

Human Resource Structures: Reducing Discrimination or Raising Rights Awareness?

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Using data from 84 hospitals linked to Equal Employment Opportunity Commission discrimination-charge data, we consider how four human resource (HR) structures affect hospitals' receipt of discrimination charges. HR structures that establish accountability (affirmative action plans, EEO units) are marginally related to charges. Structures that moderate bias (management diversity training) reduce the odds of receiving a charge while structures that raise employees' rights awareness (employee diversity training) increase the odds of receiving a charge. Structures relate differently to sexual harassment versus personnel charges.

Introduction

TITLE VII OF THE CIVIL RIGHTS ACT OF 1964 PROHIBITS EMPLOYERS from considering sex, race, color, national origin, religion, age, and disability in employment-related decisions. Organizations commonly adopt affirmative action (AA) plans, equal opportunity offices, and diversity training to demonstrate compliance with the law (see Dobbin et al. 1993; Edelman 1992; Kelly and Dobbin 1999; Konrad and Linnehan 1995; Sutton and Dobbin 1996). Despite the recent proliferation of these human resource (HR) structures, evidence on their effectiveness for curtailing discrimination is mixed. Some research suggests such policies merely demonstrate symbolic compliance with civil rights law but have little impact on barriers faced by protected groups (Edelman and Petterson 1999; Edelman et al. 2008), while others report substantive effects of HR structures on employment outcomes for disadvantaged groups (Holzer and Neumark 2000; Kalev, Dobbin, and Kelly 2006; Konrad and Linnehan 1995).

To shed light on this debate, we examine the impact of four HR structures—equal opportunity offices or managers (hereafter equal employment

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opportunity units), written AA plans, management diversity training, and employee diversity training—on organizational receipt of a formal employment discrimination or sexual harassment charge. Using unique organization-level data from 84 hospitals linked to hospital-specific discrimination charge data from the Equal Employment Opportunity Commission (EEOC), we assess the effect of HR structures in place in 2002 on workers' charges of discrimination filed with the EEOC in 2003–2004.

Our approach advances research on HR structures and workplace discrimination in three ways. First, we contribute to the debate regarding whether diversity-oriented HR structures actually affect disputes over discrimination or if they are “window dressing.” Second, we use measures of HR structures that embody three ways whereby HR structures may be linked to discrimination disputes: (1) holding organizational actors accountable to EEO law, (2) raising managers' awareness of unlawful behavior, or (3) making employees aware of their employment rights. Thus, we adjudicate between alternative mechanisms linking an organization's HR structures to disputes over discrimination. Third, we improve upon previous measures of discrimination with our outcome: formal discrimination charges filed with the EEOC. Because what constitutes employment discrimination is legally ambiguous (Edelman, Uggen, and Erlanger 1999) and varies across organizational settings (Hirsh and Kornrich 2008), a direct measure of discrimination is complicated. Previous researchers operationalized discrimination as: (1) the under-representation of protected groups in the workplace or in management (Kalev, Dobbin, and Kelly 2006), (2) unexplained earnings disparities between majority and underrepresented groups (Smith and Welch 1986), or (3) workers' perceptions of discrimination (Bobo and Suh 2000; Hirsh and Lyons 2007). Although related to discrimination, nondiscriminatory forces such as workers' self-selection out of jobs and labor markets also affect protected groups' pay levels and managerial representation, and contextual factors may skew workers' perceptions of discrimination (Albiston 2005).

Formal discrimination charges, as opposed to conventional discrimination measures, provide a unique indication of everyday life within organizations and offer new insights into the structures that promote (or fail to promote) equity. First, HR structures that address intergroup dynamics (e.g., diversity training) may be unrelated to the pay gap or demographic composition, yet might affect disputes over discrimination. Second, formal charges provide information about actual contestations over discrimination and the workplace structures that elicit them. Third, because discrimination charges reflect instances in which workers mobilize by filing a claim with an external agency, studying discrimination charges allows us to investigate workers' willingness to contest discrimination.

In assessing the relationship between HR structures and discrimination charges, we analyze sexual harassment charges separately from personnel-related charges (i.e., hiring, promotion, termination, pay, and other employment terms). HR policy effects may be different for sexual harassment versus personnel-related discrimination claims because legal standards treat sexual harassment as a distinct form of employment discrimination (MacKinnon 1979)¹ and HR professionals often address sexual harassment separately from other antidiscrimination efforts (Bendick, Egan, and Lofhjelm 1998; Kaufman 1994; Roberson, Kulik, and Pepper 2001).

In the discussion that follows, we elaborate the mechanisms by which HR structures are related to discrimination charges and identify the specific HR initiatives that embody each mechanism. Next, we identify additional organizational features associated with charge receipts. Following a description of the data and methods, we present results of statistical models assessing the effect of HR structures in 2002 on discrimination charges filed against an organization in 2003–2004. We find an unambiguous pattern in the data: HR structures that promote organizational accountability in recruitment and hiring do not reduce discrimination claims against hospitals, structures aimed at minimizing employers' biases are negatively related to discrimination charge filings, and those aimed at increasing employees' rights awareness are positively related to charge filings.

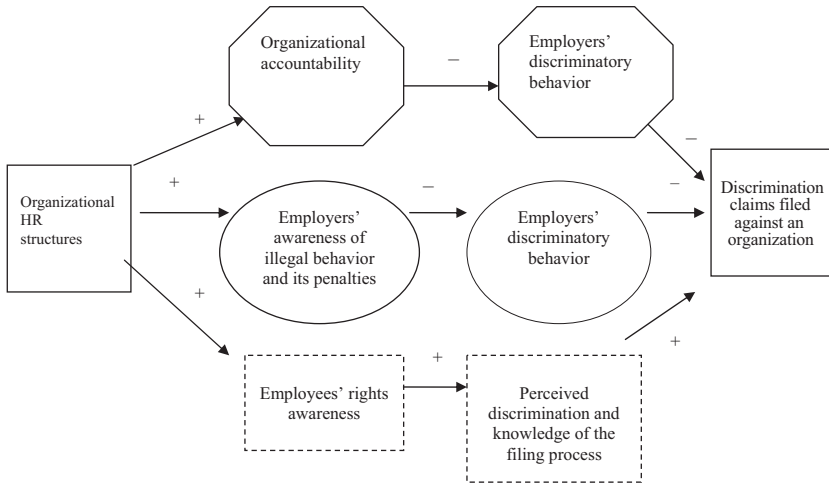
Human Resource Structures and Discrimination Charges

Figure 1 presents three mechanisms whereby HR structures can affect discrimination charge filings. First, HR structures can formalize responsibility in the hiring process, making employers accountable for their decisions and behaviors. This should reduce employers' discriminatory behavior because accountability can reduce bias (Salancik and Pfeffer 1978). Second, HR structures can raise employers' awareness of illegal behaviors and the legal repercussions of violating civil rights law, which should reduce their tendencies to discriminate. Third, HR structures can increase employees' attentiveness to potentially discriminating behavior and make them more likely to challenge it by filing a claim. In this section, we elaborate on each of these mechanisms and identify HR structures designed to facilitate each.

¹ Title VII of the Civil Rights Act of 1964 did not explicitly ban sexual harassment, leaving the courts to decide whether sexual harassment constituted sex discrimination. In the late 1980s, the Supreme Court recognized hostile work environment sexual harassment as a form of sex discrimination under Title VII (Uggen and Blackstone 2004).

FIGURE 1

MODEL OF POTENTIAL MECHANISMS LINKING HR STRUCTURES TO DISCRIMINATION CLAIMS



Establishing Organizational Accountability. EEO Structures. As depicted in the top path of Figure 1, the first way HR structures can affect discrimination is by increasing organizational accountability. By holding employers accountable for their decisions, HR structures can encourage employers to use non-biased and objective criteria to evaluate workers and thus reduce discrimination claims, especially discrimination personnel-related issues, which involve employers' discretion. Certain HR structures can minimize the extent to which employers use group membership as a salient source of information in evaluating job performance, limit employer favoritism and discretion, and encourage employers to make employment decisions based on objective criteria rather than ascriptive preferences (Bielby 2000; Perry, Davis-Blake, and Kulik 1994; Reskin 2000; Reskin and Bielby 2005). We examine two HR structures especially likely to curtail discrimination in personnel-related decisions: (1) the presence of an equal employment opportunity (EEO) unit and (2) written AA plans.

EEO unit. The presence of an EEO unit—either an equal employment office or equal employment manager—can reduce discrimination claims in two ways. First, these units can administer equal opportunity policies, coordinate compliance with EEO law, and monitor decision-makers' hiring practices (Edelman 1992). Thus, they can reduce actual discrimination by increasing organizational accountability to fair employment issues, especially in the recruitment and hiring stage. Second, EEO units can serve as an outlet for employees' claims of

discrimination and thus keep discrimination complaints in-house (Edelman, Uggen, and Erlanger 1999). In this way, EEO units do not reduce disputes over discrimination *per se*, but instead channel the complaints inside the organization as opposed to the EEOC. For these reasons, we expect the presence of EEO units in an organization to be negatively associated with discrimination claims.

In the sole published account of the effect of EEO units on discrimination claims, Edelman, Uggen, and Erlanger (1999) found that having an EEO office/counselor increased the number of *internal* and *external* discrimination complaints. They reasoned that the presence of such units in the roughly 200 organizations that they studied did not increase discrimination *per se*; rather, EEO units called workers' attention to civil rights issues and encouraged them to pursue their employment rights.

Written AA Plans. Another way organizations can increase accountability is by implementing written AA plans. AA plans involve annual evaluations of the race–sex composition of an organization compared to that of the local labor market and are mainly intended to increase organizational attention to equality in the recruitment and hiring stages. While employers can implement AA plans voluntarily, public and private employers that have contracts with the federal government are required by law to produce written AA plans (Reskin 1998: 9).

Because few have examined the effect of AA plans on discrimination charge filings, we briefly review published effects of AA plans on the employment outcomes of protected groups—a conventional proxy for discrimination. In general, AA plans required of federal contractors improved women's and minorities' labor market positions, albeit inconsistently. AA produced gains in the 1970s, but its effectiveness declined in the 1980s (Heckman and Payner 1989; Leonard 1985, 1990; Smith and Welch 1986; Stephanopoulos and Edley 1995; Welch 1989). California agencies in the late 1970s with AA plans sex integrated at a slower rate than agencies without AA plans, largely because those that adopted plans were already more integrated and had little room to improve (Baron, Mittman, and Newman 1991). Kalev, Dobbin, and Kelly (2006) found that AA plans significantly increased the share of white and black women and black men in the managerial ranks of private firms. To the extent that they increase attention to issues of fairness, we expect AA plans to be negatively associated with discrimination charge filings.

Reducing Employer Bias: Management-targeted Diversity Training. The second mechanism whereby HR structures can remediate discrimination is by minimizing employers' biases, as depicted in the middle path in Figure 1. Research suggests that providing information about out-groups, including their

employment barriers, can reduce employers' judgment errors and biases (see Fiske 1998). We examine one common HR program designed to minimize employer bias in the workplace: diversity training for managers.

Management Diversity Training. The goals of management diversity training are to reduce managers' discriminatory behavior by increasing their sensitivity to diversity and informing managers of legal issues (Bendick, Egan, and Lofhjelm 1998, 2001; Noe 2002; Rynes and Rosen 1995). In addition, employers' motivation for engaging in diversity training is economic; employers believe that encouraging and fostering diversity can enhance productivity, lower turnover, improve worker quality, and enhance customer relations (Bendick, Egan, and Lofhjelm 1998; Edelman, Fuller, and Mara-Drita 2001; Kochan et al. 2003). Because management diversity training should reduce employers' discrimination, we expect management diversity training to be negatively related to discrimination claims.

We summarize findings from the few studies that have examined the effectiveness of management diversity training. Hanover and Cellar (1998) found that diversity-trained managers were more likely to perceive themselves as engaging in diversity-related behavior than non-trained managers. One-third of Rynes and Rosen's (1995) sample reported that diversity training was either "extremely successful" or "quite successful" (the authors did not include a quantitative measure of "success"). Diversity trainers rated the effectiveness of eleven outcomes of their training (e.g., trainees' awareness of issues, hostility among groups in the workplace, etc.) and claimed that they had the largest effect on trainees' awareness of issues and modest effects on concrete outcomes (e.g., changing trainees' attitudes, behaviors, personnel practices, corporate culture) (Bendick, Egan, and Lofhjelm 1998). On the other hand, manager-based diversity training in over eight hundred private-sector establishments had virtually no effect on white women's and minorities' managerial representation (Kalev, Dobbin, and Kelly 2006).

Raising Employees' Rights Awareness: Employee-Targeted Diversity Training. A third mechanism whereby HR structures may affect discrimination charge filings is by raising employees' civil rights awareness, as illustrated in the bottom path in Figure 1. Legal mobilization research points out that individuals do not automatically relay their perceptions of mistreatment into formal claims. Workers' response to discrimination depends on their perceptions of their employment rights as much as upon the treatment itself (Burstein and Monaghan 1986). Before filing a claim, workers must understand antidiscrimination law, identify their experiences as unlawful and sufficiently egregious to warrant legal redress, and take the bureaucratic steps needed to file a complaint (Bumiller 1988a, 1988b; Burstein 1990; Burstein and Monaghan 1986; Felstiner, Abel, and

Sarat 1981; Hirsh and Kornrich 2008; Wakefield and Uggen 2004). The presence of civil-rights-oriented HR structures may facilitate this process by increasing workers' awareness of what constitutes discrimination and educating workers on how to file a complaint. To explore this, we examine the effect of employee-targeted diversity training programs on discrimination charge filings.

Employee Diversity Training. The objectives of employee-targeted diversity training, especially sexual harassment training, typically include teaching employees how to identify and report unlawful treatment (Arthur and Doverspike 2005). Thus, to the extent that employee-targeted diversity training increases employees' rights awareness, we expect it to be positively associated with discrimination claims.

Although we are not aware of any published account of the effects of employee-targeted training on discrimination claims or objective measures of inequality, some have studied the effectiveness of employee-targeted training on employee attitudes toward diversity. Ellis and Sonnenfeld (1994) found that those who received a 1-day voluntary training were more supportive of diversity and perceived their employer to be more supportive of diversity than those who were not trained.

Additional Organizational Features Associated with Charge Filings. An accurate assessment of the effects of HR structures on charge filings requires that we account for organizations' prior discrimination charge filings. Organizations with a history of discrimination claims may be more likely to institute HR programs designed to remedy them, especially given that the EEOC and the courts often recommend that violators implement AA plans, EEO units, and diversity training. To the extent that prior charges may lead additional workers to file claims, holding constant previous charges also allows us to isolate the influences of HR policies on subsequent charges and minimizes the possibility of reverse causality between HR structures and discrimination charges.

Organization size (number of employees) should affect charge filings because the greater the number of employees, the more potential complainants. Thus, we control for *organization size*. Work environments may reflect their founding socio-cultural and legal eras (Stinchcombe 1965). For instance, norms of equity and stereotypical behavior of decision makers in organizations founded in the pre-civil rights era may differ from those founded in the post-civil rights era. Such environments may affect employers' behavior and employees' propensity to file complaints. Thus, we include a measure of *hospital age* (in years). Finally, workers' unions can offer an outlet for employee grievances (Edelman, Uggen, and Erlanger 1999). Union members may first file a complaint with the union whereas non-unionized workers

may take their complaints to the EEOC. Consequently, we control for the presence of a *hospital nurses' union*, the union representing the largest group of workers.

Data and Methods

We draw on two data sources: (1) original data from the 2003 Pacific Northwest Hospital Survey (PNHS) and (2) 2003–2004 discrimination charge data from the EEOC's Charge Data System (CDS).

2003 Pacific Northwest Hospital Survey. In 2003, Kmec administered a mail survey to human resource administrators in all general community, psychiatric, armed services, and Veteran's Administration hospitals listed in state hospital membership directories in Washington state and Oregon ($n = 190$) (see Kmec 2008 for a description of the survey). Eighty-four hospitals participated yielding a 48 percent completion rate, comparable with recent organizational mail surveys.² All questions in the 2003 PNHS survey pertained to workplace characteristics in 2002.

EEOC CDS. We attached information on formal charges filed against each hospital from the EEOC's CDS.³ The EEOC collects data on every discrimination charge it receives as well as charges filed with state and local fair employment agencies. These data include the *basis* of alleged discrimination (sex, race, national origin, religion, age, or disability), the employment *issue* cited in the allegation (i.e., hiring, promotion, termination, pay, retaliation, harassment, and other employment terms), and information on the accused employer (i.e., name, location, and size). We matched each hospital in our sample to all charges citing discrimination on all bases filed against the hospital in 2003 or 2004.⁴

We analyze a final dataset of eighty-four hospitals.⁵

Hospitals in the sample are not necessarily representative of workplace organizations in the U.S., so our goal is not to generalize to all workplaces. Rather our analysis serves as a guide for more broad-reaching industry studies. To the

² Non-responding hospitals were more likely to be located in Oregon and employed, on average, more full-time employees than responding hospitals.

³ The EEOC charge data are confidential; the first author obtained access to these data through an Inter-governmental Personnel Act contractual agreement.

⁴ Because all questions asked in the PNHS pertained to 2002 and the effect of HR practices on employees' complaints of discrimination may take 1–2 years to materialize, our dependent variable includes discrimination charges filed in 2003–2004. This ensures that our measures of HR practices are causally prior to discrimination charges filed against each hospital.

⁵ Because of the small sample size, we report statistical significance up to the 0.10 level.

extent that hospitals are formalized organizations that employ a diverse set of workers across hierarchical occupational structures, they are an ideal setting in which to explore how formal HR policies affect discrimination charges. Moreover, because research has linked disparities in health care among different racial groups to a lack of employment diversity in the health care industry (see EEOC 2005: 2–4), equity in the healthcare industry is important for both health care employees and their patients.

As the sample represents hospitals in two states, it is possible that the patterns we observe differ in states with stricter (or more lenient) employment policies than Washington or Oregon. Thus, we do not draw inferences about HR policies and discrimination charges to hospitals nationwide. Nonetheless, our sample of hospitals is fairly typical of U.S. organizations in terms of formal discrimination charge receipts. In a nationally representative sample of U.S. organizations, Hirsh and Kornrich (2008) found that roughly 20 percent of organizations received at least one annual race or sex discrimination charge between 1990 and 2002. Nineteen percent of the hospitals in our sample received at least one annual discrimination charge. The types of discrimination charges that sampled hospitals received are also similar to the mix of charges filed against organizations in the health care industry (see EEOC 2005: 20–25). For instance, among PNHS hospitals, disability is the most commonly cited charge basis and disability charges are the most typical in the health care industry (EEOC 2005: 22).

Despite geographical and industry limitations, the data have two benefits over previous accounts of discrimination. First, with their detailed measures of HR structures, the PNHS data provide some purchase on the unobserved causal mechanisms linking HR structures to discrimination claims. Few studies provide detail on organizational HR policies such as diversity training. Those that do (e.g., Kalev, Dobbin, and Kelly 2006) do not analyze management-targeted and employee-targeted diversity training separately. Second, as we are among the first to attach organizational data to formal discrimination charges, we can examine how HR structures relate to actual disputes over discrimination, making this one of the first assessments of the relationship between specific HR programs and formal discrimination claims.

Dependent Variables. Our first dependent variable is a dichotomous variable coded “1” if a hospital received a formal charge alleging discrimination in a *personnel*-related employment practice (i.e., hiring, termination, promotion, pay, benefits, working hours, or other employment terms) on the basis of sex, race, national origin, religion, age, or disability in 2003 or 2004, and coded

“0” otherwise.⁶ Our second dependent variable is a dichotomous variable coded “1” if a hospital received a charge of *sexual harassment* in 2003 or 2004 and coded “0” otherwise.⁷

While discrimination charges do not constitute a measure of *actual* discrimination, they are likely a conservative estimate of the frequency of discrimination because workers who feel they have been discriminated against rarely claim so publicly. Even when their complaints are well justified, workers rarely file claims because they fear being labeled as a “victim,” worry their claim will not improve their situation, fear their claim might even hurt them, and think filing a formal claim is not worth the trouble (Bumiller 1987, 1988a, 1988b; Major and Kaiser 2005). In their analysis of black workers, Neilson and Nelson (2005: 31) reported that of the 3.4 million self-identified targets of race discrimination, only 28,912 filed a formal complaint with the EEOC and only about 7500 filed a federal law suit. Thus, among the millions of potential disputes over employment discrimination, only a fraction of workers file claims. The relative infrequency of reporting alleged discrimination to authorities may be partly due to the fact that filing a formal charge of discrimination requires initiative on the part of the aggrieved worker to alert regulatory agents at the EEOC or a fair employment agency (see Hirsh 2008 for a description of the EEOC charge filing process).

Independent Variables: HR Structures. Our first HR structure measure is a dichotomous variable coded “1” if a hospital has an EEO unit (an office or manager) and “0” otherwise. The second measure of HR policy is a dichotomous variable coded “1” if a hospital has a written AA plan and “0” otherwise. Our third independent variable is a dichotomous variable coded “1” if a hospital engages in management-targeted diversity training and “0” otherwise. Fourth, models include a dichotomous variable coded “1” if a hospital provides employee-targeted diversity training and “0” otherwise.

Control Variables. To account for any confounding effects of previous charge filings on charges filed against hospitals in 2003 or 2004, we include a

⁶ Although some hospitals in our survey received multiple discrimination charges during the observation period, we express the dependent variables as binary measures rather than as counts of discrimination charges because few hospitals in our sample received multiple charges. Expressing charges as a dichotomous variable also minimizes the potential influence of outlying values on the outcomes. We estimated models using a scaled measure of charge receipts (e.g., no charges, 1–3 charges, more than three charges); however, the binary dependent variable provided the best model fit.

⁷ In analyses not shown, we combined all forms of harassment—sexual harassment and “other” harassment on the basis of race, disability, or age—into one dependent variable. As only two hospitals in our sample were charged with “other” forms of harassment that were not charged with sexual harassment, we restricted the second dependent variable to hospitals that only received sexual harassment charges. Results using the combined dependent variable were consistent with those presented for sexual harassment.

control variable for the total number of discrimination charges filed against the hospital between 1990 and 2001.⁸ Models include a measure of the number of full-time employees in 2002 and a measure of hospital age (survey year [2002] minus year the hospital was founded).⁹ We also include a dichotomous variable coded “1” if a hospital has a nurse union and “0” otherwise, information about which we appended from state nursing associations (Oregon Nurses Association 2004; Washington State Nurses Association 2004). This measure is appropriate given that registered nurses are the largest group of hospital employees (American Association of Colleges of Nursing 2004); however, the charges we examine are not limited to nurses.

Models. We use logistic regression to examine the effect of HR structures on the odds that a hospital receives a formal charge of discrimination. We first predict the odds that a hospital receives a charge alleging discrimination in a *personnel*-related employment issue, including complaints citing discrimination in hiring, promotion, termination, pay, and other employment terms on the basis of sex, race, national origin, religion, age, or disability. Our second model estimates the odds that a hospital receives a *sexual harassment* charge as a function of HR structures and controls.

We employ multiple imputations to deal with missing data on the independent variables (Allison 2001). Using Markov chain Monte Carlo-based imputation methods, we imputed values for approximately 9.4 percent of the data points.¹⁰ Diagnostics indicate that collinearity does not degrade the precision of model estimates.

Results

Table 1 displays descriptive statistics for the eighty-four hospitals. Among the eighty-four hospitals, 15.5 percent received at least one charge of discrimination involving personnel-related issues and 7.1 percent received at least one charge involving sexual harassment. Disability and race discrimination are the most

⁸ In addition to the aforementioned control variables, supplementary models assessed the effects of several other controls, including urban location, state location, hospital accreditation, and, among a subset of cases for which compositional data were available, measures of hospital race and sex composition. Because none of these measures had statistically significant effects on the odds of receiving a charge and their inclusion did not alter the substantive results presented here, we omitted them from the final analysis to preserve degrees of freedom.

⁹ Results from a model including a dichotomous variable denoting whether a hospital was founded prior to 1964, the year the Civil Rights Act was passed, were similar.

¹⁰ Missing imputed values for each variable are: 15 percent for AA programs; 9 percent for EEO unit; 9 percent for manager diversity training; 7 percent for employee diversity training; 8 percent for hospital size; 17 percent for hospital age; and 2 percent for nurse's union.

TABLE 1
DESCRIPTIVE STATISTICS

Variable	Mean/Pct.	SD	Source
<i>Dependent variables</i>			
Received a personnel-related charge	15.5	36.38	EEOC
Received a sexual harassment charge	7.1	25.91	EEOC
Basis of charge, all issues ^a			EEOC
Sex	19.1	–	
Race/national origin	34.0	–	
Age	14.9	–	
Disability	34.0	–	
Other	29.8	–	
Issue involved in charge, all bases ^a			EEOC
Hiring	14.9	–	
Promotion	2.1	–	
Termination	38.3	–	
Harassment	44.7	–	
Other issue	25.5	–	
<i>Independent variables</i>			
Affirmative action plan	32.4	0.47	PNHS
EEO manager	46.1	0.50	PNHS
Management diversity training	51.3	0.50	PNHS
Employee diversity training	59.0	0.50	PNHS
Hospital size	483.9	690.48	PNHS
Hospital age (years)	62.3	26.44	PNHS
Has RN union	36.6	0.48	OR Nurse Assn.; WA Nurse Assn.
Previous charges, 1990–2001	2.9	8.3	EEOC

NOTES: ^aPercentages sum to more than 100 because some charges cite more than one basis and issue.

SOURCES: 2003 PNHS and EEOC CDS.

common types of discrimination cited in claims against hospitals; both constitute 34 percent of claims. Sex discrimination claims constitute 19.1 percent of claims while age discrimination claims comprise 14.9 percent of claims. The remaining claims cite other bases of discrimination, including religion or retaliation; claims of retaliation do not require complainants to specify a protected class.¹¹ In terms of the employment issues raised in claims brought against hospitals in our sample, termination (38.3 percent) and harassment (44.7 percent) are the most common. Claims involving disputes over hiring (14.9 percent), promotion (2.1 percent), and other employment issues such as disputes over pay, benefits, or working conditions (25.5 percent) are less frequent.

¹¹ Workers can cite multiple bases in a single claim. For instance, an Asian female worker can allege discrimination on the basis of both sex *and* race. Workers can also cite multiple employment issues in a claim; a worker might file a claim citing sex discrimination in promotion *and* pay. Thus, the breakdown of charge bases and issues in Table 1 sum to over 100 percent.

TABLE 2
 LOGISTIC REGRESSION ESTIMATES FOR PREDICTING THE RECEIPT OF A FORMAL DISCRIMINATION
 CHARGE, $N = 84$ HOSPITALS

	Model 1 Personnel-related charge		Model 2 Sexual harassment charge	
	β	$\exp(\beta)$	β	$\exp(\beta)$
Intercept	-10.78 (2.39)**	<0.001	-8.93 (2.29)	<0.001
<i>HR measures</i>				
Affirmative action plan	0.74 (1.09)	2.10	1.70 (1.35)	5.45
EEO unit	2.74 (1.11)*	15.42	0.55 (0.94)	1.73
Manager diversity training	-2.90 (1.49) [†]	0.06	-3.85 (1.34)**	0.02
Employee diversity training	2.31 (1.21) [†]	10.08	3.57 (1.09)**	35.62
<i>Controls</i>				
Previous charges, 1990–2001	0.58 (0.13)**	1.78	0.33 (0.10)**	1.40
Hospital size	0.001 (0.001)	1.00	<0.001 (0.001)	1.00
Hospital age (years)	0.06 (0.02)*	1.06	0.04 (0.02)	1.04
RN union	1.04 (0.82)	2.82	0.96 (1.22)	2.60
Generalized R^2	0.76		0.58	
Likelihood ratio, X^2	F = 10.74 on 8 and 93 df, $p < 0.001$		F = 6.77 on 8 and 285 df, $p < 0.001$	

NOTES: Significance levels: [†] $p < .10$, * $p < .05$, ** $p < .01$; standard errors in parentheses. F-statistics computed by combining likelihood ratio X^2 statistics from multiply imputed datasets (see Allison 2001).

SOURCES: 2003 PNHS and EEOC CDS.

In terms of HR structures, roughly one-third of the hospitals have a written AA plan while nearly half of the hospitals house an EEO unit. Roughly half of the hospitals provide diversity training for managers while 59 percent provide diversity training for employees.¹²

Sampled hospitals are relatively large and well-established organizations. The typical hospital employs about 484 workers and has been in operation for over 60 years. Over one-third of the hospitals maintain a registered nurses' union, indicating that employees in these hospitals can file grievances with a union in addition to the EEOC. Finally, the typical hospital in our sample received about three charges of discrimination between 1990 and 2001.

Model 1 of Table 2 presents the net effects of four key HR structures—the presence of an EEO unit, an AA plan, management diversity training, and employee diversity training—on the odds that a hospital received a personnel-related discrimination charge. As seen in model 1, while the presence of a written AA plan is not significantly related to receiving a charge, the presence of an EEO unit significantly *increases* the odds of receiving a personnel-related charge.

¹² About 45 percent of hospitals have both management and employee training; 36 percent have no diversity training; and roughly 10 percent train only managers or employees.

Diversity training programs are consequential for discrimination-charge filings, although their impact varies according to the recipient of the training. We suggested that management diversity training would *reduce* external discrimination claims against organizations by increasing employers' knowledge of biases and thereby reducing their discriminatory behavior. Indeed, management diversity training has a marginally significant ($p = 0.07$) negative effect on the net odds of a hospital receiving a personnel-related discrimination charge. Regarding employee diversity training, we suggested that as employee diversity training heightens employees' awareness of discriminatory behavior and legal consciousness, employee-targeted diversity training should increase charge filings. Employee diversity training has a marginally significant ($p = 0.06$) positive effect on the odds that a hospital received a personnel-related charge of discrimination.

To facilitate interpretation of these diversity training effects, we calculate the probabilities of receiving a personnel charge given by the logit coefficients in model 1. Assuming a baseline probability of receiving a personnel charge for hospitals with a given set of organizational characteristics, we compute the probability of receiving a charge for hospitals with management diversity training and for hospitals with employee diversity training, given the same set of characteristics as the baseline estimate. Setting the baseline probability of receiving a personnel-related charge to 0.15 (the sample average), the probability of receiving a charge for hospitals with employee diversity training given by model 1 is 0.64 while the corresponding probability of receiving a charge for hospitals with management diversity training is only 0.01, given the same set of characteristics as the baseline estimate.¹³ These results provide general support for our hypotheses that management diversity training programs minimize discrimination claims, presumably by sensitizing managers to EEO concerns, while employee

¹³ Following Petersen, Saporta, and Seidel (2005), we computed the probabilities as follows. For personnel-related charges, we set the baseline probability of receiving a charge, P_0 , to 0.15 (the sample average; see Table 1) for a hospital with a given set of characteristics. We then computed the corresponding logit, $L_0 = \log[P_0/(1 - P_0)] = \log[0.15/(1 - 0.15)] = -1.73$. The logit coefficient, β_1 , for hospitals with employee diversity training given by model 1 is 2.31, yielding a logit for hospitals with employee training with the same characteristics as the baseline group of $L_1 = L_0 + \beta_1 = -1.73 + (2.31) = 0.58$. To obtain the probability of receiving a charge for hospitals with employee diversity training, P_1 , we translate the logit, L_1 , into probability form, so $P_1 = \exp(L_1)/[1 + \exp(L_1)] = \exp(0.58)/[1 + \exp(0.58)] = 0.64$. To obtain the probability of receiving a charge for a hospital with management diversity training, we execute a similar procedure. Assuming the baseline probability of receiving a charge for a hospital with a given set of characteristics, P_0 , is 0.15 and the corresponding logit, L_0 , is -1.73 , the logit for hospitals with manager diversity training, L_2 , with the same set of characteristics as the baseline is given by $L_2 = L_0 + \beta_2 = -1.73 + (-2.90) = -4.63$, where -2.90 is the logit coefficient, β_2 , for management diversity training given by model 1. The probability of receiving a charge for hospitals with management training, P_2 , is $P_2 = \exp(L_2)/[1 + \exp(L_2)] = \exp(-4.63)/[1 + \exp(-4.63)] = 0.01$.

diversity training programs increase discrimination charges by raising employees' rights awareness.

Among the organizational controls included in model 1, only hospital age significantly predicts personnel-related charges. Older hospitals are more likely to experience a discrimination charge compared with newer hospitals. The number of previous charges significantly increases charge receipt in 2003–2004. Indeed, every charge received during the 1990–2001 period increases the odds of receiving a charge in 2003–2004 by 78 percent.

Because sexual harassment has its own set of legal standards and diversity training programs often specifically target sexual harassment, we analyze sexual harassment claims separately (see model 2). EEO and AA policies are *not* significantly related to hospitals' odds of receiving a sexual harassment charge. The presence of both management and employee diversity training significantly affect the odds that a hospital receives a sexual harassment charge yet the direction of the effect differs for manager versus employee training. The odds that a hospital receives a charge of sexual harassment decrease in the presence of management diversity training yet increase in the presence of employee diversity training. Assuming a baseline probability of receiving a sexual harassment claim of 0.07 (the sample average) for hospitals with a given set of characteristics, the probability of receiving a sexual harassment charge for hospitals with employee training with the same set of characteristics as the baseline is 0.73 while the probability of receiving a claim for hospitals with management training is only 0.002.¹⁴ Similar to personnel charges, we see that diversity training for managers dramatically reduces the probability of receiving a claim while training employees increases the probability of receiving a sexual harassment claim, relative to the baseline.

Hospital size, age, and the presence of a nurse union do not significantly affect the odds that a hospital receives a sexual harassment charge. How-

¹⁴ We used the same procedure for computing the probabilities of receiving sexual harassment claims for hospitals with management training and for those with employee training as explained in footnote 13. Setting the baseline probability of receiving a sexual harassment charge, P_0 , to 0.07 (the sample average; see Table 1) for a hospital with a given set of characteristics, we compute the corresponding logit for the baseline group, $L_0 = \log[P_0/(1 - P_0)] = \log[0.07/(1 - 0.07)] = -2.59$. The logit coefficient, β_1 , for hospitals with employee diversity training given by model 2 is 3.57, so the logit for hospitals with employee training with the same characteristics as the baseline group is $L_1 = L_0 + \beta_1 = -2.59 + (3.57) = 0.98$. The corresponding probability of receiving a sexual harassment charge for hospitals with employee diversity training, P_1 , is $P_1 = \exp(L_1)/[1 + \exp(L_1)] = \exp(0.98)/[1 + \exp(0.98)] = 0.73$. Next, to obtain the probability of receiving a sexual harassment charge for hospitals with management diversity training with the same set of characteristics as the baseline, we calculate the logit for hospitals with management training, $L_2 = L_0 + \beta_2 = -2.59 + (-3.85) = -6.44$, where -3.85 is the coefficient, β_2 , for management diversity training given by model 2. The probability of receiving a sexual harassment charge for hospitals with management training, P_2 , is $P_2 = \exp(L_2)/[1 + \exp(L_2)] = \exp(-6.44)/[1 + \exp(-6.44)] = 0.002$.

ever, as in the case of personnel-related charges, the number of previous charges filed against the hospital is significantly related to receiving a charge in 2003 or 2004. For every additional charge received from 1990 to 2001, the net odds a hospital received a sexual harassment charge increased by 40 percent.

Discussion

We find that AA plans are unrelated to discrimination charge filings. Organizational theory and prior research point to several plausible explanations for this finding. First, the negligible effect of AA plans may stem from their focus; AA plans typically target the recruitment and hiring phase and are often intended to increase the presence of traditionally underrepresented groups. An increased representation of minority and women workers does not, however, guarantee that the workplace will be discrimination free. In fact, Hirsh and Kornrich (2008) found no effect of AA plan requirements (of federal contractors) on discrimination-charge filings. Moreover, most workers do not bring charges related to hiring, partly because discrimination in the hiring is difficult to document (Petersen, Saporta, and Seidel 2000). Roughly 15 percent of charges filed against hospitals in our sample involved hiring. Instead, most charges focused on termination and harassment, issues not necessarily central to AA plans.

A second explanation for the lack of AA effects is that such programs may be too broadly focused and the organizational actors responsible for implementing AA goals may not be held accountable for their outcomes. As Edelman and Petterson (1999) suggested, because AA plans often have broad purposes, they may be limited in their impact on discrimination. Without clear implementation strategies, broad structures may only provide general agendas for promoting fair employment practices rather than specialized programs designed to minimize discrimination. For HR structures to be effective, organizations must make the implementation of AA policies part of managers' job descriptions and sanction managers who do not meet the EEO goals (Bielby 2000). Data on the scope of hospitals' AA plans or on administrators' accountability for AA compliance are necessary to tease out these possible explanations.

Finally, it is possible that AA plans simultaneously increase organizational EEOC accountability *and* raise employees' rights awareness—the former likely decreases disputes over discrimination while the latter likely increases them. Thus, it may appear as if AA plans have no effect on discrimination charges. Additional research that separately assesses the consequences of AA

plans for managers and workers is necessary to disentangle these dual processes.

An EEO unit increases hospitals' propensity to receive formal personnel-related but not sexual harassment charges. Although contrary to our hypothesis, the finding regarding personnel-related charges is consistent with Edelman, Uggen, and Erlanger's (1999) finding that having an EEO officer/counselor *increased* internal and external discrimination complaints. They suggested that the presence of an EEO officer heightens employees' rights awareness and makes them more likely to file charges. Thus, in our hospital sample, having an EEO office may encourage workers to report a potentially discriminating experience to the internal EEO office, and then if dissatisfied by the internal response, to proceed to external authorities.

Our results also have implications for studies gauging the effectiveness of diversity training. We find dramatic differences in the effects of manager versus employee-targeted diversity training. Hospitals that provide diversity training for managers are *less* likely to receive discrimination charges than hospitals without management training and the probability of receiving any kind of charge is extremely low in the presence of manager diversity training, relative to the baseline probabilities. These differences suggest that management-targeted training increases employers' awareness of civil rights law and the legal consequences of breaking them, which in turn, minimizes discrimination or at the least persuades managers to avoid the most egregious forms of discrimination that are likely to generate charges.

In contrast, hospitals that provide employee diversity training are *more* likely to receive a charge of discrimination than hospitals that do not. This strong positive effect of employee diversity training points to an important by-product of diversity training programs: their capacity to increase workers' awareness of civil-rights law, knowledge of the filing process, and willingness to file formal complaints. To the extent that diversity training programs promote rights claiming, such programs facilitate workplace equity by encouraging workers to identify unlawful practices and seek legal redress. Thus, HR structures can yield variation in inequality across workplaces by reducing employers' discriminatory behavior *and* by motivating workers to seek remedies for employment discrimination.

Conclusion

Our findings—that HR practices concerned with employer accountability to EEO mandates have less consistent effects on discrimination charge filings as compared with diversity training programs that focus on making

management and employees aware of ascriptive biases and employment rights—have two implications for research examining the effects of HR structures on employment outcomes. First, not all HR structures are equally consequential for organizations' receipt of a discrimination charge, presumably because different causal mechanisms underlie each. HR structures that seek to make organizations accountable for equal employment practices, particularly AA plans, and to a lesser extent, EEO units, are less consequential for workers' willingness to contest discrimination. Thus, consistent with previous research stressing the largely ceremonial role of HR structures (Edelman and Petterson 1999; Edelman et al. 2008), we too suggest inconsistent substantive effects of EEO/AA policies on disputes over discrimination. Second, the results for manager versus employee-targeted diversity training suggest a rethinking of prior research investigating the effectiveness of diversity training. Previous studies that combine employee and managerial training likely obscure the independent effects of each. As our results demonstrate, disaggregating diversity training according to who receives it is crucial for monitoring training's effectiveness and its capacity to reduce employment discrimination.

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