Taking Stock: Reviewing Research on the Treatment of Persons with Disabilities in Organizations

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[−] Abstract and Keywords

This chapter examines workplace discrimination faced by persons with (dis)abilities. We begin by discussing usage, meaning, and effects of the word "disability" and the related term "persons with disabilities." It then considers the diversity of conditions and experiences among persons with (dis)abilities by reviewing extant research on people with five common disabling conditions (i.e., mobility, seeing, hearing, chronic illness, and psychiatric conditions). It also examines the importance of national context by taking a closer look at research on the experiences of people with (dis)abilities in five nations (i.e., United States, Canada, Germany, India, and China). By separately highlighting extant research on a few common conditions and nations, the chapter's intent is to show the need for more research on specific conditions in specific work and national contexts, as well as the need for research integrating and summarizing these focused studies.

Keywords: disability, people with disabilities, employment, discrimination, disability type, national, context, national culture

Introduction

This chapter is about *ability*. The skills, knowledge, and abilities of over a billion people worldwide who have one or more (dis)abilities. In particular, this chapter is about the workplace disability discrimination often faced by these individuals that can prevent them from participating in, and contributing fully to, work organizations. Worldwide, approximately 15% of, or more than a billion, people have some form of disability (United Nations World Health Organization, 2011), and the incidence of disability is on the rise, which makes people with disabilities the world's largest minority (United Nations, 2006).

While disability is understood as a human rights issue following the United Nations Convention on the Rights of Persons with Disabilities, employment and socioeconomic outcomes of persons with disabilities lag behind outcomes of those without disabilities. For example, across the world, employment ratios vary from lows of 38% in Japan to highs of 81% in Switzerland (United Nations World Health Organization, 2011). Continuing discrimination, both overt and subtle, continues to be a major barrier.

Throughout this chapter we will at times use the term "persons with (dis)abilities" to place emphasis on the individual and his or her *abilities* rather than *disability*. Elsewhere we use the terms "disability" and "disability discrimination," because disability discrimination often involves a focus on inabilities rather than abilities. We hope that one important takeaway from this chapter will be renewed focus on the abilities of persons with (dis)abilities.

We also believe that research on workplace disability discrimination is at an important point of inflection because in many nations (dis)ability rights and related scholarly research on workplace disability discrimination is relatively new. In other nations, (dis)ability rights and related research on workplace discrimination remains fluid and evolving, as ongoing changes to government legislation, court rulings, education, and societal attitudes continue to

shape (1) who is regarded as having disabilities and (2) what attitudes and behaviors are considered discriminatory in the workplace. Aging workforces and increased concern for human rights and poverty reduction are among the forces contributing to increasing interest in workplace disability discrimination worldwide. Simultaneously, relatively little is known about the day-to-day discrimination faced by people with widely varying potentially disabling conditions in equally diverse organizational and national contexts. We use the word "potentially" because, as we detail later, the determination of disability is context dependent.

To help advance this growing body of literature, we begin by discussing usage, meaning, and effects of the word "disability" and the related term "persons with disabilities." We do so because it is important to consider who is perceived to be a person with disability before we can discuss discrimination against such people. We consider the diversity of conditions and experiences among persons with (dis)abilities. Given the large number and diversity of conditions associated with the term "persons with disabilities," we then review extant research on workplace disability discrimination faced by people with five common conditions (i.e., mobility, seeing, hearing, chronic illness, and psychiatric conditions). We also examine the importance of national context by taking a closer look at research on the experiences of people with (dis)abilities in five nations (i.e., United States, Canada, Germany, India, and China). By separately highlighting extant research on a few common conditions and nations, our intent is to show the need for more research on specific conditions in specific work and national contexts, as well as the need for research integrating and summarizing these focused studies. We assert that research on workplace disability discrimination remains vastly underdeveloped. We hope to highlight important differences within, and between, these subpopulations that make it difficult and perhaps misleading to generalize across disability types and contexts. Finally, we discuss implications for future research.

Usage, Meaning, and Effect of the Word "Disability"

Before discussing research on workplace discrimination against people with (dis)abilities, it is important to first consider the usage, meaning, and effect of the word "disability" and the related term "people with disabilities." In particular we consider how the use of this terminology impacts perception and treatment of people with (dis)abilities, related scholarly research, and managerial practices. The database Business Source Premier lists over 50,000 publications, including 16,761 peer-reviewed publications that discuss disability and work to varying extents. What constitutes a disability and who is considered to have a disability, however, is often assumed to be understood rather than explicitly defined. Given the large number and wide variety of conditions commonly considered to be disabling, coupled with ongoing social, legislative, and judicial events that continue to shape the meaning and usage of the terms "disability" and "disability discrimination," management scholars and practitioners run the risk of overgeneralizing findings about workplace discrimination for persons with (dis)abilities.

Does application of these terms imply a dichotomy of *persons with disabilities* and those without? Do laws related to persons with disabilities help or exacerbate discrimination by creating two groups—those with disabilities and those without? This dichotomy of *the able* and *the disabled* also places focus on areas of limitation rather than areas of ability and strength. For instance, the British theoretical physicist Stephen Hawking is a well-known example of someone who is both very disabled and also almost incomprehensively able due to his brilliant mind. The dichotomy of *the able* and *the disabled* also fails to capture the complexity and diversity of conditions (e.g., blindness, mental illness, AIDS, or drug addiction) or variation within these conditions (e.g., the impact of varying severities, onset age, presence of multiple conditions, and so forth). Moreover, it implies a clear in-group of *people without disabilities* or *normal people* and an out-group of *people with disabilities* with permanent rather than varying membership. In reality, disability is temporally and contextually dependent, such that a person who is *disabled* at a particular point in time and in a particular context may be *nondisabled* at other points in time, in other contexts, or with accommodation in their current context.

The term "disability" is particularly problematic and misleading in the workplace because work organizations depend on their members' abilities. Selection, performance appraisal, promotion, and retention are all heavily influenced by perceived ability and can be threatened by perceptions of inability. Perception of inability can also threaten power, status, and related resources. Self-identification or categorization as a member of the group *persons with disabilities* can in itself trigger stereotyping and in turn discrimination. Stone and Colella's (1996) model of factors affecting the treatment of persons with (dis)abilities offers a detailed explanation of the general antecedents to observers' categorization, stereotyping, expectations, and affective reactions, as well as related

outcomes including discriminatory behaviors. Schema theory (Taylor & Crocker, 1981) and social identity theory (Tajfel, 1982) have been applied to these issues to explain how even when a disability is constant, the salience of *disability* as an identity or category can change, competing with other important identities/categories such as gender and impacting whether discriminatory treatment is attributed to disability (Baldridge & Swift, 2013).

Accordingly, the study of workplace disability discrimination also requires careful consideration of disability identity and categorization. In the United States, for example, the Americans with Disabilities Act (ADA, 1990) covers over 1,000 different conditions (Hall & Hall, 1994). So who is included in the group of *persons with disabilities* and in which contexts? Using the medical model of disability, one answer is persons with disabilities are those who are perceived to deviate from medical standards and norms of health (Albrecht, 2005). Alternatively, in the social model of disability, *disability* is framed as a socially created problem in which naturally occurring differences become disabling when society fails to fully integrate individuals into society (Oliver, 1990). Thus, another answer is persons with (dis)abilities are those who perceive themselves as having a disability and/or who are perceived by others as having a disability within a particular social context. The importance of terminology cannot be overlooked. For example, when we categorize individuals as *persons with (dis)abilities* as opposed to persons with specific functional limitations in specific circumstances—for example, people with high-frequency hearing loss or wheelchair users—we lose sight of the particular effects of specific disabilities. Further, disability laws protect different people in various regions, and ongoing interpretation and enforcement of these laws by administrative agencies and courts further influences who is perceived as being a person with a disability. Thus, the questions "Who has a *disability*?" and "Who is included in the social identity group *persons with disabilities?*" have many different answers.

Discrimination occurs when individuals treat members of these groups negatively based on perceived disability status and when members of these groups believe that they are treated differently because of their perceived disability status. What is perceived as disability discrimination and what constitutes illegal disability discrimination also depends on context. In terms of theoretical explanations for discrimination against persons with (dis)abilities, beyond *social identity, stereotyping*, and *stigmatization*, other theories include *just world hypothesis, existential anxiety, norm to be kind, ambivalence response*, and *social adaptation* theories (see Colella & Bruyère, 2011, for a full discussion) as well as *labeling* and *justice* theory.

In sum, while many other diversity dimensions such as age or gender are relatively easy to define and measure, the construct of disability lacks a universally accepted definition (Colella & Bruyère, 2011). In management research, what constitutes a disability and who is considered to have a disability is often implicit, yet how disability is defined and measured can impact scholarly findings. Thus, scholars risk overgeneralizing findings about the experiences of people with disabilities and about workplace discrimination based on nonrepresentative samples. In this light, research on persons with (dis)abilities in the workplace is currently, at best, a patchwork of findings on the experiences of people with very different conditions in varying and changing work contexts. Research is therefore needed to systematically review how disability has been defined and measured in existing studies, both to clarify what is currently known and to guide future research. Researchers should also clearly state how disability is defined and measured and detail related study limitations.

A Closer Look at Workplace Discrimination and Five (dis)Ability Types

In the following sections, we offer a more in-depth look at research on the workplace experiences of people with five different potentially disabling conditions including mobility, visual, hearing, psychological, and chronic illness conditions. These conditions were selected because a large number of people are impacted by one or more of these conditions at some point during their working years and because these conditions can prompt very different workplace discrimination experiences. In each section we provide a brief, yet broad, review of historical and contemporary research on workplace discrimination related to each potentially disabling condition. We include theoretical frameworks and directions for future research, with particular emphasis on the ways in which discrimination can be manifested, its causes and consequences, and strategies for its reduction.

Persons With Mobility (dis)Abilities

Mobility (dis)ability is a physical disorder that impairs and restricts the ambulating function. In the 1940s, there were

human resource shortages that prompted employers' interests in groups that had previously encountered incidences of harsh employment discrimination (Ford, 1943). As veterans with mobility impairments were integrated back into society following World War II, scholarly research, particularly in the United States, began assessing the efficacy of vocational guidance in integrating those with mobility disabilities into the workforce (Weiss & Bors, 1948). In the 1950s, employability was perceived as an important component of the medical model designed to achieve independence for those with impaired mobility. For example, a follow-up study of patients admitted to the rehabilitation division at the hospital of the University of Pennsylvania 2 years post treatment showed that wheelchair users with independence and the ability to work had the best status outcomes (Heather, 1958). By the 1960s, findings indicated that those holding positions of competitive employment tended to possess greater ambulatory capabilities than peers employed in supportive workshops in the United States (Rosenberg, 1964). In the 1970s, US researchers were focused on analyzing perceptions toward job applicants with mobility impairments. Findings indicated that job applicants using wheelchairs faced significant discrimination (Johnson & Heal, 1976), and were perceived as being difficult to accommodate among employers (Lyth, 1973). Consequently, the theoretical perspectives were being transformed toward a focus on stereotypes to better understand employers' attitudes toward ambulatory restrictions in the workplace.

At the time of the passage of the ADA in the early 1990s in the United States, individuals with mobility impairments were still encountering discrimination in accessing employment opportunities. During this time, French researchers found that qualified able-bodied applicants were 3.2 times more likely to receive a positive response than a qualified applicant with a mobility impairment (Ravaud, Madiot, & Ville, 1992). The focus of contemporary research is often factors influencing labor market participation in the United States (Krause, Terza, & Dismuke, 2010) and in Europe (Jakobsen & Svendsen, 2013). While labor market factors can influence the workplace inclusion of people with mobility (dis)abilities, they can be obstructed by discriminatory barriers.

Population statistics indicate that approximately 1.6 billion individuals worldwide have a mobility disability (Yong, 2010). As this population enters the labor force, they often encounter significant workplace discrimination. According to the American Community Survey, 24% of those with mobility disabilities were employed compared with 75% of those without such impairments (Erickson, Lee, & von Schrader, 2014). People with mobility impairments are often thought to be incapable of determining their own career paths, because they are thought to have sufficient mobility to perform only a limited number of jobs. Thus, supply discrimination is a reality for this group (McMahon, Shaw, West, & Waid-Ebbs, 2005).

In terms of future research, Balser (2007) advocates examining workplace accommodations. Efficacy research could be conducted to assess the influence of accommodations on decreasing the severity of employment discrimination toward those with mobility restrictions. Research should also be crafted to monitor the effects of stigmatization and stereotyping on employment discrimination outcomes of individuals with mobility impairment. It is recommended that these investigative efforts should be conducted through a compliment of cross-sectional and longitudinal methods.

Persons With Visual (dis)Abilities

Across the globe, there are an estimated 285 million people who have visual impairments. Of these, 39 million are blind and 246 million have low vision (World Health Organization, 2013c). These groups are known to face unemployment, unstable employment (Lee & Park, 2008), or underemployment (Crudden & McBroom, 1999; Kirchner, 1997) due to both pre- and postemployment barriers. Preemployment research largely conducted in the United States has focused on individual characteristics and attitudes, employment testing barriers, employer attitudes, and external influences. For example, women (Lee & Park, 2008), those less experienced (McDonnall & Crudden, 2009) or educated (Clements, Douglas, & Pavey, 2011), those with severe impairments (Clements et al., 2011), and those lacking wide or helpful social networks (Cimarolli & Wang, 2006) experience greater difficulty attaining employment. Low motivation (Malakpa, 1994) and fears (Crudden & McBroom, 1999) of those seeking employment can also pose barriers. Other research has noted the role of employment testing tools, such as poor test accessibility (Nester, 1984), and how this problem can be overcome through psychometric instruments (Shaw & Gold, 2011).

Regarding employer attitudes, research indicates that applicants perceived to be blind are rated favorably on personality characteristics, but that this does not necessarily lead to employment. Further, nonfunctional resume

presentation (e.g., aesthetics) disadvantages visually impaired applicants (Wang, Barron, & Hebl, 2010). Rehabilitation providers have recommended nonthreatening methods to overcome negative employer attitudes, such as videotapes that introduce employers to the concept of employing the visually impaired (Crudden, Sansing, & Butler, 2005). While research points to negative employer attitudes, employers have hired, trained, and integrated employees with a visual impairment through the leverage of assistive technologies and rehabilitation personnel (Wolffe & Candela, 2002). Finally, external influences such as transportation quality (Crudden et al., 2005) or rights movements (Pati & Bailey, 1995) have been noted as factors that influence employment outcomes, but have received scant attention.

Postemployment research for people with visual disabilities has focused on earnings potential, job satisfaction, and performance. For example, research shows that those who attend specialized schools make significantly less money (Fireison & Moore, 1998). Job satisfaction is based on amount of work, supervisor appreciation, salary, and opportunities for advancement or training (Rumrill, Roessler, Battersby-Longden, & Schuyler, 1998), and job performance has been associated with accessibility and assistive technologies (Rumrill et al., 1998). Accessibility has assumed importance in postemployment, as it directly influences all outcomes (Bruyère, Erickson, & VanLooy, 2004). Research has thus been aimed at selecting appropriate assistive technologies (Gamble, Dowler, & Hirsh, 2004), and accommodation is now seen as a rights issue (Robertson, 2011).

While most of the research focused on visual impairment has been atheoretical, three perspectives have informed a few studies. First, the social networks perspective explains how formal and informal networks influence employment outcomes of people with visual impairments (Cimarolli & Wang, 2006; Crudden & McBroom, 1999; Malakpa, 1994). Second, the distributive fairness perspective explains that accommodations may elicit fairness judgments especially if coworkers engage in interdependent tasks and the accommodation is seen as giving someone undeserved advantage (Colella, 2001; Wolffe & Candela, 2002). Such fairness perceptions can cause those with a disability to respond negatively (e.g., reporting less workplace loyalty) (Schur, Kruse, Blasi, & Blanck, 2009). Finally, the norm of kindness perspective (Hastorf, Northcraft, & Picciotto, 1979) explains how employers provide positive personality ratings but do not hire the visually impaired (Wang et al., 2010). Further research is needed that considers the range of visual impairments (Crudden & McBroom, 1999) and that draws from different models of disability (Brown, Hamner, Foley, & Woodring, 2009).

Persons With Hearing (dis)Abilities

The World Health Organization describes a hearing loss as disabling for adults if the loss is greater than 40 decibels (dB) in the better-hearing ear. Using this definition, an estimated 360 million people worldwide have a disabling hearing loss—approximately 15% of the world's adult population and one-third of people over 65 years of age (World Health Organization, 2013b). Hearing loss is also unevenly distributed, with prevalence increasing as income levels decrease, with greatest prevalence in South Asia, Asia Pacific, and Sub-Sahara Africa (World Health Organization, 2013a).

It is generally believed that adults with hearing loss have a much higher unemployment rate than the general population and those who are employed are often underemployed and serve in lower level jobs (World Health Organization, 2013b). Stereotypes, stigmas, superstition, misinformation, lack of information, and limited access to resources are thought to contribute to underemployment. While many nations now have laws prohibiting workplace disability discrimination that cover people with hearing loss, research on the extent, causes, and consequences of discrimination in most countries is still very limited and completely absent in nations with the highest prevalence of hearing loss.

Theoretical frameworks commonly used to understand the workplace experiences of people with hearing loss include medical and audiology models, with a focus on the threshold for hearing tones relative to a set standard for "normal" hearing. Medical and audiology research less commonly examines how well people with hearing loss actually function in the workplace. In Canada, Laroche (1994) notes that employers relying on the hearing criteria of the medical model–based hearing criteria for employment testing are likely to discriminate against people with a hearing loss because audiograms used by healthcare professionals to identify abnormal hearing are not good predictors of auditory capabilities at work (i.e., commonly used medical model–based hearing tests measure "normal" hearing in terms of decibel thresholds for hearing tones in a lab setting and are often poor predictors of subjects' ability to communicate at work).

The rehabilitation literature employs a framework focusing on helping people with (dis)abilities achieve their personal, career, and independent living goals through a counseling process and offers more extensive findings on workplace inclusion and exclusion of persons with hearing (dis)abilities. Social models place more emphasis on the experiences of people who are deaf as cultural minorities. The more limited research on persons with hearing loss in the workplace has primarily focused on hiring, training, and accommodation, often drawing on diversity, stereotyping of people with hearing impairments (i.e., that they are old, isolated, less intelligent, etc.), identity and fairness frameworks. A study of Americans with hearing loss found that the most common discrimination complaints involved discharge, accommodation, and hiring (Bowe, McMahon, Chang, & Louvi, 2005). The same study found that relative to other disability groups, people with hearing loss made proportionately more complaints related to hiring, testing, training, harassment (notably coworker "teasing" about the impact of hearing loss on speech and pronunciation), and discharge conditions. While this study was statistical in nature and relatively atheoretical, it points to the importance of future research using stereotype, stigma, labeling, and isolation theory. Management research specifically examining people with hearing loss is extremely limited and has thus far centered on willingness to request accommodation (Baldridge & Swift, 2013; Baldridge & Veiga, 2006).

Moreover, hearing (dis)abilities include several distinct groups with different employment discrimination experiences based on severity, onset age, and sign language use. People who are born deaf, for example, are more likely to communicate primarily via sign language and view deafness not as a disability but rather as a difference in human experience (Lane, Pillard, & Hedberg, 2011). In contrast, the majority of people with hearing loss are not culturally deaf. This is true because there is a strong correlation between age and hearing loss. With this in mind, there is a need for more research on these subgroups and the impact of severity, onset, as well as, the impact of gender, race, nationality, and age.

Persons With Chronic Illness (dis)Abilities

Chronic illness and disability are related but distinct. Chronic illnesses are illnesses that are prolonged, do not resolve spontaneously, and are rarely cured completely (Centers for Disease Control, 1999). They are estimated to cause two-thirds of the disabling conditions reported in the United States (LaPlante, 1996). In the United States, chronic illnesses affect nearly 72 million working age adults, which is 39% of the working population (Tu & Cohen, 2009). A key point is that chronic illness may exist below the threshold of functional disabilities required for disability accommodation to take place, such that people with chronic illness may be on the fringes of the definition of disability. Indeed, people with chronic illness may not identify themselves as "disabled" and typically avoid this status as long as possible. Thus, having a chronic illness, or being a person with chronic illness, may be a precursor to having a disability and being a person with a disability. If and when people with chronic illness become disabled, they will be categorized within one of the disability groups outlined elsewhere in this chapter. This is especially so if they need any kind of accommodations or disability benefits, because this categorization reflects our broader social framework for understanding disability.

The major conceptual models that have been applied to chronic illness and discrimination in the workplace are disclosure, impression management, and stigma (Greene, 2000; Munir, Yarker, & Haslam, 2008). If chronic illness symptoms are invisible or variable (which they often are), or do not reach the threshold of a disability, the choice to disclose or "pass" becomes a strategic calculation. Most employers' sick leave policies are not designed for longer term or variable conditions; individuals have to negotiate their own arrangements, perhaps using disclosure, which may increase stigma risk or lead to negative career implications (Beatty, 2012; Clair, Beatty, & MacLean, 2005; Ragins, 2008).

Research in chronic illness often focuses on the effects of single kinds of illness, which leads to a patchwork of results for various illnesses. This single illness approach is also illustrated in discrimination research reviewing Equal Employment Opportunity Commission Americans with Disabilities Act lawsuits. These lawsuits highlight that the kinds of discrimination (e.g., related to benefits, health insurance, demotion, termination) vary in reaction to typical chronic illness symptoms.

Future research could increase our understanding of information management for people who are in the process of becoming disabled (or actively avoiding becoming disabled). What contextual triggers lead to disclosure? Also, people with chronic illnesses are often sorted as separate categories, limiting their ability to mobilize (Valeras, 2010). From both a theoretical and practical viewpoint it would be helpful to understand the common themes

across the spectrum of illness conditions. A more broadly defined illness community may be better positioned for such information dissemination and advocacy; alternatively, further research might highlight some barriers to unifying as a single illness community.

Persons With Psychological (dis)Abilities

The World Health Organization estimates that 450 million people worldwide suffer from mental illness that substantially (and lastingly) limits a major life activity. Unfortunately, extensive empirical evidence across countries and cultures indicates that persons with mental (dis)abilities run a high risk of being marginalized in terms of employment, housing, social inclusion, and access to health systems (e.g., Feldman & Crandall, 2007; Thornicroft, 2006).

Stigma is the dominant theory used to explain discrimination related to mental disabilities. Applied to the context of mental illness or disability, stigma describes "the social judgment, degradation, or devaluation of individuals because they have mental illness symptoms or have been labeled as having a mental illness" (Abdullah & Brown, 2011, p. 936). While most persons with (dis)abilities are at risk to be negatively affected by stigma perceptions, stigma research identifies six dimensions that impact stigma susceptibility. These are concealability, course, disruptiveness, peril, aesthetics, and origin. Hinshaw (2007) and Feldman and Crandall (2007) apply these categories and suggest that people with mental illnesses are particularly susceptible to negative stigma effects. For instance, with regard to course, mental disabilities are often regarded as less stable than physical disabilities (e.g., in the case of bipolar disorders, where a certain instability is part of the clinical picture).

Research has further articulated that there are two types of mental disability stigma (Corrigan, Kerr, & Knudsen, 2005). First, social or public stigma refers to the public's widespread endorsement of stereotypes about persons with mental (dis)abilities and the related discriminatory response against those (Corrigan & Kleinlein, 2005). Typical stereotypes about people with mental (dis)abilities include dangerousness, incompetence, and character weakness (Corrigan et al., 2005). Public stigma has been shown to negatively affect not only individuals with psychiatric disabilities but also their friends and their families as well as public health providers (Corrigan & Kleinlein, 2005). Negative effects typically include the inability to find appropriate employment and adequate housing (Corrigan & Kleinlein, 2005), increased interactions with the criminal justice system (e.g., Watson, Corrigan, & Ottati, 2004), and reduced benefits from the healthcare system (e.g., Desai, Rosenheck, Druss, & Perlin, 2002). Second, the individual's self-stigma refers to the process of internalization of public stigma regarding mental illnesses (Corrigan et al., 2005). Affected persons tend to endorse such public stereotypes about their own mental disability, anticipate social rejection, and respond with negative emotional reactions including feelings of shame and demoralization, a reduced self-efficacy, and lowered self-esteem (Corrigan, 2007).

Research has also shed light on the process leading from mental disability stigma to discrimination. In this regard, labeling and modified labeling theory (Link, Cullen, Struening, Shrout, & Dohrenwend, 1989) propose that labels like "mental illness" activate negative stereotypes and emotions and cause social processes of rejection and discrimination. In addition, people labeled as "mentally ill" by a medical professional might more strongly internalize public stereotypes and start to act accordingly (Link et al., 1989). From an empirical point of view, ample research has demonstrated that persons with mental (dis)abilities are particularly prone to discrimination in various fields of life including employment (e.g., Baldwin & Johnson, 1994; Baldwin & Marcus, 2007). Within the group of persons with (dis)abilities, they tend to receive the lowest employability rankings by employers (e.g., Koser, Matsuyama, & Kopelman, 1999).

While there is copious research on the negative effects of mental disability–related stigma, there is a clear need for more longitudinal research in order to identify causal effects (Livingston & Boyd, 2010). This would also help to lay the groundwork for a second important area for future research, namely, measuring and proving the effectiveness of antistigma programs. Third, the role of culture should be explored in more detail, as current research indicates that there are important differences in mental disability–related stigma among various cultural groups (Abdullah & Brown, 2011). To better understand such differences would allow the development of appropriate, culture-specific antistigma interventions.

Disability Types, Research Implications

Extant management research often examines disability as a general category and typically does not investigate differences among and between disabling conditions. Given the differences within and between disability types discussed in the prior section, studies taking a homogeneous view of "people with disabilities" as a general category run the risk of missing important disability-specific findings. Generalizability of findings based on the study of one disability group cannot be assumed. Even within disability type, caution should be used because of differences based on severity, age of onset, and other factors that can alter individuals' experiences. Research is therefore needed to more specifically analyze the prevalence and relative absence of particular types of disabling conditions represented in current research. Extensive research could then be conducted on a wide variety of specific disabling conditions with meta-analyses used to bridge these focuses studies.

A Closer Look at Disability Discrimination in Five Nations

There are national variations in the cultural and legal definitions of who is defined as "disabled," which shape regional differences in the employment experiences and discrimination encountered by different disability groups. To illustrate this scope, we review the research on persons with (dis)abilities in the United States, Canada, Germany, India, and China. These nations were selected because they collectively represent a larger portion of the world's population and offer contrasting cultures, governments, laws, and economies.

As noted, according to a World Health Organization (2011) report, more than a billion people in the world live with some type of (dis)ability, and this number will likely increase as the world's population ages. Recently the United Nations has established the United Nations Convention on the Rights of Persons with Disabilities (United Nations Enable, 2012), with 158 signatories, which frames disability as a human rights issue (World Health Organization, 2011). Although the world has largely adopted a human rights framework in working toward inclusion, there remain differences in how countries and subregions define and pursue disability rights. For example, while some countries cover all persons with (dis)abilities, others primarily target specific demographic segments such as children with disabilities. Further, national culture can directly influence the experience of persons with (dis)abilities. Finally, causes, forms, and prevalence of disabling conditions differ from country to country. For example, while high-income and developed regions have eliminated leprosy and polio, others such as India and Nepal have faced outbreaks until the recent past (World Health Organization, 2011). Who is a target beneficiary of disability programs, which assistive technologies are available, who is considered to have a disability, which types of disability receive legal protection, and the availability of research on workplace discrimination vary widely.

Similar to the section on individual disabling conditions, we provide a brief yet broad review of historical and contemporary research on workplace discrimination in five different nations. We include theoretical frameworks and directions for future research, with particular emphasis on the ways in which discrimination can be manifested, its causes and consequences, and strategies for its reduction in these countries.

Persons With (dis)Abilities in the United States

Historically in the United States, disability was interpreted through the biomedical model, in which disability is objective, to be described and categorized in medical terms of physical functioning and limitations. More recent cultural language has shifted to the social model of disability, which situates disability as a quality of the interaction between the individual and the environmental context. The adjustment to disability is a social challenge, not an individual one. This sociopolitical model of disability argues for the rights of self-definition and self-determination, elimination of prejudice, and full equality and civil rights under the law (Smart & Smart, 2006). Correspondingly, in the late 1980s language use in the United States started to shift from "handicapped" to "disabled" (Devlieger, 1999). Through legal advocacy, persons with (dis)abilities have shaped a minority group identity to support a positive self-image that reflects self-determination and autonomy.

The United States disability landscape is prominently shaped by the Americans with Disabilities Act of 1990 (ADA). Its main focus is accessibility, and it creates guidelines enforceable by law for access in housing, employment, and transportation. Title I of the law directly addresses employment, prohibiting discrimination and requiring employers to make reasonable accommodations. The ADA defines a person with disability as having a physical or mental impairment that substantially limits one or more major life activities; having a record of such impairment; or regarded as having such impairment. Confusion about who qualifies as disabled has been a constant issue for

employers (Ren, Paetzold, & Colella, 2008). In 2008, the ADA Amendments Act (ADAAA) was passed to address the narrow judicial constructions of the ADA, which had limited eligibility (Colella & Bruyère, 2011).

The United States has a few unique features that can affect persons with (dis)abilities. One is that healthcare is very expensive. Cross-country comparison data shows that the United States has the highest costs, the most gaps in healthcare, and the highest cost sharing even for people with insurance (Schoen, Osborn, How, Doty, & Peugh, 2009). Also 65% of the US population aged 18–64 have employer-provided group health insurance, and under federal mandate, employer group health plans cannot deny coverage or exclude preexisting health conditions; thus, employment is a primary gateway to healthcare for persons with (dis)abilities, and unemployment is risky and potentially very expensive for persons with some (dis)abilities that require more regular medical care. This situation can lead to underemployment and lower employment mobility, as disabled workers may be hesitant to leave jobs that provide medical coverage. Recent legislation in the United States, the Affordable Care Act, is changing some of the pathways to access health insurance, making health insurance available to everyone. It is too early to draw conclusions about the law's effects, but as data becomes available this should be an area of future research.

Despite the ADA, a recent Harris Interactive Poll (2010) shows that 21% of persons with (dis)abilities in the United States are employed full- or part-time versus 59% of persons without disabilities. The same poll indicates that employers are not making proactive efforts to improve the employment environment for persons with (dis)abilities, with *decreasing* prevalence of the following items over prior years: disability hiring programs, special staff dedicated to hiring persons with (dis)abilities, programs that help managers and employees learn to work with persons with (dis)abilities, and hiring rates of persons with (dis)abilities. The ADA can impose clear penalties for terminating persons with (dis)abilities, so discrimination is more likely to move upstream to the hiring stage. Research suggests that employers' concerns about hiring persons with (dis)abilities are lower work performance, productivity, safety, dependability, attendance, and coworker acceptance. They also are concerned with a potential lack of skills and increased costs due to insurance and accommodation (Colella & Bruyère, 2011).

Persons With (dis)Abilities in Canada

The Canadian definition of "disability" is drawn from the International Classification of Impairment, Disability and Handicap adopted by the World Health Organization. This designation refers to any limitation imposed by a mental, psychological, or physical condition (MacKenzie, Hurst, & Crompton, 2009). In terms of employment, the concept of disability has evolved through the years in Canada. During the 1950s, the specific investigative thrust was on employability advanced through supportive employment arrangements (Feintuch, 1955). Beginning in the 1970s, research shifted from observing the utility of sheltered workshops to competitive employment primarily through focusing on employers' attitudes toward individuals with disabilities (Wilgosh & Skaret, 1987) and perceived beliefs of why employment terminations occurred (Mueller, 1988). With the new century approaching, researchers started to explore employment equity for persons with (dis)ability in Canada (Raskin, 1994). With the ushering in of the twenty-first century, added attention was given to the roles of employers and policy makers in developing nondiscriminative workplaces for Canadians with disabilities to succeed in the work sector (Westmorland & Williams, 2002). More recently, research has been directed at issues of inclusion (Kirsh, Krupa, Cockburn, & Gewurtz, 2010). Workplace integration of Canadians with disabilities has, in a large part, been viewed under the purview of legal rights (Thun, 2007).

According to Prince (2010), disability legislations are considered necessities given the discriminatory barriers and exclusion that face Canadian residents with physical and mental afflictions. However, such statutes tend to contrast from legal dictums in other nations. Canadian disability law is decentralized, with authority delegated to the individual provinces (Burns & Gordon, 2010). The legal decentralization has made legal dictums complex and nebulous, making it difficult to assess whether illegal discrimination has occurred. There has also been some nationalism of disability brought forth by legal determinations made by the Supreme Court of Canada. In these decisions, the Court has considered disability as a social construction rather than a medical characteristic (Vanhala, 2010). Moreover, there are indications that the court interpretations of legal statutes vary across the United States and Canada. Atkins (2006) indicates that the courts have interpreted the ADA in the United States narrowly and generally ruled in favor of employers, but Canadian courts have typically ruled on the side of persons with (dis)abilities because they have interpreted employment legislation more broadly. By focusing on the individual, the Canadian laws provide rights to those with drug and alcohol addictions as disability classifications. It

should also be acknowledged that Atkins's comparison of US and Canadian laws was made prior to the 2008 amendment of the ADA, which gave the US courts wider authority in determining the protected class (Cox, 2010).

The legislative responses are necessary given the discriminatory barriers to gainful employment. Workplace and employer discriminative acts were shown to limit career advancement of Canadians with disabilities (Shier, Graham, & Jones, 2009). Specifically, Canadian researchers isolated stigmatization across disability types. For instance, Benoit, Jansson, Jansenberger, and Phillips (2013) call attention to nationwide stigmatization toward individuals with visual impairments, and Kassam, Williams, and Patten (2012) emphasize the perceived discrimination that also exists in Canada toward individuals with mental impairments.

Given that negative attitudes persist among Canadian employers, further investigation should be considered on disability and work. As one example, Gröschl (2004) indicates a need for future research to examine the effect of HRM practice in increasing the representation of workers with disabilities in the Canadian Hotel industry. Future investigative directives should examine the effect of organizational initiatives on reducing discriminatory barriers in the nation's labor market; longitudinal efforts would be most helpful. Additionally, there needs to be future research regarding the pros and cons of Canadian disability legislation on people with learning (dis)abilities. According to Gerber, Batalo, and Achola (2012), the effect of disability legislation on the employment discrimination toward this group has been underinvestigated in Canada.

Persons With (dis)abilities in Germany

In defining disability, Germany combines the medical and the social view and defines those as having a disability whose physical, cognitive, or psychological health deviates from the age-typical average for longer than 6 months and thereby negatively affects their inclusion in society (SGB IX). Medical doctors determine one's disability status, assigning a disability degree from 0 to 100%. This score is then documented in an official disability identification card, which entitles the holder various benefits in private and professional life.

From a societal perspective, the goal of inclusion is comparably new for Germany. In prior times, Germany had a system of separation, including special schools for children with (dis)abilities and a large secondary labor market with sheltered employment opportunities. As Powell (2003) explains, such special institutions tend to stigmatize and separate and thereby construct social inequality early in the life course. Since the 1970s, a social movement has developed that called for more self-determination and equal opportunities. As inclusion became a relevant topic for politicians and society, progress has been made in the domains of health, mobility, education, and employment.

From an economic perspective, Germany can be classified as a social market economy with well-developed rights for employees, including a traditionally strong role for labor unions and work councils. As a result, there are various benefits for employees with (dis)abilities, including qualified career advice, public placement services, vocational training measures, mobility aids, training subsidies, and integration allowances for employers, as well as additional holidays and an increased protection against dismissal (Kock, 2004). Moreover, employers with more than 20 employees are required to fill 5% of their positions with applicants with disabilities. If they fail to do so, they must pay a monthly penalty between 115€ and 290€ for each position that should have been held by a person with a disability. The revenue from this compensation levy (486 million € in 2012) is used for vocational integration measures (BIH, 2013; Kock, 2004).

As Heyer (2002) notes, German disability politics have traditionally been based on the expansion of social welfare and the provision of special needs instead of targeting inclusion. Inspired by the ADA, Germany passed a constitutional amendment in 1994 as well as several further laws in the 2000s that forbid discrimination of persons with (dis)abilities and more clearly outline their rights, including the provision of barrier-free buildings, transportation, administrative procedures, and access to IT. Finally, in 2009, the UN Convention on the Rights of Persons with Disabilities was enacted. This is expected to have a considerable effect toward more inclusion, as— for instance—the education system starts to get changed toward fully inclusive schools.

Despite recent improvements, the labor market for persons with (dis)abilities in Germany is still split between regular employment in the first labor market and a large secondary labor market with sheltered employment. In 2011, close to 300,000 persons with (dis)abilities were employed in around 700 sheltered workshops, engaging in a broad range of service and production offerings. Unfortunately, only 2.7% of persons employed there are

successful in transferring to the first labor market—a disappointing result, as such transfer is a core goal of these facilities (BIH, 2013). With regard to the first labor market, the unemployment rate of persons with (dis)abilities is approximately twice as high (14.1% in 2012) as for persons without disabilities (6.8% in 2012). Persons with (dis)abilities also seem to profit less from the economic recovery in Germany, as their unemployment rate only decreased by 1% between 2007 and 2012—compared with a decrease by 23% for people without (dis)abilities (Bundesagentur für Arbeit, 2013).

While research on (dis)ability is generally underrepresented in management research, research using German samples is especially limited (Baumgärtner, Dwertmann, Boehm, & Bruch, 2014). This is problematic because, as noted above, some aspects of disability research tend to be context- and country-specific, such as investigating outcomes of national laws on disability-related processes.

Persons With (dis)Abilities in India

In India, the Ministry of Social Justice and Empowerment defines persons with (dis)abilities as someone with any nontemporary impairment (e.g., developmental, sensory) that may hinder full and effective societal participation. The most recent bill also includes more specific definitions of 20 disability conditions (e.g., blindness as a limitation of the field of vision subtending an angle of 20 degree or worse) and these defined conditions are treated as protected classes under disability laws. There are about 100 million persons with a (dis)ability (Cherian, 2012) with unique experiences as poverty, gender, and caste also influence their marginalization. Thus, Judeo-Christian notions of stigma only partially explicate the experience of disability in India. Conceptions of inclusion are grounded in Brahmanic texts, and those with any disability are seen as incapable of performing rituals necessary for family well-being (Buckingham, 2011). Cultural barriers also correlate disability with shame, sin (Peters, Gabel, & Symeonidou, 2009) and past karmas (World Bank Report, 2007).

In this context, advocacy has not only adopted the Western civil rights frame, but also the Gandhian techniques of civil disobedience (e.g., nonviolent resistance). However, there have been no durable cross-disability mass movements in India (Bhambhani, 2004). The country's key legislation, the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act of 1995, arose mostly due to international pressure (Mehrotra, 2011). Activism took root after the 1995 Act when the National Centre for Promotion of Employment for Disabled People collaborated with disability rights organizations, advocacy groups, and local governments to form the National Disability Network. However, current policy changes are also driven by international pressures that have nudged the Indian government to examine disability laws and gather data on disability in the census (Cobley, 2013).

Regarding legislation aimed at promoting inclusion, the Ministry of Social Justice and Empowerment has enacted the following frameworks: the Rehabilitation Council of India Act 1992, the aforementioned Act 1995, and the National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disability Act 1999. India is also a signatory to the Declaration on the Full Participation and Equality of People with Disabilities in the Asia Pacific Region, and the Biwako Millennium Framework for action toward an inclusive, barrier free, and rights-based society (Ministry of Social Justice and Empowerment, 2013).

To increase employment, the Ministry gives monetary awards and citations to outstanding employers of persons with (dis)abilities. Further, the Act of 1995 provides a quota of 3% in vacancies in identified job posts within public sector organizations of which 1% each is earmarked for persons with blindness or low vision, hearing impairment, and locomotor disability or cerebral palsy. The aforementioned Bill of 2011 may increase quotas (Ministry of Social Justice and Empowerment, 2013). However, only 34% of those with a disability are employed (Ministry of Social Justice and Empowerment, 2013), and noncompliance with the quota system is not met with governmental sanctions (Dawn, 2012), implying insecure employment for people with disabilities in India (Confederation of Indian Industry, 2009; Diversity and Equal Opportunity Centre, 2009; World Bank Report, 2007). According to the Diversity and Equal Opportunity Centre (2009), persons with (dis)abilities do not have formal representation in organizational trade unions, thus making them relatively voiceless in employment-related forums.

Research on workplace discrimination in India is still relatively limited. Academia has given few inputs to the Indian disability movement, and the limited research available does not go beyond the medical model (Mehrotra, 2011). Further, notions of disability culture remain nonexistent in India, as issues of livelihood, education, and access to

resources have continued to be the dominant focus (Bhambhani, 2004). Research about the history of disability in India has also been a neglected topic (Buckingham, 2011). This context offers several opportunities not only to map disability history in India but also to examine current issues such as the impact of a changing demographic in India that is vocal about rights (Mehrotra, 2011), the effectiveness of governmental employment quota systems, and so forth.

Persons With (dis)Abilities in China

Prior to 1980, persons with (dis)abilities in China were often referred to as "can fei," meaning "the handicapped and useless" (Liu, 2001). Disability rights advocacy and government support are gradually changing attitudes toward persons with (dis)abilities, which is reflected in the increased use of the term "canji ren," which means "disabled persons" or "persons with disabilities" (Weiss, 2010). As China is the most populous nation in the world, and an emerging economic leader, disability discrimination in China is of critical importance. Historical and cultural influences play an important role. For example, in many areas disability is still viewed as punishment for parental, or past-life, sins (Liu, 2001). Similarly in Chinese culture mental health is often thought to be rooted in self-discipline and emotional problems are thought to be associated with weak character (Lee, 1996). Feelings of guilt and shame often create conflict and barriers to disability acceptance among family members (Lam, 1992). Part of the attitudinal difference is that Eastern cultures often focus on illness and disability causes, while Western cultures focus more on solutions (Chung, 1996). Some research also indicates that people in China have more positive attitudes toward people with physical disabilities than toward people with developmental disabilities and mental disorders, and that people in China are also generally more sympathetic toward individuals with acquired rather than congenital disabilities (Wang, Chan, Thomas, Lin, & Larson, 1997).

The China Disabled Persons' Federation (CDPF), established in Beijing in March of 1988, has played a central role in the disability rights movement in China. Its predecessors are the China Association for the Blind and Deaf (established in 1960) and the China Welfare Fund for the Handicapped (established in 1984). More than 50 national laws contain specific provisions concerning persons with (dis)abilities including the 1990 Law to Protect Disabled Persons, the 2007 Regulation of Employment for People with Disabilities, and the 2008 Employment Promotion Law.

The 1990 Law of the People's Republic of China on the Protection of Disabled Persons defines a disabled person as a "person who suffers from abnormalities or loss of a certain organ or function, psychological or physiologically, or in anatomical structure and has lost wholly or in part the ability to perform an activity in the way considered normal" (International Labour Organization, 2003, p. 6). This wording clearly reflects elements of a medical model and deviation from normality. Additional regulation in 2007 requires all enterprises to employ a workforce that comprises at least 1.5% persons with disabilities. Enforcement and compliance, however, remain limited, and very few organizations meet this requirement.

Workplace discrimination based on age, gender, disability, ethnicity, and other dimensions is still widespread, often overt, and widely tolerated in China (China Labour Bulletin, 2012). For example, many factories openly state that they will not hire anyone over 30 years in age and a survey of state-owned enterprises found that 61% of these organizations screen for hepatitis B (HBV), with 35% stating that they would reject candidates with HBV (China Labour Bulletin, 2012).

Research on workplace discrimination in China is still relatively limited. This research needs to take into account unique historical and cultural roots, the impact of a central planned economy, the one-child policy, and rapid socioeconomic growth. Population shifts from rural to urban centers are also important to consider, as well as the impact of quota systems. In China discrimination against persons with HBV and HIV is a pressing issue, as is kidnapping and trafficking of people with mental disabilities.

National and Cultural Context Research Implications

To date, the bulk of disability discrimination research has focused on the North American context. While there is increasing interest in workplace disability discrimination in other contexts, the role of national and cultural differences has not been investigated or compared extensively. As indicated in our review of disability discrimination in five countries, there are important differences in how countries and subregions define and pursue disability rights, and national culture can also directly influence workplace discrimination. For these reasons,

research is needed to review and offer national and cultural context comparisons represented in the extant research. Additional research is then needed within specific national and cultural contexts with meta-analytical designs used to identify areas of similarity and difference.

Discussion and Conclusion

In this chapter we have shared our views on extant workplace disability discrimination literature and our suggestions for future research directions. We believe that given the large number of potentially disabling conditions, the diversity of conditions, and importance of contextual factors, very little is currently known about workplace disability discrimination. At the same time, aging workforces and increased concern for human rights and poverty reduction have led to increased interest in the causes and consequences of, and strategies for reducing, workplace disability discrimination worldwide. Our review of the historical and contemporary literature on discrimination related to five conditions and five nations gives a limited representation, yet it suggests that discrimination research is a patchwork of knowledge. Overall, extant research indicates that disability discrimination is widespread and that the ways in which discrimination can be manifested, its causes, and its consequences vary considerably by condition and context. Extensive research is therefore needed on the workplace disability discrimination faced by persons with various conditions in different national contexts.

Great caution should be used in generalizing the results of workplace disability discrimination studies across disability conditions and across work contexts. including but not limited to national context. In particular, more research is needed on the experiences of persons with disabilities in less affluent countries. Cross-nation research needs to consider the potential impact of culture, religion, healthcare accessibility, insurance, and economy type and strength to name a few important considerations. We also encourage in-depth studies of individual conditions; the relationship between other forms of discrimination including gender, race, and age; and the continued consideration of disability as a human rights issue.

In some countries overt discrimination is still prevalent and the extent of overt discrimination varies from condition to condition. In countries offering greater legal protection, overt discrimination may be reduced, but it gives way to more subtle forms of discrimination, which can be at least as damaging as overt discrimination (Jones, Peddie, Gilrane, King, & Gray, 2013). Therefore research is needed to examine both overt and more subtle forms of workplace disability discrimination such as isolation, lower expectations, and decreased access to development opportunities. Sadly, overt discrimination still includes outright refusal to hire and in some countries can be as extreme as kidnapping and enslavement of vulnerable persons with (dis)abilities. With regard to consequences of discrimination, beyond economic impacts, scholars need to examine the impact of associated stress, fatigue, and burnout. A study of Dutch hearing-impaired employees, for example, found that "Hearing-impaired people have a five times higher risk... than normally-hearing persons to develop stress-related complaints resulting in sick-leave" (Kramer, Kapteyn, & Houtgast, 2006).

Beyond discrimination in initial hiring, research is also needed to examine discrimination in testing, training, promotion, and benefits as well as nondiscriminatory work climates and equal access to social networks. In particular, research should be directed toward the impact of overt and subtle discrimination on the relationship quality between persons with (dis)abilities and their supervisors and their coworkers, and the impact of the quality of these relationships on the extent of discrimination. From a team perspective, research examining disability discrimination and in-group favoritism (Brewer, 1979; Mullen, Brown, & Smith, 1992), as well as group fault lines (Lau & Murnighan, 1998) is encouraged. As noted, there is clearly a need for more longitudinal research in order to identify causal effects, which would also lay the groundwork for research measuring and proving the effectiveness of antistigma programs. From a labeling theory perspective (Ashforth & Humphrey, 1995), research is needed to further investigate the impact of terms and labels such as "disabled," "people with disabilities," and "persons with (dis)abilities," and more specific terms such as "people with hearing loss," "the deaf and hard-of-hearing," and "hearing aid users." Does use of these various terms impact the extent and consequences of workplace disability discrimination?

At this point, it is difficult to offer general guidance on strategies for reducing workplace disability discrimination, however, the more developed literature on strategies for reducing gender and racial discrimination offers a logical starting point. In particular, research is needed to investigate and compare the impact of educational programs,

governmental legislations (e.g., antidiscrimination vs. affirmative action, hiring quotas, requiring accommodation, and so forth), and human resource and managerial practices (such as affirmative action hiring, promotion, diversity/disability training, and accommodation policies and procedures). It is, however, believed that viewing disability as a naturally occurring form of human diversity and an emphasis on human rights are important precursors for reducing workplace disability discrimination, as is a focus on ability rather than disability.

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