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VICTIM-BLAMING IN DISGUISE? SUPERVISORS’ ACCOUNTS OF PROBLEMS IN HEALTHCARE DELIVERY

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ABSTRACT

Using data from 77 supervisors in seven hospitals across the U.S. that participated in a national workforce development program for low-wage frontline workers, we explain how supervisors justified and reproduced social inequalities by accepting culture of poverty and neoliberal discourses and how supervisors used these discourses to resolve identity-work dilemmas. We demonstrate how supervisors engaged in identity talk that justified deprivation for workers and shielded management from blame. We discuss how supervisors subtly invoked class, race, and gender stereotypes—and thus reproduced ideologies supportive of structural inequalities—as they crafted accounts that drew attention away from economic and organizational problems and focused on the victims. This research extends the literature on blame attribution, explained here as victim-blaming in disguise, which subsequently shaped supervisors’ perceptions of their staff, defined workers’ opportunities, and inadvertently, reproduced inequality.

INTRODUCTION

Jobs in the healthcare industry are among the fast-growing segment of the labor force. Healthcare employment is projected to grow 15% between 2019 and 2029—more than any other industry (Bureau of Labor Statistics 2020). Approximately 54% of the total health and healthcare workforce consists of frontline workers (Robert Wood Johnson Foundation 2006). Frontline jobs are nonprofessional jobs such as nurse assistants, respiratory therapy technicians, social and human service assistants, and home health aides. These jobs are primarily carried out by women
(79%), racial and ethnic minorities or immigrants (33%), and the less-educated (high school or GED) (Schindel et al. 2016). These jobs pay about $28,000 annually, which is lower than all occupations in the U.S. economy (Bureau of Labor Statistics 2020). Low-wage frontline jobs in the healthcare sector are what Kalleberg, Reskin, and Hudson (2000) describe as “bad jobs”—jobs characterized by low pay, few or no benefits, heavy workloads, and high turnover. Low-wages, minority status, educational un-readiness, and family responsibilities represent challenges many frontline workers face when considering investing in education and training (see Leana, Mittal and Stiehl 2011). These challenges are compounded by local contexts characterized by high rates of poverty, unemployment, and geographical dispersion.

Hospitals typically provide internal job ladders for professional staff, such as doctors and nurses, but few paths for upward mobility exist for entry-level frontline workers (Friedson 2001; Doucey 2009). Some hospitals, and other healthcare organizations, have responded to these mobility barriers and sought to improve entry-level workers’ job prospects through workforce development programs (Morgan and Farrar 2015; Manely et al. 2009). Through partnerships with education entities such as community colleges, these programs can help frontline workers improve their chances of getting ahead by providing accessible and affordable education and training while reducing the costs of hiring and turnover for the employer and retaining a population of incumbent workers. Frontline supervisors (FLS) are often recruited as trainers, mentors, or simply supporters of these workforce development programs for their staff. FLS, however, experience limited power and status while managing tough productivity demands and struggles over resources at work.

In this study, we examined how FLS talked about their experiences as they managed their frontline workers and underwent organizational changes related to workforce development. We
found that their experiences varied. We did not find any identifiable situational factors (e.g. stronger training programs, higher pay, adequate staffing) in the data that determined if supervisors spoke negatively or positivity about their experiences; and frontline supervisors either supported or resisted the program in different ways. This manuscript does not explore supervisor response to the program, but rather, it delves into a rhetorical theme that dominated data analysis: the “new generation” worker. Here we explore how FLS created narratives about “new generation” workers that shifted attention away from organizational and structural barriers to mobility for low-wage workers, and onto the workers themselves in a way that masked racist discourse, leading to a type of victim-blaming in disguise. “New generation” is of analytical interest because, as it is used here, it does not refer to any specific age grouping, cohort dynamic, or categorical group (i.e. Generation Y). Through the process of othering—creating an “us/them” dynamic using stereotypes and representations of the other (Dervin 2015) (in this case low-wage frontline workers) — FLS seemed to use this term generically to refer to workers younger than themselves to mark moral and ethical identity differences, hide racism, and position themselves as superior organizational actors.

This study gives us insight into how supervisors perceived themselves as organizational actors and contributed to organizational inertia (organizational stability or resistance to change) (Hannan and Freeman 1984; Stainback 2018) through the reproduction of gender and racial composition of jobs (Leicht & Marx, 1997; Mencken & Winfield, 2000; Stainback, 2008). These supervisors wanted to be good at their jobs and good to their workers. They could not do that by calling their workers lazy or bad, so they deflected to larger structural processes to account for their negative work experiences with staff. We are able to explore why accounts were used by
FLS of staff in “bad jobs” and how frontline workers may still encounter negative work experiences and job outcomes, even if not directly blamed for their shortcomings.

Drawing on literature from discourse, social psychology, and workplace inequality, we explore how healthcare supervisors used accounts to understand the healthcare industry and their role within it. We frame talk as situated action (Edwards and Potter 2003) that plays a role in the social construction of reality and shaping future action. We find that supervisors used accounts to attribute blame away from themselves and uphold the value of their workplaces to define themselves as good workers. Specifically, supervisors spoke favorably about their organizations, including opportunities for career advancement, support for workers, and team-based approaches. Supervisors were critical, however, when talking about their frontline staff, who they described as immature, unprofessional, and unmotivated; and who they labeled “new generation.” The supervisors never mentioned the race of staff members, who were overwhelmingly Black, Hispanic, or of immigrant status; nor did they mention poverty or the impoverished neighborhoods which fed the frontline pipeline. In using accounts in this way, supervisors justified deprivation for workers and shielding management from blame.

Kleinman wrote about the power of language to reproduce inequalities, “even as the words seem benign or positive” (2007:13). Kleinman reminds us, that we “must take words seriously” and analyze how legitimating rhetorics of the powerful are used to “explain” their harmful behavior (pp.13-14). Here, we examine how language — in the form of supervisors’ accounts for problems at work and the difficulty of their jobs — had the consequence of justifying unfair treatment for low-status workers and protecting management from blame. Later, we consider how this language is connected to larger cultural and political discourses that blame
the victims of capitalism, in this case poor Black and other women of color, without seeming to do so.

**BACKGROUND**

Following the work of previous scholars, we hold that language is situated action (Edwards and Potter 2003). In other words, it is important to take the context of the talk into consideration. In the case of the supervisors in this study, the action is situated in the context of the healthcare bureaucracy. The bureaucratic structure and demands of healthcare workers’ jobs provide further context to the setting, constraints, and discretion of healthcare work. Bureaucracies are known for their onerous and contradictory rules, depersonalization, and hierarchical nature (Bourgault 2017; Lipsky 1980; Oliveira et al. 2020; Weber 1946). These elements — particularly hierarchy — position them to maintain social control and exert dominance on those lacking power (Bourgault 2017; Weber 1946).

Beyond power dynamics, service bureaucracies often lack both resources and clear goals — making it challenging for “street-level bureaucrats”, the frontline workers tasked with implementing the policies created by higher-ups, to succeed in achieving their goals (Lipsky 1980; Watkins-Hayes 2009). The workers on the frontlines of bureaucracy are often seen as expendable, meaning that if workers resist policies they risk replacement (Weber 1946). This study focuses on frontline supervisors, rather than frontline workers/street-level bureaucrats. By examining existing research on this group, we gain insight into the patterns, parallels, and possible exceptions we might find in our study. Examining the organizational patterns of supervisors also provides greater context for understanding the “situated action” of FLS.

Existing research on FLS in social service work finds that supervisors play a role in establishing the goals and culture of organizations (Riccucci et al. 2004; Watkins-Hayes 2009;
Winter 2012). By prioritizing specific components of the broad policies that FLS are often tasked with enforcing, these social actors shape the organizational culture and the performance of frontline workers (Gassner and Gofen 2018; Riccucci et al. 2004). FLS, like street-level bureaucrats, frequently face challenging circumstances in which they must juggle contradictions in policy and navigate restrictive regulations (Maynard-Moody and Musheno 2003; Winter 2012). For our sample, the FLS in healthcare were situated in a constrained and hierarchical work environment that involves high levels of surveillance, which puts pressure on social actors to perform well and avoid making errors lest they be blamed (Hood 2010). In settings like these, there is greater appeal to use rhetorical strategies, such as accounts to exonerate one’s actions (Hood 2010).

Accounts

In their classic article “Accounts,” Scott and Lyman (1968) urged social scientists to examine how social actors use talk to protect and repair identities by excusing or justifying behavior. In accounting for events, people draw on culturally accepted values to explain unanticipated or improper behavior, including those that attempt to lessen responsibility (Goffman 1963). The descriptions given by accounts offer some protection from blame. In doing this, accounts also serve as a way for social actors to do “identity work” to frame themselves positively. Schwalbe and Mason-Schrock defined identity work as “anything people do, individually and collectively, to give meaning to themselves or others” (1996:115). Through accounts, social actors use descriptions of events to portray themselves in a positive light. This can be easily demonstrated in motherhood accounts, for example. Van De Mieroop (2011) found that mothers in poverty gave accounts to mitigate the presumed individual blame for being poor by accentuating their actions as mothers. Similarly, Gunnarsson, and colleagues (2013) found
that mothers with ill children used accounts to portray themselves as good parents in the face of navigating complex healthcare processes. In both of these examples, social actors used accounts to negotiate a positive identity as a good parent. In this research, we found that FLS in healthcare use accounts in similar ways to do identity work to frame themselves as good supervisors.

Supervisors in this study oversaw the work process of frontline workers. Four of the seven hospitals in this study were located among the most economically depressed cities in their state; and the others recruited workers from racially segregated or economically oppressed neighborhoods where minorities are channeled into “racialized jobs” (Maume 1999). Though efficient for filing employment vacancies, this strategy of recruitment and hiring unintentionally reproduces organizational divisions of labor; the demographic composition of jobs, occupations, and organizations more generally (e.g., Black, female, immigrant, low SES) and the relative power and compensation of incumbents (Stainback 2018). Organizational inertia are maintained through cognitive (e.g., prejudice, stereotyping) and organizational (e.g. recruitment and hiring) practices. In this case, how supervisors perceive their workers as “new generation” and how healthcare systems depend on social networks and community reserves of underemployed low-wage workers as a repository to fill “bad job” vacancies. These methods have important implications for discrimination. By examining this labor dynamic, this study contributes to a larger discussion about cultural discourses and the reproduction of inequality, which we divide into two ideological public discourses: “culture of poverty” and “neoliberalism”. We begin by providing an overview of these public discourses that shape the broader context in which the FLS operate.

*Culture of Poverty Discourse*
The achievement ideology contends that the United States is a meritocracy in which anyone with ambition can be successful. “Culture of poverty” logic has been used to make sense of the continued existence of poverty in our nation. In the mid-1960s, Daniel Moynihan used the term “culture of poverty” in a public report that claimed that some Black families were trapped in a “tangle of pathology” of welfare dependence and self-destructive behaviors that perpetuated poverty. At the heart of “culture of poverty” discourse are the ideologies of individualism and victim-blame (Byrd 2019; Moynihan 1959; Ryan 1976; BLINDED). This discourse conceives of poverty as a phenomenon that is reproduced when people pass “inadequate” values, attitudes, and lifestyles across generations (Byrd 2019; Ryan 1976; BLINDED). Inadequacy in this case is any value, attitude, or lifestyle that is not traditionally associated with success in mainstream culture. Furthermore, assumptions about which populations and which values were included in the “culture of poverty” were heavily rooted in racist and classist stereotypes (Byrd 2019; Neubeck and Cazenave 2001).

Although many social scientists are wary of invoking culture to explain poverty — preferring instead to see poverty as a consequence of the structure and functioning of the economy — the idea that poor people cause and perpetuate their own misfortunes because of bad choices and values continues to resonate with the general public.

Neoliberal Discourse in the Color-blind Racism Era

A second cultural discourse that frames the experiences of healthcare FLS is neoliberalism. Like “culture of poverty” discourse, neoliberalism is heavily embedded in the values of meritocracy, individualism, and personal responsibility (Connor 2010; Wiggan 2012). Neoliberalism prioritizes labor market success and holds that all people are capable of this success through hard work (Connor 2010; Wiggan 2012). Under neoliberalism, individuals are to
blame for their failure to succeed in the “free-for-all” of capitalism. The rise of neoliberalism since the 1970s has played a role in beliefs that we live in a “post racial”, or color-blind, society. Gallagher (2015) demonstrates how whites engage in an “end-of-racism philosophy”, or “neoliberal accounts”, where non-discriminatory and rational markets and merit define social outcomes — moving away from explanations embedded in gendered and racial factors. This is similar to Bonilla-Silva’s (2006) demonstration of how whites have largely abandoned overt expression of racist sentiments. Today, Bonilla-Silva argues, racist sentiments are expressed in more subtle and indirect ways. For example, the new racist discourse opposes affirmative action because it is not color-blind and is thus unfair. It also attributes poverty to the bad choices of individuals, such as dropping out of school, using drugs, committing crimes, and having children outside of marriage. By using this rhetoric, which does not explicitly mention race, whites can ignore structural racism and blame minorities for their plight, without “sounding racist.” While popular, this discourse may tout color-blindness as “progress”, as Van Cleve (2016: 186) notes: “color-blind ideology is not ‘racism lite’ nor a kinder, gentler form of institutional racism. Imbued with legal authority, power, and institutional legitimacy, the doing of color-blind racism transforms into state-sanctioned racial degradation ceremonies”. These broad discourses filter down to local, individual-level processes, wherein social actors — situated in these larger contexts — use rhetorical strategies to contend with their experiences and make sense of their everyday lives.

**DATA and METHOD**

The data were collected as a part of an evaluation of a workforce development program that included frontline workers in a variety of entry-level divisions such as transportation, nutrition, and environmental services departments (i.e. orderlies, kitchen staff, and sanitation workers) to
train to become Certified Nurse Assistants, Patient Care Technicians, or Unit Clerks, for example. There were six members of the evaluation team. Each hospital was visited by two team members at least two times, and each hospital engaged in at least one round of telephone interviews with various team members over the three-year evaluation period. Team members collected data and performed analysis for each hospital. Author 1 attended multiple team meetings about each hospital throughout the evaluation, and shared quantitative and qualitative data analysis and writing responsibilities.

The data were derived from interviews with 77 supervisors in seven hospitals in the U.S that participated in the evaluation. Twenty solo interviews and 13 focus-group interviews, ranging from 3-7 people, were conducted in three phases: at the beginning of the program in 2008; at a mid-implementation phase; and at the end of the program in 2011. The interviews lasted between 45 minutes to 1.5 hours and asked a series of questions which discussed the strengths and weaknesses of their organization, their management style, staff, training practices, and the newly implemented workforce development program at their work site. Supervisors were also expected to explain how the new programs were designed to improve upon previous practices, why their workers failed or succeeded, what organizational supports might be added, and what their role was when it came to training and worker retention. In consultation with evaluators, hospital administrators selected supervisors who had extensive experience with the program, including those whose staff were participants, those who served as mentors to participants, and those who served as trainers. All interviews were recorded and transcribed for coding.

--TABLE 1 ABOUT HERE --
As described in Table 1, more than twice as many women were interviewed than men. Men more often supervised auxiliary services (e.g., transportation, sanitation, nutrition), while the women more often supervised direct patient care. A majority of the supervisors identified as white and the age range was 27-65 years, with an average age of 47. Most of those with the title “manager” or “director” had a bachelor’s degree and earned over $60,000 per year. Lower-level supervisors and coordinators were more likely to have a high school education and earn about $30,000-45,000 per year. Among the supervisors interviewed, there was a slight preponderance of those with higher levels of education and longer tenure of employment.

**CODING AND ANALYSIS**

The inductive analysis presented here was developed using methods traditionally associated with grounded theory methods (GTM) (Charmaz, 2014). The interview transcripts were subjected to line-by-line (open) coding to conceptually tag the data (Lofland, 1995). These codes included “new generation”, “poor education”, “lack of professionalism”, “not meeting expectations”, “supervisor frustration” and “motivation”, for example. Then, using axial coding we created categories that linked data to general processes, conditions, and context. These included codes such as “(perception of) generational differences”, “work ethic”, and “supervisor support”. In GTM, data collection and analysis is a reiterative process and reliability and validity of the data was maintained through comparative open and axial coding between the research team members for the duration of the project. When applicable, the team discussed discrepancies in coding until we achieved consensus. We identified similarities and differences in how the supervisors described their work experiences, staff, setting, and over time. As a team we identified connections between themes and noted variation when it arose. We identified core concepts and
categories through comparison of independent analyses followed by group consensus to map our final analytic scheme.

From this process, we found that supervisors saw themselves as very different from the staff they supervised. Although they expressed frustration, describing daily interactions with their staff, they were clear to identify what they thought was the reason behind the staff’s actions and attitudes. These included broken school systems, lack of training, and generational differences in work ethic. Further, “accounts” emerged as a significant topic of inquiry in data analysis of these FLS. Consistent with GTM, we revisited the literature on accounts and found that people engage in accounts through identity talk, specifically at work, in order to give the impression they are competent at work (Schwalbe, 1988).

**ELICITING SUPERVISORS’ ACCOUNTS**

Despite being invited to talk about problems, supervisors knew they were expected by upper management to represent their organizations well and to be advocates for their workers. Thus, despite good methodological practices (e.g., ensuring confidentiality, building rapport, consent, etc.), the conditions of the evaluation study meant that a great deal was at stake for supervisors. Not only were they concerned with providing answers to a list of questions, but they had to be concerned with the impressions they were making on the evaluators, each other, and, potentially, those outside the interview or focus group situation. Methodologists such as Schostak argue that, “during accounts, respondents may provide ‘answers’ they think are ‘wanted’ by the researcher...the account does more than try to explain, convince or deceive someone about a situation…it is also a negotiation of identities as between the questioner and the answerer and can 'cover up' as much as uncover” (2002:20). From another methodological perspective, this is not a limitation but an inherent quality of the data — something to be
analyzed rather than ignored. That is the approach taken here. Rather than treat supervisors’ implicit concerns with impression management as distorting what supervisors said, we analyzed their reports as accounts. We, thus, did not treat supervisors’ talk as if it provides a window to another reality, but as a reality itself to be analyzed.

**RHETORICS OF BLAME**

Supervisors’ account-giving can thus be seen as a form of identity work for multiple real and imagined audiences (BLINDED), that could lead to efforts to avoid potential stigma and identity dilemmas (Charmaz 1994; Schwalbe and Mason-Schrock 1996). Identity dilemmas are experienced when the “work of claiming and maintaining valued identities are complicated by conflicting sets of normative expectations” (Dunn and Creek 2015:261). How, then, did supervisors deal with these identity-work dilemmas in which they were put by the program evaluation process? They did so by using blame attribution that targeted neither themselves nor their bosses — nor frontline workers, at least not directly. Yet, as we will suggest, this blame attribution can be seen as victim-blaming in disguise.

In one key regard, supervisors did criticize their organizations by noting that frontline workers were not given adequate orientation and training to do their jobs well. For example, supervisors complained that workers received poor training because so little time was allocated for it: a couple of orientation days, followed by viewing procedural video tapes, reading manuals, and shadowing a senior worker. But rather than pointedly attributing blame to managers for cutting corners on training, supervisors cited “limited budgets” that led to hiring unskilled workers from backgrounds in retail, fast food, and low-level customer service.

Supervisors seemed to understand the economic logic at work here. Some explained that since the turnover rate in most of these entry-level jobs was moderate to high, the decision was
made to continuously bring in workers and provide them with the minimal training necessary to do their jobs. They did this knowing that many would not stick around for long, since the work was hard and the wages were low. A soft labor market also meant that it was possible to hire new people as soon as others left. Some supervisors seemed to understand that low wages, high turnover, and easy replacement were factors that made their jobs harder. Yet they never explicitly blamed upper management for paying low wages, scrimping on training, or exploiting a labor market glut.

**BLAMING SCHOOLS**

The first type of account that supervisors commonly provided was to blame schools. Supervisors often complained that “new generation” workers were unprepared for the job, that they lacked basic education and skills, or that they simply did not have the talent needed to do the job well. For these workers, most had earned only a high school diploma or GED and had no vocational training. Supervisors tended not to blame workers for being poorly educated, but rather blamed schools or the education system for doing a bad job. For example, a supervisor at one site, a former steel town, discussed the inability of the education system to properly educate its citizens:

> Most of my staff didn’t have the basic education required for them to [move out of the city]. We saw a few succeed, [but] most just did not have the reading, the writing, and the math at even a basic level. I think some of that comes back to [the city’s] public schools. I have a pretty low opinion of the product they’re putting out nowadays.
This supervisor cited workers not having “the basic education” to succeed, attributing this to “[the city’s] public schools” and the “product they’re putting out nowadays.” This account excuses the program, workers, and themselves from the blame of being poorly educated. He did not claim to know the ultimate source of the problem (e.g., structural inequities related to poverty; residential segregation), but what matters, for him at least, is the end result: unprepared workers.

This was a common frustration expressed in the interviews. Another supervisor chimed in on the same matter but shifted the conversation to the lack of professionalism and what he saw as a lowering of standards with regard to workplace presentations of self:

I think sometimes you can look at the education system. Way back when, before females went out, they wanted to make sure they looked nice—before they went out the door. It’s not like that anymore. You see different types of people coming in [wearing] flip flops for an interview, jeans short pants, and all that. A first impression goes a long way.

These supervisors similarly account in a way that attributes blame to the “the education system,” which fails to teach workers it’s inappropriate to “come in [wearing] flip flops for an interview, jeans short pants, and all that.” This account makes it clear that supervisors are not at fault, allowing FLS to engage in identity work to construct themselves as good workers. Blaming schools extended to higher education as well. Supervisors criticized the quality of education and the graduates of the local technical schools and community colleges:
[Students] pay a lot of money for those tech schools and I think it’s sad that the curriculum does not include more on professionalism for the amount of money these folks pay when they’re in a job.

In this quote, the supervisor accounts for workers’ lack of professionalism by attributing blame to “tech schools,” lamenting that “the curriculum does not include more on professionalism.” While the supervisor excuses themselves from blame, they do not fully excuse workers from blame, noting that workers “are shocked that you have to act a certain way in the workplace”.

At another hospital in a different city, another supervisor echoed a similar frustration:

Just emphasize professionalism. It’s the training, the technical skills they can get.

Teach professionalism. Here’s somebody who came in for an interview in flip-flops looking like she was going to the beach. Show up on time.

Like the previous supervisors in this section, these FLS use accounts to attribute blame primarily to the education system by criticizing their failure to “teach professionalism.” However, the supervisors also do not directly excuse workers from blame in these accounts.

The data segments above show supervisors complaining openly about the lack of training and preparation students get in the public school system and as young adults in technical schools. While most of the frontline workers in this study averaged a high school education, many went to community colleges or technical schools to gain experience, education, and training to pursue healthcare-related jobs, if not some other occupation. In the end, however, supervisors may not have been able to distinguish between workers who went through vocational training and those who did not.

The data also show that supervisors did not deny that there was a problem. They acknowledged that new hires for frontline jobs were not likely to do well. By using accounts to
attribute blame to schools, supervisors excused themselves and management from blame, using this identity work to uphold an impression of themselves as professional in the eyes of the program evaluators. Through these accounts, low-waged workers in health care were not presented as lazy and unmotivated as many low-waged workers are often stereotyped. No overtly racist beliefs or sentiments were expressed. Supervisors thus avoided appearing prejudiced. Complaints about broken education systems gave evaluators societal-level reasons why low-waged workers were hard to employ and retain.

**BLAMING CULTURAL DEFICITS**

The second type of account provided by supervisors was blaming cultural deficits. In these accounts, supervisors claimed that new generation workers were not professional. The problem, as supervisors described it, was a failure of the younger workers to learn, somewhere along the way, what everyone should know about being a good worker. Not only this, but new generation workers were said to be too self-centered and financially-motivated to be good healthcare providers.

Supervisors’ claims that new generation workers did not meet expectations, violated norms, and dishonored values in the workplace were at the core of many supervisor complaints. According to one supervisor:

Our biggest problem is that there is this huge lack of awareness of how to [or] what being a responsible worker is about. It’s about [the] basic stuff! It would be about the way you communicate with your peers…You don’t have to train people on some of this stuff! I’ve asked people to leave because they don’t show up for work and they don’t call or they’re consistently late or they call in sick three, four
weeks out of the year. I mean it’s the attitude, the pride that they take in what they do.

In this quote, the supervisor accounts for younger workers failing to meet expectations in the workplace. When the supervisor exclaimed, “You don’t have to train people on some of this stuff!” he was referencing what he felt were basic principles of responsibility and interaction at work. He felt that there are rules or norms that all workers should just know — for example, that one is expected to show up on time. New generation workers were said to create problems because they lacked these understandings. In constructing younger workers this way, the supervisor was attributing blame to these workers, while excusing themselves from culpability of the workers’ performance.

The supervisor quoted below explained how the actions of a frontline worker did not match the expectations and norms of the healthcare field:

I had someone with a patient and it was five o’clock, so [the worker] just walked out. The doctor comes out looking for somebody to help her and she’s gone. I said [to her], “You can’t do that. You can’t put a patient and the doctor in a room and not even tell them, ‘I’m leaving now.’ [Y]ou can’t just walk out the door. I just think this is the new generation, because it’s not the kind of stuff that I ever came from before, and I started out as a nurse’s aide. I just don’t understand it.

In this supervisor’s account, the younger worker violated several workplace norms. Although the worker was leaving work at her scheduled time, she left a patient unattended and did not consult with the doctor on duty. When she was confronted by the supervisor about leaving, she promised
not to leave early again. However, when the situation presented itself again, she left again. For
the supervisor, this was intolerable, unprofessional behavior and resulted in her termination. Like
with the previous quote, this supervisor accounts by attributing blame to “the new generation”
for not embodying “appropriate” workplace values.

Supervisors were especially annoyed at the immature attitude they argued some new
generation workers projected. Not only were workers accused of having a poor work ethic, they
were described as being self-centered, impatient, and immature. Supervisors said this made
management harder and more frustrating. Some supervisors challenged what they saw as
workers’ failure to take responsibility for themselves:

You’ve got people calling in with, “Well, I’ve got a flat tire. I can’t come to
work.” You know, back then you found a way to come to work. I provided you a
job. It’s up to you to get here. That’s not my responsibility to see that you get to
work.

As this excerpt illustrates, supervisors felt that new generation workers’ general sense of
responsibility did not meet their standards. The supervisor excuses herself from blame, noting “I
provided you a job,” and shifts the blame to workers, rejecting the excuse they provide as to why
they are unable to come to work. By shifting this blame onto workers, FLS present themselves as
good workers who uphold the value of work.

Many supervisors cited age to account for workers failing to live up to their standards. In
the words of two supervisors:

Supervisor 1: You’ve got [Generation Xers] that think you should be glad that
they’re here no matter what time that they come to work, or you should be glad
that [they’ve accomplished some of the work but not the whole task]. That’s not only a challenge for their peers, it’s a challenge for management. I think we’re dealing with a different group of individuals compared to when we were growing up.

Supervisor 2: This generation that we have now wants immediate gratification. [They believe], “If I don’t like it here I’ll go somewhere else and I’ll get it there, whatever I want.” And I know [the hospital] provides us with the ongoing education [to understand] the Generation Xers, so you can learn how to deal with the individuals a little bit better.

Although these two supervisors used the coined term "Generation X" it is not clear that they truly understood the demographic of Generation Xers, who were roughly 31-46 years old at the time of data collection. The purpose behind the label “Generation X” as used here may have been othering or distancing rhetoric more so than accurate age cohort grouping. In both of these quotes, supervisors provide accounts that attribute blame to the generational culture of their workers. The latter supervisor noted that her workplace “provides us with the ongoing education [to understand] the Generation Xers” to help the FLS “learn how to deal with the individuals a little bit better.” The former supervisor contended that the egotistical attitude of new generation workers is a problem for coworkers and managers alike.

One major complaint about new generation workers was the constant affirmation required to keep them motivated. As another supervisor put it:

To me [the challenge is] a generation issue. [The workers] don’t care. They can do it, but they don’t want to do it. They have the talent and the ability to do it, but
they have to stay motivated. I spend most of my time—not necessarily teaching them their job—but trying to keep them motivated.

This supervisor again attributes blame of poor worker performance to a generational culture, noting that the workers “don’t care” and expressing frustration at the time and effort FLS invest in “trying to keep them motivated.” Through this account, then, the blame is again shifted away from the supervisors, who are framed as the ones upholding workplace values.

Like this supervisor, others were also frustrated when new generation workers fell below their standards. Supervisors were especially annoyed by the sense of apathy, and arrogance they argued that new generation workers displayed. Some supervisors went deeper in their complaints about new generation workers by questioning their motivation for working in healthcare:

Unfortunately, there’s a generation of a very different work ethic. [There] are people always just doing it for the money…or are they doing it because they have a passion to want to help people?

These supervisors similarly account for this gap in expectation and performance by attributing blame to cultural deficits. Specifically, supervisors like this one thought that new generation workers did not care about patients and are “just doing it for the money.” Another issue that supervisors had with new generation workers was their sense of entitlement. As some supervisors saw it, new generation workers were unwilling to pay their dues:

The other thing too with that is that [a newly hired frontline worker] might come and say, “I’m going to start as a Medical Assistant (MA) but I really want to be [in a higher position].” But they can’t even cut it as an MA. So, from a manager’s perspective, we’re saying we’ll do what we can to promote you. They actually, they come out of school thinking that they can run the joint. Paying dues doesn’t
exist in this generation. It’s hard because we said, “We were planning on promoting you, but you can’t even come to work on time. How am I going to get you to the next level?” But starting out, they think that they’re too good for what they’re doing to begin with.

This excerpt shows the supervisor’s amusement with the unrealistic expectations of unconsciously incompetent new generation workers who “think they’re too good for what they’re doing” but “can’t even come to work on time.” These unrealistic expectations were further evidence, as supervisors saw it, that new generation workers failed to understand basic things about work, employment, and mobility. As such, this account provides a further example of how supervisors used accounts to shift the blame of poor worker performance onto the generational culture of the workers.

In these accounts, supervisors brought neither their ability to supervise nor organizational policy into question. The problem resided, rather, in the novice frontline workers they worked with. This demonstrates how the supervisors used these accounts to shift blame from themselves and attribute it to other workers, thereby doing identity work to frame themselves and the organization in a positive light. Supervisors saw the weak work ethic of new generation workers as contagious — something that would infect other workers and undermine productivity as expressed here:

I think the challenge in my particular department is not only time management but peer pressure as well. You’ve got individuals that want to do a good job—are doing a good job—but then they see their peers and their work ethic ... You’re seeing a different work ethic that’s coming into the work environment.
This excerpt suggests why the poor work ethic of a few individuals threatened supervisors. Some supervisors imagined that by failing to embrace a proper work ethic, new generation workers might lower standards and decrease job commitment on the part of other workers via “peer pressure”. It’s possible, then, that by “othering” new generation workers, portraying them as essentially different from themselves and from other workers, supervisors could alleviate their fears of contamination. Accounts like these demonstrate how healthcare FLS emphasize generational cultural deficits as the source of blame, excusing themselves from blame in the process.

Again, it’s important to note that supervisors did not attribute workers’ problematic attitudes and behavior to deficiencies inherent in categories of people defined by race, ethnicity, and gender. Although their complaints pointed toward frontline workers, supervisors did not blame workers *per se*, but rather invoked large, outside forces, mainly culture and educational institutions. In doing this, supervisors engaged in identity work to present themselves as understanding, tolerant, patient, and socially aware. This also allowed supervisors to justify the exhaustion of their patience because the root problems were too big and intractable for them to deal with.

Upper and lower level supervisors demonstrated the same general patterns in discourse, with upper level focusing more on organizational factors and lower level supervisors spending more time describing their daily experiences with their frontline staff. Either way, supervisors’ impressions were aligned in at least two ways when being interviewed. Supervisors wanted to avoid appearing elitist, racist, sexist, or egotistical when discussing the shortcomings of their low-level staff. And, while they sometimes alluded to bad organizational policies, they avoided blaming upper management for the problems caused by under-trained, underpaid workers.
While supervisors did not directly attribute workers’ problems to race, ethnicity, and gender, cultural racism was evident in supervisors’ references to “new generation” workers. Supervisors did not say, “These women of color from low-income backgrounds are lazy.” Such a statement would have been easily construed as racist, sexist, or classist. But by labeling the same group of workers, who varied widely in age, as members of a single generation, they could lump them all into one deficient category (i.e. “new generation”). Their common failing, as supervisors put it, was a “poor work ethic” or “lack of professionalism,” which was said to characterize a whole generation of workers. But supervisors clearly did not mean that all people younger than themselves in the United States had a poor work ethic because of some society-wide failure. They meant that this generation of this group of workers was deficient. Who constituted this group? Women of color from low-income backgrounds. It thus seems that supervisors were using a coded form of a culture-of-poverty argument. It is also telling that “new generation” rhetoric was most prevalent at hospitals located in economically-depressed, urban, and racially-stratified communities; and “new generation” did not refer to any particular age group or grouping (i.e., Millennials). This way of using accounts to attribute blame does not imply that a category or group of people is defective; in fact, it appears socially mindful to say that the problem lies with institutions and organizations. It might be the case, then, that some supervisors used this discourse because they thought that it would favorably impress the social scientists on the evaluation team.

DISCUSSION

To say that culture-of-poverty or neoliberal discourses can mask racism and were evident in supervisors’ accounts is not to say that supervisors consciously used these discourses for this purpose. Supervisors were asked to discuss problems in their jobs, problems with their frontline
workers, and problems in the workforce development program. When they responded, they used accounts that exempted themselves and their bosses from blame, and that did not appear to blame their frontline workers in a racist manner. The language they used was the language that had currency in the culture and that seemed reasonable to them—as middle-class whites. The few minority supervisors in the study used similar discourses, perhaps underscoring the point that assimilation to the middle class often entails embracing color-blind rhetoric and distancing from low-status minorities (Gordon, 1964).

The discourse adopted by supervisors mattered because it can reproduce inequality. These discourses can mask not only racism, but structural problems that limit minority-group access to economic opportunity. This is similar to existing research in welfare and the criminal justice system that demonstrates how bureaucrats can uphold power hierarchies through decisions and practices embedded with racial prejudices, gender norms, and moral assumptions (Van Cleve 2016; Watkins-Hayes 2009; Neubeck and Cazenave 2001). This research also demonstrates how color-blind racism is embedded in the fabric of these systems that claim to operate in race-neutral ways while reinforcing racial hierarchy under the guise of meritocracy. Then there is the matter of deciding who deserves support in pursuing the limited opportunities that do exist (see Cassiman 2008). Even as these FLS acknowledged flaws in institutions like the education system, they invested in using a moral evaluation of the poor that frames poverty as an individual failing, rather than a social one—upholding “culture of poverty” discourses. It also reinforces negative stereotypes of poor women, which most frontline workers are, thus promoting the idea that the “undeserving poor” are hurting society and unworthy of assistance (Seccombe, James, and Waters 1999). If new hires are perceived as lacking the right values and attitudes to succeed in the workplace, incapable of proper professional behavior, and badly
educated, then it would seem like a waste of time to offer much support. Color-blind racist discourses reproduce inequality by legitimating this withdrawal or limitation of support (Gallagher 2003; Van Cleve 2016). This research complements recent work on Welfare-to-Work program managers and welfare recipients. Seale, Buck, and Parrotta (2012) demonstrate that program managers engage in identity talk to construct images of themselves as effective workers despite a list of identity contradictions. (BLINDED) work on welfare discourse shows that program managers use classtalk—a discourse rooted in bureaucratic production and gendered and racialized images reflective of US meritocracy and neoliberalism—that invokes a culture of poverty ideology and ignores structural conditions. These findings add to this line of research by documenting the use of classtalk to account for problems at work. This research also extends the work of Bonilla-Silva (2014) on racism without racists and Gallagher (2003) on color-blind racism. The accounts examined here used coded language to blame the poor and protect the powerful. But more than just coded terms, these accounts also revealed the use of larger cultural discourses to account for poverty and inequality.

CONCLUSION

This analysis helps qualitative researchers better understand how narratives are manipulated (victim-blaming) under the new racism. In the current day of the new racism, it is not appropriate to identify race as the cause of individuals’ life outcomes; life outcomes are, thus, based in merit, hard work, and chance (See Gallagher 2003). Supervisors were engaging in disguised victim-blaming when they detailed individual anecdotes and disguised the systemic attack on minorities and the poor by masking the fact that their workers’ life outcomes are based in racialized hierarchies. They were using culturally accepted discourses to mask the structural racism evident
in their workers’ lives as exemplified by poor education systems and the collective lack of access and opportunity in their communities.

The longer-term consequences of the accounts produced may reduce the mobility prospects of low-wage workers, perpetuate the profitable status quo for hospitals, and reinforce ideologies that blame individuals for failing to get ahead. Supervisors are entirely not to blame for this; they are limited in their organizational power and in what they can do for their frontline workers (see Watkins-Hayes 2009; Winter 2012). This research demonstrates how accounts can be fashioned to avoid scrutiny of exploitive social arrangements while allowing people to feel moral and competent, even as they continue to reproduce those arrangements.

Finally, we are not suggesting that supervisors invented these discourses to mask racism or to justify a pre-determined unwillingness to lend help. By many other indications, they genuinely wanted to help their frontline workers do well. Yet they were constrained by management’s refusal to pay decent wages and engage in serious training. Supervisors also had heavy workload demands of their own to contend with. Outside forces — including underperforming schools and depressed economic conditions — meant that a lot of new hires had minimal job experience, further limiting what well-meaning supervisors could accomplish. Under these conditions, it is not surprising that supervisors made use of widely available cultural discourses that allowed them to account for on-the-job problems with minority-group workers, without blaming themselves or their bosses, and without appearing racist.
REFERENCES


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