Group & Organization Management
http://gom.sagepub.com/

Stigma and Acceptance of Persons With Disabilities: Understudied Aspects of Workforce Diversity

Mary E. McLaughlin, Myrtle P. Bell and Donna Y. Stringer

Group & Organization Management 2004 29: 302
DOI: 10.1177/1059601103257410

The online version of this article can be found at:
http://gom.sagepub.com/content/29/3/302

Published by:
SAGE
http://www.sagepublications.com

Additional services and information for *Group & Organization Management* can be found at:

Email Alerts: http://gom.sagepub.com/cgi/alerts

Subscriptions: http://gom.sagepub.com/subscriptions

Reprints: http://www.sagepub.com/journalsReprints.nav

Permissions: http://www.sagepub.com/journalsPermissions.nav

Citations: http://gom.sagepub.com/content/29/3/302.refs.html

>> Version of Record - Jun 1, 2004

What is This?

Downloaded from gom.sagepub.com at UNIV MASSACHUSETTS BOSTON on October 9, 2014

Stigma and Acceptance of Persons With Disabilities

UNDERSTUDIED ASPECTS OF WORKFORCE DIVERSITY

MARY E. MCLAUGHLIN
Pennsylvania State University
MYRTLE P. BELL
DONNA Y. STRINGER
University of Texas at Arlington

Although persons with disabilities compose a growing portion of workers, when compared with other aspects of diversity (e.g., race/ethnicity or gender), disability has received relatively little research attention. In a between-subjects experimental design with more than 600 participants, we evaluated the roles of disability type (AIDS, cerebral palsy, and stroke), stigma, and employee characteristics in acceptance of a coworker with a disability. Stigma largely mediated the relationship between disability type and acceptance. Employee characteristics had direct effects on some aspects of acceptance. Exploratory factor analysis of stigma revealed six factors; however, only a "performance impact" factor was consistently related to acceptance, suggesting that perceived implications of the coworker's disability for job performance are critical.

Keywords: disability and work; stigma; disability acceptance; stigma measures

In the past 40 years, numerous laws and executive orders have been implemented to increase opportunities for and reduce discrimination against diverse workers, including Title VII of the Civil Rights Act of 1964, the Vocational Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 (ADA), and Executive Orders 11246 and 11375. Since these laws were passed, employment and opportunities for diverse workers have

The authors wish to thank David A. Harrison for his consultation regarding data analyses and conceptualization of our work; we also thank Ken Price and Joanne Gavin for their help with data collection, and Vinay Garg for his help with data entry. *Correspondence concerning this article should be directed to Mary E. McLaughlin at Department of Management and Organization, 434 Beam Business Administration Building, Pennsylvania State University, University Park, PA 16802; phone: (814) 865-0385; fax: (814) 863-7261; e-mail: mem@psu.edu.*

Group & Organization Management, Vol. 29 No. 3, June 2004 302-333
DOI: 10.1177/1059601103257410
© 2004 Sage Publications

Downloaded from gom.sagepub.com at UNIV MASSACHUSETTS BOSTON on October 9, 2014

increased. However, Title VII has been in effect for a much longer period of time than the ADA, resulting in a greater, cumulative impact on employment of women and persons of color relative to just more than 10 years of impact of the ADA on the employment of people with disabilities. Correspondingly, management research on work-related experiences and opportunities of women and persons of color (e.g., discrimination, the glass ceiling, affirmative action) has greatly exceeded that investigating experiences of persons with disabilities (e.g., acceptance, accommodations, discrimination). Indeed, although persons with disabilities compose a large and growing portion of the workforce, when compared with other aspects of diversity such as race/ethnicity or gender, disability has received relatively little research attention.

In addition, there is some evidence that employment and earnings for people with disabilities have declined over the past decade, a time characterized by low unemployment and a booming economy (Wells, 2001). This decline is despite evidence that persons with disabilities are more committed workers, have performance comparable to persons without disabilities (Crow, 1993), and contrary to popular perceptions, do not require expensive accommodations to enable them to work (Job Accommodation Network, 1999). These benefits may be particularly important as organizations face increasing labor shortages and competition for workers in the 21st century (Martel & Kelter, 2000). However, the potential benefits of employing persons with disabilities may be tempered by the reactions of coworkers. Indeed, employee acceptance of coworkers with disabilities is an important but understudied aspect of success at work for persons with disabilities. Acceptance is critical for the socialization process, which can ultimately impact work satisfaction and commitment (e.g., Jackson, Stone, & Alvarez, 1993; Saks & Ashforth, 1997; Wanous, 1992). Thus, lack of acceptance of a coworker with a disability may lead that coworker to experience dissatisfaction, which may result in the loss of a valuable organizational member.

In this article, we explore this critical aspect of the social context by investigating employee acceptance of a coworker who has a disability. We conceptualize acceptance specifically in terms of an incumbent employee's attitude toward a coworker who has a disability, perceptions of fairness of accommodations the coworker receives, and employment judgments about that coworker (with respect to hiring, promoting, and retaining). We first introduce and define the concept of stigma, as it is a central, explanatory construct. Then we define the acceptance constructs and discuss their proposed relationships with the antecedents.

Downloaded from gom.sagepub.com at UNIV MASSACHUSETTS BOSTON on October 9, 2014

STIGMA AND EMPLOYEE ACCEPTANCE OF COWORKERS WITH DISABILITIES

STIGMA

Common to many explicit and implicit definitions of stigma is the idea of perceived deviance of an individual's characteristics from what is typical or the norm in a given context. For example, Goffman (1963) and Stone, Stone, and Dipboye (1992) define stigma as a negative discrepancy between the actual or inferred attributes of an individual versus the social expectations for typical (or "normal") individuals in that context, such that the individual is perceived as aberrant or atypical. We define stigma that is associated with disability in terms of perceived negative attributes or consequences of the disability (e.g., with respect to appearance, health, or capabilities). These perceived negative attributes or consequences are implicitly deviant from the norm, or expectations for coworkers without disabilities. Although there may be some overlap of stigma with stereotype, we distinguish between the two constructs in that stereotypes can be construed as favorable or unfavorable (e.g., hard-working, lazy), whereas stigma is always unfavorable.

The attributes or consequences of disability that may constitute stigma are well delineated in Jones et al. (1984). Based on those attributes, they suggested six major dimensions of stigma: disruptiveness (the effect of disability on social interactions or communication), origin (how responsible the individual is for the cause of his or her disability), aesthetic qualities (the extent to which the disability makes the person physically unattractive or unpleasant to be around), course (the state and permanence of the disabling condition), concealability (whether it is visible or can be hidden), and peril (the extent to which the individual poses a threat to others). Rather than the general terms of disruptiveness, origin, and aesthetic qualities, we substitute the more precise labels of social impact, onset controllability, and unattractiveness, respectively, for those dimensions.

These stigma dimensions have not yet been supported empirically. Thus, one purpose of our research is to explore the structure of stigma. In addition, some aspects of stigma may be more important for acceptance of persons with disabilities than others. For example, some studies have shown that onset controllability is critical to acceptance (e.g., Crandall & Moriarty, 1995; Weiner, Perry, & Magnusson, 1988). Once we identify the structure of stigma, we explore the relationships of specific stigma dimensions and acceptance.

Downloaded from gom.sagepub.com at UNIV MASSACHUSETTS BOSTON on October 9, 2014

ACCEPTANCE

Attitude. Attitude toward a coworker who has a disability is how favorably or unfavorably an individual feels about that coworker (Fishbein & Ajzen, 1975; Thurstone, 1931). Prior research has shown that favorable attitude toward persons with disabilities is related negatively to social distance from them (Olkin & Howson, 1994). Thus, unfavorable attitudes toward working with a coworker who has a disability may make it difficult for the coworker to adjust socially in the work place.

Favorable attitude toward a coworker with a disability is likely to be a function of perceived features of the coworker's disability, as previous research has demonstrated the relationship between disability features and general attitudes toward persons with disabilities (e.g., Yuker, 1988). Much research has shown how negative attributes perceived to be associated with disability, or stigma dimensions, are related to unfavorable attitudinal reactions (see Stone & Colella, 1996, for a thorough summary). Dimensions such as social impact (e.g., Snyder, Kleck, Strenta, & Mentzer, 1979), onset controllability (e.g., Borchert & Rickabaugh, 1995; Rush, 1998), unattractiveness (e.g., Kleck & DeJong, 1983), and course (e.g., Meyerowitz, Williams, & Gessner, 1987) associated with the disability have been related negatively to the favorability of others' reactions. Because these features of disability stigma have been related to reactions of others in previous research, we hypothesize that favorable attitude toward having a coworker with a disability is related negatively to stigma associated with that disability.

Perceived fairness of accommodation. Granting of an accommodation to an employee with a disability raises the issue of how other, nondisabled employees will react to such preferential treatment. Reactions of fellow employees are important because of possible effects on how they treat the coworker who is accommodated, whether or not a supervisor will grant the accommodation (Cleveland, Barnes-Farrell, & Katz, 1997), and possible collective effects on reactions of the general public to the ADA (Colella, 1998, 2001). Further, employee reactions may be particularly important when the accommodation requires their cooperation and support (e.g., a change in work schedules or an exchange of job duties, often used to accommodate workers with disabilities).

The fairness of an accommodation is more likely to be an issue when fellow employees view the accommodation as a special favor or privilege that is neither necessary nor legitimately required or as a response to unjustified claims or to unjustified threats of legal action (Colella, 2001). In some instances, employees may view their coworker's disability as deserved,

Downloaded from gom.sagepub.com at UNIV MASSACHUSETTS BOSTON on October 9, 2014

blaming the victim (according to the "just world hypothesis") (Lerner & Miller, 1978), and hence feel that an accommodation is undeserved. Such attributions are likely to be associated with more stigmatized disabilities.

In terms of equity theory, employees may feel as though the coworker with the disability is receiving additional "outcomes" on the job, in the form of accommodations, while perhaps even having reduced "inputs" because of the disability. Perceived inputs of a coworker with a highly stigmatized disability should be even lower (e.g., because of the social consequences of stigma, stereotypes of capabilities, etc.). Such perceptions of increased outcomes and/or decreased inputs would likely lead to perceptions of inequity or unfairness (Adams, 1965). This should be especially true for accommodations that nondisabled employees would like for themselves but do not have, such as flexible work hours.

Based on empirical evidence of others' reactions to various disabilities (e.g., see Stone & Colella, 1996, for a review), Colella (2001) proposes that for disabilities that are invisible (concealable), self-caused (high onset control), or socially undesirable, fellow employees are less likely to view an accommodation as justified. These features of disability are elements of stigma, suggesting that stigma perceptions may affect whether a coworker's accommodation is perceived as justified. In summary, given the just world hypothesis, equity theory predictions, and Colella's (2001) propositions, we expect that stigma is related negatively to perceived fairness of accommodation.

Discriminatory employment judgments. The perceived worth or value of a coworker with a disability to the organization is a particularly relevant aspect of acceptance at work and may be evidenced in judgments about hiring, retaining, and promoting the individual. We label these judgments "discriminatory employment judgments." They are similar to the employee's expectancies about the disabled coworker's capacity to perform the job, as discussed in Stone & Colella (1996). If made by someone in a position of power, these judgments can have a strong impact on work outcomes for an individual with a disability. Such judgments made by fellow employees can have an impact on how they treat their coworker who has a disability. From a methodological perspective, discriminatory employment judgments may be less subject to socially desirable response biases than conventional attitudinal measures (Antonak & Livneh, 1988; Livneh & Antonak, 1994).

Discriminatory employment judgments may be affected by job-relevant stereotypes that are sometimes associated with persons with disabilities, such as "helpless," "dependent," or "bitter" (Fichten & Amsel, 1986; Stone & Colella, 1996). Such stereotypes should increase discriminatory

Downloaded from gom.sagepub.com at UNIV MASSACHUSETTS BOSTON on October 9, 2014

employment judgments. In a review of studies of expectations for the performance and potential of persons with disabilities, Colella (1994) found that all of the studies reported either a negative bias against people with disabilities or no difference, and that the effects vary as a function of disability type. These results suggest that negative performance and potential expectations vary as a function of disability-specific stigma perceptions, rather than general, stereotypical perceptions of persons with disabilities. Further, an element of stigma—onset controllability—has been shown to be related to perceived desirability of the individual as an employee (Larwood, 1995) and bias in hiring of applicants with disabilities (Bordieri & Drehmer, 1986; Bordieri & Drehmer, 1988; Bordieri, Drehmer, & Taricone, 1990). Again, as with attitude toward a coworker who has a disability and perceived fairness of accommodation, we anticipate that discriminatory employment judgments will be a function of stigma. Formally, we hypothesize the following:

Hypothesis 1: Stigma is related negatively to favorable attitude toward a coworker who has a disability and perceived fairness of accommodations, and is related positively to discriminatory employment judgments about that coworker.

Additional constructs that may influence acceptance are characteristics of the employee and include gender and race/ethnicity. These constructs and their relationships with acceptance are presented below.

EMPLOYEE CHARACTERISTICS: GENDER AND RACE/ETHNICITY

Along with women and racial/ethnic minorities, persons with disabilities are not considered part of the dominant group in the workforce (which consists of White men without disabilities) (Wertlieb, 1985). Although persons with disabilities may not see themselves as members of an internally homogenous group, they, like women and non-Whites, have encountered prejudice, misconceptions, and discrimination in the workplace (Roberts, 1996). Because women share nondominant group status with persons who have disabilities, we expect women to empathize more with them and be more accepting of them than are men. Few studies have examined whether men and women differ in their attitudes toward or perceptions of persons with disabilities (see Farina, 1981, for a review). Results are mixed (Satcher & Hendren, 1991) but most often show that women have more positive attitudes than men (Olkin & Howson, 1994; Strohmer, Grand, & Purcell, 1984; Yuker, 1988). Thus, we hypothesize the following:

Downloaded from gom.sagepub.com at UNIV MASSACHUSETTS BOSTON on October 9, 2014

Hypothesis 2: Women are more likely to accept coworkers with disabilities, have more positive attitudes toward them, perceive accommodations as more fair, and make fewer discriminatory employment judgments about those coworkers than are men.

Although many studies have failed to observe effects of race/ethnicity on attitude toward those with disabilities (see Yuker, 1994, for a review), racial/ethnic differences have been found (e.g., Grand & Strohmer, 1983), with minorities tending to have more favorable attitudes toward persons with disabilities than Whites. Researchers have noted parallels between individuals with disabilities and minority group members (e.g., Olkin & Howson, 1994). As with women, it is possible that minority group members may be better able to empathize with individuals with disabilities, sharing a nondominant group status. Specifically, we hypothesize the following:

Hypothesis 3: Minorities are more likely to accept coworkers with disabilities, have more positive attitudes toward them, perceive accommodations as more fair, and make fewer discriminatory employment judgments about those coworkers than are Whites.

DISABILITY TYPE AND EMPLOYEE ACCEPTANCE: THE MEDIATING ROLE OF STIGMA

Disabling conditions vary widely in type (e.g., physical, psychological, learning, sensory, addictions, or neurological) and in the reactions they evoke in others (e.g., Fuqua, Rathbun, & Gade, 1984; Wilson, Beatty, & Frumkin, 1967). For example, people react more negatively to persons with drug and alcohol addictions than to those with sensory impairments, who are in turn viewed more negatively than are persons with physical disabilities (e.g., Goldstein & Blackman, 1975; Harasymiw, Horne, & Lewis, 1976; Tringo, 1970). We propose that it is not the disability type or objective features of disability per se that directly affect acceptance. Instead, it is the perceived attributes or consequences that people associate with disability (which vary across disability type) that influence acceptance. In other words, there are no independent effects of disability type on acceptance; instead, disability type affects stigma, which in turn affects acceptance. This reasoning is consistent with Stone and Colella's (1996) model, in which observers' categorizations of individuals with disabilities evoke stereotyping, which in turn affects the observers' expectations and affective responses to those individuals. Thus, if stigma perceptions could be changed, immediate benefits for acceptance and inclusion of employees with disabilities could result.

Downloaded from gom.sagepub.com at UNIV MASSACHUSETTS BOSTON on October 9, 2014

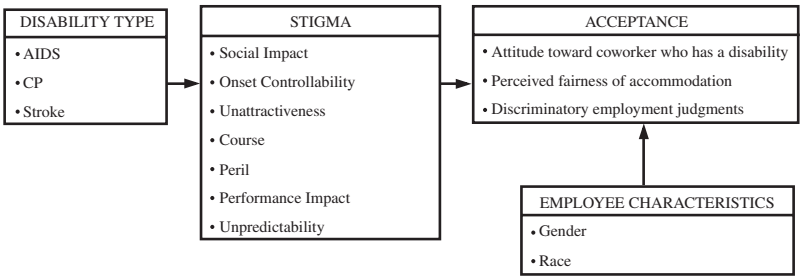

Figure 1: Illustration of Relations Between Disability Type, Stigma, Employee Characteristics, and Acceptance

Similarly, if stigma mediates the relationship between disability type and acceptance, (lack of) acceptance could be anticipated, given knowledge of the stigma associated with particular disabilities (e.g., AIDS). Such knowledge could help to "head off" resistance or provide the basis for preemptive intervention or training. For example, if the perceived negative consequences associated with having a coworker who has Acquired Immune Deficiency Syndrome (AIDS) (e.g., risk of transmission) decrease the likelihood of acceptance, education about the low probability of transmission at work could reduce fears and increase acceptance. Formally,

Hypothesis 4: Stigma mediates the relationships between disability type and employee acceptance constructs.

To summarize the hypothesized relationships, Figure 1 depicts the conceptual framework we employ. Disability type affects stigma perceptions associated with the coworker's disability. Stigma perceptions, along with employee characteristics, influence acceptance of the coworker. Importantly, we propose that stigma completely mediates the relationship between disability type and acceptance. That is, it is not the disability itself or objective features of the disability that affect acceptance. Rather, it is the stigma that people associate with each disability that influences acceptance. Thus, stigma is crucial for understanding and promoting acceptance of persons with disabilities as coworkers.

We test these four hypotheses in a between-subjects experimental design in which disability type is manipulated. A hypothetical new coworker who has either AIDS, cerebral palsy (CP), or stroke is described in a questionnaire in which we measure stigma associated with the disability and acceptance

Downloaded from gom.sagepub.com at UNIV MASSACHUSETTS BOSTON on October 9, 2014

constructs. We also explore the structure of stigma and relationships of stigma factors to acceptance of a coworker with a disability.

METHOD

PARTICIPANTS AND PROCEDURES

Undergraduate students enrolled in organizational behavior courses at a large, multicultural, urban university in the southwestern United States were recruited as volunteer participants. They were given research credit (which could have been obtained in another way) for their participation. Participants were heterogeneous with respect to gender, race/ethnicity, and types of work experiences. Most of the 657 participants (78%) were employed at the time of the research; 23% held managerial positions. Participants were employed in various positions, in all major industries, and in organizations of various sizes. Of those participants currently unemployed, 93% had held a job at some point in the past. The 14 participants who had never worked were excluded from further analyses.

Slightly more than half of the 643 retained participants were male (53.4%). Ages ranged from 17 to 68 years with a mean of 23. Participants were diverse in race/ethnicity: 51.3% were White, 23.2% were Asian, 10.1% were Black, 9.3% were Hispanic, and 4.2% were from other racial/ethnic backgrounds.

Participants reported to a specified location and time, without advance knowledge of the purpose of the research. Sessions were conducted in a uniform manner with the same specific directions given each time. Participants were instructed not to put identifying marks on the questionnaires and were identified for class credit purposes on a separate instrument, thus ensuring anonymity. A hypothetical scenario in which "John," a new coworker with one of three specific disabilities (described below) was presented on the questionnaire. The participant was asked to imagine having John as a coworker and to respond to several scales in reference to him. Scenarios containing one of the three disability types were assigned randomly to participants. Following completion of the questionnaire, participants were debriefed.

MANIPULATION OF DISABILITY TYPE

We chose to focus on disabilities that have disparate symptoms (and would thus be likely to vary in stigma), that allow the individual to maintain paid employment for at least some course of the illness, and that could

Downloaded from gom.sagepub.com at UNIV MASSACHUSETTS BOSTON on October 9, 2014

reasonably require the same accommodation (to assess perceptions of fairness of the accommodation). AIDS, CP, and stroke all meet those criteria. AIDS is frequently associated with negative perceptions (in part due to its association with promiscuity and/or homosexual contact, or intravenous drug use), is lifethreatening, progressive, contagious (thus high in peril), and its onset is often presumed to be under an individual's control (e.g., Crandall, 1991; Herek, 1990; Slack, 1995). Given these features, we expect that AIDS is a relatively stigmatized illness.

CP is congenital, nonprogressive, and noncontagious (low peril), making it a less stigmatized disability than AIDS, yet it is severely disabling and potentially disfiguring. It represents the type of severe disability for which the originators of the ADA intended the law to apply (Baldwin & Johnson, 1998). Finally, stroke is included in the class of most prevalent types of disabling conditions in the United States (i.e., heart disease) (Baldwin & Johnson, 1998; Kraus & Stoddard, 1991, pp. 18-19) and is generally an adult onset disability. Stroke should be associated with less stigma, as it is noncontagious, not progressive, and would likely be considered more outside of the victim's control than AIDS. The latter two disabilities in this study (CP and stroke) were used in previous research in which it was found that people with CP were preferred less in a social context than stroke victims (Tringo, 1970). Of the 643 retained surveys, 215, 217, and 211 were for coworkers with AIDS, CP, and stroke, respectively.

The hypothetical scenarios presented "John" as a new coworker (at an unspecified job) who has either AIDS, CP, or is recovering from a stroke. The coworker with AIDS was described as being in the early stages of AIDS from an HIV infection, which includes the symptoms of nausea and fatigue. The coworker with CP was described as being born with the disease and using a wheelchair for mobility. The coworker who suffered from a stroke was described as recovering yet still walking with a slight limp. Each coworker was described as being able to perform the essential job duties, and each asks the supervisor for flexible work hours in order to leave work early (or arrive late) when necessary because of doctor appointments or symptoms related to his disability. John also assures the supervisor that he will make up for lost time by coming to work early or staying late on other days. In each scenario, the supervisor grants the accommodation.

MEASURES

Stigma. Stigma was measured with 16 items based on the features of stigma discussed in the literature (e.g., Jones et al., 1984) that were applicable to the disabilities and scenarios used: social impact, onset controllability,

Downloaded from gom.sagepub.com at UNIV MASSACHUSETTS BOSTON on October 9, 2014

unattractiveness, course, and peril. We also included items about the impact of the disability on performance and the predictability of symptoms and behavior, because they are likely to be important aspects of stigma in employment contexts. (Key phrases from the items are listed in Table 4.)

Participants rated their agreement with statements about John's illness using a 7-point Likert-type scale. Response options ranged from *disagree strongly* to *agree strongly* (coded –3 to +3). Responses to the 16 items were summed for analyses, producing a possible range of stigma scores from –48 to +48. The internal consistency estimate of reliability for stigma was $\alpha = .88$.

Attitude. Attitude was measured with 7-point, semantic differential scales in which participants rated how they felt about having John as a coworker. The four items had bipolar adjectives of good/bad, easy/difficult, satisfying/dissatisfying, and helpful/harmful used in the anchors. Scale anchors were *extremely*, *quite*, and *slightly* for each end of the scale, and *neither* in the middle. For example, the good/bad item had anchors of *extremely good*, *quite good*, *slightly good*, *neither good nor bad*, *slightly bad*, *quite bad*, and *extremely bad*. The responses were coded –3 to +3 and summed across the four items, yielding a possible range in attitude scores from –12 to +12. The estimated reliability of this scale was $\alpha = .86$.

Perceived fairness of accommodation. As mentioned above, we chose AIDS, CP, and stroke as the disabilities, in part because they could require the same accommodation. People with these disabilities (at least at certain times during the course of illness) may need to visit their physicians frequently (e.g., Pranschke & Wright, 1995), which may require being allowed to take time off from work for those visits as an accommodation (Equal Employment Opportunity Commission, 1992). Perceived fairness of John's accommodation—flexible work hours—was measured by having participants rate on 7-point, semantic differential scales how they would feel (as John's coworker) about John (but not anyone else) being allowed flexible work hours. Bipolar adjectives of fair/unfair, necessary/unnecessary, reasonable/unreasonable, good/bad, just/unjust, and deserved/undeserved were used in the anchors for each of six items. Item responses were coded from –3 to +3 and summed across the six items, yielding a possible score range of –18 to +18. The estimated reliability of the perceived fairness measure was $\alpha = .91$.

Discriminatory employment judgments. Discriminatory employment judgments were measured with 3 items, each on a 7-point Likert-type scale.

Downloaded from gom.sagepub.com at UNIV MASSACHUSETTS BOSTON on October 9, 2014

Responses, ranging from *disagree strongly* (–3) to *agree strongly* (+3), were summed for a total score ranging from –9 to +9. The items were "John should not be promoted over other healthy employees," "If it becomes necessary to lay off employees, John should be the first to go," and "Employers should avoid hiring people with such an illness." The estimated reliability for this measure was $\alpha = .67$.

Previous contact. Previous contact with persons with disabilities can affect acceptance (see Yuker, 1994, for example), and we treated it as a control variable in our analyses. It was measured with four items: "Do you have a disability or impairment?" "Do you have a coworker with a disability?" "Have you ever had a coworker with a disability?" and "Do you know any other person (not a coworker) who has a disability?" If they answered yes, respondents were also asked after each question to write in the name or type of the disability. Dichotomous items were scored no = 0 and yes = 1 and summed, yielding a total score range of 0 to 4. A reliability estimate was not calculated for these items. The total score distribution was approximately normal, indicating that previous contact was best treated as a continuous variable.

Gender and minority status. For gender, men were coded as 0 and women were coded as 1. For minority status, the 330 participants who reported being White/Caucasian were coded as 0. All other racial/ethnic groups were combined to comprise the 301 minorities and were coded as 1. Twelve respondents had not responded to this item.

RESULTS

DETERMINANTS OF EMPLOYEE ACCEPTANCE

Descriptive statistics, zero-order correlations, and reliability estimates for study variables are shown in Table 1. The effects of stigma, gender, and minority status on employee acceptance constructs (attitude toward a coworker who has a disability, perceived fairness of accommodation, and discriminatory employment judgments), as proposed in Hypotheses 1 through 3 were tested using hierarchical regression, entering previous contact with persons with disabilities in the first step as a control. Results are shown in Table 2. Hypothesis 1 was supported, as stigma had significant effects ($p < .001$) in the predicted directions on all three dependent variables,

Downloaded from gom.sagepub.com at UNIV MASSACHUSETTS BOSTON on October 9, 2014

Downloaded from gom.sagepub.com at UNIV MASSACHUSETTS BOSTON on October 9, 2014

TABLE 1
Descriptive Statistics and Correlations

Variable	*Mean*	SD	*1*	*2*	*3*	*4*	*5*	*6*	*7*	*8*
1. Stigma	–2.46	16.03	(.88)							
2. Attitude	.66	4.54	–.48**	(.86)						
3. Perceived fairness of accommodation	8.69	6.81	–.32**	.35**	(.91)					
4. Discriminatory employment judgments	–5.27	3.47	.44**	–.30**	–.28**	(.67)				
5. Previous contact	.69	1.10	–.01	–.09*	–.00	.08**	(—)			
6. Gender[a]	1.46	.50	–.01	.05	.06	–.17**	.13**	(—)		
7. Minority status[b]	1.48	.50	.01	.05	.14**	.03	.20**	.08	(—)	
8. AIDS[c]	.33	.47	.48**	–.12**	–.06	.14**	–.08	–.01	–.00	(—)
9. CP[d]	.34	.47	–.24**	.06	.01	–.11**	.14**	.01	–.00	–.51***

a. Coding: 0 = male, 1 = female.
b. Coding: 0 = White, 1 = minority.
c. Coding: 1 = AIDS, 0 = not AIDS.
d. Coding: 1 = CP, 0 = not CP.
NOTE: CP = cerebral palsy. Cronbach's α estimates of reliability are displayed in parentheses on the diagonal.
*$p < .05$. **$p < .01$. ***$p < .001$.

with standardized β weights of –.48, –.33, and .45 for attitude, perceived fairness of accommodation, and discriminatory employment judgments, respectively.

Hypothesis 2 postulated that women have more positive attitudes toward coworkers who have disabilities, perceive accommodations as more fair, and make fewer discriminatory employment judgments about coworkers with disabilities. This hypothesis was partially supported: Women were less likely to make discriminatory (unfavorable) employment judgments than were men ($\beta = -.19$, $p < .001$). Gender was not related significantly to either attitude ($\beta = .05$, n.s.), or perceived fairness of accommodation ($\beta = .05$, n.s.), however.

Hypothesis 3, which proposed that minority group members are more accepting of a coworker with a disability than are Whites, was also partially supported. Minorities judged the accommodation for the coworker as more fair than did Whites ($\beta = .12$, $p < .01$). However, there were no effects of minority status on attitude ($\beta = .05$, n.s.) or discriminatory employment judgments ($\beta = .03$, n.s.).

DISABILITY TYPE AND EMPLOYEE ACCEPTANCE: THE MEDIATING ROLE OF STIGMA

Hypothesis 4 stated our expectation that stigma mediates the relationship between disability type and employee acceptance constructs. A necessary precondition as specified by James and Brett (1984) for mediation tests is a significant main effect of disability type on stigma. A one-way ANOVA indicated significant differences in stigma means across disability type conditions ($F = 92.04$, $p < .001$), with stigma means of 8.37, –7.78, and –8.17 for AIDS, CP, and stroke respectively. Furthermore, the regression results (presented in Table 3) showed that stigma is related significantly to the three employee acceptance variables, which satisfies a second criterion for tests of mediation (James & Brett, 1984).

Hierarchical regression was used for testing the mediation hypothesis by first regressing the employee acceptance constructs on stigma, then adding disability type (dummy coded 1 = AIDS, 0 = not AIDS; and 1 = CP, 0 = not CP, using the two degrees of freedom available) in the second step. For all three employee acceptance variables, disability type accounted for a small but significant amount of additional variance: 2% more for attitude ($p < .01$), 1% for perceived fairness of accommodation ($p < .05$), and 1% for discriminatory employment judgments ($p < .05$), with significant weights for the

Downloaded from gom.sagepub.com at UNIV MASSACHUSETTS BOSTON on October 9, 2014

Downloaded from gom.sagepub.com at UNIV MASSACHUSETTS BOSTON on October 9, 2014

TABLE 2
Summary of Hierarchical Regression of Employee Acceptance Variables on Stigma and Employee Characteristics

	Attitude Toward Coworker				*Perceived Fairness of Accommodation*				*Discriminatory Employment Judgments*			
	B	SE B	β	R^2	B	SE B	β	R^2	B	SE B	β	R^2
Step 1				.01				.00				.01*
Previous contact	–.34	.18	–.08		–.11	.26	–.02		.30	.13	.09*	
Step 2				.24***				.12***				.25***
Previous contact	–.42	.16	–.10**		–.31	.25	–.05		.37	.12	.12**	
Stigma	–.14	.01	–.48***		–.14	.02	–.33***		.10	.01	.45***	
Gender[a]	.48	.34	.05		.62	.54	.05		–1.33	.26	–.19***	
Minority status [b]	.40	.34	.05		1.55	.52	.12**		.22	.25	.03	

a. Coding: 0 = male, 1 = female.
b. Coding: 0 = White, 1 = minority.
*$p < .05$. **$p < .01$. ***$p < .001$.

Downloaded from gom.sagepub.com at UNIV MASSACHUSETTS BOSTON on October 9, 2014

TABLE 3
Summary of Hierarchical Regression of Employee Acceptance Variables on Stigma and Disability Type

	Attitude Toward Coworker				*Perceived Fairness of Accommodation*				*Discriminatory Employment Judgments*			
	B	SE B	β	R^2	B	SE B	β	R^2	B	SE B	β	R^2
Step 1				.23***				.11***				.19***
Stigma	–.14	.01	–.48***		–.14	.02	–.32***		–.09	.01	.44***	
Step 2				.02**				.01*				.01*
Stigma	–.16	.01	–.55***		–.16	.02	–.38***		.10	.01	.48***	
AIDS[a]	1.44	.43	.15***		1.54	.71	.11*		–.88	.34	–.12*	
CP[b]	–.01	.39	.00		–.22	.64	–.02		–.44	.31	–.06	

a. Coding: 1 = AIDS, 0 = not AIDS.
b. Coding: 1 = CP, 0 = not CP.
NOTE: CP = cerebral palsy.
*$p < .05$. **$p < .01$. ***$p < .001$.

AIDS condition (and not CP). Thus, stigma largely (though not entirely) mediated the effects of disability type on employee acceptance, providing support for Hypothesis 4.

STIGMA SUBSCALES AND EMPLOYEE ACCEPTANCE

Though prior research has suggested that the specific stigma factors that are related to acceptance vary across disability type (Crandall & Moriarty, 1995), this had not been tested empirically. We explored this by evaluating relationships between stigma factors and employee acceptance constructs. First, we used exploratory factor analysis to identify the structure of stigma. A parallel analysis criterion (Humphreys & Montanelli, 1975) was used to determine the number of common factors to retain in each condition. The parallel analyses involved generating an *N* person by *n* variable matrix of random normal data. The random and real data were each factor analyzed using iterated principal axes, oblique (PROMAX) rotation, and squared multiple correlations as prior communalities. Eigenvalues generated from the real and random data were compared: A common factor was assumed to be real if its associated eigenvalue was larger than the corresponding eigenvalue from the random data (Lautenschlager, Lance, & Flaherty, 1989). The parallel analysis indicated that we retain a six-factor solution, which is shown in Table 4.

As shown in Table 4, one factor was composed of items that are related directly to performance (e.g., "will affect his performance" and "strongly impairs his functioning in life"); we labeled this factor *performance impact*. Another factor was composed of items addressing social relationships (e.g., "will make people try to avoid him" and "makes it difficult to form friendships"), which we labeled *social impact*. An *onset controllability* factor comprised the two items intended to measure that aspect of stigma. Likewise, the two items that addressed the unattractiveness element of stigma formed an *unattractiveness* factor, two items regarding unpredictability of symptoms and behavior formed an *unpredictability* factor, and two items about disease course ("is life threatening" and "will get progressively worse") constituted a *course* factor. Stigma subscales were created based on the factors shown in Table 4. Item responses were summed to create scores on each subscale. Internal consistency estimates of subscale reliability ranged from .64 (for the unpredictability subscale) to .82 (on the social impact subscale). In each disability condition, attitude, perceived fairness, and discriminatory employment judgments were regressed on stigma subscales. Regression results are shown in Tables 5, 6, and 7 for the AIDS, CP, and stroke conditions, respectively.

Downloaded from gom.sagepub.com at UNIV MASSACHUSETTS BOSTON on October 9, 2014

Downloaded from gom.sagepub.com at UNIV MASSACHUSETTS BOSTON on October 9, 2014

TABLE 4
Results of Factor Analysis of Stigma Items

	Factors					
Item	*Performance Impact*	*Social Impact*	*Onset Control*	*Unattractiveness*	*Unpredictability*	*Course*
. . . will put coworkers at risk	**.50**	.13	.19	–.10	–.06	.07
. . . will cause problems with coworker relations	**.48**	.33	–.03	–.09	–.15	.16
. . . make him difficult to work with	**.46**	.20	–.03	.18	.14	–.20
. . . strongly impairs his functioning in life	**.38**	–.26	–.05	.24	–.07	.23
. . . will make people try to avoid him	–.18	**1.00**	–.03	–.02	.00	–.01
. . . makes it difficult to form friendships	.02	**.73**	.08	.02	.07	–.15
. . . will make coworkers uncomfortable	.08	**.55**	–.14	.14	.02	.22
. . . he could have prevented	–.11	–.03	**.81**	.01	.00	.11
. . . is his own fault	.01	.01	**.70**	.00	.02	.06
. . . makes him less attractive	–.10	.10	.00	**.76**	–.08	.22
. . . makes him physically unattractive	.03	.00	.02	**.75**	–.03	–.12
. . . gives him unpredictable symptoms	–.03	.05	–.07	–.14	**.67**	.38
. . . makes his behavior unpredictable	.11	–.01	.09	.15	**.62**	–.12
. . . is life threatening	–.02	–.11	.15	.03	.04	**.68**
. . . will get progressively worse	–.01	.15	.07	.00	.08	**.58**

NOTE: Bolded numbers denote the largest item loadings for each factor.

Performance impact was related negatively to attitude and perceived fairness and positively to discriminatory employment judgments in all three conditions. Relations of other subscales with acceptance constructs were not nearly as ubiquitous. Social impact was related negatively to attitude in the AIDS condition and negatively to fairness in the stroke condition; it was related positively to discriminatory employment judgments in the stroke condition only. The remaining subscales were important only for predicting discriminatory employment judgments: unattractiveness and course in the AIDS condition, onset controllability in the CP condition, and for the stroke condition, course, onset controllability, and unpredictability were significant predictors.

DISCUSSION

CONTRIBUTIONS AND IMPLICATIONS

With data from 643 participants, we reported several findings that have strong implications for both diversity research and interventions to promote acceptance of employees with disabilities. There are three key contributions of this research. First, our results provide empirical support for several stigma factors that had been proposed but not yet evaluated and verified in prior research. A critical part of this contribution is that we identified a performance impact factor of stigma and found that it was the only one of several stigma factors related to acceptance, regardless of disability type. That is, employees' concerns about the implications of the disability for performance were related to acceptance for all three disabilities, but such factors as physical attractiveness or unpredictable behavior were not. Second, we found that the relationship between disability type and employee acceptance is almost completely mediated by stigma, a result that has encouraging implications for improving employee acceptance. Third, through this study of acceptance of coworkers with disabilities, we have further broadened the study of workforce diversity, and as will be discussed in the following section, we have identified similarities in perceptions of coworkers with disabilities and perceptions of women and minorities as coworkers. The practical implications of these and other results, study limitations, and directions for further research are discussed below.

PERFORMANCE IMPACT

Performance impact was the only one of several stigma factors related to acceptance, regardless of disability type, suggesting that it is a critical

Downloaded from gom.sagepub.com at UNIV MASSACHUSETTS BOSTON on October 9, 2014

Downloaded from gom.sagepub.com at UNIV MASSACHUSETTS BOSTON on October 9, 2014

TABLE 5

Summary of Regression of Employee Acceptance Variables on Stigma Subscales in the AIDS Condition

	Attitude Toward Coworker				*Perceived Fairness of Accommodation*				*Discriminatory Employment Judgments*			
	B	SE B	β	R^2	B	SE B	β	R^2	B	SE B	β	R^2
			.30***				.12***				.23***	
Performance impact	–.30	.07	–.37***		–.33	.13	–.26***		.24	.06	.40***	
Social impact	–.20	.10	–.16*		.16	.17	.08		–.10	.08	–.11	
Onset controllability	–.24	.13	–.12		–.34	.23	–.12		.16	.10	.10	
Unattractiveness	–.12	.12	–.07		–.26	.21	–.10		.27	.09	.22**	
Unpredictability	–.09	.13	–.05		.44	.23	.15		.04	.10	.03	
Course	.21	.12	.12		–.35	.21	–.13		–.28	.09	–.21**	

*$p < .05$. **$p < .01$. ***$p < .001$.

Downloaded from gom.sagepub.com at UNIV MASSACHUSETTS BOSTON on October 9, 2014

TABLE 6

Summary of Regression of Employee Acceptance Variables on Stigma Subscales in the Cerebral Palsy Condition

	Attitude Toward Coworker				*Perceived Fairness of Accommodation*				*Discriminatory Employment Judgments*			
	B	SE B	β	R^2	B	SE B	β	R^2	B	SE B	β	R^2
			.23***				.14***				.28***	
Performance impact	–.33	.06	–.42***		–.35	.10	–.30***		.18	.04	.32***	
Social impact	–.04	.10	–.03		–.16	.16	–.09		.11	.07	.13	
Onset controllability	.23	.15	.10		.01	.24	.00		.38	.11	.22***	
Unattractiveness	–.10	.13	–.06		–.13	.20	–.05		.03	.09	.02	
Unpredictability	–.04	.13	–.02		–.07	.20	.03		.09	.09	.07	
Course	–.05	.13	–.03		–.06	.21	–.02		.02	.09	.02	

***$p < .001$.

Downloaded from gom.sagepub.com at UNIV MASSACHUSETTS BOSTON on October 9, 2014

TABLE 7

Summary of Regression of Employee Acceptance Variables on Stigma Subscales in the Stroke Condition

	Attitude Toward Coworker				*Perceived Fairness of Accommodation*				*Discriminatory Employment Judgments*			
	B	SE B	β	R^2	B	SE B	β	R^2	B	SE B	β	R^2
			.32***				.18***				.26***	
Performance impact	–.37	.06	–.51***		–.25	.10	–.24**		.13	.05	.21*	
Social impact	.05	.10	–.05		–.41	.15	–.28**		.17	.08	.19*	
Onset controllability	.00	.10	.00		–.04	.16	–.02		.24	.09	.19**	
Unattractiveness	–.11	.12	–.08		.06	.19	.03		.01	.10	.01	
Unpredictability	.00	.12	.00		.05	.19	.02		.21	.10	.17*	
Course	.08	.12	.05		.10	.19	.04		–.27	.10	–.19**	

*$p < .05$. **$p < .01$. ***$p < .001$.

dimension of stigma for increasing acceptance of persons with disabilities in the workforce. This ubiquitous relationship was observed despite relatively low scale reliability ($\alpha = .73$), a problem that may possibly have precluded observing significant relationships between other stigma subscales and acceptance (e.g., α for the two-item unattractiveness scale was only .72). We speculate that the importance of performance impact may stem from its perceived, direct implications for the work role, whereas the implications for the other five stigma factors are less direct. It is possible that, as has been found in research on perceptions of women and minorities hired under affirmative action programs (e.g., Heilman, Block, & Lucas, 1992), persons with disabilities may be "presumed incompetent" or at least unable to perform as well as persons without disabilities. This is particularly important for inclusion of workers with disabilities, because it suggests a more rational, and thus more malleable, basis for change. What researchers have learned about addressing such erroneous perceptions of women and other minorities may be useful in dealing with misperceptions about the abilities of persons with disabilities to perform. These perceived performance limitations may be unfounded and may be changed through organizational interventions, education, and explicit information about the competence of persons with disabilities.

However, it's possible that participants responded to most of the stigma items with a social desirability bias, thus limiting observed relations of most of the subscales with acceptance. Perhaps the performance impact items were affected less by such a bias. This may explain why performance impact is the only stigma subscale related to all three dimensions of stigma in all three conditions. The possible impact of social desirability bias on the results is discussed further in the "Limitations and Future Research Directions" section.

THE MEDIATING ROLE OF STIGMA

Another key finding is that stigma substantially mediates the relationships between disability type and employee acceptance for all three disabilities; this has important practical implications. Disability type per se does not directly affect acceptance but does so primarily via stigma. Stigma is, by definition, a set of social perceptions. Unlike the features of an individual's disability, these social perceptions may be changed. Thus, organizational or managerial interventions could be designed to reduce social stigma associated with a specific disability, or disabilities, and thereby improve employee acceptance of coworkers with disabilities. However, our results indicated that small proportions of variance in employee acceptance constructs are not

Downloaded from gom.sagepub.com at UNIV MASSACHUSETTS BOSTON on October 9, 2014

explained by stigma perceptions but instead by disability type. This was specifically due to variance in the AIDS condition that was not completely explained by stigma. Acceptance may be a function of prejudice associated with the homosexuality, promiscuity, and/or intravenous drug use that some people may associate with AIDS (Crandall, 1991; Hoffman, 1997). Such prejudices would not be captured by our measure of stigma and may also be more difficult to change through interventions.

The differential impact of stigma subscales on acceptance across disability types is consistent with previous research showing that certain aspects of stigma (severity and onset controllability, specifically) are more negatively related to acceptance than others (Crandall & Moriarty, 1995). For example, our regression results demonstrating the relation of onset controllability to discriminatory employment judgments in the CP and stroke conditions are consistent with prior research on the relationship between onset controllability and acceptance, recommendations for promotion, and other organizational outcomes (Bordieri & Drehmer, 1988; Bordieri, Drehmer, & Comninel, 1988; Bordieri, Drehmer, & Taylor, 1997; Florey & Harrison, 2000). However, onset controllability was not related to attitude for any disability type, which is inconsistent with research demonstrating its relation with acceptance in nonwork contexts (e.g., Crandall & Moriarty, 1995; Weiner et al., 1988). In work contexts, onset controllability may be more important for specific employment judgments than for more general attitudinal judgments. On the other hand, performance impact is clearly an important aspect of stigma in the work context, regardless of disability type. Because of the ubiquity and importance of performance impact, future research on stigma of disabilities in employment contexts should incorporate it as a component of stigma.

GENDER AND RACE/ETHNICITY

We expected that the nondominant group status of women and persons of color might affect them similarly, increasing their acceptance of persons with disabilities who share a nondominant status. This expectation was only partially borne out, with women making fewer discriminatory employment judgments than did men, and minorities judging the accommodation as more fair than did Whites. Our findings that men and women differed in their discriminatory employment judgments but not in attitude or perceived fairness of accommodation are parallel with those of Farina (1981), who found that differences between men and women in acceptance of individuals with disabilities (mental illness, in this specific instance) were expressed in their

Downloaded from gom.sagepub.com at UNIV MASSACHUSETTS BOSTON on October 9, 2014

behaviors but not in their self-reported attitudes. The discriminatory employment judgments we measured may be considered more proximal to behavior than attitude toward a coworker with a disability.

LIMITATIONS AND RESEARCH DIRECTIONS

One possible limitation of our research is the use of students as participants. However, Kravitz and Platania (1993) have argued that in some cases the use of such participants is not necessarily a limit to generalizability. The students in our sample were diverse with respect to age, race/ethnicity, gender, and work experience, and are similar to participants used in other diversity-related research (e.g., Bell, Harrison, & McLaughlin, 2000; Kravitz & Platania, 1993; Williams & Bauer, 1994). All were employed currently or recently: More than three fourths of the students we sampled were currently employed in a variety of jobs, and we excluded participants who had never been employed. Thus, we expect that most participants were capable of making hypothetical judgments about having a coworker with a disability much as would field participants. Further, correlations between the three acceptance constructs with age and tenure were near zero, suggesting that acceptance levels may be similar in the general working population.

Another limitation is our use of written descriptions of a hypothetical new coworker as stimuli, that is, a "paper people" approach. The use of paper people in organizational research has been criticized because of limitations in realism (see Gorman, Clover, & Doherty, 1978; Murphy, Herr, Lockhart, & Maguire, 1986). Participants who judge paper people are obviously not exposed to the tremendous array of behavioral and dynamic information (including potentially irrelevant information) that employees would typically encounter. If participants in our study had such an array of information, and furthermore, if their judgments had personal consequences (see Colella, DeNisi, & Varma, 1998), stigma dimensions other than performance impact may have had a greater impact on acceptance. However, we chose to use written vignettes as stimuli because of their advantages relative to the use of real people or live actors. The paper people approach can increase the ratio of signal to noise, resulting in more accurate judgments (Woehr & Lance, 1991). Presentation of written vignettes allows greater control of the information conveyed and attended to by participants (thus limiting the use of information irrelevant to the research questions in forming judgments). Further, evidence suggests that results of paper people and behavioral observation studies are often equivalent, or, at worst, the paper people studies yield greater effect sizes (Cleveland, 1991; Murphy et al., 1986).

Downloaded from gom.sagepub.com at UNIV MASSACHUSETTS BOSTON on October 9, 2014

Another possible criticism is our reliance on self-report measures of most constructs. This is a reasonable criticism, because exclusive reliance on self-report measures will most likely result in some degree of common method variance (CMV) (Doty & Glick, 1998). However, our results cannot be completely or even largely attributed to CMV for the following reasons. First, we experimentally manipulated one independent construct, disability type, which had significant main effects on social stigma and, in part, acceptance variables. Second, observed relationships between stigma subscales and acceptance variables differed across experimental conditions. This moderating effect of disability type demonstrates that CMV does not account for response covariances. Thus, the only likely problems with the use of self-reports here are possibly inflated estimates of employee acceptance and underestimates of social stigma, both of which would not have any impact on tests of our hypotheses (as any extant CMV would affect means equally in all three conditions).

Such inflated estimates of employee acceptance and underestimates of social stigma could result from social desirability bias. The relatively low stigma means in all three conditions (ranging from –8.17 to 8.37 on a scale that can range from –48 to +48) indicate that this may have been a problem. This is another possible limitation of our research, but only if the extent of bias varied across experimental conditions. For example, if participants were more likely to bias their responses in a socially desirable manner in the stroke recovery condition than in the AIDS or CP conditions, the covariation of stigma and acceptance may have been artificially inflated, thus impacting the results. However, we have no reason to expect that the degree of social desirability bias varied across conditions. More likely, the degree of bias was the same across conditions (i.e., acceptance was inflated and stigma underestimated the same amount in the AIDS, CP, and stroke recovery conditions) and thus did not affect the observed relations between constructs.

In addition to possible social desirability bias, the stigma means may have been low because the scenario implicitly conveyed positive information about the hypothetical new coworker. The scenario presented John as someone who is able to work. It also described only one accommodation that was required. John was also able to make up for lost time by coming in to work early or staying late on some days. This portrayal of the hypothetical coworker in a positive light is a possible limitation of the study. Such positive information about John may have limited respondents' stigma perceptions and perhaps may explain why performance impact was the only stigma dimension consistently related to all three acceptance constructs in all three conditions.

Downloaded from gom.sagepub.com at UNIV MASSACHUSETTS BOSTON on October 9, 2014

Future research should include replications of our research in other populations, using other methods (e.g., observational measures of employee acceptance or reports from employees with disabilities). The potential variability across cultures in stigma associated with different disabilities should be investigated. Although our disability types had disparate features (such as onset controllability, progressiveness, and contagion), they do not comprehensively sample the entire domain of disabilities. An important issue to be addressed in future research is whether our results hold for other disability types (e.g., mental illness, sensory, or learning disabilities).

One potentially important factor that may affect employee acceptance of a coworker with a disability is job type: Disability features may interact with job type in affecting acceptance (Colella et al., 1998; Colella & Varma, 1999). For example, Colella et al. (1998) found that a confederate with dyslexia was preferred less than nondisabled confederates as a task partner only when there was a stereotypically poor fit between the capabilities of the dyslexic partner and the task requirements. This suggests that employees will be more accepting of coworkers with disabilities when they believe features of the disability are irrelevant to job requirements. This interactive effect of perceived job demands and disability features on employee acceptance of coworkers with disabilities should be explored further, particularly given our findings of the importance of performance impact for employee acceptance. When employees may have concerns that appear to be well-founded (because the coworker might be unable to perform well), these concerns could be addressed directly through education.

Finally, techniques to reduce stigma perceptions should be developed. Simply having persons with disabilities working with employees on cooperative tasks in positions of equal status may serve to reduce stigma perceptions (Greig & Bell, 2000). Straightforward presentation of information about disabilities (e.g., contagion, functional limitations imposed, disease course, and onset controllability) may also help (see Schneider & Anderson, 1980, for a summary of studies using this approach). For some disabilities, employees may be unreceptive to factual information because of their anxieties associated with the disabilities (e.g., associations with other prejudicial beliefs, such as antigay attitudes that may be associated with men who have AIDS). The roles of other, nonstigma factors should also be explored and organizational interventions developed to improve employee acceptance of coworkers with disabilities. These interventions could be modeled after successful interventions designed to improve employee attitudes toward ethnic, racial, and gender diversity (e.g., Gilbert & Stead, 1999; Wentling & Palma-Rivas, 1998).

Downloaded from gom.sagepub.com at UNIV MASSACHUSETTS BOSTON on October 9, 2014

CONCLUSION

Employment experiences of persons with disabilities are an understudied aspect of workforce diversity. We have empirically investigated the factors that affect employee acceptance of a coworker with a disability, demonstrating the central role of stigma as a mediator between disability type and employee acceptance and the importance of performance impact as a component of stigma at work. Performance impact was the only factor related to acceptance of a coworker who has a disability for all three diverse disabilities, which is extremely important for workplace inclusion and acceptance. Understanding that persons with disabilities may not be included because of (erroneous) perceptions that they cannot perform the job is vital to changing such misperceptions and improving their work experiences. Interventions to improve acceptance should be developed and explored, with the goal of fully including employees with disabilities at work and increasing opportunities of workers with different abilities as well as those different in more commonly studied aspects of diversity.

REFERENCES

Adams, J. S. (1965). Inequity in social exchange. In L. Berkowitz (Ed.), *Advances in experimental social psychology* (Vol. 2, pp. 267-299). New York: Academic Press.

Antonak, R. F., & Livneh, H. (1988). *The measurement of attitudes toward people with disabilities: Methods, psychometrics, and scales.* Springfield, IL: CC Thomas.

Baldwin, M. L., & Johnson, W. G. (1998). Dispelling the myths about work disability. In T. Thomason, J. F. Burton, Jr., & D. E. Hyatt (Eds.), *New approaches to disability in the workplace*. Madison, WI: Industrial Relations Research Association.

Bell, M. P., Harrison, D. A., & McLaughlin, M. E. (2000). Forming, changing, and acting on attitudes toward affirmative action in employment: A theory-based approach. *Journal of Applied Psychology*, *85*, 784-798.

Borchert, J., & Rickabaugh, C. A. (1995). When illness is perceived as controllable: The effects of gender and mode of transmission on AIDS-related stigma. *Sex Roles*, *33*, 657-668.

Bordieri, J. E., & Drehmer, D. E. (1986). Hiring decisions for disabled workers: Looking at the cause. *Journal of Applied Social Psychology*, *16*, 199-208.

Bordieri, J. E., & Drehmer D. E. (1988). Causal attribution and hiring recommendations for disabled job applications. *Rehabilitation Psychology*, *33*, 239-247.

Bordieri, J. E., Drehmer, D. E., & Comninel, M. E. (1988). Attribution of responsibility and hiring recommendations for job applicants with low back pain. *Rehabilitation Counseling Bulletin*, *32*, 140-148.

Bordieri, J. E., Drehmer, D. E., & Taricone, P. F. (1990). Personnel selection bias for job applicants with cancer. *Journal of Applied Social Psychology*, *20*, 244-253.

Bordieri J. E., Drehmer, D. E., & Taylor, D. W. (1997). Work life for employees with disabilities: Recommendations for promotion. *Rehabilitation Counseling Bulletin*, *40*, 181-191.

Downloaded from gom.sagepub.com at UNIV MASSACHUSETTS BOSTON on October 9, 2014

Cleveland, J. N. (1991). Using hypothetical and actual applicants in assessing person-organization fit: A methodological note. *Journal of Applied Social Psychology*, *21*, 1004-1011.

Cleveland J. N., Barnes-Farrell, J. L., & Katz, J. M. (1997). Accommodation in the workplace. *Human Resource Management Review*, *7*, 77-108.

Colella, A. (1994). Organizational socialization of employees with disabilities: Critical issues and implications for workplace interventions. *Journal of Occupational Rehabilitation*, *4*, 87-106.

Colella, A. (1998, August). The workgroup perspective: Coworker responses to group member accommodations. In D. A. Harrison (Chair), *Implementing what matters most: Multiple stakeholders in accommodating people with disabilities at work*. Symposium conducted at the meeting of the Academy of Management, San Diego, CA.

Colella, A. (2001). Coworker distributive fairness judgments of the workplace accommodation of employees with disabilities. *Academy of Management Review*, *26*, 100-116.

Colella, A., DeNisi, A. S., & Varma, A. (1998). The impact of ratee's disability on performance judgments and choice as a partner: The role of disability-job fit stereotypes and interdependence of rewards. *Journal of Applied Psychology*, *83*, 102-111.

Colella, A., & Varma, A. (1999). Disability–job fit stereotypes and the evaluation of persons with disabilities at work. *Journal of Occupational Rehabilitation*, *9*, 79-95.

Crandall, C. S. (1991). Multiple stigma and AIDS: Illness stigma and attitudes toward homosexuals and IV drug users in AIDS-related stigmatization. *Journal of Community and Applied Social Psychology*, *1*, 165-172.

Crandall, C. S., & Moriarty, D. (1995). Physical illness stigma and social rejection. *British Journal of Social Psychology*, *34*, 67-83.

Crow, S. M. (1993). Excessive absenteeism and the Disabilities Act. *Arbitration Journal*, *48*, 65-70.

Doty, D. H., & Glick, W. H. (1998). Common method bias: Does common method variance really bias results? *Organizational Research Methods*, *1*, 374-406.

Equal Employment Opportunity Commission. (1992). *The Americans with Disabilities Act: Questions and answers* (EEOC-BK-15). Washington, DC: U.S. Government Printing Office.

Farina, A. (1981). Are women nicer people than men? Sex and the stigma of mental disorders. *Clinical Psychology Review*, *1*, 223-243.

Fishbein, M., & Ajzen, I. (1975). *Belief, attitude, intention, and behavior*. Reading, MA: Addison-Wesley.

Fichten, C. S., & Amsel, R. (1986). Trait attributions about college students with a physical disability: Circumplex analysis and methodological issues. *Journal of Applied Social Psychology*, *16*, 410-427.

Florey, A., & Harrison, D. A. (2000). Responses to informal accommodation requests from employees with disabilities: Multistudy evidence on willingness to comply. *Academy of Management Journal*, *43*, 224-233.

Fuqua, D. R., Rathbun, M., & Gade, E. M. (1984). A comparison of employer attitudes toward the worker problems of eight types of disabled workers. *Journal of Applied Rehabilitation Counseling*, *15*, 40-43.

Gilbert, J. A., & Stead, B. A. (1999). Stigmatization revisited: Does diversity management make a difference in applicant success? *Group and Organization Management*, *24*, 239-256.

Goffman, E. (1963). *Stigma: Notes on the management of spoiled identity.* Englewood Cliffs, NJ: Prentice-Hall.

Goldstein, K. M., & Blackman, S. (1975). Generalizations regarding deviant groups. *Psychological Reports*, *37*, 278.

Downloaded from gom.sagepub.com at UNIV MASSACHUSETTS BOSTON on October 9, 2014

Gorman, C. D., Clover, W. H., & Doherty, M. E. (1978). Can we learn anything about interviewing real people from "interviews" of paper people? Two studies of the external validity of a paradigm. *Organization Behavior and Human Performance*, *22*, 165-192.

Grand, S. A., & Strohmer, D. C. (1983). Minority perceptions of the disabled. *Rehabilitation Counseling Bulletin*, *27*, 117-119.

Greig, T. C., & Bell, M. D. (2000). Work to reduce stigma. *American Psychologist*, *55*, 1068-1069.

Harasymiw, S. J., Horne, M. D., & Lewis, S. C. (1976). A longitudinal study of disability group acceptance. *Rehabilitation Literature*, *37*, 98-102.

Heilman, M. E., Block, C. J., & Lucas, J. A. (1992). Presumed incompetent? Stigmatization and affirmative action efforts. *Journal of Applied Psychology*, *77*, 536-544.

Herek, G. M. (1990). Illness, stigma, and AIDS. In G. M. Herek, S. M. Levy, S. R. Maddi, S. E., Taylor, & D. L. Wertlieb (Eds.), *Psychological aspects of serious illness: Chronic conditions, fatal diseases, and clinical care*. Washington, DC: American Psychological Association.

Hoffman, M. A. (1997). HIV disease and work: Effect on the individual, workplace, and interpersonal contexts. *Journal of Vocational Behavior*, *51*, 163-201.

Humphreys, L. G., & Montanelli, R. G., Jr. (1975). An investigation of the parallel analysis criterion for determining the number of common factors. *Multivariate Behavioral Research*, *10*, 193-205.

Jackson, S. E., Stone, V. K., & Alvarez, E. B. (1993). Socialization amidst diversity: Impact of demographics on work team oldtimers and newcomers. In L. L. Cummings & B. M. Staw (Eds.), *Research in organizational behavior* (Vol. 15, pp. 45-109). Greenwich, CT: JAI.

James, L. R., & Brett, J. M. (1984). Mediators, moderators, and tests for mediation. *Journal of Applied Psychology*, *69*, 309-321.

Job Accommodation Network. (1999). *Accommodation benefit/cost data.* Morgantown, WV: Job Accommodation Network of the President's Committee on Employment of People with Disabilities.

Jones, E. E., Farina, A., Hastorf, A. H., Markus, H., Miller, D. T., Scott, R. A., et al. (1984). *Social stigma: The psychology of marked relationships.* New York: W. H. Freeman.

Kleck, R., & DeJong, W. (1983). Physical disability, physical attractiveness, and social outcomes in children's small groups. *Rehabilitation Psychology*, *28*, 79-103.

Kraus L. E., & Stoddard, S. E. (1991). *Chartbook on work disability in the United States*. Washington DC: U.S. Department of Education, National Institute on Disability and Rehabilitation Research.

Kravitz, D. A., & Platania, J. (1993). Attitudes and beliefs about affirmative action: Effects of target and of respondent sex and ethnicity. *Journal of Applied Psychology*, *78*, 928-938.

Larwood, L. (1995). Attributional effects of equal employment opportunity: Theory development at the intersection of EEO policy and management practice. *Group and Organization Management*, *20*, 391-408.

Lautenschlager, G. J., Lance, C. E., & Flaherty, V. L. (1989). Parallel analysis criteria: Revised equations for estimating the latent roots of random data correlation matrices. *Educational and Psychological Measurement*, *49*, 339-345.

Lerner, M., & Miller, D. T. (1978). Just world research and the attribution process: Looking back and ahead. *Psychological Bulletin*, *85*, 1030-1051.

Livneh, H., & Antonak, R. (1994). Indirect methods to measure attitudes toward persons with disabilities. *Rehabilitation Education*, *8*, 103-137.

Martel, J. L., & Kelter, L. A. (2000). The job market remains strong in 1999. *Monthly Labor Review*, *123*, 3-23.

Downloaded from gom.sagepub.com at UNIV MASSACHUSETTS BOSTON on October 9, 2014

Meyerowitz, B. E., Williams, J. G., & Gessner, J. (1987). Perceptions of controllability and attitudes towards cancer and cancer patients. *Journal of Applied Social Psychology*, *17*, 41-492.

Murphy, K. R., Herr, B. M., Lockhart, M. C., & Maguire, E. (1986). Evaluating the performance of paper people. *Journal of Applied Psychology*, *4*, 654-661.

Olkin, R., & Howson, L. J. (1994). Attitudes toward and images of physical disability. *Journal of Social Behavior and Personality*, *9*, 81-96.

Pranschke, S. C., & Wright, B. M. (1995). HIV and AIDS—Employers grapple with difficult issues. *Benefits Quarterly*, *3rd Quarter*, 41-48.

Roberts, K. (1996). Managing disability-based diversity. In E. E. Kossek & S. Lobel (Eds.), *Managing diversity: Human resource strategies for transforming the workplace*. Cambridge, MA: Blackwell.

Rush, L. L. (1998). Affective reactions to multiple social stigmas. *Journal of Social Psychology*, *138*, 421-430.

Saks, A. M., & Ashforth, B. E. (1997). Organizational socialization: Making sense of the past and present as a prologue for the future. *Journal of Vocational Behavior*, *51*, 234-279.

Satcher, J., & Hendren, G. R. (1991). Acceptance of the Americans with Disabilities Act of 1990 by persons preparing to enter the business field. *Journal of Applied Rehabilitation Counseling*, *22*, 15-18.

Schneider, C. R., & Anderson, W. (1980). Attitudes toward the stigmatized: Some insights from recent research. *Rehabilitation Counseling Bulletin*, *24*, 299-313.

Slack, J. D. (1995). The Americans with Disabilities Act and the workplace: Management's responsibilities in AIDS-related situations. *Public Administration Review*, *55*, 365-370.

Snyder, M. L., Kleck, R. E., Strenta, A., & Mentzer, S. (1979). Avoidance of the handicapped: An attributional ambiguity analysis. *Journal of Personality and Social Psychology*, *37*, 2297-2306.

Stone, D. L., & Colella, A. (1996). A model of factors affecting the treatment of disabled individuals in organizations. *Academy of Management Review*, *21*, 352-401.

Stone, E. F., Stone, D. L., & Dipboye, R. L. (1992). Stigmas in organizations: Race, handicaps, and physical unattractiveness. In K. Kelley (Ed.), *Issues, theory, and research in industrial/organizational psychology* (pp. 385-457). Amsterdam: Elsevier Science.

Strohmer, D. C., Grand, S. A., & Purcell, M. J. (1984). Attitudes toward persons with a disability: An examination of demographic factors, social context, and specific disability. *Rehabilitation Psychology*, *29*, 131-145.

Thurstone, L. L. (1931). The measurement of attitudes. *Journal of Abnormal and Social Psychology*, *26*, 249-269.

Tringo, J. L. (1970). The hierarchy of preference toward disability groups. *Journal of Special Education*, *4*, 295-306.

Wanous, J. P. (1992). *Organizational entry: Recruitment, selection, orientation, and socialization of newcomers*. Reading, MA: Addison-Wesley.

Weiner, B., Perry, R., & Magnusson, J. (1988). An attributional analysis of reactions to stigmas. *Journal of Personality and Social Psychology*, *55*, 738-748.

Wells, S. J. (April, 2001). Is the ADA Working? *HR Magazine*, 38-46.

Wentling, R. M., & Palma-Rivas, N. (1998). Current status and future trends of diversity initiatives in the workplace: Diversity experts' perspective. *Human Resource Development Quarterly*, *9*, 235-253.

Wertlieb, E. C. (1985). Minority group status of the disabled. *Human Relations*, *38*, 1047-1063.

Williams, M. L., & Bauer, T. N. (1994). The effect of a managing diversity policy on organizational attractiveness. *Group and Organization Management*, *19*, 295-308.

Downloaded from gom.sagepub.com at UNIV MASSACHUSETTS BOSTON on October 9, 2014

Wilson, E. M., Jr., Beatty, J. B., & Frumkin, R. M. (1967). Attitudes of future rehabilitation counselors toward eight major disabilities. *Psychological Reports*, *21*, 928.
Woehr, D. J., & Lance, C. E. (1991). Paper people versus direct observation: An empirical examination of laboratory methodologies. *Journal of Organizational Behavior*, *12*, 387-397.
Yuker, H. E. (1988). The effects of contact on attitudes toward disabled persons: Some empirical generalizations. In H. E. Yuker (Ed.), *Attitudes toward persons with disabilities* (pp. 262-274). New York: Springer.
Yuker, H. E. (1994). Variables that influence attitudes toward people with disabilities: Conclusions from the data. *Journal of Social Behavior and Personality*, *9*, 3-22.

Mary E. McLaughlin is a faculty member in the Management and Organization Department at Pennsylvania State University. Her research interests include disability, obesity, and age as facets of diversity, method effects in self-reports, and the development and application of attitude-behavior models.

Myrtle P. Bell is a management faculty member at the University of Texas at Arlington. Her research focuses on diversity issues, including age, disability, and obesity as aspects of diversity, and sexual harassment.

Donna Y. Stringer is a doctoral candidate in human resources management at the University of Texas at Arlington, with focuses on strategic human resources and diversity.

Downloaded from gom.sagepub.com at UNIV MASSACHUSETTS BOSTON on October 9, 2014