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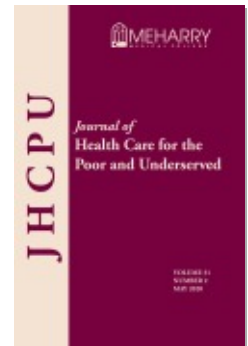
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Raising Wages for a Hospital's Unsung Heroes

Adam Barsouk, BS

Abstract: Custodial staff are essential to the smooth functioning of a hospital, and yet their financial hardships often go unnoticed in discussions of health care delivery. I share my personal experiences speaking with custodial staff at the University of Pittsburgh Medical Center as they sought and received a raise in the hospital's minimum wage, and observing the lasting effects of such a reform.

Key words: Minimum wage, custodial staff, hospital, health care delivery.

It's twelve o'clock and the lunch line runs out the door. For an hour or so, the cafeteria becomes a microcosm of the hospital, bustling with patients, doctors, nurses, and administrators. Most chat with their colleagues and make sure to smile and say hello to a passing doctor or patient they recognize. Yet few take note of the cafeteria or custodial staff quietly laboring away.

I have shadowed physicians, volunteered, and conducted research at the University of Pittsburgh Hillman Cancer Center and its adjacent hospital for over five years. In this time, I have gotten to know many of the critical staff who often go overlooked among the Brownian motion of shuffling feet and rolling carts. I've realized that the troubles they face are, indeed, a problem for the entire hospital and community, and addressing their concerns could prove an unimaginable boon for the health care experience.

Jane the cafeteria worker always greets me with a smile, asks how I'm doing, and knows exactly what I'm about to order. Perhaps I'm simply a creature of habit. Nevertheless, one day this past year, when I had a moment to spare, I went out of my routine and asked her about her life. I was surprised to receive a completely honest response.

Jane complained of financial woes, of difficult hours and an uncertain future. Many days she had to get up in the wee hours of the morning to catch multiple buses. Other days, the single mom would not reach home in time to tuck her children to bed. Living in an ever-growing urban area, Jane felt her salary had not kept pace with the skyrocketing cost of living. Jane was not quite satisfied with her job, but she had devoted years to the hospital, and had no idea where else to go.

I was flabbergasted to learn the kind, quiet worker I had known for so long had been bearing such a heavy cross all this time. Her troubles also resonated with me. As a researcher, though, I wondered if they represented an outlier or a trend. So, I committed myself to a small, extracurricular investigation. I began to talk to all the

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custodial, cafeteria, and other overlooked staff whom I had seen for years to learn of their lives. Over a few minutes of conversation, whole decades' worth of hardships freely poured out. It was as though no one had ever genuinely tried to reach out to many of these breadwinners.

Many agreed with Jane about stagnating salaries and skyrocketing costs of living. They spoke of clashes between unions and their employer, and uncertainty over which side to choose. Were they to fall sick, some feared that even with insurance, they wouldn't be able to afford a stay at the very hospital where they had worked for decades.

Perhaps worst of all, many expressed a feeling of hopelessness: they had taken on their employment as an entry-level job, like a job at any fast-food restaurant, expecting that, with hard work, there would be room for growth. Instead, they were getting paid the same salary year after year, with no bonuses for productivity and no incentive to perform better. It seemed unfathomable to me that workers at a hospital, responsible for the sanitation of rooms with immune-compromised patients or the preparation of foods for the sick, would have fewer opportunities than those at a fast-food establishment.

Fortunately, this all changed earlier this year, when the University of Pittsburgh Medical Center (UPMC) announced that it was joining several other urban health systems in raising its minimum wage to \$15 from \$11.73 an hour by 2021. To those following the issue, this did not come as a surprise. Campaigns for higher minimum wages had swept the country, convincing labor-intensive corporate giants such as Amazon as well as municipalities to shell out millions. However, the workers I had come to know were awestruck, some in tears over what they could only call "a miracle." For many of them, the raise would bring about a fundamental change in lifestyle. It meant Jane could begin saving up for a car or her child's college degree. Where earlier had stood silent shadows, now the cafeteria was alight with smiles, and the hallways were filled with the whistling of grinning custodians keeping the floors sparkly clean. Jane was grateful beyond words. I told her it was what she had deserved from the very beginning.

Of course, raising the minimum wage was not merely a question of pleasing employees. Studies routinely find that higher wages coincide with greater productivity and less employee turnover.¹ If workers feel satisfied and choose to stay at their posts, there is no need to train new employees, leaving less room for error. Better sanitation and culinary preparation could reduce the risk of hospital-acquired infections, which currently cost an estimated \$10 billion annually and affect the lives of some 1.7 million Americans each year.² Moreover, the decision on the part of a hospital to establish a higher minimum wage has the potential to reinvigorate a community. In 2018, health systems became the chief employer of Americans.³ University of Pittsburgh Medical Center is, in fact, not only the largest employer in Pittsburgh, but also in the entire state of Pennsylvania. Higher wages for thousands means more overall spending on education and health care, which, in turn, empowers the University of Pittsburgh to do what it does best: grow its operations and invest in life-saving medical research and innovations. In some sense, a hospital paying its employees more is making a long-term investment in itself.

I once took a health system administration course taught by Joseph Dinissio, the former Chief Executive Officer of New England Baptist Hospital. Dinissio retired many years ago to return to his hometown and to his family's simple living as farmers. In

class, he would sport a wide array of colored sweaters to complement his bushy white mustache. He spoke with a strong drawl and showed no hesitation cracking a few politically incorrect jokes. Behind the veneer, I discerned a man with a sharp brain and a big heart.

Dinissio had inherited a surgical hospital on the verge of bankruptcy and had turned it into a top-ranked surgical hospital with a decent credit rating.⁴ Surprisingly to many, one of his first acts as CEO was improving the salaries and benefits packages and implementing productivity bonuses for the cafeteria and custodial staff. Cash-strapped as he was, he felt it imperative that the employees most often ignored be given the most attention.

This was not a philanthropic gesture; rather, it was a keen business decision. Turn-over plummeted, and whole families of recent immigrants, desperate for a living wage, signed on to fill vacant slots. Rooms were cleaned and taken care of, the food tasted better, and patients and workers were happy. Soon the hospital became ranked in 99th percentile for patient satisfaction,⁴ and Dinissio chose to award all his employees with a symbolic \$99 annual bonus. For even the lowest-paid workers, the money was only a day's worth of work, but the sense of appreciation and camaraderie it fostered, one that had been missing throughout many of these individuals' careers, had a revolutionary effect. From then on, the hospital continued to be ranked 99th percentile throughout Dinissio's tenure.

Upon retirement, Dinissio was celebrated with thank-you notes, hugs, and tears from the many whose lives he had transformed (Dinissio, the gruff farmer, welled up with tears while telling this story). The workers had been more than willing to step up to the highest of expectations in exchange for a living wage.

Physicians, nurses, administrators, and other health care professionals are among the hardest-working professionals in the U.S. I can't blame them for not having the time to speak to those who hand them food or clean their office. Yet, these professionals should, of all people, understand what it's like to feel overworked and underappreciated, to suffer from an incentive system that rewards the wrong people for the wrong reasons. The woefully ignored struggles of the many workers who enable health care are not entirely different from the struggle of those who provide it.

As previously noted, hospitals are the largest employer of U.S. workers. Health care is also the largest sector of the U.S. economy, with over \$3.5 trillion spent annually, far greater, in absolute terms and per capita, than in any other nation.² It is not inherently problematic that we should spend more for higher-quality service, as long as those providing the service reap the fruits of their labor and receive a competitive, living wage.

Today, I see Jane and the rest of the cafeteria, custodial and other oft-overlooked workers going about their jobs with a renewed commitment to excellence. They have been promised a raise to \$15 over the coming years, and they intend to see that promise realized. Every day, Jane shares a new dream. "My little Nick is going to be a doctor one day, just like you," she says. I smile, and she smiles back. Whether or not Nick becomes a doctor, I know that UPMC's investment is not only in the health of its customers, but also in its employees, who constitute a large portion of the entire community.

Hospitals can no longer afford *not* to pay their employees a living wage. We must

treat all health care workers, from the doctor to the custodian, with the financial remuneration and the respect commensurate with their daily task: saving lives.

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