Rx FOR ECONOMIC INEQUALITY:
THE WAGE-GAP AMONG MEN AND WOMEN IN HEALTH PROFESSIONS

A Thesis by

Heather R. Barlow

B.A., Wichita State University, 2004

Submitted to the department of Sociology
And the faculty of the Graduate School of
Wichita State University in partial fulfillment of
The requirements for the degree of
Master of Arts

May 2006

Rx FOR ECONOMIC INEQUALITY:
THE WAGE-GAP AMONG MEN AND WOMEN IN HEALTH PROFESSIONS

I have examined the final copy of this Thesis for form and content and recommend that it be accepted in partial fulfillment of the requirement for the degree of Master of Arts with a major in Sociology

Dr. David Wright, Committee Chair

We have read this Thesis and recommend its acceptance:

Dr. Ron Matson, Committee Member

Dr. Elaine Steinke, Committee Member

ABSTRACT

The purpose of the research is to examine the wage-gap that occurs among men and women working in health professions. The data used for this research is drawn from the 2004 Current Population Survey (CPS). Data analysis reveals that there is a 61% wage-gap that occurs among men and women in health professions.

TABLE OF CONTENTS

1. INTRODUCTION

Although there has been a dramatic increase among women in the labor market in recent years, there is still a continuous struggle among women for pay equity. The income inequality experienced by women is largely maintained by occupational sex segregation and the low paying wages of traditionally female dominated occupations. However, in the health care industry, women employed in traditionally female dominated occupations earn higher wages when compared to most other female dominated areas of employment. Currently, occupations in the health care industry are in high demand due to the aging population of the United States. Since health professions are in high demand, women are benefiting economically in this sector of the labor market. However, are these women paid equally to men in the same industry?

The continuous wage-gap among men and women has been conceptualized through three main theories; the individual-level model, the structural-level model, and the gender model. The individual-level model explains income inequality through varying levels of investments in human capital. According to human capital theory, individuals make rational choices about their levels of

investment in human capital (Becker, 1993). The individual-level model argues that varying levels of income are directly related to varying levels of investment in human capital (Marini, 1989). The structural-level perspective maintains that income inequality is based on the economic segmentation of the labor market. The labor market is comprised of two sectors, and income is based primarily on an individual's position in the labor market (Wright, 1992). Workers in the primary sector of the labor market earn higher wages than workers occupying positions in the secondary sector. According to the gender model, economic inequality is maintained by the processes that place women in economically disadvantaged positions. Women are automatically placed into positions that encourage economic inequality, perpetuating the wage-gap among men and women.

In order to take a more comprehensive approach to examining the model segments, all three schools of thought are considered in the income determination model. For this study, the dependent variable in the income determination model is annual earnings. The data used for this research is obtained from the 2004 Current Population Survey (CPS).

2. LITERATURE REVIEW

2.1 Individual-Level Model

Human capital theory explains that individuals make rational choices about their levels of investment in human capital (Becker, 1993). Investments in human capital, such as education, are rationalized by weighing the costs and benefits of obtaining the investment. Education is an investment in human capital that can increase an individuals earning potential; however, education requires a financial investment and a time commitment from the individual (Becker, 1993). Different levels of investments among different rationalizing individuals can explain varying levels of income in the United States (Marini, 1989). Human capital theory can explain varying levels of income among individuals in health professions. For instance, physicians will earn higher wages than physician's assistants, due to higher levels of investment in human capital.

In the past, human capital theory attributed low income among women to their lack of investment in human capital. Considering women were more likely to work part-time, go on maternity leave, and quit work all together they had less incentive to invest in human

capital (Becker, 1993). In more recent years, the United States has seen an enormous increase in female participation in the labor force. As a result, there has been an increase of investments in human capital among women (Becker, 1993). Although there has been an increase in human capital investments among women, there is still a significant gender wage-gap. In general, sexual differences and the basic comparative advantage of men can explain differences in earnings between men and women (Becker, 1995). The gender wage-gap can further be explained through varying levels of child care obligations, education, on-the-job training, effort expended at work, and job segregation.

The large wage-gap between men and women is primarily due to the different comparative advantages among men and women. From birth, boys and girls are socialized differently which affects their behavior as adults. "Historically, one of the primary objectives of socialization has been to direct women to the roles of wife, mother, and homemaker, and to direct men to the roles of husband, father, and provider" (Fuchs, 1989, p.29). The different socialization among men and women results in different aspirations with regard to career and family (Fuchs, 1989). Socialization will influence

the career choices of many men and women in the health care industry. For instance, the fact that most nurses in the United States are female is largely due to socialization. Individuals are socialized to view nursing as a female occupation.

According to Talcott Parsons, men and women cannot compete for equal occupational status, because it would strain the family unit. The reinforcement of sex roles in our society ensure that men and women will not compete for occupational status. These sex roles also serve to prevent strain on the family unit (Parsons, 1940). Sex roles place women in occupations or positions so that they are not in direct competition with men, which reinforces the different comparative advantages among men and women.

Women face dual responsibility and must prioritize between career and family. Due to the obligation of family, even highly educated women tend to work much less hours than men. "The desire or need for women to work only part time contributes to sex segregation because occupations differ considerably in the opportunities they afford," contributing to economic advantage of men (Fuchs, 1989, p.31). The conflict between career and family forces women to sacrifice economic equality.

Working mothers have the responsibility of children, which limits their job choice and the number of hours worked per week. As a result, women accept lower wages for more flexible hours and less responsibility at work (Fuchs, 1989). In addition, women experience child-related interruptions which hurt their career and income potential when returning to work. Women of child-bearing age are experiencing interruptions at the same time that men of the same age are gaining work experience that leads to higher income later in life (Fuchs, 1989). This dual responsibility among women contributes to the economic advantage of men and the gender wage-gap that exists.

Differences in education are a primary factor contributing to the gender wage-gap. Today, there are almost equal numbers of men and women earning Bachelor's and Master's degrees (Blau and Ferber, 1992). However, women are less likely than men to invest in doctorates and professional degrees. Since more men invest in doctorates and professional degrees, they possess more market value which contributes to the wage-gap between men and women. In addition, "sex differences in fields of specialization in college and graduate school also have an important effect on the sex gap in earnings among

college graduates" (Marini, 1989, p.349). Fields of specialization that are typically female dominated areas, such as nursing, tend to yield lower levels of income.

In addition to education, individuals also increase their productivity and income through on-the-job training and work experience. "On average, women complete fewer years of formal on-the-job training and acquire less labor market experience than men. They also spend fewer years on the same job and with the same employer, are more likely to work part-time, and have more labor force interruptions" (Marini, 1989, p. 350). Since women experience more job interruptions due to family, they have less work experience and on-the-job training. Lower levels of work experience and on-the-job training reduces income among women and contributes to the gender wage-gap.

According to human capital theory, the amount of energy expended during each hour of work also influences earnings. Since women are largely responsible for household labor, their energy is divided between home and work. This division of responsibility causes them to expend less effort at work, resulting in lower earnings among women (Becker, 1995). The dual responsibility of household labor and career forces women to split their

energy between home and work. This dual responsibility forces women, when compared to men, to give less priority to their career. Even when women work the same amount of hours as men their earnings are negatively affected, due to their responsibilities at home (Becker, 1995).

Human capital theorists argue that women anticipate job disruption and tend to choose careers "that do not penalize discontinuity in the labor force" (Marini, 1989, p. 351). Women working predominately female jobs tend to be less penalized for discontinuous work, compared to women in predominately male jobs (Marini, 1989). For instance, it is much more common for nurses to work part-time hours than it is for surgeons. As a result, women tend to gravitate towards lower paying female careers, which contributes to the overall wage-gap between men and women.

2.2 Structural-Level Model

According to the structural-level model, the United States economy is organized by a hierarchy of economic positions. Each position within the hierarchy; such as workers, supervisors, and managers, has a pre-set range of income. Individuals merely occupy these positions, and as a result income is primarily based on position not individual attributes (Wright, 1992).

Dual economy theory explains that the economic system of the United States is comprised of different economic sectors. The primary sector of the economy is controlled by large, monopolistic organizations that dominate most of the labor market and production (Kalleberg, Wallace, and Althauser, 1981). The secondary sector consists of small, competitive organizations that have fewer economic resources and lower levels of production, relative to the monopoly sector (Kalleberg, Wallace, and Althauser, 1981). Organizations within the monopoly sector are distinguished from those in the competitive sector by their higher levels of control over the market, which creates economic segmentation between the two sectors (Marini, 1989). This economic segmentation of the two sectors means that the monopolistic organizations dominate the economy, while the smaller, secondary organizations compete in the economic margins (Baron and Bielby, 1984). This economic segmentation among the two sectors can be explained through the differences in the technical relations of production.

Economic segmentation among the two sectors is directly related to the size and structure of the different organizations (Averitt, 1968). The monopoly

sector is occupied by large organizations within the American economy (Bluestone, Murphy, and Stevenson, 1973). This sector operates at a very high level of production, and reaches national and international markets (Averitt, 1968). The high level of productivity among monopolistic organizations yield high levels of profit and market power, which allows this sector to influence their environment. The monopoly sector "occupies a strategic position within a network of other dominant firms and thus has the opportunities for coordinating with other organizations and helping to shape its economic and political environment" (Baron and Bielby, 1984, p. 457). Relative to the monopoly sector, the competitive sector operates on a much smaller scale. Organizations in the competitive sector are usually ran by an individual or single family (Averitt, 1968). These organizations reach a much more restricted market, usually extending only to the neighborhood or local level (Averitt, 1968). The competitive sector is comprised of small organizations, with little market power, that yield low levels of production and profit (Bluestone, Murphy, and Stevenson, 1973). In addition, there is intense market competition among organizations in this sector (Bluestone, Murphy, and Stevenson, 1973). Organizations

in the secondary sectors must compete more with other organizations in the same sector for profits.

The organizational differences between the two sectors have a huge impact on employment conditions and earnings. Employees in the monopoly sector tend to have higher wages, more job stability, and better benefits than employees in the competitive sector (Hodson, 1978). Dual economy theory maintains that the wage-gap difference between the two sectors is explained through several aspects of economic organization, the technical relations of production (Kalleberg, Wallace, and Althauser 1981). Organizations in the monopoly sector have market power and price-setting control. These organizations with high levels of concentration pay higher wages than organizations in the competitive sectors (Kalleberg, Wallace, and Althauser, 1981). Many organizations in the primary sector have contracts with the government. This provides market stability that guarantees profits which allows monopolistic organizations to pay workers higher wages (O'Connor, 1973). Larger organizations in the primary sector "engage in" more long-term planning. As a result, these organizations receive more consistent demand for production and services that allow them to pay higher

wages (O'Connor, 1973). Larger, more profitable organizations that occupy the monopoly sector are highly productive and efficient. Higher levels of production and efficiency allow organizations in the monopoly sector to produce higher levels of assets and to have more financial resources to pay high wages to employees (Kalleberg, Wallace, and Althauser, 1981). Dual economy theory explains that the higher wages of employees in the monopoly sector correlates with the higher levels of financial resources within the organization (Kalleberg, Wallace, and Althauser, 1981).

Segmented labor market theory classifies jobs into one of two sectors; primary and secondary. Jobs in the primary sector offer more opportunity for promotion and as a result are typically more stable and long-term, relative to jobs in the secondary sector. Primary employment is more commonly associated with the monopoly sector, and secondary employment is found more in the competitive sector (Marini, 1989). Women are much more likely than men to work in the secondary sector or low level jobs in the primary sector (Marini, 1989). However, in both the primary and the secondary sector, women earn less money than men (Rumberger and Carnoy, 1980).

The primary and secondary sectors are differentiated by job stability. Employment in the primary sector is more stable than in the secondary sector (O'Connor, 1973). Varying levels of job stability is explained through internal and external labor markets. Primary sectors have internal labor markets which contain hierarchical positions that are filled from within (Hodson and Kaufman, 1982). Workers in the primary sector are promoted from within to higher positions. Workers in the external labor market cannot gain access to these same positions. The secondary sector draws from the external labor market to fill positions. Drawing solely from the external labor market creates more movement in and out of positions and less job stability in the secondary sector (Hodson and Kaufman, 1982).

Segmented labor market theory explains that there is a lack of mobility between the primary and secondary sectors. Workers occupying positions within the secondary labor market are often unable to later find work within the primary labor market (Hodson and Kaufman, 1982). The secondary labor market causes workers to acquire unstable work histories (Hodson and Kaufman, 1982). These workers are unable to move into the primary labor market, because unstable work histories make them

undesirable candidates to prospective employers in the primary sector (Hodson and Kaufman, 1982). Women are more likely to begin their careers in the secondary labor market, which inhibits their mobility. Initial employment in the secondary sector causes an unstable work history which keeps women from moving into the primary sector (Bluestone, 1970). In addition, there is less employee turnover in the primary sector which contributes to the lack of mobility between the two sectors (Reich, Gordon, and Edwards, 1973). Employers in the primary labor market offer higher wages and better benefits in order to keep employee turnover low (Reich, Gordon, and Edwards, 1973). As a result, there is less job availability in the primary sector which contributes to the lack of mobility between the two sectors. Since women are more likely than men to work in the secondary sector, the lack of mobility between the two sectors further perpetuates the gender-wage gap.

2.3 Gender Model

From an individual and structural-level perspective, the gender wage-gap is attributed to variances in human capital and positions in the labor market. Individual and structural theories maintain that varying levels of human capital and economic positioning, explain the wage-

gap between men and women. For instance, women with low levels of human capital will likely be positioned into the secondary labor market, resulting in lower wages than men. The gendered perspective on pay inequality between men and women is much different. In contrast to measuring the wage-gap through levels of variables, gender theory maintains that the wage-gap is due to the processes of devaluation and sorting that encourage the economic disadvantage of women. These processes automatically place women in disadvantaged positions that inhibit their economic potential, resulting in the wage-gap between men and women. The processes that create the gender wage-gap are best described through the division of household labor and occupational sex segregation.

Traditionally, men and women follow stereotypical gender roles; where husbands are breadwinners and wives are homemakers. Roles between husbands and wives are clearly defined and the division of household labor is based on gender (Barrett, 1982). Today, families are becoming much more non-traditional. Women are more likely than not to work outside the home, and most families now depend on the economic contribution of women (Barrett, 1982). However, in addition to their financial responsibilities, women are still responsible for the

bulk of household labor (Barrett, 1982). Although most women are working outside the home, there is still an unequal division of household labor. Working women are still responsible for most household labor and childcare, and this dual responsibility contributes to lower wages among women (Barrett, 1982). "Women's household responsibilities compete for time and energy with labor force" responsibilities (Barrett, 1982, p.163). In addition, the household responsibilities of women make them less-flexible workers, and with higher pay and status there is also an increase in role conflict among women (Barrett, 1982). Since women are responsible for both work and household labor, their husbands usually assume the role of primary breadwinner (Barrett, 1982). Because the husband is still "the source of financial security and social status, he will strive and be encouraged to put his energies to these ends" (Barrett, 1982, p. 163).

One of the oldest theories to explain the gender wage-gap between men and women is overcrowding theory (Cohen, 2000). According to overcrowding theory, occupational segregation exists within the labor market which creates two separate markets for men and women (Bergmann, 1986). The labor market is separated into two

sectors; jobs that are traditionally occupied by men and jobs that are traditionally occupied by women. The occupational segregation between the sexes results in a disproportionate supply and demand of labor between the sectors, contributing to the gender wage-gap (Cohen, 2000). The general idea behind supply and demand is the more jobs that are available, the higher the pay. However, the more workers available to fill the jobs, the lower the pay (Cohen, 2000). When there is an overabundance of individuals who want to fill a position, employers are able to pay lower wages to fill that position (Cohen, 2000). Since 80 percent of jobs in the market are traditionally reserved for men, there is a higher demand for men in the labor market and consequently men are paid more. Since only 20 percent of jobs in the labor market are reserved for women, there is a much lower demand for women in the market (Cohen, 2000). As a result, half of the population is crowded into 20 percent of the labor market (Cohen, 2000). The overcrowding of women looking to fill positions in the female sector allows employers to pay low wages and still occupy vacant positions (Cohen, 2000).

Overcrowding allows employers to set wage standards for specific positions based on whether the positions are

to be filled by men or women (Bergmann, 1986). In order to fill a traditional male position with a male employee, the organization must offer "the going wage for men in that job" or the wage standards set by the male labor market (Bergmann, 1986, p. 133). However, when women are placed into a traditional male position, employers are able to pay lower wages based off wage standards set by the female labor market (Bergmann, 1986). Employers are able to pay lower wages to women in jobs traditionally reserved for men, because the other alternative for women is to work for low wages in the female labor market (Bergmann, 1986). As a result, when women are employed in the male labor market, they are still paid less than men due to the wage standards set by the female labor market (Bergmann, 1986).

The wage standards set by the two separate labor markets for men and women allow men to get higher wages even when they work inside the female labor market. When men are hired into positions that are traditionally occupied by women, such as nursing jobs, they still earn higher wages (Bergmann, 1986). Men in jobs traditionally reserved for women are paid higher wages due to the higher wage standard set by the male labor market (Bergmann, 1986). The wage-gap is further increased in

the female labor market, because men who work in predominately female occupations are more frequently promoted into higher, supervisory positions (Bergmann, 1986).

Since occupational sex segregation is a contributing factor to the gender wage-gap, it is important to understand how occupational sex segregation is produced. Revolving door theory illustrates the process by which occupational sex segregation is produced in the labor market, beginning with the mechanisms of social control (Jacobs, 1989). Revolving door theory explains that occupational sex segregation is maintained by mechanisms of social control (Jacobs, 1989). Mechanisms of social control are society's way of positioning men into masculine roles and women into feminine roles (Jacobs, 1989). These mechanisms of social control are caused by sex segregation and the different socialization of men and women (Jacobs, 1989). Social control through sex differentiation is deeply embedded into American culture and is observable in every aspect of life, especially the labor market. The process of social control creates occupational segregation among men and women, causing a "pattern of revolving door mobility" between male

occupations and female occupations (Jacobs, 1989, p. 165).

There is a very high level of mobility among women in the labor market. This high level of mobility is among women working in male-dominated fields, who are leaving male-dominated occupations altogether to work in female-dominated occupations (Jacobs, 1989). Consistent with revolving door theory, this evidence of mobility away from male-dominated occupations suggests that female employment in male occupations is usually temporary.

Since occupational segregation contributes to the wage-gap between men and women, it is important to understand how this segregation is produced in the labor market. The occupational segregation of men and women can be explained through the process of labor queues and job queues (Reskin and Roos, 1990). Labor queues are utilized by employers to rank groups of prospective workers in order from most preferred to least preferred (Reskin and Roos, 1990). Employers always rank white men highest in labor queues, over all other groups (Reskin and Roos, 1990). Job queues are developed by workers to rank prospective jobs in order from most desirable to least desirable (Reskin and Roos, 1990). For instance,

job queues will rank high paying jobs as more desirable than low paying jobs.

Since men rank highest in labor queues, they are offered first choice of jobs and generally occupy the most desirable positions in the labor market (Reskin and Roos, 1990). Employers fill positions from the highest level of the labor queue possible, which means men are always given preference over women. At the same time, workers seek to occupy the highest positions available to them in the job queue (Reskin and Roos, 1990). Labor queues and job queues simultaneously work together to ensure that the best jobs go to the most preferred employees and the less desirable jobs go to the less preferred employees, creating occupational segregation between men and women (Reskin and Roos, 1990).

Since men are always ranked higher than women, labor queues are really operating as gender queues (Reskin and Roos, 1990). The high level of sex segregation within the labor market is explained through gender queues (Reskin and Roos, 1990). Gender queues place men in the most desirable positions in the labor market, segregating them from women who occupy the less desirable positions. Even though women can be hired at lower wages, employers still prefer men over women (Reskin and Roos, 1990).

an individual's income potential. For instance, a Bachelor's degree will earn higher wages than an Associate's degree, due to more investment in human capital. The structural-level model explains income inequality through the economic segmentation of the labor market. The labor market consists of two sectors that are differentiated by levels of income. Workers occupying positions in the primary sector of the labor market earn higher wages than workers occupying positions in the secondary sector. The gender model maintains that social processes place women into positions of economic disadvantage. These processes place women into occupational positions that pay lower wages, relative to positions occupied by men. Through social processes, women are pushed into occupations traditionally held by women. Occupational positions traditionally held by women, pay lower wages than positions traditionally occupied by men.

The following hypotheses are based on the individual model.

1a: Net of other factors, higher levels of education will yield higher earnings.

1b: Increases in age will lead to increases in income, net of other factors.

The following hypothesis is based on the structural model.

2a: Net of other factors, increases in occupational status will result in increases in earnings.

The following hypotheses are based on the gender model.

3a: Net of other factors, there will be higher levels of women occupying positions within occupations traditionally filled by women.

3b: Women will earn less than men, net of other factors.

3. DATA AND METHODOLOGY

3.1 Data

The purpose of this study is to examine the wage difference between men and women in health professions. The data used for this research is drawn from the March 2004 Current Population Survey (CPS). The 2004 CPS data are obtained through a national probability sample of people living within the United States. A questionnaire is administered to the various households selected through the CPS probability sample. After selection,

each household is surveyed monthly for four months. The following year, the same procedure is repeated. The 2004 CPS data sample includes 57,000 households containing a total population of 112,000 individuals.

Sample restrictions are applied to the 2004 CPS data in order to limit the population to individuals working within health professions. The data set is also restricted exclusively to individuals age 18 to 65. Age restrictions are applied to eliminate the training wages of teenagers and to eliminate the income of retired individuals. To eliminate individuals working part-time hours, sample restrictions are made to include only individuals working a full year. Individuals affiliated with the military are restricted from the sample, allowing the data to include only civilians. After the restrictions are applied, the sample population equals 5,587.

The 2004 CPS data set provides a weight that must be utilized. The weight is applied to the data set in order to compensate for over-sampling, which allows the data set to be generalized to the population of the United States. However, the application of a weight can create samples that are very large in size. With a very large sample size, there is a reduction in standard error which

will bias population parameters. As a result, a relative weight is applied to eliminate sampling error and to simultaneously ensure that the sample is reflective of the target population. Applying the relative weight to the data set adjusts the distribution of the sample to be representative of the population. The relative weight is created by dividing the weight by the mean of the weight.

3.2 Variables

3.2.1 Dependent Variables

The dependent variable used in this study is annual earnings, which includes wages, salaries, and self employment earnings. Income is sometimes measured through hourly/weekly earnings, but this measure does not include overtime pay. For the purpose of this study, annual earnings are a more appropriate measure of income in order to include overtime pay. Income distribution is often skewed and as a result many researchers measure income using log dollars. However, the sample restrictions imposed in this study greatly reduce the skewedness of income. Therefore, income will be kept as annual dollars. In addition, a centile measure is used to compare wages in the top percentile to wages in the bottom percentile.

3.2.2 Independent Variables

3.2.2.1 Individual-Level Variables

Independent-level variables used in the data set include age, education, geographic region, and rural location. Age is measured, in years, at the interval level. It is expected that with an increase in age, there will be an increase in income.

The education variable is first measured in the data set at the ordinal-level. The variable is measured by grouping education into five ordinal level values: Less than High School, High School Diploma, Associates Degree or Some College, College Degree or Higher, and Graduate or Professional Degree. In order to measure college education at the interval-level, a college degree binary variable is created. It is expected that with increases in education, there will be an increase in income.

Using the original nominal-level variable representing geographical region (Midwest, Northeast, South, and West), a binary variable is created to measure geographical region at the interval-level. The binary variable is created to distinguish individuals living in the southern region of the United States. Based on preliminary ANOVA analysis, it was determined that the South was the lowest income region. It is expected that individuals living within the southern region will earn

lower wages, relative to individuals in other regions of the United States.

From an original nominal-level variable, an interval-level binary variable is created to distinguish those living in rural areas within the United States. This binary variable is coded (1) Rural and (0) Non-Rural. It is expected that individuals living in rural areas will earn less than those living in non-rural areas.

3.2.2.2 Structural-Level Variables

Structural-level variables used in the data set include hours worked per week, government employment, union membership status, company size, occupational prestige, and occupational group. The number of hours worked per week is an interval-level measure rating usual hours of work per week. It is expected that as individuals work more hours per week, there will be an increase in income.

An interval-level binary variable is created to distinguish government employees from employees of the private sector. It is expected that individuals working within the private sector will earn higher wages than government employees.

In order to measure union membership at the interval-level, a binary variable is created to distinguish union members from non-union members. It is expected that union members will earn higher wages than non-union members.

An ordinal-level variable measuring company size is used to create four interval-level binary variables. Binary variables are created to distinguish four separate categories of company size. The binary variables used to distinguish company size are based on number of employees. A very small company contains less than 10 employees. A small size company contains 10 to 99 employees. A medium size company contains 100 to 499 employees. A large size company contains 500 or more employees. It is expected that employees of large companies will earn the most, and employees of very small companies will earn the least.

Occupational prestige is measured on a scale ranging from 0 to 100. Each health care occupation is measured based on prestige, starting with 0 measuring the occupation with the lowest prestige. It is expected that individuals ranking high on the occupational prestige scale will earn more annually than individuals ranking low on the occupational prestige scale.

Health care professions are disaggregated into 4 groups; Primary Health Care Provider, Primary Health Care Assistant, Secondary Health Care Provider, and Secondary Health Care Assistant (See following page for table). It is expected that primary health care providers will earn higher wages than primary health care assistants, secondary health care providers, and secondary health care assistants.

Primary Health Care Providers	
	Chiropractors
	Dentists
	Optometrists
	Pharmacists
	Physicians
	Surgeons
	Podiatrists
	Audiologists
	Veterinarians
Primary Health Care Assistants	
	Physicians Assistants
	Registered Nurses
	Dental Hygienists
Secondary Health Care Providers	
	Dieticians & Nutritionists
	Occupational Therapists
	Physical Therapists
	Radiation Therapists
	Recreational Therapists
	Respiratory Therapists
	Speech-Language Pathologists
	all other Therapists
	diagnosing & treating

	practitioners
	Clinical Lab Technologists & Technicians
	Diagnostic Related Technologists & Technicians
	Emergency Medical Technicians & Paramedics
	Health Diagnosing & Treating Practitioner Support Technicians
	Licensed Practical & Licensed Vocational Nurses
	Medical Records & Health Information Technicians
	Opticians
	Miscellaneous Health Technologists & Technicians
	Health Care Practitioners & Technical Occupations
Secondary Health Care Assistants	
	Nursing Aides
	Psychiatric Aides
	Home Health Aides
	Occupational Therapist Assistants & Aides
	Massage Therapists
	Dental Assistants
	Medical Assistants
	Other Health Care Support Technicians

3.2.2.3 Gender-Level Variables

Gender-level variables used in the data set include sex, race, marital status, children, and immigration. The original nominal-level variable representing sex is coded into an interval-level binary variable. The binary variable representing sex is coded (0) Male and (1)

Female. It is expected that men will earn higher income than women.

An interval-level binary variable is created to distinguish minorities and non-minorities. This binary variable is coded (0) Non-Minority and (1) Minority. In addition, four separate binary variables are created for White, Black, Hispanic, and Other Non-Hispanic Minorities. It is expected that minorities will earn lower wages than whites.

Three separate interval-level variables are created to represent marital status. The three binary variables created measure: Currently Married, Previously Married, and Never Married at the interval level. It is expected that individuals currently married will earn higher wages than individuals previously or never married.

Two interval-level binary variables are created to represent respondents with children. The two binary variables are created to distinguish respondents with children under the age of six and respondents with children under the age of 18. It is expected that individuals with children will earn less than individuals without children.

In order to measure immigration at the interval level, a binary variable is created. This binary

variable is coded (0) Native born and (1) Foreign born. It is expected that native born Americans will earn higher wages than foreign born individuals.

4. RESULTS

4.1 Univariate and Bivariate Analysis

Univariate analyses of descriptive variables are represented in Table 1, illustrating the mean values for men and women. In addition, Table 1 illustrates the bivariate analysis values of individual, structural, and gender/race factors.

Table 1 illustrates that the annual income of men is higher with a mean value of $68,501 than the annual income of women with a mean value of $37,000. The mean annual income values reveal that women in health professions annually earn only 54% of what men in health professions annually earn. The difference in mean annual income among men and women in health professions is statistically significant.

Bivariate analysis of individual-level factors indicate that within health professions men are more likely than women to have earned college degrees (M 65%, W 35%). Women in the sample are more likely than men to live in rural areas (M 13%, W 19%). Two individual-level

factors, age and living in the south, are not statistically different among men and women in health professions.

Bivariate analysis of structural-level factors indicates that, relative to men, women in health professions are more likely to work part-time (M 8.3%, W 22.6%), and accordingly work fewer hours per week (M 43.76, W 37.38). Men in the sample are more likely than women to work for the government, rather than in the private sector (M 29%, W 12.5%). The occupational prestige index is higher for men in health professions at 65.27, compared to women in health professions at 57.95.

Bivariate analysis for gender/race variables reveals that occupational sex segregation is higher among women in health professions than among men (M 1.29, W 1.83). Men working in health professions are more likely to be currently married than women working in health professions (M 66.1%, W 59.8%). However, women in health professions are more likely to be previously married, relative to men in health professions (M 10.8%, W 20.6%). Differences occurring among male and female minorities are not statically significant.

Table 2 allows the various health professions to be disaggregated into four groups; primary health care

providers, primary health care assistants, secondary health care providers, and secondary health care assistants. The table examines occupational sex segregation and median earnings among the four health care occupational groups.

Occupational segregation is very high among all individuals, full and part-time, working as primary health care providers. Only 4.9% of women are primary health care providers. However, 38.6% of men in are primary health care providers. Hypothesis 3a predicts that there will be higher levels of women occupying positions within occupations traditionally held by women. As expected, women are much more likely than men to work as primary health care assistants (M 12.4%, W 32.6%). In addition, women are more likely than men to work as secondary health care assistants (M 14.3%, W 31.9%). Among secondary health care providers, differences occurring between the percentages of men and women in the group are not statistically significant.

Median earnings are higher among male primary health care providers, relative to female primary health care providers (M $100,000, W $77,620). Although more women work as primary health care assistants, median earnings for women in the primary health care assistant group are

less than median earnings for men in the same group (M $49,518, W $45,000). Men working as secondary health care providers earn more than women in secondary health care positions (M $42,788, W $32,000). Among men and women working as secondary health care assistants, differences in median earnings are not statistically significant.

Occupational segregation among full-time workers continues to be very high among primary health care providers (M 39.9%, W 5.2%). Among full-time workers, women are more likely than men to work as primary health care assistants (M 12.7%, W 31.3%). In addition, there are more women than men working full-time as secondary health care assistants (M 13.3%, W 31.8%). There are more men than women in secondary health care provider positions; however the difference is not statistically significant.

Median earnings among full-time primary care providers are higher for men than for women (M $100,000, W $85,000). Men working full-time as secondary health care providers earn more than women, as well (M $44,772, W $34,280). Men and women working as primary health care assistants earn equal wages at $50,000 per year. Men in secondary health care assistant positions earn more

annually than women in secondary health care assistant positions (M $22,537, W $22,000), however the difference is not statistically significant.

4.2 Multivariate Analysis

OLS regression analysis is used to obtain the values in Table 3. There is an adjusted r-square value of 0.569 for Table 3. The adjusted r-square value explains approximately 57 percent of the variance in earnings. Consistent with hypothesis 3b, the OLS regression analysis illustrates that, net of other factors, women in health professions earn $5,894 less per year than men in health professions.

The OLS regression analysis of individual-level factors indicates that with an increase in age, there is an increase in annual earnings. Consistent with hypothesis 1b, individuals working in health professions earn $311 more per year with each year of age. As expected in hypothesis 1a, the OLS analysis illustrates that higher levels of education will yield higher earnings. All individuals working in health professions with college degrees earn $7,852 more annually, net of other factors. In addition, health care workers living in rural areas earn $3,482 less per year than individuals living in non-rural areas. Health care providers

residing in the southern region of the United States earn $2,654 less per year, net of other factors, than health care workers in other regions. Results for men residing in the South are not significant. However, women residing in the South earn $2,981 less annually, net of other factors.

OLS regression analysis of structural-level factors reveals that health care workers earn $729 more per year for every extra hour of work per week, net of other factors. Health care workers employed by the government earn $2,042 more annually, net of other factors, than workers in the private sector. As predicted in hypothesis 2a, the OLS regression illustrates that, net of other factors, an increase in occupational status results in increases in earnings. As the occupational prestige scale increases, there is an annual increase of $1,074 among health care workers. Results for government employment and union membership are not significant.

OLS regression of gender/race factors reveals that women in health professions earn $5,894 less per year than men in health professions, net of other factors. Occupational sex segregation among health care workers results in a reduction of $18,010 per year, net of other factors. Minority health care workers earn $3,061 less

per year, net of other factors, than non-minority health care workers. Results for female minorities are not significant. However, male minorities working in health professions earn $10,043 less annually, net of other factors. Married health care workers earn $1,718 more annually, when compared to non-married health care workers, net of other factors. There is a non-significant effect on earnings among married women. However, married men earn $7,606 more per year, net of other factors, relative to non-married men. Results for individuals with children under the age of six and for immigrants were not statistically significant.

Like Table 3, OLS regression is used to obtain the values in Table 4. The table disaggregates the various health occupations into 4 groups; primary health care providers, primary health care assistants, secondary health care providers, and secondary health care assistants. There is an adjusted r-square value of 0.585 for Table 4. The adjusted r-square value explains approximately 59 percent of the variance in earnings. Consistent with hypothesis 3b, the OLS regression analysis illustrates that, net of other factors, women in health professions earn $6,277 less per year than men in health professions.

Consistent with hypothesis 2a, the OLS regression analysis reveals that increases in occupational status result in increases in earnings. Net of other factors, primary health care providers earn $49,167 more annually than secondary health care assistants. Individuals working as primary health care assistants earn $20,952 more per year than secondary health care assistants, net of other factors. Secondary health care providers earn $8,851 more annually, net of other factors, than secondary health care assistants.

4.3 Comparison of Structural and Individual-Level Models

Table 5 examines the three model segments individually to determine which model segment accounts for the most variance. Individual, structural, and gender/race factors are separately removed from the saturated model and the change in r-square is examined. When all model segments are included, the adjusted r-square for the saturated model equals 0.564. When individual-level factors are removed from the saturated model the adjusted r-square equals 0.539, resulting in an r-square change of -4.4 percent. By removing the structural-level factors the adjusted r-square equals 0.433, resulting in a -23.2 percent change in r-square. When gender/race factors are removed the adjusted r-

square equals 0.519, resulting in a change in r-square of only -8.0 percent. By examining the change in r-square for each of the segments when removed from the model, it can be determined that structural-level factors are the strongest with a change in r-square of -23.2 percent.

When examining the three model segments separately by sex, structural-level factors are still the strongest with a -42.8 percent change in r-square for women and -13.6 percent for men. When individual-level factors are removed the change in r-square is -2.0 percent for men and -8.8 percent for women. When gender/race factors are removed from the model, the change in r-square for men is -5.8 percent and -2.5 for women.

5. Discussion

Hypothesis 1a predicts that higher levels of education will yield higher earnings. As expected, Table 3 reveals that health care workers with college educations earn $7,852 more annually than those without college educations. Hypothesis 1b predicts that increases in age will lead to increases in income. Consistent with hypothesis 1b, Table 3 illustrates that health care workers earn $311 more per year with each year of age.

Hypothesis 2a predicts that, net of other factors, an increase in occupational status will result in an increase in earnings. As expected in hypothesis 2a, Table 3 illustrates that an increase in occupational status results in increases in earnings among health care workers. As the occupational prestige scale increases, there is an annual earnings increase of $1,074 among individuals employed in health occupations. In addition to Table 3, Table 4 supports the hypothesis that an increase in occupational status will result in an increase in earnings. Table 4 reveals that primary health care providers earn $49,167 more annually than secondary health care assistants, net of other factors. Primary health care assistants earn $20,952 more per year than secondary health care assistants. Secondary health care providers earn $8,851 more annually than secondary health care assistants, net of other factors.

Hypothesis 3a predicts that there will be higher levels of women occupying positions within occupations traditionally held by women. As expected, Table 2 illustrates that women are much more likely to work as primary health care assistants (M 12.4%, W 32.6%). In addition, women are more likely to work as secondary health care assistants (M 14.3%, W 31.9%). Among full-

time workers, women are also more likely to work as primary health care assistants (M 12.7%, W 31.3%). There are also more women than men working as full-time secondary health care assistants (M 13.3%, W 31.8%).

Hypothesis 3b predicts that, net of other factors, women will earn less than men. Consistent with hypothesis 3b, Table 3 illustrates that, net of other factors, women in health professions earn $5,894 less per year than men in health professions. Also consistent with hypothesis 3b, Table 4 illustrates that women in health professions earn $6,277 less per year than men in health professions, net of other factors.

There is a limitation to this research based on the inability to disaggregate certain occupations into sub-specialty groups. Among physicians, there are a number of areas of specialization. Depending on the area of specialization, physicians' earnings will vary. For instance, heart specialists tend to earn higher wages than family physicians. The 2004 Current Population Survey (CPS) data does not allow occupations to be disaggregated into sub-specialty groups, limiting the findings of the research.

This research is also limited by unavailable data in the 2004 CPS based on length of employment, promotions,

and household division of labor. Although earnings can be influenced by these factors, the unavailable data does not allow this research to control for years of employment, promotions, and household division of labor.

In addition, this research is somewhat limited by the cross-sectional nature of the data. The cross-sectional data provided by the 2004 CPS does not provide the history of demographic factors, such as education and marital status. Without the history of certain demographics, this research may have the tendency to underestimate annual earnings. For instance, the 2004 CPS provides data on whether or not an individual has graduated college. However, the 2004 CPS does not provide information on when an individual has graduated college. Recent college graduates will likely earn less annually, regardless of degree or occupation.

High levels of women working in female dominated occupations are partially due to gender tracking. Gender tracking occurs through the encouragement of individuals to pursue paths based on sex, not individual interests or attributes. The gender tracking that occurs channels women and men into different curriculum. This sex based channeling begins in grade school, and is continued through college among advisors. Women are channeled into

occupations traditionally filled by women, such as; nursing and dental hygiene. This perpetuates the wage-gap among men and women, since low wages are common among occupations traditionally filled by women.

In the future, policy implications should encourage more women to enter primary health care occupations. Since women are underrepresented in primary health care fields, women in health professions are economically disadvantaged. Although individuals working in primary health care occupations earn higher wages, women employed in primary health care positions continue to earn less than men employed in primary health care positions. As more women are encouraged to enter primary health care occupations, women will be better represented in the high income health care positions. The more women are represented in the high income group of primary health care providers, the wage-gap among men and women in health professions will continue to close.

REFERENCES

REFERENCES

Averitt, Robert T. 1968. The *Dual Economy: The Dynamics of American Industry Structure*. New York: Norton.

Baron, James N. and William T. Bielby. 1984. 'The Organization of Work in a Segmented Economy.' *American Sociological Review* 49 (4):454-473.

Barrett, Nancy S. 1982. 'Obstacles to Economic Parity for Women.' *The American Economic Review* 72 (2):160-165.

Becker, Gary S. 1995. 'Human Capital, Effort, and the Sexual Division of Labor.' Pp. 434-459 in *The Essence of Becker*, edited by R. Febrero & P.S. Schwartz. Stanford, Ca: Hoover Institution Press.

Becker, Gary S. 1993. 'Nobel Lecture: The Economic Way of Looking at Behavior.' *The Journal of Political Economy* 101 (3):385-409.

Bergmann, Barbara. 1986. *The Economic Emergence of Women*. New York: Basic Books, Inc.

Blau, Francine D. and Marianne A. Ferber. 1992. *The Economics of Women, Men, and Work*. Englewood Cliffs, NJ: Prentice-Hall.

Bluestone, Barry. 1970. 'The Tripartite Economy: Labor Markets and the Working Poor.' *Poverty and Human Resources* 5:15-35.

Bluestone, Barry; William M. Murphy, and Mary Stevenson. 1973. *Low Wages and the Working Poor*. Ann Arbor: Institute of Labor and Industrial Relations, University of Michigan.

Cohn, Samuel. 2000. *Race and Gender Discrimination at Work*. Boulder, Co: Westview Press.

Fuchs, Victor R. 'Women's quest for Economic Equality.' *The Journal of Economic Perspectives* 3 (1):25-41.

Hodson, Randy D. 1978. 'Labor in the Monopoly, Competitive, and State Sectors of Production.' *Politics and Society* 8:429-480.

Hodson, Randy D. and Robert L. Kaufman. 1982. 'Economic Dualism: A Critical Review.' *American Sociological Review* 47 (6):727-739.

Jacobs, Jerry A. 1989. *Revolving Doors: Sex Segregation and Women's Careers*. Stanford, Ca: Stanford University Press.

Kalleberg, Arne L., Michael Wallace, and Robert P. Althauser. 1981. 'Economic Segmentation, Worker Power, and Income Inequality.' *The American Journal of Sociology* 87 (3):651-683.

Marini, Margaret Mooney. 1989. 'Sex Differences in Earnings in the United States.' *Annual Review of Sociology* 15:343-380.

O'Connor, James. 1973. *The Fiscal Crisis of the State*. New York: St. Martin's.

Parsons, Talcott. 1940. 'An Analytical Approach to the Theory of Social Stratification.' *The American Journal of Sociology* 45 (6):841-862.

Reich, Michael, David M. Gordon, and Richard C. Edwards. 1973. 'A Theory of Labor Market Segmentation.' *American Economic Review* 63:359-365.

Reskin, Barbara F. and Patricia A. Roos. 1990. *Job Queues, Gender Queues: Explaining Women's Inroads into Male Occupations*.' Philadelphia, Pa: Temple University Press.

Rumberger, Russell W. and Martin Carnoy. 1980. Segmentation in the U.S. Labour Market. Cambridge Journal of Economics. 4:117-132.

Wright, David W. 1992. 'Class, Gender and Income: A Structural/Feminist-Marxist Analysis of Income Determination and the Income Gap.' Ph.D.dissertation. Purdue University.

APPENDICES

Table 1
Values for Full Sample and by Sex

Variables:	Full Sample	Men	1	2	Women	
Dependent Variable:						Pay-Gap
Annual earnings (mean):	$43,234	$68,501	***	^	$37,000	54%
Annual earnings (median):	$35,000	$52,000			$31,500	61%
(stddev):	(33,402)	(49,764)			(24,168)	
Independent Variables:						
Individual-level Factors:						
% College Deg (0,1)	41.0%	65.0%	***	^	35.0%	
	(0.49)	(0.48)			(0.48)	
Age (Years)	40.11	40.68			39.96	
	(11.03)	(10.90)			(11.06)	
% Rural (0,1)	18.0%	13.0%	***		19.0%	
	(0.38)	(0.33)			(0.39)	
% South (0,1)	35.0%	35.0%			36.0%	
	(0.48)	(0.48)			(0.48)	
Structural-level Factors:						
% Part-time (0,1)	19.8%	8.3%	***		22.6%	
	(0.40)	(0.28)			(0.42)	
Hours per Week	38.64	43.76	***	^	37.38	
	(10.27)	(11.42)			(9.56)	
% Government (0,1)	15.8%	29.0%	***		12.5%	
	(0.36)	(0.45)			(0.33)	
Occupational Prestige	59.40	65.27	***	^	57.95	
	(10.76)	(12.55)			(9.74)	
Gender/Race:						
Occupational Sex Segregation	1.72	1.29	***	^	1.83	
	(0.42)	(0.56)			(0.30)	
% Married (0,1)	61.0%	66.1%	***		59.8%	
	(0.49)	(0.47)			(0.49)	
% Ever-married (0,1)	18.6%	10.8%	***		20.6%	
	(0.39)	(0.31)			(0.40)	
% Never-married (0,1)	20.3%	23.1%	*		19.7%	
	(0.40)	(0.42)			(0.40)	
% with children under 6 (0,1)	19.0%	20.3%	*		18.7%	
	(0.39)	(0.40)			(0.39)	
% Minority (0,1)	29.5%	29.8%			29.4%	
	(0.46)	(0.46)			(0.46)	
Sample N (weighted):	5,587	1,106			4,481	
	100%	20%			80%	

1 = *** p < 0.001; ** p < 0.01; * p < 0.05
2 = effect size greater = > .20

Table 2
Occupational Segregation and Earnings

	Full Sample	Men	1	2	Women	% Occupation Female	N
All Workers							
Occupational Segregation:							
Total	100.0%	100.0%			100.0%		4,482
Primary Health Care Provider	11.6%	38.6%	***	^	4.9%	34.1%	220
Primary Health Care Assistant	28.6%	12.4%	***	^	32.6%	91.4%	1,460
Secondary Health Care Provider	31.4%	34.8%			30.6%	78.1%	1,371
Secondary Health Care Assistant	28.4%	14.3%	***	^	31.9%	90.1%	1,431
Earnings (Median):						**% Wage-Gap**	
Total	$35,000	$52,000	***	^	$31,500	60.6%	
Primary Health Care Provider	$96,399	$100,000	***	^	$77,620	77.6%	
Primary Health Care Assistant	$45,600	$49,518	***	^	$45,000	90.9%	
Secondary Health Care Provider	$35,000	$42,788	***	^	$32,000	74.8%	
Secondary Health Care Assistant	$20,000	$20,000			$20,000	100.0%	
Sample N (weighted):	5,587	1,106			4,481		
Full-Time Workers							
Occupational Segregation:							
Total	100.0%	100.0%			100.0%		3,469
Primary Health Care Provider	13.0%	39.9%	***	^	5.2%	30.7%	179
Primary Health Care Assistant	27.1%	12.7%	***	^	31.3%	89.4%	1,087
Secondary Health Care Provider	32.2%	34.0%			31.7%	76.1%	1,099
Secondary Health Care Assistant	27.6%	13.3%	***	^	31.8%	89.1%	1,104
Earnings (Median):						**% Wage-Gap**	
Total	$38,701	$55,000	***	^	$35,000	63.6%	
Primary Health Care Provider	$100,000	$100,000	***	^	$85,000	85.0%	
Primary Health Care Assistant	$50,000	$50,000			$50,000	100.0%	
Secondary Health Care Provider	$36,000	$44,772	***	^	$34,280	76.6%	
Secondary Health Care Assistant	$22,000	$22,537			$22,000	97.6%	
Sample N (weighted):	4,483	1,014			3,469		

1 = *** $p < 0.001$; ** $p < 0.01$; * $p < 0.05$
2 = effect size greater = > .20

Table 3

OLS Regression Analysis for the Income Determination Model

(Dependent Variable=Earnings)

	Full Sample			Men			Women		
Variables:	unstd.	1	std.	unstd.	1	std.	unstd.	1	std.
Independent Variables:									
Individual-Level Factors:									
Age (years)	$311	***	0.103	$363	***	0.079	$236	***	0.108
College Degree (0,1)	$7,852	***	0.115	$2,597	**	0.071	$8,586	***	0.169
Rural (0,1)	-$3,482	***	-0.040	$3,098	*	-0.050	-$2,757	***	-0.045
South Region (0,1)	-$2,654	***	-0.038	$2,152		-0.015	-$2,981	***	-0.059
Structural-Level Factors:									
Work hours per week	$729	***	0.224	$564	***	0.129	$711	***	0.281
Government (0,1)	$2,042	*	0.022	$5,762	*	0.053	-$545		-0.007
Union Member (0,1)	$2,677		0.013	$7,191		0.019	$1,691		0.012
Occupational Prestige Scale	$1,074	***	0.346	$1,292	***	0.326	$1,002	***	0.404
Gender:									
Female (0,1)	-$5,894	***	-0.070						
Occupational Sex Segregation	-$18,010	***	-0.229	-$22,762	***	-0.257	-$9,949	***	-0.122
Minority (0,1)	-$3,061	***	-0.042	-$10,043	***	-0.092	-$1,296		-0.024
Married (0,1)	$1,718	**	0.025	$7,606	**	0.072	$213		0.004
with child under age 6 (0,1)	$947		0.011	-$100		-0.001	$351		0.006
Immigrant (0,1)	$1,789		0.019	$7,714	*	0.058	$658		0.009
(Constant):	-$26,786			-$33,175			-$38,656		
Adjusted R-sq.	0.569	***		0.552	***		0.481	***	
Sample N (weighted):	5,587			1,106			4,481		

1=*** p < 0.001; ** p< 0.01; *p <0.05

Table 4

OLS Regression Analysis for the Income Determination Model

(Dependent Variable=Earnings)

	Full Sample			Men			Women		
Variables:	unstd.	1	std.	unstd.	1	std.	unstd.	1	std.
Independent Variables:									
Individual-Level Factors:									
Age (years)	$314	***	0.104	$312	**	0.068	$263	***	0.120
College Degree (0,1)	$6,501	***	0.096	$3,386		0.033	$7,624	***	0.150
Rural (0,1)	-$3,892	***	-0.044	-$8,360	**	-0.056	-$2,940	***	-0.048
South & Midwest Region (0,1)	-$2,213	***	-0.032	-$1,953		-0.019	-$2,391	***	-0.047
Structural-Level Factors:									
Work hours per week	$763	***	0.235	$710	***	0.163	$728	***	0.288
Government (0,1)	$1,446		0.016	$3,951		0.036	-$341		-0.005
Union Member (0,1)	$3,409		0.017	$8,753		0.023	$2,452		0.017
Primary Health Care Provider	$49,167	***	0.471	$50,959	***	0.499	$44,924	***	0.401
Primary Health Care Assistant	$20,952	***	0.283	$20,098	***	0.133	$20,954	***	0.406
Secondary Health Care Provider	$8,851	***	0.123	$9,221	*	0.088	$9,564	***	0.182
Secondary Health Care Assistant	ref.group		ref.group	ref.group		ref.group	ref.group		ref.group
Gender:									
Female (0,1)	-$6,277	***	-0.075						
Occupational Sex Segregation	-$8,982	***	-0.114	-$13,040	**	-0.147	-$4,950	***	-0.061
Minority (0,1)	-$2,799	***	-0.038	-$10,890	***	-0.100	-$874		-0.016
Married (0,1)	$1,425	*	0.021	$8,238	***	0.078	-$184		-0.004
with child under age 6 (0,1)	$714		0.008	-$489		-0.004	$148		0.002
Immigrant (0,1)	$1,530		0.016	$9,902	**	0.074	$53		0.001
(Constant):	$6,742			$13,004			-$3,140		
Adjusted R-sq.	0.585	***		0.552	***		0.504	***	
Sample N (weighted):	5,587			1,106			4,481		

1=*** p < 0.001; ** p< 0.01; *p <0.05

Table 5
Comparison of Structural and Individual-Level Models
(Dependent Variable = Earnings)

standardized betas shown

Variables:	Full	w/o Ind.	w/o Struc.	w/o Gender
Independent Variables:				
Individual-Level Factors:				
College Degree (0,1)	0.124	X	0.260	0.155
Age (Years)	0.103	X	0.151	0.086
Rural (0,1)	-0.042	X	-0.052	-0.038
South (0,1)	-0.043	X	-0.005	-0.047
Structural-Level Factors:				
Hours per Week	0.234	0.229	X	0.271
Government (0,1)	0.026	0.048	X	0.076
Occupational Prestige	0.348	0.423	X	0.463
Gender:				
Occupational Sex Segregation	-0.257	-0.266	-0.460	X
Married (0,1)	0.034	0.050	0.049	X
W/Child Under 6 (0,1)	0.015	-0.015	0.005	X
Minority	-0.031	-0.027	-0.043	X
Adjusted R-sq.*	0.564	0.539	0.433	0.519
Rsq Change From Full Model (.564)		**0.025**	**0.131**	**0.045**
% Change in Rsq.		**-4.4%**	**-23.2%**	**-8.0%**
Males Only:**	0.550	0.539	0.475	0.518
Rsq Change From Full Model (.550)		**0.011**	**0.075**	**0.032**
% Change in Rsq.		**-2.0%**	**-13.6%**	**-5.8%**
Females Only:**	0.477	0.435	0.273	0.465
Rsq Change From Full Model (.477)		**0.042**	**0.204**	**0.012**
% Change in Rsq.		**-8.8%**	**-42.8%**	**-2.5%**

* (all Rsq. Changes sig. @ .000)
**standardized betas not shown for male or female equations.