DO NOT DISTURB/PLEASE CLEAN ROOM: THE INVISIBLE WORK AND REAL PAIN OF HOTEL HOUSEKEEPERS IN THE GTA

By Sirena Liladrie

The Study in Brief

Immigrant women’s health in the hotel housekeeping sector

Overview
This study identifies the specific challenges that immigrant women face working as housekeepers in the hotel industry. A majority of these women come from racialized immigrant groups. Their work in this industry has had a negative impact on their health and well-being. The study looks at various structural barriers, the effects of unionization, and recommendations to strengthen the health outcomes and rights of these workers.

Key Findings
- Participants reported injuries and severe fatigue due to their work
- Their working conditions resulted in generally poor physical and mental health
- Poor health outcomes contribute to challenges at home and with community participation
- Precarious underemployment leads to economic difficulties and pension/retirement concerns
- Many of the participants experienced racial and ethnic discrimination
- The women’s economic insecurity prevented them from fully utilizing the benefits provided by their unions

Approach
This study began with a literature review of health outcomes of immigrants in general and hotel housekeepers in particular. A feminist political economy approach was used to analyze this literature.

A qualitative approach was used to collect empirical data. Participants’ narratives were elicited using semi-structured interviews.

Policy Recommendations
1. Unions, public institutions, and advocacy groups should:
   - Advocate for lower limits on the number of rooms serviced
   - Advocate for provision of appropriate help when needed, and ergonomically designed cleaning implements
   - Ensure that economic, legal, or other insecurities do not prevent workers from claiming their rights and accessing benefits
   - Establish institutional linkages to combat racial and ethnic discrimination in the workplace

2. Funding agencies, universities and community groups should promote further research on hotel workers’ financial insecurity, discrimination in the workplace, and long-term effects of their physical work.

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The literature

Immigrant women of colour make up the majority of the labour force working in the cleaning section of the hotel industry in North America. The hotel industry depends on cheap, temporary, racialized, and gendered workers for this work. There are 1.3 million hotel workers in the United States and 280,000 in Canada, of whom about one quarter are housekeepers (UNITE HERE, 2006). In the Greater Toronto Area 30,000 people are working in the hotel industry and statistics show that 70% of them are immigrants (Verma et al., 2006). In the hotel industry the allocation of the ‘dirty work’, cleaning and laundry is segmented along lines of race and gender. A staggering 93% of cleaning and laundry staff are immigrants, 82% are visible minorities and 80% are women (Verma et al., 2006, Keung, 2007).

Tufts (2006, p. 203) claims that in the hotel industry the majority of white employees work in the ‘front-of-the-house’ and are more likely to have management jobs, while racialized workers and immigrants are relegated to the ‘back-of-the-house’ where they responsible for cleaning, laundry and cooking.

Housekeepers (also known as room attendants) and hotel laundry workers are among the lowest paid. The median wage for a Toronto hotel worker is $26,000 per year. In 2004, hotel workers’ earnings fell short of the Toronto low-income cut off of $34,572 for a family of four (Verma et al., 2006).

Sassen (1998) explains that as a result of globalization the hotel industry has grown rapidly. Large cities in the West attract immigrant women in desperate need of employment and then exploit them. Immigrant women of colour are particularly vulnerable, as they have fewer employment options (Man, 2004). Many of them end up in insecure jobs that have limited benefits and statutory entitlements, low wages and high risk of ill-health (Vosko, 2006).

The physical demands of hotel housekeeping have also increased rapidly. In 2005, UNITE HERE surveyed about 600 hotel housekeepers in several cities in North America, including Toronto. The results show that 91% of the housekeepers surveyed reported physical pain associated with their work. Of these, 86% said that their pain started after being hired as a housekeeper. 77% of the survey participants said that pain interfered with their routine activities and 66% took pain medication regularly (UNITE HERE, 2006, p.7).

A housekeeper who changes one Serenity Bed™ per room and cleans fifteen rooms per day strips over 500 pounds of soiled linen and replaces it with 500 pounds of clean linen. Further, the sheets and blankets are tucked under the mattress requiring the housekeeper to lift the heavy mattress at least eight times in the course of making a single bed (UNITE HERE, 2006).

The Canadian Centre for Occupational Safety and Health (CCOSH), the federal government’s primary information centre on workplace safety, reports that a hotel housekeeper changes body position every three seconds while cleaning a room. These workers are 48% more prone to injury on the job than other workers in the service sector. They also have higher rates of serious, disabling injuries that require days off work, or reassignment.

Housekeepers report a high number of musculoskeletal disorders, such as low back pain, tendonitis, back and shoulder injuries, bursitis of the knee (known as Housemaid’s knee), carpal tunnel syndrome and persistent neck, hand and wrist pain, which are all characteristic of hotel housekeeping work (UNITE
HERE, 2006). In a US study researchers found that self-rated health by housekeepers averaged at 56%, which is significantly lower than the general US population average of 72%. More than three quarters of the participants in this study reported work-related pain, 73% visited doctors and 53% of all cases were severe enough to take leave from work (Lee & Krause, 2002). Furthermore, Schezer, Rugulies & Krause (2005) estimated that 69% of costs for medical treatment had shifted from employers to workers.

Union membership is supposed to provide important advantages such as job security, better benefits, wages and working conditions. For example, less than half of non-union workers have access to medical, dental and disability coverage in Canada (Public Health Agency of Canada, 2002a). However, not all unions provide the same benefits, and not all of its members can benefit from a union in the same way.

Methodology
This study used several integrated qualitative methods ranging from oral (semi-structured interviews with five women), textual (news articles, academic studies, task force reports) to participatory methods (participant observation at a workers rally).

The group of participants in this study does not form a representative sample of hotel housekeepers in the Greater Toronto Area (GTA). Instead, this study took a narrative analysis approach, which uses the narratives of the participants as empirical evidence in which qualitative data can be analyzed. The criteria set for the selection of women participating in this study were as follows: they had to self-identify as an immigrant woman of colour; currently be working as a unionized hotel housekeeper in the GTA; and lastly, they needed to be able to speak about their health and well-being prior to working in the hotel industry and after.

Highlights of findings

Health issues
In analyzing the number of years that the women have worked in the hotel industry, cross referenced with when they immigrated to Canada, the findings showed a correlation between “Years Since Migration” and a resulting depletion in perceived health and well being. The participants in the study all responded that their health was “excellent” prior to working in the industry. When asked to rate how they perceived their health now, on that same scale, they rated their health as “poor or fair”. For example, Celess rated her health prior to working in the hotel industry as excellent (10/10); “I was strong, young and healthy, no problem.” When asked how she would rate herself now on that same scale, she said she rated herself as a (3/10), very poor and said that she had carpel tunnel syndrome for which she had seen specialists and contemplated surgery.

Housekeepers take their pain home with them. It also affects their interactions with family members and children. Several participants cited their fatigue and work-related injuries as reasons for their inability to cook or do household chores, after a long day of work. They also mentioned lack of time and energy for their children, or social engagements. Sylvia stated, “At the end of the day it takes an hour and half to get home, you are dead in the chair and you can’t have any social life, you don’t have time to spend with your kids. You are so tired and stressed that it causes arguments in the home for no reason.”

Many of the housekeepers dealt with work related pain on their own, rather than risk loss of income, medical expenses or employers’ hostile responses.

“Sometimes I come home I can’t cook, I’m too tired. Sometimes it’s like the bottom half of your back is ripping sometimes.
Financial concerns
Participants in this study consistently reported financial concerns, especially around retirement and pensions. Given that the majority of the women in my study were above 50 and 60 years of age, this was an issue that many were dissatisfied with and fearful of what the future may hold. For example, Sylvia commented that the company she works for is “throwing the older workers out like garbage” when they have to go on modified duties because of work-related injuries. “When you work in the industry as a room attendant and you are 59 and 60 years old, who is going to hire you? I am 61, who is going to hire me when this company throws me out?” Similarly, Esmy spoke about some of her fellow co-workers that have been with the hotel for up to 20 years, and are now on modified duties due to work-related pain and injury. “Management has cut their hours to part-time. One woman was even let go. They were literally told they are useless to the company”. Georgia passionately remarked, after telling me that she herself did not have a pension after 32 years of working as a housekeeper, “people need to retire with dignity…all they care about is making money. They are slave owners, they don’t care about the slaves, they only care about the cotton being picked.”

Racial & ethnic discrimination
The women’s comments also highlight the racialized divisions in the hotel industry. Sylvia said, “We have our employees’ entrance. We are not allowed to walk through the front door. They always say ‘Employee entrance please.’” She added, “You could be more qualified than some of the people at the front, but because of your race or your ethnic background…the companies will say it’s not so, you’re not qualified. That’s not true because we know more than some of those new people coming in. Sometimes they will say you have an accent and they want someone with perfect English at the front.”

Protection provided by union
All of the participants belonged to a union. All of them were very positive about the union’s benefit package, which supported their health and well-being, and provided treatment alternatives. However, many of the women commented that they simply could not make use of treatments such as massage and chiropractic care given their work hours and the loss of wages associated with taking time off work. One participant also mentioned that managers did not necessarily honour their agreements with the union. She said “even if the contract says something like, they are suppose to work by the hour and not by the room, the management does not adhere to the contract and they try to bully the workers and some are just too scared to speak up.”

Policy recommendations
The Toronto Task Force on the Hotel Industry has made some practical recommendations in their report entitled “An Industry at a Crossroads: A High Road Economic Vision for Toronto Hotels” based on what they call a “high road” approach. These include humane workloads, re-designed equipment, enforced break times, increased staffing and quality health and safety training for supervisors and employees (Verma et al., 2006). The task force also calls upon government stakeholders, who have direct financial and policy interests in this 22 billion dollar Toronto industry that employs over 30,000 workers, and generates nearly 700 million
dollars in tax revenue to become a part of the “high road” strategy; instead of the “low road” which is based solely on profit and the exploitation of workers to do so.

The Toronto Public Health, particularly its “Health Options at Work” team should collaborate with current not-for-profit agencies and unions such as UNITE HERE. Institutional partnerships, such as the one forged between the City of Toronto and the Cooperative Housing Foundation of Toronto, to develop a housing co-operative for hotel workers, provide a great example of how support for this group could be mobilized by establishing institutional linkages.

Institutions such as the above, working in conjunction with settlement agencies and women’s groups should collectively advocate for better working conditions for immigrant women working as hotel housekeepers.

Unions like UNITE HERE need to continue to provide opportunities for immigrant women of colour to be involved at the union level. They should also ensure that their members are fully aware of their rights. In addition, they should provide financial and legal protection for those workers who are particularly vulnerable to potential exploitation by employers.

Identifying and challenging racial and ethnic discrimination in the workplace is always challenging. However, it is a part of the lived reality of immigrant women such as those working in the hotel industry. In order to protect the rights of their members, and to build a more just and equitable society in the long term, unions need to take on the responsibility of addressing this difficult issue. They should actively encourage their members to report incidents of racial and ethnic discrimination and provide social, legal and financial support when they do so.

This small scale study revealed some disturbing findings about the working conditions of immigrant women who work as hotel housekeepers. More research is needed to help us understand the long-term impact of immigrant women’s financial, legal or other insecurities, and the discrimination they encounter in the workplace. We also need to better understand the impact of the work of hotel housekeeping on the physical and mental health of immigrant women.
Bibliography


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- Statistics Canada

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