimizing costs can be eclipsed by political considerations when protection from market forces exists (Heywood 1991). The relatively inelastic demand for essential services provided by the government similarly

offers shelter (Mueller 2000; Baron, Mittman, and Newman 1991). But like other organizations, the public sector's desire to secure legitimacy and acceptability from its constituents is yet another factor argued to motivate rational, egalitarian treatment (Meyer and Rowan 1977).

In terms of concrete mechanisms, the ability of the state as employer to serve as a vanguard in ensuring employment equity has been linked to its bureaucratic structure. Mayer and Schoeflin have noted that, "The development of the modern nation-state is particular in the sense that it implied the evolution of a political corporate body on the basis of rational-legal construction, rational law, and a bureaucracy acting according to impartial laws and regulations" (1989:191; see also Thomas and Meyer 1984). In fact, with its highly rationalized and formalized system for directing all stages of employment decisions – from hiring, promotion, to remuneration – the public sector presents a close representation of Weber's ideal-typical bureaucracy (Grandjean 1981). The absence of such objective performance indicators or opportunities to demonstrate job-relevant criteria for promotion has been shown to place women and minorities at a relative disadvantage in the attainment process because it encourages stereotyping and subjective perceptions of competence (Roth 2004). By inhibiting arbitrary evaluations and favoritism, these established bureaucratic procedures are thought to protect against forms of discrimination that may prevail in private enterprise (DiPrete and Soule 1986; Reskin and McBrier 2000). It is not nominal or identity-blind formalization (policies that do not take gender or race inequalities into account), moreover, but formalization linked specifically to gender- and race-conscious policies, that are likely to be effective strategies for

integrating minority groups (Konrad and Linnehan 1995; Reskin and McBrier 2000). It is this latter type of formalization that tends to be pursued in public agencies, compared to other establishments. Indeed, not all types of formalization are expected to be effective. As Stinchcombe has observed, formality (albeit conceptualized somewhat differently from Weber) is successful when properly pursued and mechanisms are in place to serve its ends, rather than when it does not represent substance. A clearer understanding of what formality is and how it works, he argues, would enable us to see the conditions under which formalized action, at its best, can facilitate progress (2001).

It bears noting that while the bureaucratic labor market comes closest to the idea of a bureaucracy in Weberian terms, the degree to which public agencies approximate the ideal type differs by government unit. With varying commitments and abilities to legislating and ensuring equity in employment practices, the practices of the local, state, and federal levels of government are by no means identical (Burstein 1998 in Wilson 1999). The federal unit is arguably the exemplar of bureaucracy of the three, given its greater resources, visibility, public accountability, and scrutiny.

In sum, because of these varied and intertwined aspects of the state's organizational practices (commitment to equal opportunity, bureaucratic apparatus/formalization, greater scrutiny, more dedicated enforcement, and so forth), the public sector is expected to have wide-ranging effects on a host of economic outcomes – including employment opportunity, job assignment, selection, promotion,

and remuneration as well as more favorable work conditions and fringe benefits. Each of these concerns is elaborated upon below.

A. Hiring

In accordance with the forgoing arguments, empirical evidence suggests the state to be an important force behind much of black employment gains. Particularly during its accelerated expansion, newly created government jobs favored the increased representation of minorities and women in government workforces (Moss 1988; Richards and Encarnation 1986). In addition to their disproportionate number in the public sector, blacks and women were able to capture a greater share of upper tier jobs in public rather than private organizations (Lewin-Epstein and Semyonov 1994; Moss 1988). By 1976, in fact, over half of all black professionals were employed by the government. In contrast, less than a third of Anglos worked in publicly funded positions (Brown and Erie 1981). Among black women specifically, the majority of professional and managerial workers are employed in the public sector (Higginbotham 1994).

Not only is the state better able to recruit blacks and women and offer them higher status jobs, the public sector is also better at retaining these groups after their hiring than the private sector. Several studies (Hout 1984; Logan, Alba, and Stults 2003) have shown that public employment offers greater job steadiness. That is, blacks who work in the public sector are more likely to be employed at any given time than those working in the private sector.

B. Promotion/Mobility

With respect to mobility, the public sector's greater application of internal labor markets and highly formalized personnel practices are believed to facilitate occupational upgrading for blacks (DiPrete 1989 among others). Consistent with this notion, a sizeable literature indicates that blacks are more likely to advance professionally through the public rather than private sector (Collins 1997; Hout 1984; Wilson, Sakura-Lemessy, and West 1999; Tomaskovic-Devey 1993) and this movement through the occupational structure is more closely tied to levels of education and experience for women and minorities in government than private establishments where informal, vaguely defined standards for promotion hold sway (Wilson, Sakura-Lemessy, and West 1999). Within a federal agency in the 1970s, DiPrete and Soule (1986) found at least equal promotion rates by gender and race. Likewise, the determination of job authority for whites and African Americans is more similar in the public than private sector (Wilson 1997). The risk of *downward* mobility, moreover, is substantially higher in private than public agencies (Hout 1984).

Taking a different approach to intergenerational mobility and public employment, Eisinger (1986) finds that black civil servants are more likely to originate from working and lower-class backgrounds than their white counterparts. They were also more likely to secure higher-status positions on average compared to their siblings working in private firms. Between white siblings, on the other hand, the status differences were not as great.

That public employment appears to be a particularly significant route to economic advancement for blacks in a way that is not true for whites also extends to other ethnic groups. As Kotkin (1986 in Boyd 1991) has maintained, relative to foreign-born minorities – who often view entrepreneurship as a channel to socioeconomic mobility – blacks are more likely to turn to the public sector over self-employment as an avenue for advancement⁷. Indeed, work by Boyd (1991) has suggested that opportunities for work in the public sector may discourage black business enclaves.

Beyond bureaucratic procedures, the greater numbers of female and minority workers in public employment (generated by the selection process discussed earlier) in and of itself has been argued to be a factor in promoting women's and blacks' advancement. This greater level of workplace integration may increase the possibility for women's political mobilization to boost their ranks in management. In addition, the relatively large proportion of women is believed to override the predisposition of employers to rely on sex-stereotyping (that is more prevalent in token settings) in determining their suitability for management roles. Several studies suggest that higher representations of women in general increase their share of managerial positions (Huffman 1999).

C. Wages

Turning toward remuneration, we find that in addition to the state's bureaucratic structure and the starkly contrasting milieus in which the public and

⁷ Aside from blacks, the only other ethnic group that appears as reliant on the public sector for mobility is Puerto Ricans (Logan, Alba, and Stults 2003).

private sector operate, other factors pertaining specifically to wage setting facilitate equitable – and even advantageous – pay in public employment. For one, high levels of unionization and regulation of workplace conditions in public agencies contribute to higher overall earnings (Belman and Heywood 1991; Rose 1985; Fuller 2005). The public sector is also expected to offer better compensation than the private sector because the nature of the work itself demands a skilled and educated workforce (Fuller 2005; Rose 1985), attributes that are associated with greater earnings generally. At the same time, public employment's compressed salary structure – whereby higher wages are offered to less educated workers but lower wages for more educated ones – is posited to narrow the racial and gender earnings gaps (see in Gornick and Jacobs 1998).

In line with these arguments, past research consistently finds not only do public employees tend to out earn their private sector counterparts (Gornick and Jacobs 1998; Lewin-Semyonov 1994; Long 1975; Moss 1988), but that the pay premiums are particularly consequential for women (Fuller 2005) and minorities (Freeman et al. 1973; Hewitt 2004). For African Americans, moreover, the public sector has been found to offer greater economic rewards than any other type of employment, whether it be the mainstream economy, ethnic enclaves, or entrepreneurial niches (Logan, Alba, and Stults 2003). Compared to private enterprise, furthermore, the wage differentials by race and gender are considerably lower for corresponding occupations in public organizations (Eisinger 1982; Logan, Alba, and Stults 2003; Maume 1984; Moss 1988). Within the public sector, the returns to human capital are similar for minorities and women as it is to white men,

unlike the private sector (Asher and Popkin 1984). And despite the government's high concentration of professional and managerial occupations – an occupational mix often attributed to higher pay – the earnings advantages are largest for traditionally disadvantaged workers in the labor force. The groups who benefit most from public employment are those at the lower end of the economic spectrum (Fuller 2005; Gornick and Jacobs 1998; Grodsky and Pager 2001), those with less education, both younger and older workers (as opposed to “prime age”), part-time and temporary employees, and to some degree, those with less tenure (Fuller 2005).

The findings with respect to the public sector's lower gender wage inequality also apply to other industrial countries, with some noteworthy cross-national variation (Gornick and Jacobs 1998; Kolberg 1991; Rosenfeld and Kalleberg 1991). Specifically, despite the fact that liberal (or residual) welfare states such as the U.S. evidence the lowest overall levels of public employment compared to other regime types, the magnitude of their pay premium was observed to be much higher than in either social-democratic or conservative-corporatist countries that have stronger public sectors (Gornick and Jacobs 1998).

Beyond the benefits accrued to those directly employed by the state, the public sector can also shape the fortunes of metropolitan areas and various locales in which people work. In labor markets where there is a large public sector and generous income transfers, Lobao and Hooks (2003) found that the state improves the overall economic well-being of local populations, reducing income inequality and to some extent, enhancing income growth. With respect to women and African Americans specifically, a more egalitarian institutional environment is associated with lower race

and gender inequality (Begg 1995). According to Begg's scale, the District of Columbia ranked as the most supportive environment of equal opportunity among states. Evidence from the U.S. Census also supports this idea. In DC – with its high concentration of public sector work (not to mention large contingent of quasi-public work such as contractors) – women come closest to achieving parity to men in terms of wages, earning approximately 91 cents for every dollar that men earn. Their median earnings is the highest of all states. To put this figure in perspective, the national average for the female-to-male earnings ratio⁸ was 77/100 as of 2005 (U.S. Census Bureau 2006). Where the government actively participates in the local economy, moreover, black men and women in particular earn higher wages. A strong state presence is presumed to encourage affirmative action policies and increased contract compliance with private sector firms – thereby expanding the job opportunities and earnings levels of all minorities (Maume 1985).

D. Discrimination

The collective findings on state employment imply that the advantages that blacks and women enjoy from the formal mechanisms of hiring, promotion, and remuneration, as well as favorable working conditions, result, largely from a less discriminatory work environment in the public than private sector. At the same, however, the effects of egalitarian practices are not exclusive to the economic domain but have been shown to actually engender fewer *experiences* of discrimination in the workplace. Indeed, African Americans and women report significantly less discriminatory encounters as well as sexist behavior in public employment, relative to

⁸ These figures reflect full-time, year-round workers, 15 years and older.

work in private enterprise (Pavalko, Mossakowski, and Hamilton 2003; Rosenberg, Perlstadt, and Phillips 1993). Exposure to discrimination in private industry, moreover, was more likely to occur on the job – in terms of salaries, promotion, and work assignment – rather than in the recruitment and hiring process where there is greater visibility and legal protection (Rosenberg, Perlstadt, and Phillips 1993) and its perception is more likely to compel women to seek new employment (Halaby and Weakliem 1989). Looking to discrimination in the workplace, moreover, is especially critical given as Allen and Farley (1986) have observed, “Racial discrimination in this era is more often impersonal in its expression, resulting from routine organizational patterns and procedures. Thus, racial inequality is perpetuated through the ‘normal’ operations of the society’s key institutions” (303).

3.5 Discussion: Workplace Composition, Discrimination, and Health

This notion of sectorally related patterns of perceived discrimination offers a means to understand the various links to the work-health relationship found in medical sociology. For one, the more pronounced experience of discrimination in private than public employment is in part related to the racial and gender composition of government workplaces (Hughes and Dodge 1997). As one of the primary settings for racial interaction, moreover, discriminatory encounters are likely to transpire in the workplace compared to other life domains. Given the public sector’s disproportionate hiring of minorities and women, the level of integration – particularly in high status jobs – tends to be greater than in private enterprise (King 1995). The resultant racial and gender composition may have an appreciable influence on reducing minority

workers' feelings of unfair treatment. Rosenberg et al. (1993) find that women are less vulnerable to victimization in work settings where they are more numerous. Specifically, women lawyers in token positions tend to report higher levels of discrimination and harassment than those without token status. Similarly, black women are subject to greater racial bias in predominantly white than integrated or predominantly African American environments (Hughes and Dodge 1997).

Repeated discriminatory experiences in the labor market, in turn, have been known to contribute to distress and erode the well-being of women and minorities. As we have seen earlier from the review of research in medical sociology, a significant body of literature has documented the link between perceptions of discrimination and various physical and mental health outcomes including anxiety, depression, diminished feelings of control or mastery, psychological distress, social isolation, high blood pressure, heart disease, more respiratory illness, and chronic health problems (Broman, Mavaddat, and Hsu.2000; Darity 2003; Forman 2003; Gee 2002; Mays, Coleman, and Jackson 1996; Kessler, Mickelson, and Williams 1999; Krieger 1990; Krieger and Sidney 1996; Landrine and Klonoff 1996; Pavalko, Mossakowski, and Hamilton 2003).

Critical to stemming the discrimination-health link is the more stringent enforcement of legislatively mandated guidelines in public employment. In the private sector, timid enforcement is unlikely to embolden victims of discrimination to seek redress. A study by LaFontaine and Tredeau (1986) concludes that women are less likely to report incidents of harassment in establishments where job access and opportunity are backed with staunch affirmative action or other equal employment

policies than in work settings lacking such organizational protection. This kind of suppression has been demonstrated to be extremely detrimental to the physical health of minority groups. According to studies by Krieger and her colleagues, blacks who accept or do not speak up about unfair treatment experienced significantly higher levels of blood pressure and were more likely to report hypertension, compared to those who lodged complaints or confided in others (Krieger 1990; Krieger and Sidney 1996). While earlier we saw how discrimination and workplace composition are each significant for well-being, incorporating literature on the state and organizations reveals there may be additional pathways in which equitable organizational practices, integration, and discriminatory experiences are intertwined to shape health outcomes.

It becomes evident that in the lives of women and minorities, the consequences of the public sector's efforts at fostering racial parity in the workplace are far from trivial. Women and blacks in public employment profit not only in terms economic well-being and workplace based rewards, but the level of their day-to-day experiences of discrimination can be mitigated and the possibility that their health might be enhanced. Through this review, we come to understand how sector becomes important for individual health outcomes, particularly in its intersection with discrimination and workplace structures.

3.6 A Note on Self-Selection

At the same time the state targets women and minorities for inclusion, these 'protected groups' also tend to prefer government employment. Their motives for pursuing public sector work, moreover, are often centrally woven into the array of

economic and social benefits that flow from the defining features of public employment itself – namely, its bureaucratic formal structure and greater commitment to principles of equality. Relative to private industry, the public sector is a less hostile environment for members of lower status groups to work.

Figuring prominently in the decision to seek public sector work is the greater access and higher pay afforded to women and blacks (Moss 1988). As noted earlier, the particular mix of occupations and services provided in public employment demands specific types of workers, namely those with high educational credentials. Not surprisingly, public sector workers are significantly more educated than women and men in private firms (Gornick and Jacobs 1998).

The overrepresentation of women and blacks in public sector jobs has also been attributed to their interest in more easily reconciling the demands work and family life and in avoiding discriminatory experiences (Beggs 1995; Rosenberg, Perlstadt, and Phillips 1993). Along similar lines, Roth's (2004) study finds that women deliberately choose to work in areas where they can be evaluated by objective performance measures rather than subjective perceptions of competence to preclude negative status expectations that accompany membership in minority groups. Although sector was not distinguished in the analysis, the strategy is consistent with public employment's use of rationalized criteria.

Other attractive work characteristics and conditions afforded by public employment include greater job security, low employee turnover, and high unionization. For individuals who are risk adverse, those in poor health, or persons who desire stability or unionized employment, these features of the public sector are

especially appealing (Blank 1985). Geography also influences the decisions of workers to seek government work. Blacks may choose geographic areas where organizations tend to be more supportive of equal opportunity (Beggs 1995) or where there is a large concentration of public agencies (Kellough 1992). Blank (1985) further demonstrates that residents of Washington, D.C. in particular are more likely to be public employees.

The resulting composition of the government workforce is the product of undoubtedly complex reasons but on balance, the outcome reflects a mix of demand and supply side concerns. Women and minority workers' preference for security, higher income and occupational status, less discrimination, greater work and family balance, and unions are all to some extent shaped by the politically mediated structure of opportunities.

3.7 Conclusion

In this chapter, we examined how the expansion of the welfare state in the post war period created enhanced employment opportunities for minorities who previously struggled to locate a foothold on the economic ladder. Rather than market forces or the natural order of things, it would ultimately be the larger political context which would encourage material prosperity and social mobility for African Americans.

The state deployed several vehicles to open up opportunities for blacks and safeguard their economic well-being, including social provision, protection, and employment. While all three instruments have shaped the fortunes of blacks, the most direct and effective intervention has been public employment. Whereas legislation

can stimulate compliance, full adoption by the market is elusive. Social provisions such as welfare, on the other hand, link individuals to the state in ways that may be detrimental, with its possibility for creating dependence and stigmatization. By contrast, insofar as the particular state-society relationship is that of worker (and not needs-based as is the case with social provision) and is not indirect (as in the case of legislating private industry), the opportunities and rewards for minority groups can be great, particularly relative to what they might be in the absence of public employment.

Two comments deserve mention with respect to this latter point. First, no establishment is completely free of discriminatory practices, including government workplaces. Several studies, in fact, have examined unfair treatment *within* public agencies (see for example, Borjas 1982; Bridges and Nelson 1989). To be clear, this proposal submits that a *comparative* advantage exists for workers in the public sector, relative to private enterprise. The analysis in no manner assumes that discrimination is nonexistent in public employment. Second, even though the types of jobs that began opening up for African Americans were high paying and high status, the positions were also more likely to be marginalized or “dead-end,” particularly in the private sector (Collins 1989). At the same time, however, Collins has observed that while the black executives in her study tended to work in racialized jobs, “the people whom [she] interviewed probably would have replicated a tradition of depressed employment patterns” (1989:320) had it not been for the broadening of employment policies that occurred in the 1960s.

Accordingly, a review of the literature demonstrates overwhelming evidence for the public sector’s positive effects on a host of employment outcomes for women

and minorities – even with the aforementioned qualifications. Because the logic of public employment is qualitatively different from that of private industry, the public sector is able – and has normative pressures – to act as a pace setter and behave according to the principles of equality and protect employee rights. As Hood and Peters have observed, “One of the most important roles for government traditionally has been to be a model employer” (1996:176 in Peters 2005). Given this context, public employment bestows numerous advantages over private sector work on several fronts, including hiring, retention, promotion, remuneration, and workplace based rewards such as higher levels of authority, fringe benefits, job security, and fewer discriminatory experiences. The benefits of the public sector, moreover, are not confined to those directly employed by the state but can also impact the fortunes of local labor markets in which there is a strong state presence. Research in this area has also been valuable for not only describing labor market patterns but for identifying the particular mechanisms used to thwart workplace inequalities – namely, the state’s political and bureaucratic apparatus enables the public sector to reduce racial and gender disparities.

While the relationship between public employment and racial inequalities has garnered a significant amount of attention and revealed how for many women and minorities, the private sector is an inhospitable niche, the focus of this body of literature has centered almost exclusively on economic rather than social disparities. Yet this extensive review suggests ample reason to believe that public employment is likely to not only shape the economic fortunes of blacks but also their health outcomes. The government’s greater commitment to universalistic standards and

formalized procedures are critical for guarding against discrimination which may in turn, not only offer more favorable working conditions for women and minorities but also protect their well-being. The potential of public employment to constrain racial health inequalities, however, often go unremarked despite the fact that these same economic outcomes and workplace-based rewards upon which the state bears are also related to physical and mental well-being.

If one were to argue that the welfare state enhances the relative position of women and blacks, furthermore, the yardstick for measuring the effect must be specified and widened. The interests of subordinate groups are not restricted to the economic realm, after all (see Orloff 1996 for further elaboration). However, “The extent to which states actually promote citizens’ well-being or equality *beyond income security* is rarely investigated” (Orloff 1993:304) (italics mine).

The insights drawn from this body of literature on racial workplace inequalities merit greater attention in studies concerned with the social origins of racial and ethnic health disparities. The public sector has been vital to the experiences of blacks with respect to opportunities. From whichever vantage point we take, contrasting employment patterns emerge between sectors; whether we look at these status groups within sectors, across sectors, across geographic areas, countries, generations, type of employment or other ethnic groups, public employment is consistently found to be more advantageous than private enterprise. This is true, moreover, not merely on a single indicator but a multitude of outcomes including hiring, retention, job assignment, mobility, job authority, wages, work conditions, security, fringe benefits,

and discriminatory experiences. By many accounts, the public sector as a site of employment is unmatched for African Americans.

Given the pivotal role of the public sector in African Americans' experiences of discrimination – and in turn, well-being – research on racial/ethnic disparities related to work cannot afford to ignore this critical structural arrangement. Analyses concerned with work then, require consideration of the interplay between the state and the labor market in shaping the organizational and occupational context of the workplace which bear on health outcomes. It is likely that the unique features of public employment also reduce racial/ethnic health disparities. In the next chapter, I discuss the theoretical conceptualization and methods used in light of both the discussion on public employment in this chapter as well as the examination of work and well-being from Chapter Two.

CHAPTER FOUR

CONCEPTUAL FRAMEWORKS, DATA, AND METHODS

4.1 Introduction

Scholarship on the relationship between work and well-being among women and minorities has been overwhelmingly dominated by sociological attention to job components and stressors. Vastly underresearched is the sector of employment in which the structure of work is embedded. Turning to the state – as public employer – as the object of inquiry into matters of individual well-being gives prominence to macro economic structures that may trigger the sequelae that eventuate in health disparities that have hitherto been ignored.

In this chapter, I elaborate on the theoretical frameworks, methods, and data used in this study. Drawing from perspectives on work and well-being, welfare states and labor markets, and organizations and inequality, my central argument is that the public sector plays an indirect role in enhancing individual health through fashioning the structural and organizational context of the workplace, relative to private industry. I anticipate this politically-mediated relationship, furthermore, to be especially consequential for blacks, women, and blacks at the upper end of the occupational spectrum.

The chapter proceeds as follows. First, I describe social psychological perspectives in medical sociology that serve as the foundation for understanding the link between work and physical and mental health. I then build on this existing base with insights from the political economy literature to inform and trace out the linkages

between the sector of employment, organizational structure, and individual well-being. Taken together, the various strands of literature as a whole articulate the role of the state in influencing the work-health relationship. Akin to the “political economy of stress” model offered by Fenwick and Tausig (2007), the effort is intended to broaden our understanding of the organizational and institutional factors that are also at play in the link between work and health. Based on a synthesis of these perspectives, I trace out a conceptual model to guide this study. I then conclude with a description of the site of the study, the measures to be employed, and the plan for analysis.

4.2 Social Psychological Perspectives: Social Stress and Social Evaluation

Underlying the majority of research into the relationship between stratification and health has been the application of two broad processes: social stress and social evaluation (McLeod and Nonnemaker 1999). According to inquires into social stress, health varies by one’s location in systems of inequality. Because social standing affects not only the stressors an individual is likely to encounter as well as the resources available to cope with them, social structural position is consequential for well-being. Compared to privileged groups, occupants of lower statuses are more likely to confront stressors but have fewer resources to meet the demands imposed by those stressors. As a consequence of the greater vulnerability inherent in lower social statuses, these groups are more likely to face stressors and experience psychological distress (Pearlin 1999).

With respect to social evaluations, these structures also play a role in the extent to which individuals take on negative social comparisons. In the social evaluation

view, members of lower status groups tend to compare themselves unfavorably to relevant others, resulting in perceptions of inequity and/or negative social comparisons. The assessments, in turn, are posited to create psychological distress and diminish mental health and self-perceptions.

In tandem, the stratification structures of a society shape the types of stressors that different status groups are likely to experience and the negative self-evaluations that disadvantaged individuals are likely to adopt. While these theoretical traditions are rarely united, common to both processes of stress exposure and social evaluation is a shared focus on linking constrained opportunity structures to disparities in health outcomes. In this analysis I plan on drawing on both approaches to make sense of the work-health relationship. Whereas the social research into stress can help specify the relationship between various job stressors and well-being, the social comparison view will be useful for interpreting how racial composition impinges on well-being beyond its stress generating component. The evidence marshaled earlier on racial composition's association with health did not draw on this perspective, although doing so may have helped reconcile its somewhat contradictory findings. Indeed, the relational nature of work is often neglected in research (Vallas 2003). Studies of organizational inequality in particular often overlook critical social psychological processes including social comparison in their analyses (Baron and Pfeffer 1994). Integrating elements from both perspectives can enrich our understanding of how the interaction of social psychological processes and organizational structures may shape the broad distribution of rewards in the workplace.

4.3 The Political Economy of Stress

To enlarge our outlook beyond the immediate features of labor arrangements to capture organizational and institutional processes, I turn to politically-mediated and organizational approaches to inequality to contextualize the link between work and well-being. In doing so, I also refer to the “political economy of stress” model recently offered by Fenwick and Tausig (2007) as a blueprint. The theoretical approach the authors set forth represents perhaps the first concerted attempt to concretely link the sociology of mental health with the larger discipline with respect to the organization of work and well-being. Employing a model commonly used to explain income inequality, Fenwick and Tausig seek to demonstrate how mental health outcomes can be understood in much the same way as economic outcomes of labor market processes. At the same time, the conceptual model also possesses theoretical linkages to research into social stress. Whereas a critical component of the stress process model is the relationship between the unequal statuses of people and their exposure and vulnerability to stressors, the political economy of stress links these relationships to more inclusive theories of social organization.

While Fenwick and Tausig importantly identify the various economic structures and processes at the meso and macro levels that bear on individual experience, the model is largely informed by a structural labor market perspective. Less well developed in the articulation are the welfare state and labor market literature or organizational theories and research. These two areas of scholarship, however, are directly relevant for contextualizing the worklives of women and blacks. The review

of the literature herein has shown that these institutional and organizational processes have particular consequences for women and minorities' employment experiences.

For this proposed analysis, I follow Fenwick and Tausig's general argument but adapt the approach so that it specifically relates to women and blacks' experience in the workplace. The primary utility of this model rests in conceptually linking individual outcomes to socioeconomic structures and processes operating at the macro and meso levels. Specifically, the underlying premise of the model is that "macroeconomic context affects labor markets which in turn, affect the 'meso', organizational context and the organizational context affects specific work conditions that affect worker well-being" (2007:9). In this formulation, the impact of macro and meso level structural dynamics on health is indirect in its bearing on the immediate conditions of work. Directly determining worker well-being is the characteristics of the job.

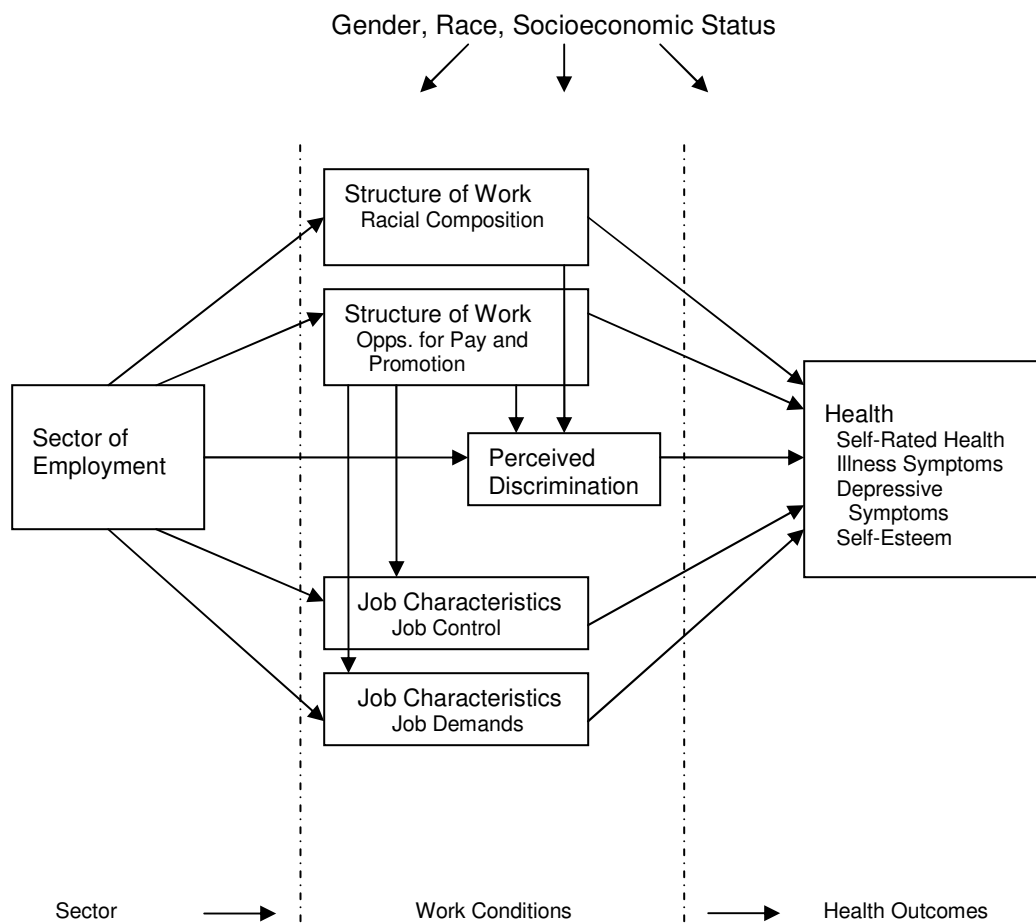
Consistent with these ideas, much of the analysis presented here suggests that distal factors such as the sector of employment are likely to impinge on intermediary conditions – both the organization and conditions of work – to affect workplace inequality. To extend research on the relationship between the public sector's organizational practices and economic rewards, I am interested in testing whether these same processes also apply to health outcomes.

4.4. Analytic Paradigm

Figure 1 presents the general conceptual model guiding this study. The orienting framework draws on the theoretical linkages that were established among the

state, organizational structures, and individual well-being to guide the thinking in this proposal about the work-health relationship. It emphasizes proximal mechanisms that tie larger structures to the fates of individuals and the broader sectoral origins of those mechanisms.

Figure 1. Conceptual Model



There are several pathways potentially leading to health outcomes. Directly determining well-being are immediate job stressors found in the conditions of work including job control, job demands, perceived discrimination, the racial composition of the organization, and the opportunities for pay and promotion it offers. Each of these proximal factors, in turn, is influenced by distal factors, namely the sector of employment as well as the status inequalities of race, gender, and socioeconomic status. These five sets of pathways together reflect my expectation that the sector of employment indirectly shapes health through organizational structures, work conditions, and discriminatory experiences. While all the occupational variables are understood broadly as job conditions, distinctions also exist among them such that certain conditions of work also structure the characteristics and experience of the job themselves. For this reason, I also expect interconnections among the job conditions. Specifically, features of the job that also reflect the organizational structure of work – such as regular opportunities for pay and promotion and the racial composition of the workplace – are likely to bear on the job characteristics of job control and job demands and the experience of perceived discrimination. Upward economic and occupational mobility is often accompanied by greater control over one's work and fewer job demands. Possibilities for advancement and more similar racial work settings, moreover, are likely to diminish perceptions of unfair treatment. There are then, additional intermediary steps that are possible in the link between sector of employment and health. I submit that sector of employment shapes the organizational structure of the workplace which in turn affect levels of job control, job demands, and perceptions of work-related discrimination. In sum, sector plays a role in affecting

levels of individual well-being by creating the concrete realities under which people work and the extent of their exposure and vulnerability to stressful conditions.

Residing and superimposed outside the model are the social and economic statuses of people. The placement reflects their overarching influence and relationship to each of the structures and processes in the main diagram. That is, the status distinctions of race, class, and gender may pervade the structure of experience at every level. In the context of work, social status is related to labor market structures, the types of jobs minority groups occupy, the characteristics of work, and the kinds of stressors to which they are exposed. These systems of inequality have “fundamental” effects on the structures and processes that are associated with well-being (Link and Phelan 1995).

Following this model, I expect the sector of employment to exert indirect effects on individual well-being through its impact on the organizational and occupational conditions of work. Given public employment’s more favorable work context, I anticipate public employees to fare better than their counterparts in private enterprise on a number of work outcomes.

I expect this relationship, furthermore, to be especially consequential for African Americans and women. Because the public sector is subject to greater scrutiny and enforcement in its affirmative action practices than the private sector, I anticipate more positive outcomes for blacks and women than other subgroups in the public sector.

In terms of socioeconomic status, I expect public employment to be particularly significant for upwardly mobile blacks based on the intersection of two

streams of inquiry within organizational studies discussed in this proposal.

Specifically, examinations of workplace composition often emphasize either the distress that is engendered by tokenism or the positive effects of working in more similar work environments for minorities. Because studies on tokenism tend to focus on elite workers (often women and African Americans who are breaking new ground) in private enterprise, the findings pertain to a select rather than more general group. Less clear is how higher status blacks would fare in more integrated settings that is characteristic of public employment. Drawing insights from both lines of inquiry, it is my expectation that whereas blacks in high status jobs may experience greater levels of stress in token settings, this impact may be lessened if blacks work in not only more integrated environments but also where greater oversight of discriminatory behavior exists – in namely, the public sector. At present, we know little about whether working with greater numbers of racially similar peers in the public sector ameliorates the effects of discrimination for upwardly mobile blacks, relative to private industry. Often with mobility comes social isolation, alienation, and psychological distress, among other harmful health outcomes. If public employment allows these groups to move up without sacrificing sources of social connection and support, the experience may mitigate the negative consequences often attendant with social mobility for minority groups. The homogeneity or heterogeneity of the individuals' socioeconomic environment, furthermore, may determine workers' reference points for social comparison. Whether African Americans judge and evaluate themselves to other blacks or whites will have a bearing on their well-being. For this reason, workplace composition may be especially important for upwardly mobile blacks.

Within the public sector, I expect differences in outcomes by bureaucratic level. While working for the state offers many economic advantages, the public sector should not be considered uniform across government units. With its greater scrutiny, resources, and enforcement, I anticipate the greatest advantages to accrue to those working for the federal government.

4.5 Case Study Background: Washington, DC

For these analyses, I draw on survey data from the fourth wave of the Aging, Stress, and Health (ASH) Study. With the principal aim of gathering information on the social conditions and health disparities of older adults residing in Washington, DC and two of its neighboring Maryland counties, Montgomery and Prince George's, the data collected are compatible with the needs of the research questions posed here. The original sampling frame was based on the Medicare Beneficiary lists for the three areas. 4800 names were randomly selected; names were equally divided among the three locales, (DC, Montgomery County and Prince Georges' County), African Americans and whites, and women and men (i.e., 12 groups each containing 400 names). From these names, the goal was to obtain a sample of 1200 adults, living independently and able to complete the interview, and equally divided among the 12 groups. Close to 65 percent of all eligible respondents (1741) who were contacted agreed to participate, yielding a final sample of 1167 cases, approximately equally divided by residential locale, race and gender. The first wave was administered via face-to-face interviews in 2001-2002 and three additional interviews were conducted subsequently. Wave 2 and wave 3 were conducted one and then two years after the

original interview whereas wave 4 was conducted approximately four years after the original interview. Interviews in the first wave were in person, while the shorter follow-up interviews were conducted over the telephone. It should be noted that while the study centers on older Americans, it is also these individuals who were likely to have benefited most from legislation and an expanded social services bureaucracy during the height of federal initiatives to promote equity in employment practices.

Drawing on the fourth wave of data with its key information on work conditions, the full sample includes 789 men and women age 69 years and over and has approximately equal numbers of black and white and male and female respondents in each locale. This number is reduced to 673 once we account for missing data on key variables and the applicability of certain cases to the analysis. With respect to the latter, we omitted individuals who were self-employed or who worked at international organizations or embassies (which is not unusual in DC) given our focus on sector of employment.

Both the focus and site of this study affords a unique opportunity to investigate the complex relationship between the state as employer and individual well-being over the life course in the setting where the public sector exerts the greatest impact on occupational life. As home to the nation's capital as well as a significant fraction of public sector jobs, the Washington, DC metropolitan area is well-suited for examining the role of public employment in shaping individual health outcomes. While the reach of the state at all levels (federal, state, local) extends across the country, moreover, nowhere in the U.S. is the presence of the federal government as deeply felt as it is in the Washington, DC area. Indeed, the region has long been identified by the

commanding presence of the federal government; it is by all accounts the area's reason for being.

Of the 2.8 million workers in the greater DC area, approximately 32% were employed by any unit of government in 2005. The vast majority of this number worked at the federal level (Perrins and Nilsen 2006). If we were to include federal contractors and private companies who support government work in the area, the figure would soar even higher. Also noteworthy is the proportion of public employment for the region bears a greater similarity to that of social democratic or conservative corporatist welfare states, despite the U.S.'s overall classification as liberal welfare regime. Public administration, furthermore, not only offers the single largest source of jobs in the metro area but generates a disproportionate share of high-wage jobs (Rubin and Turner 1999). As noted earlier, the earnings gap between men and women was the lowest in DC compared to all other states in 2005. In the District, women earned 91 percent of what men earned, compared to the national average of 77 percent⁹ (U.S. Census Bureau 2006).

One of the District's jurisdictions examined here, Prince George's County, is also home to the most affluent majority African American community in the country. According to Census statistics, moreover, the suburban enclave is the only county in the U.S. to have ever experienced a rise in education and income levels in shifting from majority-white to majority-black over a period of three decades (see in Cashin 2001). The District, by contrast, also has a large African American population but is beset by one of the highest poverty rates in the nation (U.S. Census Bureau 2006).

⁹ All U.S. Census figures reflect full-time, year-round workers, 15 years and older.

Montgomery County, on the other hand, is predominantly white and enjoys the highest levels of income in the three jurisdictions examined here. The sample is composed of a fairly privileged group as a result of these inclusion criteria. It becomes evident that the sample is neither representative of older adults in the DC metropolitan area nor of the country. More importantly for this analysis, the diversity of the locales included in the study permits the oversampling of middle-class blacks, enabling the comparison and analytic distinction of race and class effects. Although the data in this analysis are drawn from the Washington, DC area, however, the issues it addresses with respect to public employment and individual health are of more far reaching concern.

4.6 Some Considerations

A few considerations bear noting. Examining the Washington DC area allows me to compare public and private enterprise as well as differentiate between units of government. In this study, over 50 percent of the sample was employed by the state in their main occupation over their life. Of this number, fully three-quarters worked at the federal level (see Table 3). It is rare to have as many federal workers in a survey – where more often than not, government units are grouped together because of their small numbers. The sizeable contingent of federal employees is critical in this analysis given it is at this level that I expect the greatest rewards for workers, relative to private industry. I would not be able to draw upon such a large proportion in other surveys. At the same, I also recognize greater similarity exists within than across metropolitan areas, resulting in some isomorphism in organizational practices, regardless of sector. To illustrate, it is not uncommon for businesses in the DC area to

emulate or follow public employment's lead on a range of work conditions, from salary structure (the favorable female-to-male wage ratio discussed earlier also speaks to this), fringe benefits, and paid leave to matters as idiosyncratic as snow days. As a result, the findings here are likely to be underestimations. Even so, the exceptional number of federal employees in this study – where equal employment practices are presumed to have their greatest impact – makes it worth our examination. A stronger case, perhaps, could be made by examining across metropolitan areas, organizations, and individual health outcomes, but the development of these literatures in isolation from one another impedes our current ability to locate data that meet those diverse and complex demands.

In cutting across literatures, we necessarily also cross methodologies. While the move is critical for furthering our observational tools, the difficulties encountered here highlight some of the issues that often accompany attempts at synthesis, particularly in reconciling how to approach and incorporate different levels of analysis that are normally exclusive to a particular line of inquiry. Organizational studies largely employ organization-level data from specialized surveys of workplaces, firm personnel records, or ethnographic fieldwork. The unit of analysis is establishments. Although a rich set of data is collected on various personnel practices such as formalized procedures and workplace composition, no information is gathered on workers themselves (with the exception of qualitative research). As a consequence, the (quantitative) data can tell us nothing about individual health. Furthermore, while the sector of employment is understood to be associated with certain organizational practices, it is not viewed as having a mediating role in workplace inequality.

Meanwhile, research on labor market inequalities investigating the impact of sector on individual economic outcomes does not examine actual personnel mechanisms. Instead, the formalized and more equitable character of public organizations is presumed to be encapsulated in the measure of sector itself. Given the unique features of the public sector, sectoral status naturally serves as a proxy for organizational practices. This conceptualization, needless to say, is limited to distinctions between public and private enterprise, and not other types of sectors such as core/periphery or primary/secondary labor markets. Efforts at capturing organizational-level factors, however, can be found in occupation-based analyses of workplace segregation. The lack of availability of job information in these studies is accommodated with estimates of national averages on the gender or racial composition of *occupations* rather than establishments. While, as Robinson et al. (2005) have noted, the approach is far removed theoretically from organizational research, studies in this tradition have been influential, in no small part to the wide availability of these surveys and the ability to append Census data to occupations.

Finally, micro-level studies on work and well-being typically lack data on or consideration of sector. If studies do at all, no explanation is offered as to why a link might exist between public employment and individual health, beyond attributing the association to a less discriminatory environment (Pavalko, Mossakowski, and Hamilton 2003) or to the level of capital intensity and market dominance which is presumed to lead to work stability (Fenwick and Tausig 1994). Notions of formalization and other organizational processes that reduce workplace discrimination are entirely absent. At the same time, the data collection strategies of surveys of

individuals rarely include information on the workplace. Whereas the characteristics of respondents' jobs (such as job control) may be asked, the features of the organization where they are employed are not.

Clearly, current limitations in data availability across multiple levels of analysis have hampered our efforts to study potentially linked phenomena. As yet, data collection on organizational context in analyses of inequality is relatively underdeveloped and information on the gender and racial makeup of the workplace remains particularly scarce (Reskin, McBrier, and Kmec 1999). In this proposed analysis, we obtain information about the racial composition of organizations and the sector of employment by directly asking individuals themselves. Indeed, Robinson et al. (2005) have pointed out that past scholarship have “shown that researchers can learn about status segregation at the job level simply by asking employees to report on the sex or race composition of their job or workplace in surveys of individuals” (10). It should be noted, however, that this approach permits analyses of workplace segregation and inequality between organizations but not within. While the method does not reflect true organizational data, Tomaskovic-Devey and Skaggs (2002) have argued that this alternative of collecting “information on jobs and organizations is clearly preferable to national occupational analyses for workplace scholars” (2002).

Despite the fact that the collective research presented here continually points to a nested set of relationships among sector, organizational practices, work conditions, and inequality, data limitations prevent the use of multi-level modeling techniques to directly test this assertion. Even if the data itself are not truly multi-level, however,

this case study nonetheless affords the opportunity to explore the potential linkages among individuals, work conditions, organizations, and sectors of employment.

4.7 Measures

Given sociological inquiry's concern for the overall health consequences of social arrangements rather than a specific disorder (Aneshensel 2005), the outcome of interest for the analyses herein are intended to capture an array of physical and mental health conditions, including self-rated health, illness symptoms, depression, and self-esteem. Focusing on multiple aspects of well-being underscores the multidimensional nature of health and recognizes that some aspects may be influenced by certain work conditions more so than others. It is unlikely that all job conditions exert equal effects on various health outcomes. Opportunities for pay increases and promotion to higher positions may be more pivotal than other conditions because, as structures of opportunity, they may constrain or enhance one's access to upward mobility and to the host of advantages those opportunities embody.

The more distal variable in this analysis is sector or class of employment. With respect to the public sector, the grouping is further broken down by unit of government. Variables reflecting the proximate conditions of work include opportunities for pay and promotion, racial composition, job control, job demands, and job discrimination. While all are considered conditions of the job, these work variables may be further distinguished by their structural or experiential properties. Opportunities for advancement and pay and racial composition also reflect the organizational structure of work. Job control and job demands, on the other hand, are

characteristics of the job. To account for the experience of work we refer to a variable on perceived job discrimination. Finally, the model also takes into consideration socioeconomic variables that have been known to shape health outcomes, including age, race, gender, education, occupational prestige, and household income. Below is a description of each variable. Their distribution in the sample is found in Tables 1 – 3.

HEALTH

Self-Rated Health: As a measure, this subjective appraisal has been shown to be a valid and reliable indicator of well-being (Idler and Benyamini 1997; Idler, Hudson, and Leventhal 1999); self assessments are not only highly correlated with other indicators of health, but have also demonstrated to be a potent predictor of mortality, even after chronic illness and functional limitations have been factored in (Idler 2003; Idler and Angel 1990; Wolinsky and Johnson 1992). Evidence also suggests that subjective accounts of health status are not only a valid measure for whites, but for different ethnic groups as well (Chandola and Jenkinson 2000). Self-rated health is measured by asking respondents to answer the question, “In general, would you say at the present time your health is ...” Response items include excellent, very good, good, fair, or poor, with higher scores reflecting better health.

Illness Symptoms: A second measure reflects illness and asks respondents about the frequency with which each of the following ten symptoms has been experienced during the past month: headaches, indigestion/heartburn/upset stomach, constipation/diarrhea, back pain, feelings of weakness or faintness, painful knees/other

joints, shortness of breath, incontinence, muscle aches, and heart palpitations.

Response items range from never, once, 2-3 times, 4-5 times, and more than 5 times and are averaged into a “health symptoms” scale ($\alpha = .74$).

Depression: Turning to mental health, a “depressive symptoms” scale ($\alpha = .75$) is composed of six items derived from the longer Hopkins Checklist (Lipman et al. 1969; Mouanoutoua and Brown 1995). Questions ask respondents how many days in the past week they lacked enthusiasm; felt bored; cried easily; felt downhearted or blue; felt slowed down; and blamed yourself.

Self-Esteem: One critical component of psychological well-being concerns self-esteem, defined as a positive or negative attitude toward oneself – an overall evaluation of one's self-worth. Six statements are read: “You feel that you have a number of good qualities”; “You feel that you are a person of worth at least equal to others”; “You are able to do things as well as other people”; “You take a positive attitude toward yourself”; “On the whole you are satisfied with yourself”; “All in all you are inclined to feel that you are a failure.” Items are answered on a four point scale spanning from strongly agree to strongly disagree ($\alpha = .86$). With the last item reverse-coded, higher values indicate higher levels of esteem.

Prior Health: To partly account for self-selection, an indicator of respondents' health prior to employment as well as during their primary work years is included in the model. As with self-rated health, the measure is a self report of one's overall health

but reflects well-being up to and including age 50. The indicator is intended to capture health prior to and during one's main occupational life.

SOCIAL AND ECONOMIC STATUSES

Age: Age is included in the model as a continuous variable. In the sample, age ranges from 69 to 104.

Race: The model uses a dichotomous measure of race, with black = 1 and white = 0.

Gender: Gender is coded as a dummy variable, with female = 1 and male = 0.

Education: Education refers to the highest grade completed and is coded as (1) 8th grade or less; (2) some high school, but did not graduate; (3) high school grad or GED; (4) specialized (vocational) training; (5) some college but no degree earned; and (6) college graduate or more.

Occupational Prestige: The occupational prestige score is drawn from measures developed by Stevens and Cho (1985) from Duncan's SEI. Based on participants' descriptions of the main occupation in which they spent most of their work life, a 1980 Census occupational classification code (OCC) for detailed occupational categories was assigned. A prestige score was then matched to the corresponding Census code. The range of the index in this sample spans from 14.83 to 88.42, with larger values indicating higher levels of prestige. A missing flag was created for the measure to

control for the possible effects of the small number of respondents who provided insufficient information to judge the prestige of their occupation. However, because the missing flag variable demonstrated no significant relationships in the models, I omitted the variable from the tables.

Household Income: Household income is measured as an interval variable, with the following categories: (1) less than \$10,000; (2) \$10,000 - \$19,000; (3) \$20,000 - \$29,000; (4) \$30,000 - \$39,000; (5) \$40,000 - \$49,000; (6) \$50,000 - \$59,000; (7) \$60,000 - \$69,000; (8) \$70,000 - \$79,000; (9) \$80,000 - \$89,000; (10) \$90,000 - \$99,000; and (11) \$100,000 or more. In order to save cases, missing values were imputed on the basis of race and locale. A dummy missing income variable was subsequently created to flag those observations. As with the missing flag on occupational prestige, the missing income variable bore no significant relationship to health in the analyses and was consequently excluded from the tables.

SECTOR

Sector of Employment: The class or sector of employment is coded as a dichotomous variable, with public = 1 and private = 0.

Unit of Government: A categorical measure for those working in public employment is used to identify the unit of government in which respondents worked in their main occupation over their life, including the federal, state, and local levels.

STRUCTURE OF WORK

Opportunities for Regular Pay Increases and Promotions to Higher Positions: Two questions tap into the structure of opportunities offered by the organizations in which our respondents primarily worked. The items attempt to capture the regularity of movement in mobility and pay provided by the establishment. Participants are asked the extent of opportunity they had in their main job for (1) regular pay increases and (2) promotions to higher positions. Response items include the following: little = 1; some = 2; a lot = 3 and are then averaged ($\alpha = .63$). Workplaces that offer greater rather than fewer opportunities for pay and promotion are anticipated to have more positive effects on worker's job conditions as well as health.

Racial Composition: Respondents were asked whether the racial composition of their main job was characterized by (1) the same race as yours; (2) about half same and half different; or (3) a different race. Answers are dichotomized so that different = 1 and half and half/same = 0. Because no significant differences were found between mixed and similar race workplaces in the study, the two are collapsed into one category to simplify the analyses. More integrated or racially similar settings are expected to be favorable to health, relative to workplaces where the racial composition is largely different.

JOB CHARACTERISTICS

Of the dimensions of the job that are believed to bear on worker well-being, job control and job demands are presumed to be among the most critical. The

combination of work characterized by heavy job demands and low control are viewed as stressors, increasing the risk of poor health.

Job Control: Three questions tapped into the extent of job control people were able to exercise over their work in their main occupation: “Did you make decisions on what needed to be done?”; “Did you control the speed at which you worked?”; “Did you have freedom to decide how to do your work?” There were four response categories, from “not at all” to “very much”, with scores for each item ranging from 1 to 4. Higher average scores reflect greater job control (alpha = .75).

Job Demands: For the measure on job demands, the following questions were asked: “Did you have more work than you could handle?”; “Were you unable to catch up on the work you had to do?” As with the variable on job control, response items ranged from “not at all” to “very much,” with average scores ranging from 1 to 4.

EXPERIENCE OF WORK

Perceived Job Discrimination: To assess another type of stressor that might have been experienced in the workplace, a set of three questions asks about perceived discriminatory experiences: “Have you ever been unfairly fired or denied promotion?”; “For unfair reasons, do you think you have ever not been hired for a job?”; and, “Have you ever been unfairly discouraged from pursuing the job/career you wanted?” Scores range from 0 to 3, the latter for those answering “yes” to each item. The alpha coefficient for the three-item scale is .66.

4.8 Plan of Analysis

Given the study's focus on assessing work's direct and indirect relationships to health as well as the complex associations among them, path analysis would normally serve as a suitable statistical technique. Closer investigation of the data and the strict constraints imposed by path analysis, however, render a series of multiple regressions a more appropriate plan of analysis in this research for several reasons.

Because path analysis contends with sequential events, one condition necessarily concerns temporality. When a causal relationship is assumed, independent factors must precede outcome measures in time. Yet models are commonly applied to data from a single cross-sectional study. In such cases, information on independent, intervening, and dependent variables are collected concurrently (Olobatuyi 2006). Disentangling time order, as a consequence, is not always feasible. This is especially true with respect to the present analysis. In the ASH Study, we ask about various aspects of respondents' employment history. While we can establish whether a relationship exists between the work variables, their temporal priority and concomitance are not easily distinguishable. For example, we cannot ascertain whether respondents' perceptions of workplace discrimination are antecedent to or coexist with the main occupation they held over their life. Whereas some individuals' prior experience with discrimination in the workplace may have compelled them to seek employment elsewhere, ultimately leading to their primary job, others may have experienced discrimination during employment in their main occupation. Because we

are not assured of time order, path analysis cannot be readily applied to this particular study.

All the postulated relationships in a path model, however, must be capable of being tested through separate multivariate regressions. In other words, because path analysis assumes that each individual regression in the model is independent of the others, we can perform separate regression analyses for each path that is drawn in the model (Jeonghoon 2002). This approach allows us to capture relationships among the variables in the absence of a clear temporal sequence.¹⁰

This research, therefore, employs a series of multiple regressions to examine the possible direct and indirect effects of sector and job conditions on health. To determine the direct effects of job conditions, I regress self-rated health on job conditions in addition to relevant controls. I also turn to an additional set of regressions whereby the intervening variables – job conditions – serve as dependent variables and sector, the main independent variable of interest. A significant relationship found between an intervening job condition and sector of employment suggests that sector may have an indirect effect on health through job conditions, given that job conditions are significantly associated with health. Confirmation of this indirect relationship, however, would require the application of path analysis, which is not feasible here.

¹⁰ At the same time, establishing a relationship is the extent to which we can claim using straightforward regression analyses. We can neither separate out the direct, indirect, and joint effects of the work variables on health, nor estimate the relative importance of specified paths as we would with path analyses. In addition, path analysis allows for the simultaneous assessment of several relationships among the variables that is absent in multivariate regression. While more limited in the type of argument than can be made, the analytic strategy used here offers a viable alternative given the restrictions of the data.

To determine whether sector of employment is particularly consequential for certain groups, I also examine potential sectoral interactions with race, sex, and occupational prestige. This is accomplished through performing a similar set of regressions in which job conditions are regressed on sector and their relevant interaction terms.

CHAPTER FIVE

ANALYSES

5.1 Introduction

This chapter examines the direct and indirect influences of sector and the organization and conditions of work on individual well-being. The central task is to trace out whether an indirect relationship exists between sector of employment and health through its impact on job conditions. To accomplish this, I assess the multiple pathways between work and health – and the interrelations among the work variables – that were identified in the conceptual model. Consideration of these multiple pathways is supported by a scrutiny of bivariate relationships as well as multivariate analyses.

My propositions regarding the pathways leading to health are organized around the relationships hypothesized in the conceptual model depicted in Figure 1. In general, I expect that sector bears on job conditions which in turn shapes well-being. Specifically, I anticipate employment in the public sector to be related to greater opportunities for pay and promotion, job control, and a more diverse work setting while being associated with fewer job demands and perceptions of work-related discrimination. These job conditions, then, are expected to be related to self-rated health, with more positive features of work linked to better well-being. I further submit that this basic relationship is especially consequential for women and blacks and blacks at the higher end of the occupational spectrum. Lastly, I propose that the

effect of sector is most pronounced at the federal unit of government, over state and local units.

In demonstrating these relationships, I begin with a description of the variables included in the study to illustrate the extent to which select job characteristics are distributed across sector of employment by race and gender. Next, I carry out a series of multivariate regressions, first examining the extent to which social statuses and job conditions account for differences in health. After establishing the associated work-related links to individual well-being, I then turn my attention to the role of sector in creating differences in job conditions that are shown to influence health. Over the course of these analyses, I also consider and elaborate on the interrelations among work variables – not merely sector – specified in the pathways. In particular, I examine how the structural properties of the workplace – the extent of opportunities for pay and promotion and the racial composition – affect the job characteristics of job control and job demands, as well as perceptions of work-related discrimination. Following, I examine within sector differences to determine whether bureaucratic level matters in shaping work outcomes. Finally, to test whether these main relationships vary by race, gender, and occupation, I analyze the same model but with the addition of appropriate interaction terms.

5.2 Bivariate Analyses

Descriptive Statistics

Table 1 offers descriptive information on the social and economic distribution of the sample, along with the distribution of scores on key work measures. The table also separates out these summary statistics by race, gender, and sector of employment.

The sample contains roughly equal numbers of men and women and whites and blacks. Overall, the levels of education are high for this particular cohort. Well over half of this group of individuals achieved some college education or more¹¹. While the sample is composed of a fairly privileged group, however, it can be readily seen from the tables that African Americans and women are relatively more disadvantaged in terms of educational attainment, occupational prestige, and household income than whites and men, respectively. Compared to their counterparts, moreover, blacks and women face more adverse work conditions. For example, blacks exhibit fewer opportunities for pay and promotion, less job control yet higher job demands and greater perceptions of unfair treatment relative to whites.

In terms of the racial composition of the workplace, for the sample as a whole, the greater part worked in a racial setting that was similar (43 percent) or evenly mixed (37 percent). Approximately one-fifth worked in an environment where the racial composition was different from their own race. When looking at the distribution by race, however, we find that whites are overwhelmingly more likely to be working in a similar racial setting, at 63 percent. Less than 10 percent of whites were racially outnumbered in their place of work. In contrast, blacks have a greater likelihood of working in environments that are more balanced or different.

¹¹ While Table 1 presents means on the sample's educational attainment, the actual breakdown by educational levels is as follows: 8th grade or less (4.93%); some high school but did not graduate (6.87%); high school graduate or GED (20.45%); specialized (vocational) training (5.52%); some college but no degree earned (17.46); college graduate or more (44.78).

Table 1. Means of Analytic Variables by Race, Gender, and Sector of Employment

<i>Variables</i>	Range	Total (673)	Whites (341)	Blacks (332)	Men (326)	Women (347)	Public (392)	Private (281)
Prior Health (up to age 50)	1 – 5	4.26	4.32	4.21	4.37	4.17	4.27	4.26
Social Statuses								
Age	69 - 104	77.28	78.18	76.36	77.05	77.50	77.32	77.23
% Women	0 – 1	51.56	52.79	50.30	–	–	50.51	53.02
% Black	0 – 1	49.33	–	–	50.61	48.13	57.40	38.08
Education	1 – 6	4.57	4.99	4.15	4.80	4.36	4.81	4.24
Occupational Prestige	14.83 - 88.42	44.83	50.53	38.96	50.28	39.71	46.45	42.57
Income	1 - 11	6.03	6.94	5.09	6.83	5.27	6.32	5.61
Opportunities for Pay and Promotion	1 – 3	2.04	2.10	1.98	2.19	1.90	2.08	1.96
Racial Composition								
Different	0 – 1	.20	.08	.33	.22	.19	.24	.16
Half and half	0 – 1	.37	.30	.45	.34	.40	.38	.36
Same	0 – 1	.42	.63	.22	.44	.41	.38	.48
Job Control	1 – 4	2.94	3.00	2.89	3.07	2.83	2.97	2.91
Job Demands	1 – 4	1.68	1.66	1.71	1.74	1.63	1.69	1.67
Job Discrimination	0 – 3	.75	.47	1.03	.89	.62	.83	.64
Health								
Self-rated health	1 – 5	3.22	3.42	3.01	3.34	3.10	3.18	3.27
Illness symptoms	1 – 5	1.87	1.93	1.82	1.74	2.00	1.88	1.87
Depression	1 – 4	1.39	1.41	1.37	1.31	1.47	1.38	1.41
Self-esteem	1 – 4	3.36	3.34	3.38	3.40	3.32	3.38	3.33
Sector								
% Public	0 – 1	58.35	48.97	67.77	59.51	57.06	–	–

Almost half (45 percent) of African Americans worked in a mixed-race context while a third (33 percent) were employed in a racially different workplace. Only the remaining one-fifth (22 percent) worked in a similar racial setting. Their overrepresentation in the workplace, however, likely takes place in lower status jobs.

Given their more disadvantaged positions, it is not unexpected to find that blacks also report lower self-rated health than whites, both currently as well as in the past. This disparity in self-rated health, furthermore, widens substantially between these two time periods. Whereas, on average, whites reported somewhat better health up to age 50 than blacks (4.32 versus 4.21), the gap in current assessments of well-being increased considerably, at 3.42 for whites and 3.01 for blacks. On the other hand, blacks and white are more comparable on the remaining indicators of physical and psychological well-being, with blacks slightly more advantaged over whites. Looking at differences across gender, however, reveals that women are consistently disadvantaged on all indicators of well-being, evidencing poorer health and self-esteem and greater illness and depressive symptoms, compared to men.

With regard to sector, the distribution for all workers is skewed to public employment, with 58 percent reporting work in the public sector, as opposed to almost 42 percent for private enterprise. In terms of race, however, over two-thirds of blacks worked in the public sector while whites were more evenly divided between the two classes of employment. While we would expect a larger percentage of public employees in a study focusing on the Washington DC area than in other parts of the country, the figures are still remarkably high given that approximately 32 percent of workers in the region in 2005 were employed by some unit of government (Perrins

and Nilson 2006). National estimates on public employment in the nonfarm economy usually fall at about 16.6 percent (Hale 2004). The profile is even more striking when we consider estimates by unit of government. According to counts drawn from the Bureau of Labor Statistics' Quarterly Census of Employment and Wages program for 2006, only 2.1 percent of the national workforce is employed at the federal level. By contrast, 44.3 percent worked for the federal government in this study. The figures, on the other hand, are more similar for state and local government which represent roughly 3.5 and 10.4 percent, respectively, of all employment in the U.S., compared to 5.3 and 8.6 percent of our sample.

It should be noted that these figures are partly attributable to the question item which asks about main employment, rather than employment in any given year. At the same time, some of the sectoral profile is due to the recruitment procedures of the study. Specifically, one of the aims of the sampling frame's design was to enlist an adequately large number of middle-class African Americans to allow for the analytic distinction between race and class effects. A large number of these blacks likely achieved middle class status through public employment, given the public sector served as one major avenue for blacks' economic advancement. As noted earlier, the overall level of educational attainment of the sample is also relatively high compared to the rest of the nation. This is consistent with Census statistics indicating the population in the DC area is among the most educated.

Looking across sector, workers in public and private employment are reasonably comparable in terms of prior health, age, job control and job demands. Additionally, there are nearly as many women as men working in each sector. By

contrast, a notable difference is the percentage of blacks concentrated in the public sector – 57%, compared to almost 38% in private enterprise. Variations also emerge along other measures. Public employees are characterized by higher levels of education, occupational prestige and income, relative to their counterparts. With respect to work, more favorable structures of opportunity in terms of pay and promotion are found in the public sector as well as a greater likelihood of encountering heterogeneous rather than more balanced or homogeneous racial settings. On average, perceptions of work-related discrimination are also higher in the public sector. Its association with higher levels of education and occupational prestige partly accounts for this relationship.

These patterns largely hold when analyzing the data by racial and gender groups and sector, with some important differences. Table 2 shows that for all groups – white men, white women, black men, and black women – levels of education, occupational prestige, income, and opportunities for pay and promotion are appreciably higher for those employed in public rather than private enterprise. While these social and economic indicators are more favorable for every group in the public sector, overall, blacks are more disadvantaged in levels of education, occupational prestige, and household income than whites. At the same time, the public sector is able to reduce the racial gap on these socioeconomic measures. The differences we saw earlier in Table 1 were noticeably larger when we only distinguished the indicators by race.

Variation between groups differs along other dimensions. One of the most prominent differences concerns the disproportionate representation of blacks in the

public sector. Whereas twice as many black men and women in the sample worked in public than private employment, white men and women are about equally divided across sector. While white men and women report more perceived workplace discrimination in the private than public sector, however, the opposite is true for blacks

Results also indicate other differences that are not necessarily patterned by race. While white men experience the same level of job control in both sectors, the remaining groups report higher levels in the public sector relative to private industry.

Table 2. Means of Analytic Variables by Sector of Employment and by Race and Gender

<i>Variables</i>	White Men (161)		White Women (180)		Black Men (165)		Black Women (167)	
	Public (80)	Private (81)	Public (87)	Private (93)	Public (114)	Private (51)	Public (111)	Private (56)
Prior Health (up to age 50)	4.40	4.45	4.18	4.25	4.29	4.35	4.22	3.92
Social Statuses								
Age	78.30	78.17	78.77	77.52	75.56	76.61	77.27	75.96
Education	5.50	5.30	4.75	4.49	4.70	3.14	4.48	3.30
Occupational Prestige	59.32	58.45	45.97	40.35	45.05	34.79	38.97	30.36
Income	8.85	7.15	6.07	5.92	6.18	4.61	4.86	3.79
Opportunities for Pay and Promotion	2.40	2.27	1.97	1.81	2.07	1.96	1.95	1.83
Racial Composition								
Different	.06	.07	.08	.09	.40	.27	.32	.29
Half and half	.26	.27	.34	.30	.37	.49	.50	.46
Same	.68	.65	.57	.61	.23	.24	.18	.25
Job Control	3.22	3.22	2.80	2.78	2.96	2.84	2.92	2.74
Job Demands	1.75	1.72	1.56	1.61	1.75	1.70	1.68	1.67
Job Discrimination	.44	.51	.40	.54	1.38	1.10	.87	.57
Health								
Self-rated health	3.60	3.56	3.17	3.39	3.14	3.04	2.92	2.89
Illness symptoms	1.70	1.74	2.14	2.09	1.82	1.65	1.86	1.90
Depression	1.23	1.33	1.55	1.51	1.33	1.35	1.39	1.43
Self-esteem	3.44	3.35	3.25	3.33	3.41	3.36	3.41	3.26

In terms of work characteristics, white men and women as well as black women show proportionately similar racial settings in both sectors. By contrast, black men were more likely to experience an environment that was racially different than mixed or similar in public than private employment.

Table 3 presents the distribution of the sample across units of government for public employees. A closer look within public sector reveals the vast majority were employed at the federal level, at over 75 percent. For both black and white men, approximately 87 percent were federal workers. Similarly, female public employees predominated at the federal level but to a lesser extent at 63 percent for white women and 66 percent for black women. Among women, about one-fifth were employed at the local level, a much greater share than for either white or black men.

Table 3. Percentages of Unit of Government by Race and Gender

<i>Variables</i>	Total (392)	White Men (80)	White Women (87)	Black Men (114)	Black Women (111)
Unit of Government					
Federal	76.02	87.50	63.22	86.84	66.67
State	9.18	7.50	17.24	3.51	9.91
Local	14.80	5.00	19.54	9.65	23.42

In sum, the findings here are consistent with the notion of women and blacks' more disadvantaged statuses. We also observe that the public sector – particularly at the federal level – exerts an enormous impact on the Washington, DC area. This is especially true, moreover, for blacks who are twice as likely to be employed by the public than private sector. On balance, furthermore, the public sector tends to be comprised of more educated and higher level workers who enjoy greater household incomes, compared to their private sector counterparts. Public employment also

appears to offer more favorable work conditions in terms of opportunities for pay and promotion and job control. Among blacks, public employees experience a greater likelihood of working in a racially different setting. This is likely to be partly attributable to their higher levels of education and occupational prestige.

5.3 Bivariate Analyses

Correlations

Turning briefly to the correlations among the main study variables, Table 4 shows that significant associations are largely consistent with findings from previous research. Overall, health is related to socioeconomic indicators in the expected direction. Relative to men, women exhibit poorer self-rated health and self-esteem while experiencing greater illness and depressive symptoms. While blacks report considerably lower self-rated health than whites, none of the other indicators are statistically significant. High levels of education, occupational prestige, and income, on the other hand, are correlated with better well-being on all measures. With respect to the work variables, we find that greater opportunities for pay and promotion and job control are associated with better health, across all the measures under study. Higher job demands, meanwhile, are positively correlated with illness symptoms. Lastly, contrary to assumptions, higher levels of perceived job discrimination and more different racial settings are related to higher levels of reported self-esteem at the bivariate level.

Looking now at sector and the interrelations among the work variables, certain aspects of work are related to class of employment whereas others are more closely

Table 4. Correlations of Major Study Variables

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1. Self-Rated Health	1.00															
2. Illness Symptoms	-.45*	1.00														
3. Depressive Symptoms	-.41*	.46*	1.00													
4. Self-Esteem	.22*	-.13*	-.21*	1.00												
5. Prior Health	.32*	-.28*	-.21*	.20*	1.00											
6. Age	-.05	.04	.07	-.20*	-.04	1.00										
7. Sex	-.11*	.18*	.16*	-.08*	-.13*	.04	1.00									
8. Race	-.19*	-.08	-.04	.04	-.06	-.16*	-.02	1.00								
9. Education	.26*	-.09*	-.17*	.26*	.21*	-.05	-.14*	-.26*	1.00							
10. Occupational Prestige	.19*	-.10*	-.10*	.21*	.22*	-.04	-.25*	-.28*	.61*	1.00						
11. Income	.30*	-.14*	-.19*	.26*	.27*	-.09*	-.24*	-.29*	.55*	.53*	1.00					
12. Work Opportunities	.19*	-.08*	-.12*	.19*	.14*	-.04	-.23*	-.10*	.22*	.22*	.28*	1.00				
13. Job Control	.18*	-.09*	-.16*	.20*	.08*	-.12*	-.16*	-.07	.29*	.31*	.33*	.23*	1.00			
14. Job Demands	-.03	.09*	-.01	.04	-.04	-.11*	-.07	.03	-.02	.07	-.02	.11*	.14*	1.00		
15. Job Discrimination	-.07	.05	.03	.08*	-.03	-.19*	-.14*	.29*	.09*	.09*	-.04	-.05	.06	.18*	1.00	
16. Different Racial Comp.	-.04	.01	-.07	.09*	-.01	-.11	-.03	.32*	.03	-.02	.03	.03	.04	-.01	.18*	1.00
17. Sector	-.04	.00	-.04	.06	.01	.01	-.02	.19*	.18*	.09*	.11*	.09*	.04	.01	.09*	.10*

*p < .05

tied to the organization and experience of work. Here, we find that the structure and experience of work – opportunities for pay and promotion, racial composition and perceived job discrimination – are associated with sector. Partly accounting for this latter relationship is the significant association between workplace discrimination and higher levels of education and occupational prestige that is often found in public employment. While no significant correlations were found between job characteristics such as job control or job demands and sector, these features of the job are related to opportunities for pay and promotion. It is further seen that the racial composition of the workplace is associated with perceptions of job discrimination.

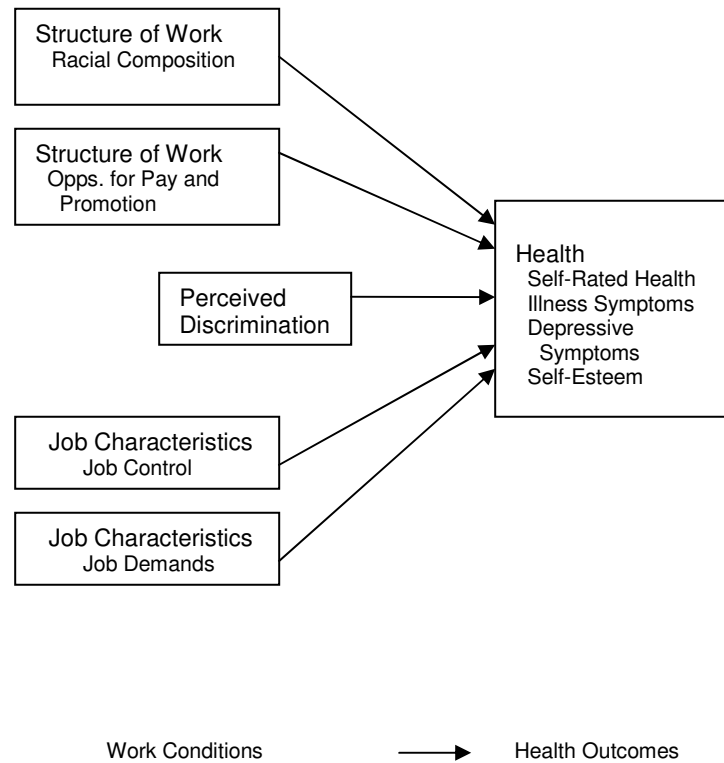
Taken together, the patterns suggest complex intervening processes underlying the link between sector of employment, the structure and experience of work, and individual well-being. The potential relationships between sector, job conditions, and health are further pursued in multivariate analysis.

5.4 Multivariate Analyses

Job Conditions and Health Outcomes

In this series of multivariate regressions, the first analytic task is to account for the work-related conditions that contribute to various health outcomes. Figure 2 reflects this focus on the right hand side of the conceptual model. Following this, I examine whether and to what extent sector of employment shapes health through its effects on the structure of work and job characteristics.

Figure 2. Linkages between Work Conditions and Health Outcomes



Results from the first set of multivariate regressions testing the main work-health relationship are displayed in Table 5. Because we assume a nonequal ordering across categories on the self-rated health measure, I use an ordered logit regression here. The remaining indicators are continuous scales of well-being, including health symptoms, depression, and self-esteem, and consequently, employ an OLS regression.

Table 5. Regressions of Health Measures on Prior Health, Social Statuses, and the Conditions of Work

	Self-Rated Health	Illness Symptoms	Depression	Self-Esteem
Prior Health				
(\geq age 50)	.655*** (.099)	-.228*** (.036)	-.104*** (.025)	.070** (.021)
Social Statuses				
Age	-.016 (.013)	.002 (.005)	.003 (.003)	-.010*** (.003)
Sex (1=Female)	-.123 (.153)	.200*** (.057)	.114** (.040)	.029 (.033)
Race (1=Black)	-.438* (.176)	-.268*** (.066)	-.084† (.046)	.107** (.038)
Education	.176** (.061)	-.009 (.022)	-.039* (.016)	.037** (.013)
Occupational Prestige	-.008† (.005)	-.001 (.002)	.002† (.001)	.001 (.001)
Household Income	.068* (.030)	-.010 (.011)	-.013† (.008)	.014* (.006)
Structure of Work				
Opportunities for Pay and Promotion	.271* (.126)	-.005 (.046)	-.015 (.032)	.072** (.027)
Racial Composition (1=Different)	.273 (.382)	-.141 (.142)	.019 (.099)	.112 (.082)
Different*Race	-.466 (.440)	.299† (.163)	-.084 (.114)	-.109 (.095)
Job Conditions				
Job Control	.217* (.102)	-.047 (.038)	-.061* (.026)	.038† (.022)
Job Demands	-.059 (.095)	.076* (.035)	-.009 (.025)	.001 (.020)
Experience of Work				
Perceived Job Discrimination	-.077 (.078)	.061* (.030)	.043* (.021)	.009 (.017)
Intercept	–	2.794	1.971	3.217
Adjusted R-squared	–	.117	.091	.148

Note: Unstandardized regression coefficients with standard errors in parentheses.

The self-rated health model is estimated using ordered logit while the remaining indicators of well-being are estimated using OLS.

† $p < .10$; * $p < .05$; ** $p < .01$; *** $p < .001$ (2-tailed tests)

It should also be noted that these multivariate regressions are limited to a dichotomous measure of racial composition – different versus mixed/same. While the distinctions were retained for the descriptive analyses, the variables were collapsed in the multivariate regressions because the differences between mixed and homogenous racial settings were not significant. For ease of analysis, then, dichotomous measures of racial composition are used instead.

Table 5 presents models regressing the four indicators of health on respondents' earlier health, social and economic characteristics, and work-related conditions. Consistent with the life course perspective, we find that present health not only stems from current arrangements but is tied to experiences occurring earlier in life. Specifically, health preceding entry into the labor force and throughout the principal working years is appreciably and positively related to current health and self-esteem expressed by elders. Those who enjoyed good health earlier in life, moreover, also reported fewer illness symptoms and lower levels of depression in the later years. Prior experiences at distal points in the life course, then, continue to exert their influence into old age.

The importance of ascribed statuses is also evident. With some exceptions, women and African Americans generally report worse health than men and whites, respectively. While no differences in self-rated health and self-esteem emerged by gender, women are more likely to report greater illness symptoms and levels of depression than men. In terms of race, we observe that blacks report significantly lower levels of self-rated health than their white counterparts. These gender and racial

disparities holds true, moreover, even after accounting for schooling and economic conditions.

At the same time, blacks fare better than whites on certain health indicators. Relative to whites, African Americans report fewer illness symptoms, modestly lower depressive symptoms, and higher levels of self-esteem. These results require some elaboration. In terms of levels of depression, blacks report modestly fewer depressive symptoms than whites. This pattern is consistent with previous studies showing blacks' initial elevated rates of depression compared to whites are reversed once models control for confounders. After adjusting for factors such as socioeconomic characteristics, African Americans exhibit significantly lower rates than whites (Dunlop et al. 2003) or no difference in the incidence of depression (Mirowsky and Ross 1980; Steele 1978). Furthermore, by and large, blacks, especially males, manifest mental health problems in externalized ways, such as alcohol abuse or aggressive behavior, whereas whites and women are inclined toward more internalized states, such as depression.

With respect to self-esteem, prior research has shown that despite their greater contact with whites and with institutional inequality in the workplace, black adults have relatively high self-esteem (Hughes and Demo 1989). According to the authors, the relevant social comparison for feelings of self-worth for blacks was other blacks rather than whites, explaining why racial self-esteem appeared to be fairly resistant to stratification characteristics. The effects of discrimination and institutional inequality, rather, were largely experienced through other measures of well-being, such as

personal efficacy. The particular referent other may not always be constant, but instead, vary depending on the specific outcome we are observing.

In terms of illness symptoms, it is unclear whether blacks' significantly fewer health symptoms than whites reflect a true difference in actual experience or a difference in reporting tendencies. Burton and Whitfield (2004) have argued that some blacks may refrain from reporting symptoms as a way to elude accepting that something may be wrong. Closer examination of specific symptoms reveal that blacks are significantly less likely to report experiencing three of the ten symptoms – indigestion, back pain, and incontinence. Yet another interpretation of blacks' relatively smaller number of illness symptoms compared to whites concerns African Americans' higher mortality rates. Those who survived into old age in our sample are possibly simply more resilient or in better physical health. Because the selective nature of our sample excludes the experiences of the least healthy, race differences in well-being may be underestimated. It becomes evident that racial disparities in health are more complicated and nuanced than what might be customarily expected. Various facets of well-being may not only hold diverse meanings for different racial groups but may also change in their impact over time.

Directing our attention to socioeconomic circumstances, educational attainment, and household income are each independently and significantly related to indicators of well-being, with the exception of illness symptoms. Higher levels of education and income are associated with higher self-rated health and self-esteem and lower levels of depression. However, higher occupational status is modestly related to less positive self-reports of health and greater depressive symptoms. These findings

may be understood in the context of prior research suggesting that high status occupations – while often yielding many workplace rewards as well as positive effects on well-being – also entail increasing responsibility and demands which leads to inter-role stress (Schieman, Whitestone, and Van Gundy 2006). Positions of high occupational prestige, then, may increase exposure to certain forms of stress and should not be expected to be protective of all dimensions of health.

Turning to the work variables, both more favorable work conditions and positive characteristics of the job are expected to be advantageous to health. Access to opportunities and their attendant benefits are likely to enhance well-being because they shield individuals from the deleterious impact of job stressors. Exposure to heavy job demands, low control, job discrimination, and racially different settings are viewed as stressors, undermining well-being. Results indicate that the impact of job conditions vary to some extent with the particular health measure of interest.

Specifically, we find that different conditions of work matter for different indicators of well-being. With respect to self-rated health and self-esteem, the racial composition of the workplace, job demands, and job discrimination are less important than opportunities for pay increases and promotion and the level of job control one was able to exercise, net of all background and social characteristics. Conversely, higher levels of job demands and perceptions of work-related discrimination and more racially different settings for blacks are all significantly associated with greater illness symptoms, whereas opportunities for pay and promotion and job control are not. With regard to depressive symptoms, it is evident that having had lower levels of job control and experiences of unfair treatment within the context of work are damaging to well-

being. While the racial composition of the workplace has been linked to increasing feelings of depression in previous studies, the impact of this property of work does not appear to persist into late life. In terms of racial setting, what may be more significant for elders' psychological functioning is the extent of racially similar or different neighborhoods in which they live. That is, as work becomes less salient in the lives of older adults – whether it be because they scale back or exit the labor force entirely, the significance of the racial composition of their principle occupation may diminish over time and be eclipsed by more immediate factors such as place of residence.

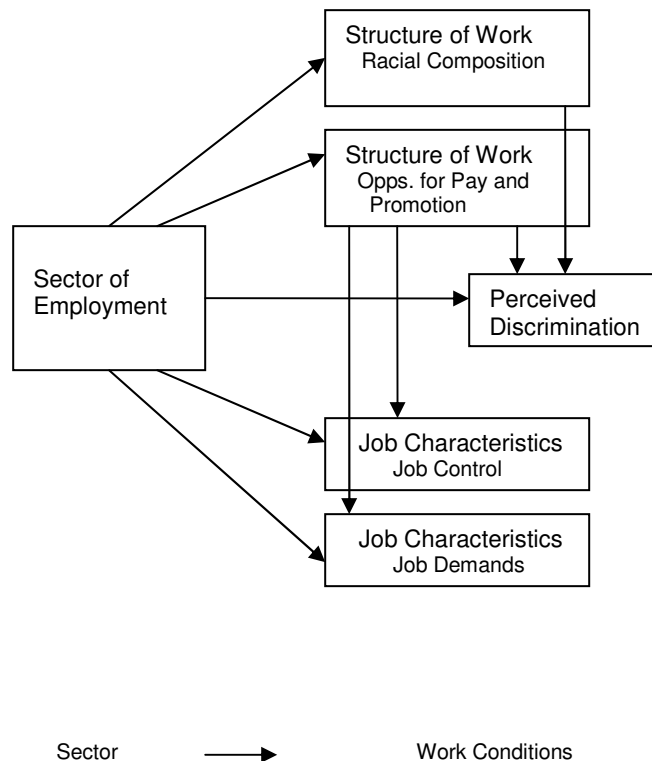
As hypothesized, features of the job bear on health outcomes. While all the job conditions under study are associated with some indicator of well being, they do so to varying degrees. Whereas certain features of work play a role in one health outcome, some are largely absent in others. Relationships showing no significance, however, do not necessarily indicate that those conditions of work are of limited importance to well-being. As explicated in the conceptual framework, the importance of the structural properties of work – opportunities for pay and promotion and racial composition – are also posited to operate through their associations with characteristics of the job. In other words, structural conditions may be indirectly related to health through their effects on more immediate job conditions. I next consider the interrelationships between sector and the structures and characteristics of work

5.5 Multivariate Analyses

Sector of Employment and Job Conditions

Whereas research concerned with work and well-being largely focuses on proximate job conditions – and would consequently conclude their analyses with the regressions above, I am interested here in examining the sources of the variations in these immediate work conditions, which in turn contribute to differences in health. Extending the relationship between work and health beyond proximate features, I turn my attention now to how the sector of employment may shape the structural properties of the workplace and experiences within those settings. Figure 3 reflects this focus on the left side of the conceptual model, whereby the job conditions previously examined now serve as dependent variables.

Figure 3. Proposed Linkages between Sector and Work Conditions



Consistent with what is portrayed in Figure 1, I posit that the effects of sector on the level of health are largely indirect, channeled through job conditions. Several interrelated and characteristic features of the public sector, as we have seen, have been shown to have wide ranging effects on workplace outcomes. To begin, public employment's rationalized system for directing all stages of employment practices – including hiring, promotion, and remuneration – facilitates greater gender and racial integration as well as greater opportunities for economic and occupational mobility. Its use of objective performance criteria for promotion, moreover, is also thought to shield against discrimination. On these bases, regular opportunities for pay and promotion, greater workplace diversity, and fewer experiences of discrimination are expected to be related to public employment. In addition to its bureaucratic apparatus, the public sector's proposed commitment to equal opportunity, greater public scrutiny, more dedicated enforcement, and lack of a profit motive also plays a role in reducing such workplace inequalities. Because the logic of public employment is qualitatively different from that of private enterprise, the public sector is able – and has normative pressures – to act as a model employer and engage in equitable employment practices. For the same reasons, the public sector can also afford to offer attractive work conditions to its workers, including greater job security, lower turnover, high unionization, and a range of fringe benefits. Given this context, more favorable work conditions for all workers in terms of job control and job demands are expected in public employment, relative to private industry.

It should be noted again, however, that not all pathways contain a single intervening variable between sector and health. Based on the conceptual model, the structure of work (opportunities for pay and promotion and racial composition) is also expected to play a role in three of the job conditions – job control, job demands, and perceived work-related discrimination. Because professional advancement is often accompanied by gains in workplace-based rewards, I submit that sector of employment shapes the structure of opportunities offered by the workplace which in turn affect levels of job control and job demands. These features of work, in turn, are proposed to impact health. With respect to job discrimination, I anticipate opportunities for pay and promotion as well as the racial composition of the workplace to influence perceptions of unfair treatment. Given that reports of discrimination commonly concern slights in remuneration and job advancement, opportunities for progressing up in the ranks monetarily and occupationally should diminish perceptions of being treated unjustly. The racial composition of the workplace should also matter. When women and African Americans have served as token rather than majority members of their workplaces, prior evidence has shown that feelings of discrimination are significantly more likely. I propose numerical isolation, then, to increase the likelihood of perceptions of unfair treatment. In these paths, I expect sector of employment to affect opportunities for pay and promotion and the racial composition of the workplace which both in turn bear on perceptions of job discrimination. Feelings of unfair treatment, in turn, are expected to be negatively associated with self-rated health. There are then, different possible sets of pathways between sector of

employment and individual well-being. Each of these unique paths is reflected in the models.

Findings on the various job conditions are assembled in Table 6a. In keeping with what is appropriate for each outcome measure, I model opportunities for pay and promotion, job control, and job demands using ordinary least squares regression (OLS) because these variables are continuous scales. I use an ordered logit to model job discrimination because of the variable's ordinal construction. For the dichotomous dependent variable of racial composition, I employ a logistic regression.

Turning our attention first to the impact of social statuses on various work conditions, we find that results are largely consistent with the existing literature. To begin, women and blacks are significantly less likely to report opportunities for pay and promotion than their counterparts. Among African Americans, black women are more likely to report greater access for upward mobility and remuneration than black men, as indicated by the race X gender interaction term. Women also evidenced lower levels of control they commanded over their work than men, while blacks were significantly more likely to work in racially dissimilar settings and report higher levels of perceived job discrimination. With respect to the latter, among African Americans, black men have a greater likelihood of experiencing job discrimination than black women. Previously we observed that although minorities, overall, face more limited access to opportunities than whites, black women reported greater access to upward mobility and remuneration than black men. It is possible that these two relationships are linked. That is, African American women's fewer reports of discrimination may

Table 6a. Regressions of Measures of Work Structure and Job Conditions on Social Statuses, the Structure of Work, and Sector of Employment

	Opportunities for Pay and Promotion	Different Racial Composition	Job Control	Job Demands	Job Discrim.
Social Statuses					
Sex (1=Female)	-.386*** (.066)	.370 (.423)	-.178* (.084)	-.071 (.090)	.059 (.245)
Race (1=Black)	-.230** (.070)	2.295*** (.374)	-.035 (.086)	.047 (.093)	1.647*** (.260)
Sex*Race	.280** (.091)	-.587 (.481)	.184 (.113)	.048 (.121)	-.961** (.319)
Education	.044* (.018)	.167* (.082)	.071** (.022)	-.050* (.024)	.142* (.064)
Occupational Prestige	.002 (.001)	.003 (.006)	.007*** (.002)	.004* (.002)	.014** (.005)
Structure of Work					
Opportunities for Pay and Promotion	–	–	.184*** (.048)	.124* (.051)	-.303* (.134)
Racial Composition (1=Different)	–	–	–	–	-.555 (.455)
Different*Race	–	–	–	–	1.103* (.508)
Sector of Employment^a					
Sector (1=Public)	.086† (.048)	.032 (.228)	-.043 (.059)	.003 (.064)	-.045 (.165)
Intercept	1.943	–	2.030	1.466	–
Adjusted R-squared	.105	–	.139	.014	–

Note: Unstandardized regression coefficients with standard errors in parentheses.

The job discrimination models are estimated using ordered logit and the racial composition models are estimated using logistic regression. All other models use OLS.

^aThe reference category is private sector.

† $p < .10$; * $p < .05$; ** $p < .01$; *** $p < .001$ (2-tailed tests)

be associated with the greater work opportunities available to them, relative to African American men.

The relationship between achieved statuses and job conditions are also in the expected direction. Specifically, higher educational attainment is associated with a greater likelihood of reporting possibilities for advancement, increasing job control, fewer job demands, employment in a racially dissimilar setting, and greater perceptions of discrimination, relative to those with fewer years of schooling. With regard to occupational prestige, higher status positions are significantly related to greater levels of job control as well as job demands and perceptions of unfair treatment. The patterns with respect to discrimination are aligned with prior research linking higher levels of education and occupational status with increasing reports of perceived unfair treatment (Pavalko et al. 2003).

Looking now at the relationships between sector and the structure of work on various job conditions, the first pathway under investigation concerns regular opportunities for pay increases and promotion to higher positions. It can be observed that a modestly significant relationship exists between sector and the structure of work. Relative to the private sector, public employment enhances workers' access to opportunity structures to advance in pay and promotion. This finding is consistent with previous research demonstrating that the more formalized structures of public employment promotes greater rewards in remuneration and occupational advancement for its workers, relative to private enterprise. Such a worklife pattern of regular upward progression was previously shown to be associated with self-rated health and

self-esteem. Figure 4 depicts this link between sector of employment and opportunity structures and opportunity structures to well-being.

Figure 4. Linkages between Sector, Structure of Work and Health Outcomes

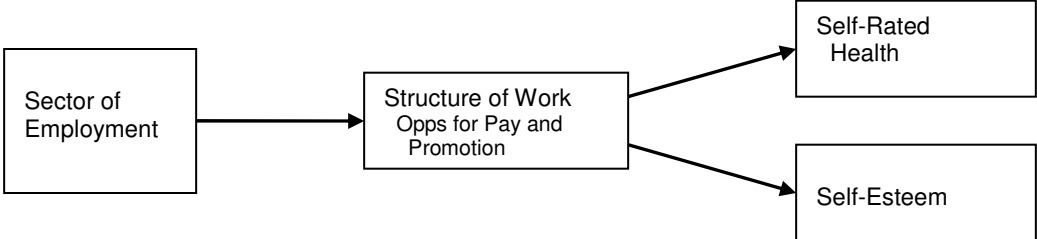


Table 6b replicates this same set of analyses but this time, breaks down public sector into its specific units of government. Within the public sector, I expect differences in outcomes by bureaucratic level. With its greater scrutiny, resources, and enforcement, I anticipate the greatest advantages to accrue to those working for the federal government. Indeed, the findings reveal that it is the federal level that is entirely driving the relationship between public employment and structures of opportunity. The state and local levels have no apparent effect.

Table 6b. Regressions of Measures of Work Structure and Job Conditions on Social Statuses, the Structure of Work, and Sector of Employment

	Opportunities for Pay and Promotion	Different Racial Composition	Job Control	Job Demands	Job Discrim.
Social Statuses					
Sex (1=Female)	-.366*** (.067)	.424 (.427)	-.180* (.085)	-.064 (.091)	.085 (.248)
Race (1=Black)	-.230** (.069)	2.319*** (.375)	-.037 (.087)	.048 (.093)	1.660*** (.260)
Sex*Race	.277** (.091)	-.585 (.482)	.184 (.113)	.048 (.122)	-.966** (.319)
Education	.044* (.018)	.172* (.082)	.070** (.022)	-.050* (.024)	.144* (.064)
Occupational Prestige	.002 (.001)	.004 (.007)	.007*** (.002)	.004* (.002)	.014** (.005)
Structure of Work					
Opportunities for Pay and Promotion	-	-	.184*** (.048)	.122* (.052)	-.304* (.135)
Racial Composition (1=Different)	-	-	-	-	-.575 (.457)
Different*Race	-	-	-	-	1.119* (.511)
Sector of Employment^a					
Federal	.115* (.050)	.099 (.236)	-.045 (.063)	.014 (.067)	.014 (.175)
State	-.094 (.105)	-.023 (.494)	-.071 (.130)	-.042 (.139)	-.013 (.349)
Local	.047 (.087)	-.346 (.402)	-.008 (.108)	-.028 (.116)	-.259 (.307)
Intercept	1.922	-	2.034	1.461	-
Adjusted R-squared	.108	-	.136	.012	-

Note: Unstandardized regression coefficients with standard errors in parentheses.

The job discrimination models are estimated using ordered logit and the racial composition models are estimated using logistic regression. All other models use OLS.

^aThe reference category is private sector.

[†] $p < .10$; * $p < .05$; ** $p < .01$; *** $p < .001$ (2-tailed tests)

Next, we examine the potential role of another structure of work – racial composition – as an intervening variable between sector and health. Previously it was seen that numerical representation in the workplace was associated with illness symptoms for blacks. In Model 2 of Table 6a, however, we found no relationship between sector and racial composition. Rather, the strongest predictor of working in a different racial setting is race. That is, blacks are significantly more likely to be employed in a workplace where they are racially outnumbered. The only other variable of importance is schooling, whereby higher levels of educational attainment is associated with being employed in a racially dissimilar setting. For blacks, rising up in occupational status is often accompanied by a greater likelihood of working in less homogeneous contexts. While sector did not account for the variation in workplace racial composition, there are additional pathways in which the structure of work plays a role to which we turn next.

Model 3 of Table 6a considers the sources of job control which was previously found to be related to self-rated health, depression, and self-esteem. As shown in Figure 1, this pathway contains two possible chains of influences that eventuate in health outcomes. First, sector of employment is expected to be directly related to the degree of control respondents held over their job. Second, the links between sector-structure of work opportunities-job control are also posited to be pertinent to well-being. Advancements in pay and promotion often lead to better work conditions and in this case, enable greater opportunities to exercise autonomy in one's principal occupation. Indeed, findings offer support for this latter pathway, suggesting sector is

relevant to health through its affect on the structure of work and the structure of work, which in turn, indirectly influences well-being through its association with job control.

Findings on job demands are similar to those found with job control, with an important exception. Again, two possible pathways are proposed – one with sector directly influencing job demands which in turn, shape health and a second where sector shapes the structure of work opportunities, which in turn affect job demands, which in turn bears on well-being. As with job control, Model 4 of Table 6a shows support for the latter pathway whereby occupational upgrading is related to job demands, but rather than shielding workers from harmful aspects of the job, steady upward progression is associated is greater job demands. While contrary to expectations, this pattern is consistent with previous research noted earlier whereby high status occupations may not be protective of all health outcomes, but can actually increase exposure to some forms of stress (Schieman et al. 2006). There are then, costs as well as benefits, to upward mobility. High levels of job demands, as seen earlier, were associated with higher illness symptoms.

Turning to perceptions of work-place discrimination, in addition to sector of employment, two aspects of the structure of work are considered – opportunities for pay and promotion and the racial composition of the workplace. Three potential pathways depicted in Figure 1 are considered: (1) sector-job discrimination; (2) sector-opportunities for pay and promotion-job discrimination; and (3) sector-racial composition-job discrimination. With respect to this last path, I also included an interaction term of racial composition X race to account for the possibility that the racial setting of the workplace may matter more if the respondent belongs to the

minority group. As seen earlier, job discrimination was found to be related to health and depressive symptoms.

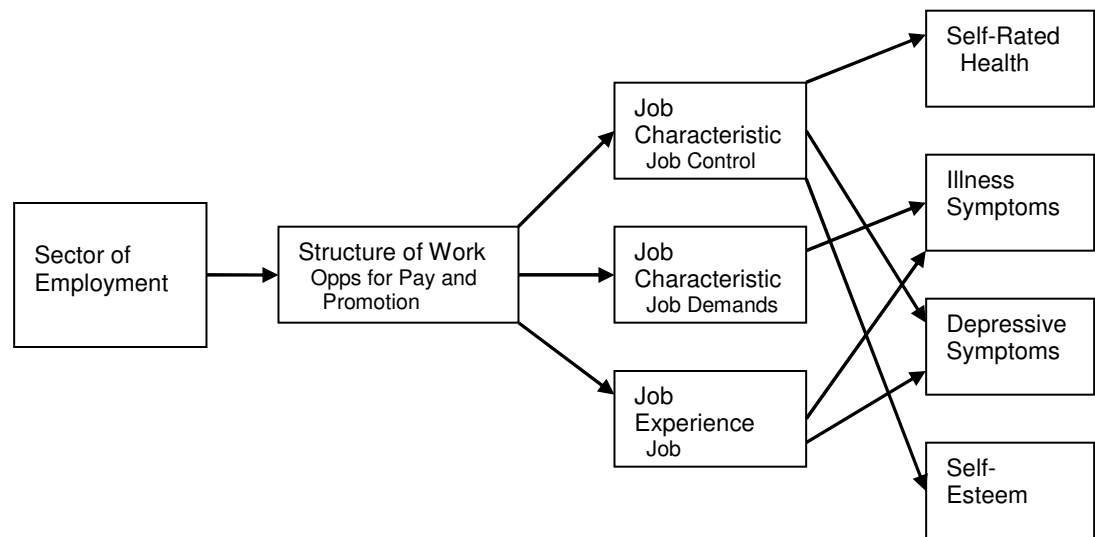
Previous studies have established a relationship between sector and perceptions of job discrimination – with those working in public employment reporting fewer incidents of unfair treatment than private sector workers. No such relationship, however, is apparent here, for several possible reasons. Items on the job discrimination scale ask respondents about whether they felt they were ever unfairly fired or denied promotion, not hired for a position, or unfairly discouraged from pursuing the job he/she wanted. Because such unfair treatment may have occurred on the job or in previous positions that respondents no longer or ever occupied, the data limit us from parsing out whether or not experiences of discrimination strictly applies to their principle occupation. As a result, the measure of perceptions of work-related discrimination likely captures both experiences within as well as outside respondents' main place of employment. The lack of distinction, then, prevents us from being assured that reports of discrimination are tied solely to respondents' primary occupation. For this reason, it is not surprising that a relationship was not found between sector of employment and job discrimination.

Although we found no support for the sector-job discrimination link, opportunities for pay and promotion and the racial composition of the workplace for blacks were significantly associated with perceptions of work-related discrimination. Those reporting greater opportunities for advancement were less likely to perceive unfair treatment. On the other hand, while we find that the racial composition of the workplace did not bear on perceptions of discrimination for all workers, the racial

composition X race interaction terms was modestly significant. In other words, blacks who were employed in a racially different work setting were more likely to report unfair treatment in the workplace than whites in racially heterogeneous workplaces. Employment in working settings where they are outnumbered, then, may be more significant to the experiences of blacks than whites. At the same time however, we found no link between sector and racial composition earlier which would have completed the sector-racial composition-job discrimination chain. Of the three proposed pathways, only the links between sector and opportunity structures and job discrimination were significant.

In fact, it can be observed that the last three conditions of work are not directly related to sector of employment but rather to opportunities for regular pay increases and promotions to higher positions. More so than sector of employment, these structures of opportunity may organize the work setting in such a way that more immediately affects levels of job control, job demands, and perceptions of discrimination. Some researchers have noted that rising steadily up the ranks may offer growth and challenge, qualities that are not necessarily captured by occupation or status, but which are critical for physical and mental health (Pavalko, Elder, and Clipp 1993). To illustrate, two individuals holding the same position may not have the same possibilities for advancement within those careers. The characteristics and experience of work, however, are affected by whether or not there exists a context for potential continued challenge. The importance of the opportunity structures that is provided by public employment to job conditions and in turn, health, is reflected in Figure 5.

Figure 5. Linkages between Sector, Structure of Work, Job Conditions, and Health Outcomes

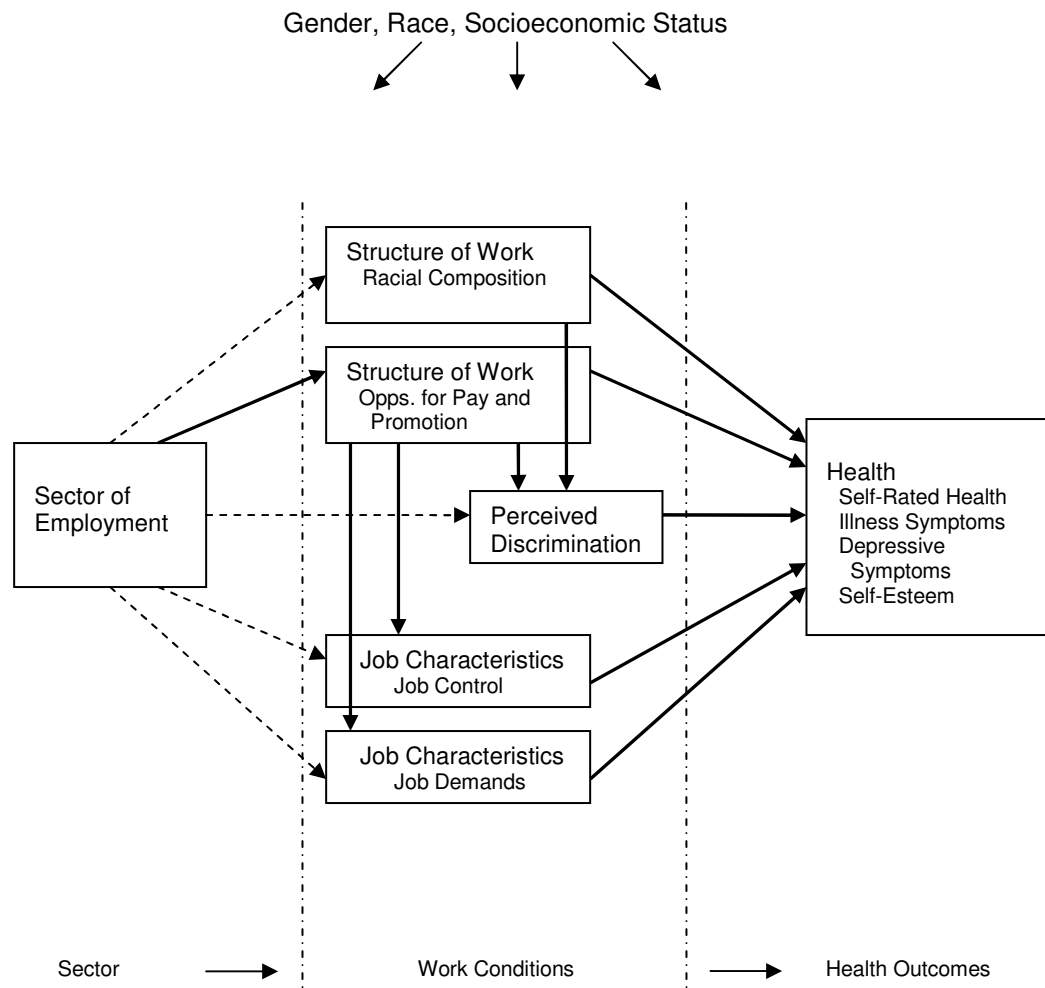


Taken together, tracing out the relationships for each feature of work reveals that sector of employment largely operates through the structure of opportunities it provides to affect health outcomes. Figure 6 reproduces the original conceptual model, but only highlights the sets of pathways that were ultimately found to be significant in bold. Variables bearing no relationships are depicted with dotted lines. While other interrelations existed among the work variables (linking racial

composition to job discrimination), those associations did not ultimately relate to sector of employment.

Of the five conditions of work under study, only regular opportunities for pay increases and promotion to higher positions were directly related to sector. As seen in Figure 6, these structural opportunities may either directly affect well-being in terms of self-rated health and self-esteem or shape the conditions of work – namely levels of job control, job demands, and job discrimination – which in turn influence self-rated health, illness symptoms, depressive symptoms, and self-esteem. In the first pathway, there exists one intervening link – opportunity structures – between sector and health. In the second, there is an additional intermediate step whereby sector affects the organizational structure of the workplace, which then shapes the conditions of work. These immediate characteristics of the job, in turn, bear on health.

Figure 6. Significant Links in Conceptual Model



We also find that different social statuses matter for different workplace outcomes. Whereas gender is a factor in the extent of available opportunities for pay and promotion and levels of job control, being a woman is less relevant to levels of job demands, perceptions of job discrimination, and the racial composition of the workplace. On the other hand, race is an important factor for the structure of opportunities as well as perceptions of unfair treatment and racial composition.

Educational attainment is the only socioeconomic characteristic, on the other hand, that is consistently significant for all work outcomes. Occupational prestige, meanwhile, appears relevant only for the experiences – rather than the organizational structure – of work in terms of job control, job demands, and job discrimination.

5.6 Multivariate Analyses

The Interaction of Sector and Race and Sector and Gender

These pathways linking sector of employment to health are expected to be especially consequential for African Americans and women for several reasons. To begin, the public sector's formalized structure is linked specifically to gender- and race- conscious policies. Public employment is also subject to greater scrutiny and enforcement of its equal employment practices, relative to private enterprise. On these bases, I anticipate more positive outcomes for blacks and women than other subgroups in the public sector. In testing for sector-by-race interactions in each model, however, no significant differences by race emerge. I also tested for gender interactions, but found that the impact of sector on job conditions does not appreciably differ for men and women. Contrary to expectations, the effects of sector on job conditions are essentially the same for whites and African Americans as well as for men and women.

5.7 Multivariate Analyses

The Interaction of Race, Occupational Prestige, and Workplace Composition

With regard to socioeconomic status, I expect public employment to be particularly significant for upwardly mobile blacks. Examinations of workplace

composition often emphasize either the distress that is engendered by tokenism or the positive effects of working in more similar work environments for minorities.

Because studies on tokenism tend to focus on elite workers who are simultaneously more visible yet more isolated (often women and African Americans who are breaking new ground) in private enterprise, however, the findings pertain to a select rather than more general group. Less clear is how higher status blacks would fare in more integrated settings that is characteristic of public employment. Based on these two streams of inquiry within organizational studies, it is my expectation that whereas blacks in high status jobs may experience greater levels of stress in token settings, this impact may be lessened if blacks work in not only more integrated environments but also where greater oversight of discriminatory behavior exists – in namely, the public sector. If public employment allows these groups to move up without sacrificing sources of social connection and support, the experience may mitigate the negative consequences often attendant with social mobility for minority groups. The homogeneity or heterogeneity of the individuals' environment, furthermore, may determine workers' reference points for social comparison. Whether African Americans judge and evaluate themselves to other blacks or whites will have a bearing on their well-being. For this reason, workplace composition may be especially important for upwardly mobile blacks.

In testing for race X occupational prestige X racial compositions interactions by sector, however, no significant differences were evident for upwardly mobile African Americans, relative to their counterparts. Working with greater numbers of racially similar peers in the public sector does not appear to be especially

consequential for ameliorating the effects of discrimination for high status blacks than for other groups.

5.8 Summary of Findings

In the foregoing analyses, several pathways were identified linking sector of employment and job conditions to individual health. Broadly, two types of chains were explored. The first emphasized the sector's role in directly shaping various conditions of work, which in turn, bear on well-being. The second set involves an additional intermediary step whereby organizational properties also play a critical intervening role between sector and job characteristics. That is, sector of employment is posited to influence the structure of work which in turn is associated with job characteristics. These features of the job, in turn, are proposed to impact health. There is evidence in this analysis offering conditional support for both pathways.

Specifically, we find that the public sector organizes everyday worklife and they do so by enlarging the structure of opportunities available to its workers in terms of pay and promotion, which in turn positively affects self-rated health and self-esteem. We also observe that such regular opportunities for pay increases and promotions to higher positions are related to other job conditions, namely job control, job demands, and perceptions of discrimination. These conditions of work, in turn, impact various health outcomes, including self-rated health, illness symptoms, depression, and self-esteem. In the end, only the organizational properties of public employment – specifically, its opportunity structure – were relevant for health outcomes, whether directly or indirectly. Other features of work considered here,

including job control, job demands, and perceptions of unfair treatment, were only indirectly associated with sector of employment through their interrelationships with opportunity structures of pay and promotion.

The bureaucratic level, moreover, with the greatest impact on the structure of work, is at the federal unit of government. State and local employment were not appreciably associated with any of the job conditions. Although no significant relationships were found, it should be noted that the direction of the relationships were not always consistent across bureaucratic level. At times, the relationships with job conditions at the state and local levels run counter to those of the federal unit of government. For example, while the federal workforce is positively (but not significantly) associated with working in a racially different environment, compared to private enterprise, the reverse is true for state and local workers who are more likely to work in racially homogenous settings. The disproportionate representation of federal workers in this study (44 percent versus five and nine percent of state and local workers, respectively), moreover, mostly accounts for the results presented here. Other studies that have employed sector into their analyses did not exclusively draw on the D.C. area, but rather, were chiefly national samples in which state and local employment played a far greater role. The lack of significant findings between sector and certain job conditions found here, then, may be partly attributable to the extent to which various bureaucratic levels are represented. Each unit of government may bear differentially on workplace rewards and should not be treated as uniform. In sum, these findings on sector largely speak to the impact of federal rather than state or local public employment.

While the indirect link between sector and health is supported for all workers, sector was not especially consequential for the particular groups in the analysis herein. That is, blacks, women, and high status blacks were no more likely to benefit than their counterparts.

CHAPTER 6

CONCLUSION

6.1 Goals of the Dissertation Research

This dissertation is aimed at profitably integrating perspectives from various subfields of the discipline to extend our outlook beyond the proximal conditions of work in understanding the social patterning of health to the more macro structures from which they derive. Whereas job characteristics have garnered a significant amount of attention in the literature, the macroeconomic structures into which they are embedded are vastly overlooked. Guided by promising leads offered by theory and research on the welfare state and labor markets, organizations and workplace inequality, and work and well-being, several pathways were identified linking sector of employment and jobs conditions to individual health. In the first set of pathways, sector is posited to directly shape various job conditions, which in turn, impinge on well-being. In the second, there is an additional intermediate step whereby sector affects the organizational properties of the occupational setting, which in turn, are associated with the conditions of work. These immediate characteristics of the job, in turn, bear on health. The conceptual development of these models was intended to better capture the sources of the variation in job conditions which eventuate in health disparities that have hitherto been ignored. In this analysis, there is evidence offering provisional support for the proposed direct and indirect linkages between sector of employment and job conditions to health outcomes, with some caveats. Of the five job conditions under consideration, only one – opportunities for regular pay increases

and promotion to higher positions – was directly related to sector of employment. Three of the remaining job conditions, on the other hand, were linked to sector through their associations with these opportunity structures.

6.2 Limitations

There are several limitations of this analysis that deserve mention. For the purposes of the present study, the sampling design offers both advantages and disadvantages. As noted earlier, the sample is drawn from the Washington, DC metropolitan area, a region whose social and economic characteristics cannot be considered nationally representative. The oversampling of middle-class blacks to enable race and class distinctions, moreover, signifies a further departure from generalizability. Although we would not expect the magnitude of the relationships found here to be the same as those found in a broader population, there is no reason to believe that these relationships would differ in their substance or direction.

Furthermore, while the particular region allows us to capture a larger share of public workers than we would otherwise, greater similarity exists within than across metropolitan areas such that the private sector may follow public employment's lead (or vice versa), resulting in some isomorphism in organizational practices. This diffusion of employment strategies is likely to blur what may be even sharper differences between sectors. As a consequence, our observations and estimates likely underestimate the relationships under study. A stronger case, perhaps, could be made by investigating the link between sector and individual health outcomes across metropolitan areas, but the development of the literatures on the state, organizations,

and work and well-being in isolation from one another hinders our ability to locate data that meet those complex demands.

Another aspect of the sample selection that may affect the magnitude of associations concerns the age and eligibility criteria of the sample. The age range spans from 69 to 104, a period of life when many respondents are likely to be retired from their principle occupation. Whereas the data on work reflect respondents' primary job over the course of their lives, rather than contemporaneous conditions, the health outcomes refer to current circumstances. Given the temporal nature of the variables under study, then, the relationships analyzed here ask whether the effects of the job persist into late life. For some older adults, especially the oldest old, their time out of the labor force can be quite extended. It is highly likely that the patterns would be stronger if the conditions of work and health are immediate and concurrent. Yet even within these bounds, we find the relationships endure into old age. That the associations are not completely diminished speaks to the reach that institutions have long after individuals are embedded within them. At the same time, while the study centers on older Americans, it is also this cohort of individuals who were likely to have benefited most from legislation and an expanded social services bureaucracy during the height of federal initiatives to promote equity in employment practices.

The scope of the analysis herein is also confined to evidence that was collected during the course of the ASH Study. While the study offers a rich and multifaceted set of data capturing both proximate and distal features of work not commonly found elsewhere, the investigation would have benefited from additional information on job conditions that would have brought the analysis into sharper focus. For example, data

on perceived discrimination specific to one's primary occupation would have clarified the relationship between sector and perceptions of unfair treatment. Information on establishment size would have also enabled us to determine the extent to which the size of the organization is related to more bureaucratized structures of opportunity, irrespective of sector. This is especially critical since regular opportunities for pay increases and promotion to higher positions were found to be a pivotal link between class of employment and health outcomes. Large organizations have been shown to be significantly associated with more formalized structures such as internal labor markets. While more common to public than private employment, the absence of data on organizational size precludes the ability to assess its affect on opportunity structures, independent of sector. Lastly, more detailed information on employment history would have lent greater precision to the analysis. We do not know the length of time in which respondents spent in their primary occupation which likely has an impact on the strength of the relationship between job conditions and health. Workers move in and out of jobs and we are unable to capture this dynamic relationship between institutions and individuals. At the same time, a low number of job changes characterize this sample (the average number being 2.92), offering some assurance that respondents' primary occupation spanned a considerable number of years.

In some instances, certain work variables found in the dataset could have profited from more detailed measurement. For example, the indicator for job demands contains only two items, resulting in a somewhat crude test. A measure comprised of a greater number of questions would have afforded more reliability and precision as well as perhaps better captured the multidimensional nature and meaning of strains

experienced in the workplace. Such drawbacks, however, often accompany secondary data analysis.

The types of jobs that are identified as highly demanding, moreover, have been found to be highly sensitive to the choice of questions included in a job demand scale (Kristensen et al. 2004). When job demands are defined by long work hours or overtime, high demand jobs are correlated with white collar work. Conversely, blue collar jobs are more likely to be associated with demanding jobs when many items on work pace are included. Such considerations need to be taken into account when interpreting findings. Given the items in the job demands scale used herein (“Did you have more work than you could handle?”; “Were you unable to catch up on the work you had to do?”), it is not surprising that higher prestige occupations were shown to be related to greater rather than fewer job demands.

The inclusion of other variables in the analysis may have also blunted the importance of sector than is evident in the findings. Specifically, we controlled for prior health to account for the possibility of self-selection effects. At the same time, however, we recognize the difficulty in untangling the sequence and relationship between work and well-being. That is, those who are already healthy may seek public employment. Yet it has also been shown that individuals in poor health are attracted to the public sector. Aside from the fact that both populations are drawn to public employment, we do not know when and why people begin to enjoy good health in relation to their work conditions. While health is influenced by job conditions, we cannot account for why healthy people enter certain forms of employment and whether they stay healthy because of the work they do. As a consequence, self-

selection may be blurring some of the effects of sector and the relationships examined here may have been stronger in the absence of accounting for prior health.

With respect to methodology, some shortcomings of employing a series of regressions over path analysis warrant elaboration. First, in using regression rather than path analysis, we can neither separate out the direct, indirect, and joint effects of the work variables on health, nor estimate the relative importance of specified paths. Although path analysis offers several advantages over multiple regression, the data do not meet the demands of path analysis' assumptions. Its greater sophistication imposes more demanding requirements. While regression analyses present some limitations, however, using a series of regressions still contributes to the analysis and interpretation of the data herein. The approach simply limits the arguments that can be made with respect to direct, indirect, and joint effects and the relative significance of their paths of influence on health.

6.3 Main Findings

Despite the limitations of the sample data and methodology, the patterns of relationships found in the analysis, while modest, suggest that sector of employment matters for health in ways that warrant much closer examination than it has received. In the present study, we find that public employment plays an indirect role in enhancing individual health through fashioning the organizational context of the workplace. Specifically, the relevance of sector of employment to both job conditions and health outcomes lies in the restricting or enhancing effects of its structure of opportunities. As a bureaucracy, the public sector provides a distinct organizational

setting characterized by more formal mechanisms regulating employment practices. Public employment's association with greater opportunities for regular pay increases and promotions to higher positions compared to the private sector is linked to well-being, including higher self-rated health and self-esteem. These opportunity structures not only directly bear on health but also shape the common structural imperatives of jobs – such as job control and job demands, as well as perceptions of discrimination. Each of these job conditions in turn, were significantly related to some health outcome, whether it was self-rated health, illness symptoms, levels of depression, or self-esteem. The job conditions arrayed here by no means represent the entire universe of possible work stressors, but they nevertheless offer examples of how obstacles or constraints within important institutional domains can leave their mark on health. It should also be reminded that the relationships here were assessed through independent regression analyses and needs to be understood within those constraints.

At the outset of this study, several pathways were identified linking sector of employment to job conditions and job conditions to health outcomes. The relationship between the immediate features of work and well-being was first examined to establish the extent to which job stressors account for differences in health. Indeed, conditions of work – including opportunities for pay and promotion, racial composition, job control, job demands, and perceived discrimination – were found to be significantly associated with health outcomes, albeit to varying degrees. We then turned our attention to how more distal factors – namely, sector of employment – create differences in these job conditions. While it was expected that all of the job conditions would be linked to sector, only one of these proximal factors –

opportunities for pay and promotion – was found to be appreciably related to public employment. These structures of opportunity, however, also played a critical intervening role linking sector to other job characteristics. More so than sector of employment, these structures of opportunity may organize the work setting in such a way that more immediately affects levels of job control, job demands, and perceptions of discrimination. In sum, public employment is able to offer greater opportunities for advancement in pay and promotion, relative to private industry. These opportunities, in turn, are both directly related to well-being and to job conditions, which in turn, are related to health outcomes. It bears noting that patterns observed here largely reflect federal employment, over state and local units. Because of its greater resources, scrutiny, and enforcement, the federal government was expected to have a greater impact, relative to other bureaucratic levels.

While the indirect link between sector and health was supported for all workers, however, sector was not especially consequential for blacks or women. That is, these groups were no more likely to benefit than their counterparts, despite expectations that affirmative action policies might target their advancement especially. Several reasons may account for the absence of a relationship. While internal labor markets characteristic of public employment are created to facilitate advancement from entry level to higher, more rewarding positions, the nature of its particular structure may also systematically block mobility for some members as it promotes it for others. Specifically, white-collar job ladders in the bureaucratic labor market tend to be organized into tiers (Piore 1975) which may play a significant part in shaping social mobility. The job ladders of clerical, subprofessional or sales work begin at the

bottom and have lower ceilings than professional or administrative job ladders. Work by DiPrete (1989) has shown that the recruitment criteria for entry level positions, length of job ladders, and opportunities for mobility between ladders all influence career outcomes. These conditions are particularly consequential for women and minorities who are disproportionately located on the lower tier job ladders. As a consequence, these groups may experience upward mobility in public employment but there are other structures in place that hinder their full advancement in reaching the upper levels of the organization.

At the same time, the absence of a unique advantage for women and African Americans does not necessarily discount the importance of public employment for these groups. Because of their disproportionate representation in the public sector, public employment bears special importance for women and blacks. Their sheer greater numbers mean that a larger share of these groups is affected by the benefits of public sector practices. Furthermore, while white men enjoy privileges in both sectors of the economy (and in this case, even more so in the public sector), the public sector is considered one of the few sites of good jobs for African Americans and women whom it actively and selectively recruits.

Indeed, one of the important functions of sector lies in the selective screening of job candidates, such that those with disadvantaged statuses such as women and African Americans have a greater chance of being recruited by public employment. Supporting this notion, empirical evidence suggests that women and blacks are disproportionately employed in public sector positions (Ehrenberg and Schwartz 1986). Because of its more codified organizational practices, once selected into the

public sector, blacks and women can compete with relative equality for jobs. Once on board, these groups also have better chances for occupational rewards than those offered by private industry. In other words, sector establishes separate gateways to employment and to the conditions bearing on health. It helps to shape the socioeconomic compositions of its workforce by drawing on the characteristics of its individual employees. Socioeconomic status, in turn, is then associated with health-related circumstances of work. In this way, the selective recruitment by the two sectors of the economy exerts an indirect effect on socioeconomic statuses–job conditions–health relationships.

6.4 Discussion and Conclusions

One of sociology's most significant and enduring contributions to understanding health inequalities is its demonstration of socioeconomic status as a central determinant of health outcomes. Since Durkheim, it has been observed that social standing corresponds inversely to morbidity and mortality. To further our understanding of these relationships, it has been argued that a necessary condition of the sociological study of stress is to explicitly incorporate the effects of economic and institutional context (Pearlin 1989). Despite such calls, however, the relationship between work and health continues to be chiefly studied by relating immediate job conditions to outcomes in individual well-being. As a consequence, macroeconomic factors such as the role of sector in health have largely gone unrecorded. In fact, it is uncommon to find research that seriously takes sector of employment into account when studying the work-health relationship.

The findings culled here suggest the inclusion of employment sector and its organizational correlates in our analyses of work-related well-being merit greater consideration in research on social inequalities in health. In not systematically incorporating such broader structural dynamics we lose sight not only of the origins of workplace inequality but also of potential protective factors that may help mitigate work-related health disparities. Drawing distinctions between public and private enterprise reveals the different occupational conditions under which workers face. At the same time that public employment is composed of a more educated and higher status workforce than the private sector, it is also disproportionately represented by traditionally disadvantaged groups – namely, blacks and women. Those in its employ, furthermore, have greater opportunities for workplace rewards such as regular increases in pay and promotions to higher positions, relative to private industry. The sector of employment shapes the extent of workplace opportunities available, and these opportunities for greater remuneration and promotion in turn, are related to health outcomes. In sum, sector plays a role in affecting levels of individual well-being by creating the concrete realities under which people work and the extent of their exposure and vulnerability to stressful conditions.

Results from this analysis also direct our attention to the importance of examining bureaucratic structures. While sector of employment was found to be indirectly related to health through its association with opportunities for occupational upgrading, we also found that these structures of opportunities played a critical role in individual well-being, both directly and indirectly through its association with other

job conditions. In fact, organizational structure was an important link in all the pathways that were explored.

While the analytic concept of ‘bureaucracy’ offered by Weber has largely been used in labor market studies to understand workplace inequalities, particularly in income, renewed attention to bureaucratic organizations would also profitably guide analyses on work and well-being. As we have seen, bureaucratic structures – and their formalized, rational mechanisms – irrespective of sector, may play a pivotal role in health.

Yet despite the fact that the concept of bureaucracy proves to be rather valuable in understanding a number of economic and social outcomes, it is often viewed as an undesirable and non-viable form of administration. Indeed, implicated in longstanding calls for the downsizing of public bureaucracy are the increasingly negative and pejorative connotations associated with the word *public*. While for some, the word public evokes high-minded civic spirit and the ideals of the common good and positive government, for many others public is associated with incompetence, waste, and failure. The push for the privatization of publicly managed provisions such as Social Security reflects this position of public administration as a beleaguered system. But while bureaucracies have many shortcomings, lost amid these indictments are the protective functions that are also provided by the public sector. Arguably, the unpopularity of bureaucracy rests in its understanding – and misconceptions – as largely consisting of its defects. Greater scholarly attention to and clarity on bureaucracy may bring recognition of its relevance, countering misgivings of its viability.

It should also be noted that the patterns found in this study refer to a cohort of individuals who were likely to have benefited most from the opening of job opportunities by an expanding social services bureaucracy. As support for state action has been contracting, however, it is unlikely that this sample would be representative of future cohorts, even if we were to draw the sample from the same region, particularly among blacks. The historical conditions which this sample faced – including the war and subsequent period of prosperity – enabled them to experience a degree of upward social and economic mobility that is unprecedented. As a result, it is unclear whether the relationship between sector and health would be the same for later cohorts.

6.5 Implications for Social Policy

The insights garnered from this analysis direct our attention to the organizational structures that are needed to promote individual well-being. Workplace policies associated with formalizing the structure of opportunities in the employment process have health benefits for all workers. Policies specifically regarding equal employment practices continue to need support and stringent enforcement. The public sector's organizational efforts at fostering racial and gender parity in the workplace affect women and blacks' economic well-being, workplace based rewards, as well as the level of their day-to-day experiences of discrimination. These protective factors of public employment itself demand greater recognition of its role in shaping health outcomes that is often invisible. Indeed, the significance of a protected labor market such as the public sector may be best highlighted if we were to consider the conditions

that would prevail in the absence of public employment altogether. In other words, the gains that minorities have progressively been achieving over the last several decades would be severely hampered. For this reason, the state in its role as public employer would necessitate strengthening rather than the current retrenchment it is facing if we are concerned with the well-being of disadvantaged groups.

In not considering the gains that bureaucratic structures confer to disadvantaged groups, furthermore, carries material consequences, especially with respect to the fragility of the black middle class. Research on the relationship between state action and black progress has underscored that the possibility for downward mobility, within and across generations, is ever present. Because the progress that we have witnessed has largely depended on state intervention, the economic fates of African Americans are also likely tied to public support for government action. As calls are made for scaling back the state's role in civil society, the advances that African Americans have made are also likely to erode. The critical role the state has played in blacks' professional advancement, however, is not always readily apparent in the public discourse.

A recent report by the Pew Charitable Trust on the elusive nature of middle class life for African Americans (Isaacs, 2007) illustrates this point. The study found that compared to whites, blacks are much more likely to experience downward mobility across generations. This drop, furthermore, has been growing increasingly steep over time. While the researchers speculate and turn their attention to the role of wealth, education, the rise in single-parent black households, and racial isolation as potential underlying factors contributing to this decline, there is no acknowledgement

that there also has been an attendant decline in public employment that has historically been so pivotal to blacks' upward mobility. Neglecting more historical or macro level factors in African Americans' mobility may mean the economic threat confronted by blacks is likely to grow.

6.6 Directions for Future Research

Future research would profit from further examining the role of sector of employment on health outcomes. While the conceptual groundwork has been laid, the findings here are a preliminary investigation of the potential linkages between sector, the organization and conditions of work, and well-being. There are many facets to these relationships – including welfare states, organizational policies and practices, bureaucratic levels – that have yet to be explored. It would also have been interesting to examine more work-related health outcomes, in addition to overall health assessments. Many studies on work and well-being investigate job distress, job satisfaction, and related measures that are specifically linked to experiences in the workplace.

The findings herein also suggest that greater consideration to the organizational structure and size of establishments is worth pursuing, particularly the bureaucratic structure. The work context – in this case, the opportunity structures available – shapes the characteristics of the job individuals hold and frames their perceptions of discrimination. Attention to this context becomes important for understanding the health effects of the stressors produced by the organizational structure. Like public agencies, large organizations may also be more formalized in its

practices, independent of sector. As a consequence, establishment size is also an important concern.

Further, analyses of additional datasets (including national datasets with larger sample sizes) as well as more extensive research on other macro level factors – not merely sector of employment – that contribute to the variation in job conditions is needed to understand the work-health relationship. Indeed, researchers have noted the “...need to account for the way in which other macroeconomic conditions (e.g., occupational segregation) differentially affect exposure and vulnerability to stressors that originate in the macroeconomy” (Fenwick and Tausig 1999:279). Such efforts would advance the literature on work and well-being considerably and focus greater attention to the sources in the variation of job conditions. Unless we incorporate macro structures and organizational properties into our analyses, we are unlikely to identify the origins of the links between work stratification and health or the conditions that may actually enhance workers’ labor market opportunities.

Lastly, it would also be fruitful for future research to integrate literatures across the discipline to understand and build on what each may contribute to the other. Directing attention to other literatures in this study revealed shortcomings in the scholarship on work and well-being literature but also uncovered limitations in the same literatures that were drawn. Indeed, in seeking complementarity, a lacunae in one body of research necessarily also implies a gap in others. While scholarship on work and well-being has largely neglected more macro level structures, studies of organizational inequality often overlook critical social psychological processes, including social comparison, in their analyses. Meanwhile, welfare state scholars have

traditionally been interested in understanding the origins of the welfare state and its policies, but have increasingly attended to the consequences of the welfare state and stratification. At the same time, with some exceptions, the outcome of interest has largely centered on income inequality rather than health disparities. The analysis herein has shown that there is much to be gained from synthesis. When viewed as allies rather than antagonists in a common project, such integration can not only help connect discourses across subfields but also help enrich and extend existing knowledge within them.

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