Creating Luxury, Enduring Pain

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Introduction

Valessie McCaskill worked at the Chicago Hilton and Towers for a little over three years when the pain became severe in her right leg. “Some days my leg would swell up and I would literally limp from room to room. When the pain was at its worst, I would sit on the beds and cry because it hurt so much. In the rooms, at least no one would see me.”

Two years ago at the end of a shift, an iron garbage can fell on her while she worked in a linen closet. “The next day I could barely walk. On my way to work, my leg buckled and I collapsed at the employee entrance. My leg was so swollen the doctors had to cut through my pants.”

Eventually, Valessie’s doctors told her nearly all of the cartilage in her knee was gone and that she needed knee replacement surgery. She was out of work for five months. “The doctors told me I should stay out at least six months, but I had two teenage daughters at home to take care of. Catholic Charities helped me pay some of my rent and utility bills but I needed to go back to work before we lost everything.”

Today, Valessie’s knee has significantly improved but she still suffers workplace pain. “Lately, the pain has been the worst in my right arm. I feel like there are needles in my fingertips. So I start every morning with a pill — Aleve, Tylenol, something to get me ready to do all the pulling and lifting.”

Valessie’s story is common in the hotel industry. Since everyone does some of the work that housekeepers do, it is easy to assume that the work of hotel housekeepers is no more risky than performing these tasks at home. It is only housekeepers, however, who clean fifteen or more rooms a day, and clean under the intense time pressure that characterizes hotel work.

Hotel workers are 48% more likely to be injured on the job than the typical worker in the service sector. Hotel workers also have higher rates of serious, disabling injuries — those that require days away from work or reassignment to light duty. These disabling injuries occur to hotel workers at a rate 51% higher than for service sector workers in general.1

Despite pervasive pain and high injury rates, hotel housekeepers, predominantly women of color and largely immigrant, take tremendous pride in their work. According to Dina Dickinson, a housekeeper for 17 years at the Boston Logan Airport Hilton, “You have to really like to clean to do this job, because you are selling a room, not just cleaning it. To sell it, you have to give extra. I am a proud person and I want to be respected. I am not just a servant. This job is a profession and I want the respect a professional deserves.”

“Some days my leg would swell up and I would literally limp from room to room. When the pain was at its worst, I would sit on the beds and cry because it hurt so much.”

– Valessie McCaskill, hotel housekeeper at the Chicago Hilton and Towers
Table 1 lists many of the tasks that hotel housekeepers typically perform in each hotel room. In addition to these in-room tasks, housekeepers must also load cleaning supplies, fresh linens, towels and replacement toiletries onto heavy carts that can weigh up to 300 pounds and push them across thickly carpeted floors.

One of the contributing factors to pain and high injury rates is the standard way hotel management organizes housekeeping work. Based on a “room quota” system, housekeepers are required to clean a certain number of rooms each day. The greater the room quota, the faster she must work. If a hotel housekeeper has a 16-room quota, she must clean each room in less than 30 minutes to allow time to stock her cart and travel between floors. Housekeepers routinely report that they must race through their tasks in order to complete them on time. When rushing to clean a slippery tub or lift a heavy mattress, workers are more likely to get hurt.

Further, hotel housekeepers report that clean linen and towels are commonly understocked and well-functioning vacuums are few and far between, intensifying this time pressure. Any obstacles such as these supply shortages disrupt the pace of work and consume valuable minutes.

In recent years, the workload that hotel companies demand housekeepers perform has increased significantly. Chronic understaffing, coupled with the addition of time-consuming amenities—luxury items like heavy mattresses, fragile coffee pots and in-room exercise equipment—have placed housekeepers at greater risk of injury. In order to complete their room quotas, housekeepers are increasingly forced to skip meals and other breaks—rests necessary to prevent injury. Today, housekeepers’ bodies are at the breaking point.
The facts

Evidence of the workplace pain and hazards faced by hotel workers, and housekeepers in particular, is substantial. Around the world, governments and research universities have analyzed this work and have all come to the same conclusions: 1) cleaning bathrooms and lifting beds at fast speeds put housekeepers at risk for disabling injury, and 2) the key to reducing injuries is to slow the pace of work.

In a landmark 1999 study, researchers at the University of California at San Francisco (UCSF) conducted a sophisticated survey of over two hundred room cleaners. They report that more than 75% of room cleaners experienced work-related pain. Of those reporting pain, the pain was severe enough for 73% to visit a doctor and 53% to take time off work to recover. Further, “the results of this study suggest that the physical workload of the room cleaners increased during the last five years.”

The San Francisco study’s results were reaffirmed in a 2002 survey of nearly one thousand Las Vegas room cleaners. In a given month, this study found that:

- 95% of room cleaners reported physical pain
- 47% of room cleaners reported severe or very severe physical pain
- Severe or very severe pain was most often reported in the lower back (63%) followed by upper back (59%) and neck (43%)
- 83% of the participants reported constant time pressure

An Australian government-sponsored evaluation of hotel work showed that the physical stress on workers’ backs from hotel bed making tasks is equivalent to the “ultimate compressive strength” for lower back movements defined in the study as “the limits of human tolerance.” The researchers argued, “Where possible, tasks should be performed slowly, without rapid movement.”

According to Gary Orr, a certified ergonomist who served as a key leader in setting OSHA’s Ergonomics Standard, the heavy beds introduced industry-wide in the last seven years place housekeepers at risk for serious injury. Specifically, Orr examined one of these new luxury beds and found that the task of just lifting the mattress to make the bed scored a 1.29 on the Lifting Index recommended by the U.S. National Institute for Occupational Safety and Health; a score of more than 1.0 means that the weight of the load is heavier than that which “nearly all healthy workers could [lift] over a substantial period of time (e.g. up to 8 hours) without an increased risk of developing lifting-related low back pain.”

Dr. William Marras, Professor and Director of the Institute for Ergonomics at Ohio State University, examined the hotel housekeeper job using a unique technology that combines both the tasks performed and the speed at which they must be done into one analysis. Using a patented tool called the Lumbar Motion Monitor, he found that the risk of injury from the hotel housekeep-
ing job is greater than any of the 20 manufacturing jobs — including auto and truck assembly — that he also studied. The housekeeper risk of injury also exceeds that of nursing/patient handing.\(^7\)

- The Las Vegas study also found that work-related pain was universal across housekeepers of all ages: “Increasing reports of work-related pain and injury are often attributed to aging of the workforce. However, our data does not support this view.”\(^8\)

- The Canadian Center for Occupational Safety and Health, the federal government’s primary information center on workplace safety, reports that:

  A hotel housekeeper changes body position every three seconds while cleaning a room. If we assume that the average cleaning time for each room is twenty-five minutes, we can estimate that a **housekeeper assumes 8,000 different body postures every shift**. In addition, forceful movements while using awkward body positions include lifting mattresses, cleaning tiles, and vacuuming every shift. Housekeeping is a physically demanding and very tiring job.\(^9\)

- In Canada, the British Columbia Workers Compensation Board found that among hotel workers, “overexertion” was responsible for 27% of Worker Compensation claims, the single largest cause. It also found that housekeepers accounted for 30% of overexertion cases — more than any other job title.\(^10\)
Housekeepers’ realities: Pain and injuries

While the university and government research on room cleaner risks and injuries is mounting, UNITE HERE has undertaken an evaluation of the prevalence and severity of pain and injury among hotel housekeepers. Across North America, hotel housekeepers are working in pain and suffering workplace injuries due to the awkward and repetitive motions they perform under constant time pressure.

Pervasive Pain

Hundreds of UNITE HERE-represented housekeepers were surveyed by their coworkers about workplace pain in 2005. The survey was completed by over 600 housekeepers in several cities across North America, including Los Angeles, Boston and Toronto. Table 2 displays these results. Of those surveyed, 91% reported physical pain associated with their work as housekeepers. Of those with workplace pain, 86% said that their pain started after beginning their jobs as hotel housekeepers.

Leticia Ceballos, a hotel housekeeper at the nonunion Glendale Hilton for nine years, describes her experience: “The pain in my waist is the worst. I have sharp pains when I bend. Putting the sheets on the beds and cleaning the toilets and bathtubs hurt the most. After the hotel put in the heavier beds and linens, the pain became more severe.”

Table 2 shows that the severity of the pain that these housekeepers report is significant. Of those reporting pain, 77% said that their pain interferes with routine activities. A majority of housekeepers also report seeking medical treatment in response to their pain (67%) and two of every three housekeepers take pain medication regularly.

The high incidence of self-medication among hotel housekeepers in this survey is consistent with earlier published scientific findings. In the 2002 study of room cleaners in Las Vegas, 84% reported taking pain medication during the previous four weeks for work-related pain.11

Hasime Hashimi, a 37-year old housekeeper at the Allerton Crowne Plaza in Chicago, has had three different doctors tell her that the severe back and shoulder pain she suffers is a direct result of her work. She takes several medicines a day: “By the end of the day, the pain is so bad I can barely move. The doctor tells me to follow this routine when I come home after work: The first thing I take is 800mg of Ibuprofen and my cyclobenzaprine, a prescription muscle relaxer. Then I need to spend 30 to 45 minutes in a hot shower to relax my back and shoulder muscles. After that I lie down, sometimes for hours. Most days I can't cook for my two children.” Last year, Hasime's doctor also prescribed her anti-stress medication because of all of the pressure she was under at work. “I feel like I have a construction job.”

It is important to note that back and shoulder injuries, bursitis of the knee (known as Housemaid’s knee), carpal tunnel syndrome and persistent neck, hand and wrist pain — characteristic of hotel housekeeping work — are all preventable injuries.

### TABLE 2: Hotel Housekeeper Survey Results, 2005

| % of room attendants with workplace pain: | 91% |
| Of those with workplace pain, those who: |     |
| Said pain began after beginning job       | 86% |
| Said pain interferes with routine activities | 77% |
| Take pain medication regularly            | 66% |
| Saw a doctor for pain                     | 67% |
| Took a day off to recover from pain       | 37% |

**Notes**

1. Data from 622 hotel housekeepers surveyed in several cities including Boston, Los Angeles and Toronto.
2. The “pain began after job” and “pain medication” questions were not asked in all cities; N = 459 for these questions.
Injuries: Housekeepers Suffer in Disproportionate Numbers

In addition to examining the prevalence of workplace pain, a recent study by a group of occupational medicine experts in collaboration with UNITE HERE evaluated the hotels’ own records of worker injuries. Using records that U.S. hotels must maintain to comply with Occupational Safety and Health Administration (OSHA) regulations, they compared the injury experience of housekeepers to that of other hotel workers. The analysis was conducted with information the union obtained from 87 unionized Hilton, Starwood, Hyatt, Marriott and Intercontinental hotels across the country.

Table 3 shows the average annual employment and injuries for hotel employees between 1999 and 2005. In each year, approximately 40,130 hotel workers were employed, of whom 7,149 were housekeepers. On average, hotel workers experienced an injury rate of 6.4 per 100 workers, meaning that, in each year, more than six percent of the hotel workforce in these hotels suffered a documented workplace injury. Hotel housekeepers, however, faced a significantly greater injury rate of 10.4%, which is 86% greater than the injury rate experienced by non-housekeepers (5.6%).
Table 4 provides further evidence that housekeepers experience a disproportionate number of workplace injuries relative to other hotel workers. The table displays the fractions of total hotel employment composed of housekeepers and non-housekeepers and the proportion of injuries experienced by these two groups. Between 1999 and 2005, housekeepers composed less than one fifth of hotel employment (17.8%), yet incurred over one quarter (28.7%) of all injuries. In addition, housekeepers faced a 61.4% higher risk of injury compared to all hotel workers.

Table 4 also highlights another significant trend: Hotel rooms have become more hazardous places to work in recent years. Looking separately at the earlier (1999-2001) and later (2002-2005) segments of the 1999-2005 period, the proportion of injuries suffered by hotel housekeepers was greater in the later period than in the earlier one. In 2002-2005, 30% of all injuries were experienced by housekeepers compared to 26% between 1999 and 2001. In addition, the percent by which the risk of injury is greater for housekeepers than for all hotel workers is greater in the later period. In the later period, housekeepers had a 71% higher risk of injury relative to all hotel workers compared to 47% in the earlier period; in other words, this ‘excess risk’ increased by over 50% between the early and later periods.

These findings of disproportionate injuries experienced by housekeepers are consistent with previous published studies. In the study of Las Vegas room cleaners, the researchers noted: “Our data also indicate that room cleaners may be at elevated risk for occupational injuries compared to hospitality workers at large and service sector employees in general.”

Scientific studies also report that workers who perform physically demanding jobs need regular rest breaks to recover from the bodily stress. Without such breaks, the risk of workplace strain and related injuries such as back pain increases. Scientists at Liverpool University found: “Workers in physically
demanding occupations require rest breaks to recover from physiological stress and biomechanical loading. Physiological stress can increase the risk of developing musculoskeletal disorders and repeated loading of the spine may increase the potential for incurring back pain.”17 Other studies show that a lack of rest breaks is associated with workplace injuries, in general, and specifically, with neck and shoulder symptoms of repetitive stress and strain.18

According to Laura Punnett, an occupational epidemiologist and ergonomist at the University of Massachusetts Lowell: “Hotel room cleaning involves heavy and repetitive physical work with very poor psychosocial conditions, such as monotonous work with no opportunity to make any decisions about how to do the job. Work like hotel room cleaning has been shown over and over again to increase the risk of musculoskeletal disorders, such as low back pain and tendonitis. The prevalence of low back pain and related symptoms is unusually high in hotel workers. This is also consistent with the high rates of injuries reported to the Bureau of Labor Statistics, and we know that formal reporting systems like that have serious underestimation problems.”

**Chemical Exposure**

While the most common workplace injuries experienced by housekeepers result from the awkward, repetitive motions of lifting, bending, stretching and pushing, these are not the only dangers they face. Housekeepers are also exposed to potent industrial cleaners on a daily basis and chemical-induced skin rashes and eye irritations are common. Seventy-two percent of room cleaners from the 2002 Las Vegas survey said “chemical irritation of the skin or eyes from cleaning supplies” was a problem in the workplace, ranking third among the most frequently cited problems.19

Rosa Delgado, a hotel housekeeper for 9 years, uses strong cleaning agents to clean toilets and tubs at the nonunion Los Angeles Airport (LAX) Hilton:

> “Two years ago I went to the doctor to see about my itchy skin and pain in my throat and nose. During his examination, the doctor discovered that I was pregnant. The doctor gave me a note for my employer ordering that I be placed on ‘light duty’ and not allowed to work in areas where I would have contact with strong chemicals or smoke. The managers, however, did not change my assignment and I continued working with the chemicals and cigarette smoke that my doctor told me could harm the baby. I returned to the doctor and I told him that my managers did not respect his medical advice. My doctor told me that she was concerned about my pregnancy and wrote another note to my manager. She told me that if the company did not respect her advice that I should quit. Again, management did not comply and so I went on disability. Shortly after, I had a miscarriage. The doctor performed an ultrasound and told me that the baby had not properly developed. I will never forget the final image of my baby’s body.”

Although OSHA standards require employers to train workers about chemical hazards and provide needed protective equipment, housekeepers continue to experience the ill effects of chemical exposures. In addition, many hotels do not have any formal ‘light duty’ policies for workers who need special protection from the hazards on the job, chemical or otherwise.
Housekeepers take their pain home

Jade Magday is the 16-year old daughter of a housekeeper who has cleaned rooms at the Sheraton Royal Hawaiian Hotel in Honolulu for over 24 years. Jade describes her mother’s fatigue and its impact on her life:

“Imagine . . . doing beds, dusting, cleaning toilets, showers, bathtubs, furniture, vacuuming and mopping all day long. I don’t blame her for being tired. And she does all of this just so we can have a good life. Whenever possible, I try to help my mom. A lot of times when she gets home from work and her body aches too much I massage her shoulders and back. Whenever she’s too tired to get up from the sofa or the chair I will bring things to her like her medication and water. I wish things weren’t this way. There are times when I want to go shopping or just go for a walk with my mom, but she can’t because she is too tired or her body aches too much.”

Camilla Mendes is fourteen years old and the daughter of Maria Semedo, a housekeeper at the Sheraton Boston. “My mom is sad and frustrated when she comes home. She says that her back and leg hurt. She fell this past summer. She was rushing to do her job and got caught in the sheet and fell. She’s always saying that her back hurts. I want her to come home, wrestle with us and have fun.” Camilla and her 11-year old sister, Cimberly, help with chores around the house. Maria, who has worked at the Sheraton for 17 years says: “It makes me sad that I’m so tired after work. We don’t have fun together. I get home and I’m tired. My back hurts, so I take a hot shower and go to bed. It’s tough to have time together. It’s hard. I want it to be different.”

“I wish things weren’t this way. There are times when I want to go shopping or just go for a walk with my mom, but she can’t because she is too tired or her body aches too much.”

– Jade Magday (left) with her mother, Judith, a hotel housekeeper at the Sheraton Royal Hawaiian for 24 years
Hotel housekeeping workloads and the physical demands of the work have increased significantly in recent years. Today, both the amount of work per hotel room and the pace at which this work is done exceeds the workloads previously performed by housekeepers, making these jobs increasingly dangerous. The two factors most responsible for these changes are: (1) the expansion in hotel room amenities and (2) hotel worker understaffing.

**Amenity Creep**

The most significant change in the hotel industry in the last decade is the upgrading of rooms and the addition of new amenities. Exemplified best by the introduction of heavy beds with luxurious linens, this upscaling trend is pervasive across all major hotel chains in North America. Thicker towels, bath robes, and coffeepots have become commonplace in hotel rooms. While these changes significantly improve the guest experience for customers, they have serious implications for hotel worker health and safety.

**Hilton’s Serenity Bed Fuels Workload Explosion**

Hilton’s Serenity Bed ™ is one of the latest salvos in the hotel industry’s ‘bed wars.’ Following an upscaling trend that has prompted every major hotel company to introduce large and luxurious beds into their properties, Hilton has made the Serenity Bed ™ a central part of their marketing strategy.

While the new bed has been a hit with hotel guests, it has taken a heavy toll on housekeepers. The king-sized bed includes eighteen components:

- Suite Dreams ™ pillow-top mattress
- Mattress topper or featherbed
- Three sheets
- Mattress topper or featherbed
- Down duvet insert and cover
- Down blanket
- 2 king sized pillows and cases
- 2 standard pillows and cases
- Decorative bolster pillow and case

The mattress alone is 12.5” thick and weighs 113 pounds. The linens for each bed weigh 16 pounds.

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

Given that Hilton housekeepers often change multiple beds in a room and clean more than 15 rooms a day, the average workload often far exceeds the one described above.

Mariaane Codiamat, a housekeeper at the Hilton Hawaiian Village for 18 years, describes the bed: “There is so much to do on the new bed that we have to rush constantly. And when you are rushing and lifting extremely heavy mattresses or punching pillow after pillow into their cases, we hurt. I have pain in my lower back and shoulders and my knees swell up. I have trouble sleeping at night because of the fatigue and pain. I often have to get out of bed and work the stiffness out of my body.”
Daisy Virgo, a housekeeper at the Hilton Downtown Toronto describes changes in her workload over the 25 years she has worked at the hotel: “Years ago we usually did 12 and 14 rooms. Now the company has added more rooms, 15 and 16. They brought on heavy duvets, more amenities in the room, more towels. Our workload is heavier.”

Research shows that the recent changes sweeping the hotel industry are contributing significantly to ergonomic problems on the job. In one survey, hotel housekeepers reported heavy linen carts (84%) and heavy bedspreads or comforters (74%) as significant work-related problems in their hotels. Another published study found that “the use of larger and heavier beds in the hospitality industry increased loads on the lumbar spine”, making the risk of injury to the lower back more likely while performing bed making tasks.

Understaffing: A Dangerous Employment Strategy

In recent years, hotel managers have cut hotel staff, thereby increasing the level of responsibility and job pressures for the workers who remain. The job category of “hotel houseman” is one segment of hotel employment that has undergone significant reductions in recent years. Housemen are critical to housekeepers since they keep housekeepers supplied with clean linen. They also help with especially heavy and onerous tasks such as stripping beds and moving cots, rollaway beds and cribs. Hotel managers have reassigned housemen’s work to housekeepers in addition to their normal duties.

An analysis of employment data from a sample of Hilton and Sheraton hotels shows that the number of housemen employed relative to housekeepers has fallen dramatically. Figure A shows the average annual number of housemen per 100 housekeepers for the 1999 to 2003 period. In 1999, there were roughly 18 housemen per 100 housekeepers. Four years later, the number of housemen per 100 housekeepers fell to 12, a drop of 33%.

Ada Ramirez, a housekeeper who has been working at the Sheraton Centre Hotel in Toronto for 19 years, described her experience: “Ten years ago, the housemen ratio was one for every five floors, now it is one for every seven floors.” Guerda Phillipe, a Westin Boston housekeeper says: “I need more help. When we work in the afternoon we have no housemen to help us move the linen and move the trash. It is very hard for us.”
Conclusion

Hotels are increasingly attuned to the upscale consumer. To this end, hotels have remodeled rooms, adding large luxurious beds with heavy linens and other amenities. In pursuing the ultimate in luxury, these changes are good for consumers and business. For the workers who create this luxury on a daily basis, these changes contribute to pervasive pain and high injury rates.

In order to conduct an analysis of workplace hazards, UNITE HERE requested the largest hotel chains to provide data on worker injuries—data to which the union is legally entitled. The chains refused to fully comply. In November 2005, the General Counsel of the National Labor Relations Board found probable cause to believe that the national hotel chains had violated the law by not providing the information. The chains settled the charges to avoid going to trial and agreed to turn over the information. This data is the basis of much of the analysis in this report.

Given the scope of these problems, one would expect the dominant hotel companies to take the lead in studying employee injuries and take proactive steps to control job hazards and prevent these injuries. We requested the five largest hotel operators in the U.S. to provide any studies or analyses they conducted on worker health and safety or about the effectiveness of hotel policies for preventing injuries. To date, we have received none.
Endnotes

1 Average figures for 2003 and 2004; these injury rates are reported as the number of injuries per 100 full-time equivalent employees. Source: US Department of Labor, Bureau of Labor Statistics.


7 Marras, WS. 2006.


9 Canadian Centre for Occupational Health and Safety. 2006.

10 Workers Compensation Board of British Columbia. 1998.


13 The Occupational Safety and Health Act, and OSHA regulation 1910, require employers, including hotels, to keep accurate records of employee injuries that meet specific criteria, most often involving medical treatment, lost workdays or restricted work assignments. These records, called "OSHA Logs" or OSHA Form 300s, include relevant details such as occupation and causative factors. OSHA and others have repeatedly expressed concerns about employee under-reporting of workplace injuries to their employers, and under-recording by employers of reported injuries (see "Occupational Injury and Illness Recording and Reporting Requirements, Final Rule", US Department of Labor, Federal Register, Jan. 19, 2001, 66 FR 5916).

14 The analysis does not cover non-union hotels because OSHA logs at these properties do not have to be disclosed by the employer to the union.

15 “All hotel employees” is defined as the total number of hotel workers employed, regardless of whether or not they are included in the bargaining unit (covered by the collective bargaining agreement). “All hotel employees” is calculated assuming bargaining unit members compose 80% of total union hotel employment; typically, managers, clerical, sales and engineering personnel are not bargaining unit members. Hotel housekeepers, as defined in this study, are workers whose primary responsibility is to clean hotel guest rooms, as opposed to those who conduct general cleaning or maintain public spaces like lobbies and hallways.


21 Milburn PD, Barrett, RS. 1999: pp. 263.

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