

Perils Of Being Differently-Abled At Workplace: Conceptualizing Stigma For Disabled Employees

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Abstract

This research provides a deep insight into the challenges faced by individuals associated minority groups at workplaces, particularly disabled employees. The primary focus of this research centers on the concept of workplace stigma. This study provides some key aspects of stigma by highlighting the importance of certain relationships, including the mechanisms of facilitation, consequence, and reduction, which are linked with the phenomena of stigma. Mainly, Despotic Leadership acts a key facilitator, providing favorable grounds for the stigmatization of disabled employees in workplaces. The stigmatization of the disabled employees also has some consequences, as demonstrated the probability of higher occurrence of Deviant Workplace Behavior, Turnover Intentions, and Workplace Presenteeism among those who experience stigma. Furthermore, the research also discusses the importance of Social Support as a mechanism for reducing stigma. When disabled employees receive help, guidance, and emotional or physical support from others, they are more likely to overlook the negative effects of stigma. Moreover, this research postulates potential moderating variables within the proposed stigma framework, with a specific emphasis

Keywords: *disabled employees, workplace stigma, despotic leadership, deviant workplace behavior, turnover intentions, workplace presenteeism, psychological hardiness, climate for psychological safety.*

Introduction

Stigma has been the cause of adversity among people i.e., having some different trait from others is labelled as deviant. The term "Stigma" actually came from very ancient times, i.e., the Greeks, who used it as a mark or brands that often-indicated infamy or disgrace (e.g., the mark of slaves, etc.) (Katz, 1979). Individuals considered having a stigmatized identity are depicted as inferior, unpleasant, or unworthy by the majority, thus providing a basis for the suffering of these individuals (Penner et al., 2018; Summers et al., 2018). These stigmatized individuals who are deemed as deviants are categorized as formal/informal basis or social basis, leading to their devaluations portraying them as out-groups (Colella and Varma, 2001; Crocker and Major, 1989; Dwertmann and Boehm, 2016).

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According to WHO (2024), estimated 1.3 billion people, about 16% of the world's population have some sort of disability and is a major concern. Persons with disabilities (PWDs) are a socially devalued group who face barriers in employment (Gignac et al., 2021b; Lindsay et al., 2018; Khayat-zadeh-Mahani et al., 2019; Schur et al., 2017). Disabled individuals who get employed are portrayed as inferiors by others (Beatty et al., 2019; Bonaccio et al., 2019; Stone and Colella, 1996). Thus, these disabled employees are categorized as a minority or out-group in organizations (Dwertmann and Boehm, 2016). This unequal treatment experienced by disabled employees (DEs) have been identified as factor contributing to a decline in performance, limited career growth prospects, and reduced responsibilities (Baldrige and Swift, 2013; Berkley et al., 2019; Tóth et al., 2023). Therefore, such DEs get stigmatized and are compelled to withdraw from social interactions or if possible, conceal their identities which leads to deviation from their work (Hogg et al., 2023).

Stigma for DEs is a growing concern as more individuals are being affected due to this phenomenon. Recent literature has described stigma as a noxious phenomenon which spoils certain individuals with different social identities e.g., health issues, criminal association, caste, region, race, language, or disability status, etc. (Dovidio et al., 2017; Gignac et al., 2021 a,b; Jetten et al., 2018; Massey and Wagner, 2018). These studies have examined the concept of stigma thoroughly and have found it to be an area of high interest. This highlights that DEs are a victim of such destructive behaviors in social outlets, especially in workplaces (Sommerland et al., 2020; Zhu et al., 2019).

The aim of the current research is to provide organizational scholars with career development of DEs, with the main goal of encouraging research towards ways to support and manage these DEs. First, we define stigma, and use the types of stigmas (i.e., public stigma, self-stigma, stigma via association, and structural stigma), to develop a complete concept of stigma. Next, we study the concept of stigma for DEs and develop a conceptualization based on the factors affecting stigma for DEs. In doing so, we identify factors such as the facilitation, consequences, and reducing mechanism for DEs. Finally, we use these factors and develop a conceptual framework and identify future directions for stigma of DEs in workplaces.

Stigma

Stigma is an unhealthy phenomenon that disrupts the value of individuals or groups with a particular ailment that causes them to suffer adverse treatment in society (Goffman, 1963), or the marking of a devalued social identity due to a specific attribution or characteristic in social outlets (Miller and Kaiser, 2001). Stigma is a process that establishes an array of distinctions created by structural or cultural norms (Ali, 2013). An attribute regarded as stigma designates the marked individual as less valuable than normal people (Major et al., 2017; Sommerland et al., 2020). The entrenchment of individuals with particular traits makes them different from others in society, i.e., conditions viewed as deviant or undesirable that elicits a destructive response from others (Penner et al., 2018; Ragins, 2008; Yang et al., 2007). Therefore, stigma functions as an attitude that results in the discriminatory treatment of individuals who are perceived as deviating from societal norms (Ferguson et al., 2022). These sort of toxic behaviours, i.e., stigma, becomes damaging for those with a specific devalued social identity based on race, ethnicity, power status, and disability resulting in many destructive outcomes such as health disparities (Mental and Physical), decline in performance, and affects other constructive relationships as well (Dwertmann and Boehm, 2016; Follmer and Jones, 2018; Jetten et al., 2018; Massey and Wagner, 2018).

Types of Stigmas

Public Stigma

Public Stigma is the devaluation of those who have a deformed social identity by others, which causes such people to suffer, or the formalisation of negative sentiments that have an impact on societal norms and values (Link and Phelan, 2001). This is often referred to as general public's perception of an individual or group that receives unfavourable treatment (Vogel et al., 2006). The people's opposition towards a specific person or group who have undervalued categorization leads to the upsurge in discrimination and prejudice directed towards them (Corrigan and Rao, 2012; Sheehan et al., 2017).

Self-Stigma

Self-Stigma is accepting adverse treatment from others as a socially devalued individual and incorporating this negativity into one's sense of self (Livingston and Boyd, 2010). This implies that experiencing stigma relinquishes the strength of opposition, and in turn, accepting such adversity into one's life. Individuals associated with minorities having a different attribution explicit to the devaluation internalize the contrary treatment, i.e., discrimination and prejudice, and apply it to their lives (Morris et al., 2018; Yanos et al., 2015).

Stigma by Association

People linked with individuals possessing a spoiled or diminished identity are also a target for the aggressors, which leads to the intoxication of the associated individuals such stigmatization is known as Stigma by Association (Östman and Kjellin, 2002). People often develop negative perceptions regarding a diminished social group or individual, and when someone from their circle is linked to such groups, this proclaims a shift in reactions (Kulik et al., 2008). Individuals related in sympathetic relations to affected or stigmatized individuals often attain courtesy stigma resulting in hostile altercations (Pryor et al., 2012). This notion is procured as stigmatized individuals associated with other people forces them to have a stigmatized identity (e.g., friends and family of an Autistic individual, etc.) (Sanden, 2016). Hence, when an individual is affiliated with those who possess a stigmatized social identity, they become susceptible to experiencing stigmatization (Kreiner et al., 2022).

Structural Stigma

Stigma is a pervasive element throughout various social systems, and an often-overlooked phenomenon referred to as "Stigma Power" serves to illustrate the perpetuation of these harmful behaviours (Link and Phelan, 2014). This remark suggests that stigma manifests itself in interpersonal interactions as well as within institutional structures, hence enabling the perpetuation of harmful behaviours (Major and Schmader, 2018). Structural stigma refers to the discriminatory practices found within policies, regulations, and cultural norms that undermine the principles of equality and promote exclusion (Corrigan et al., 2004). Structural stigma pertains to the collective actions undertaken by organizations that perpetuate societal disparities in terms of access to and quality of care for individuals with personal encounters of mental illness and/or substance use (Smith et al., 2022). This also means that a stigmatized status is established and legitimized by social institutions and systems (Pryor and Reeder, 2011; Pryor et al., 2012). The business of culture and society influence institutions hence affecting the policies and practices that limit the prospects of the stigmatized individuals (Hatzenbuehler and Link, 2014). Environments that increase the threat of punishment, reduce resource supply, and intensify social constraints result from Structural Stigma (Richman and Lattanner, 2014). The uncertainty covering specific individuals where situations devour them and are restricted regularly by unequal chances of prosperity results from such type of stigma (Hatzenbuehler, 2018).

The Stigma Concept for PWDs

The adversity of stigmatization affects different individuals in many ways as such individuals possess a distinct trait that projects them as an out-group in society (Major et al., 2017). Injustice becomes a subsequent problem as the unfair treatment inflicts many detritions, resulting in numerous inadequacies (Dovidio et al., 2017). This intoxication becomes a source of adversity for those related to a stigmatized identity and affects them in many ways, i.e., distressed social life, poor physical and mental health, and discrimination (Chaudoir and Fisher, 2018; Link et al., 2018). Pryor and Reeder (2011) conceptualized a model of Stigma which discusses all types of Stigmas. It can be estimated that organizations and institutions are social outlets that provide an environment for diversity, but this may lead to some atrocities as a particular group or individual may face problems adapting (Bos et al., 2013; Major and Schmader, 2018; Pryor et al., 2012). The structure and policies may restrict these individuals or groups as outcasts which in turn provides a spark for discrimination and stereotype against specific individuals and groups, e.g., Racial, Ethnic, Linguistic, Political, Body Weight, Physical Appearance, or Disability (Dovidio et al. 2017; Jetten et al. 2018; Massey and Wagner, 2018; Neuberg and Kenrick, 2018). The general public has no idea about the problems that individuals with certain conditions face and derive their biased assessment of the situation, degrading these individuals as inferior or unworthy (Dwertmann and Boehm, 2016; Pryor and Reeder, 2011). The public view becomes an important aspect as the more dominant group overpowers and deforms the minority group to create authority (Link and Phelan, 2014; Oyserman and Fisher, 2018). This situation results in the excavation of complications resulting in Public Stigma, which increases the segregation and desertion of the marked individuals, thus implementing pessimism (Massey and Wagner, 2018; Richman et al., 2018). Therefore, a perception emerges as the individuals are being treated adversely, which imposes favourable grounds for Self-Stigma, and drive criticism, and devaluation of their self-worth and importance (Brown and Pinel, 2003; Kulik et al., 2008; Pattyn et al., 2014; Pinel and Paulin, 2005). This devaluation not only affects oneself but those around them such as family, friends, and colleagues, i.e., they also become the victim of stigma as they are being judged based on their associations (Halter, 2008; van der Sanden et al. 2016; Sheehan et al. 2017).

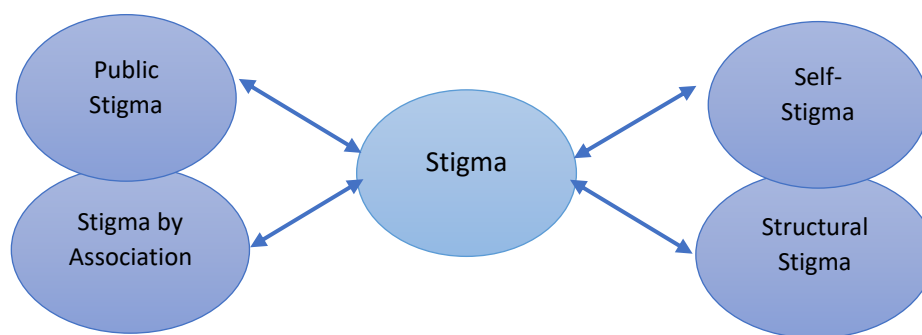


Figure 1. The Stigma Concept

A Conceptual Model of Stigma at Workplaces for Disabled Employees

The process and lived encounter of stigmatization are contingent upon the origin of the stigmatizing factor. Nevertheless, persons who are stigmatized encounter comparable circumstances as they navigate the process of acknowledging their divergence from societal norms, grappling with the effects of diminished social standing, and perhaps facing

discriminatory treatment, particularly within professional settings (Keplinger and Smith, 2022). The treatment of disabled employees (DEs) in the workplace is influenced by the complex character of work environments, which in turn affects their performance. This has been discussed in previous studies by Colella et al. (1997) and Graham et al. (2018). These activities have an influence on individuals with developmental disabilities (DEs), leading to hindered performance, increased stress, and negative effects on their physical health and psychological well-being (Richman and Lattanner, 2014; Trépanier et al., 2016; Young et al., 2016). The presence of stigma within work environments is detrimental and necessitates a more comprehensive comprehension (Kreiner et al., 2022). This implies that persons experiencing this concept develop resilience through modified mechanisms.

Facilitation of Stigma at Workplace for DEs

Leadership's role is vital in managing followers with ecliptic outcomes i.e. both Affluent and Antagonistic (Thoroughgood et al. 2016). Managing disability at the workplace is essential and leaders are key in providing opportunities and support (Kaye, Jans and Jones, 2011). When leaders display an assertion of negative engagements this makes it inevitable for the followers to suffer at the workplace (Padilla et al. 2007). The disruption and inadequate actions of leaders impact the potential and stability of the jobs of DE at workplaces (Schur et al. 2017). It becomes essential for leaders to be equipped about disability issues to establish strong connections with DE (Phillips et al. 2016). Therefore, ignorance towards PWD's from leaders will deprive lower LMX relationships hence resulting in toxic outcomes at workplaces (Colella and Varma 2001; Dwertmann and Boehm 2016; Follmer and Jones 2018; Luu 2019). Leaders ignoring or manipulating DE's and use their condition against them will in turn lay a foundation for others to take advantage of this situation and use antagonistic approaches to degrade these individuals from getting support and accommodations related to their work.

Despotic Leadership (DL) refers to those leaders whose behaviors depict supremacy and dominance for achieving self-interests (Naseer et al., 2015). DL also reflects the self-absorbed leadership style in which leaders pursue self-interests at the expense of followers' in a morally questionable scenario (De Clercq et al., 2019). This negative leadership behavior at workplaces disturbs the workforce and leads to demotivation, which provides a platform for pessimism (Padilla et al., 2007). The corruption of such leaders not only defies moral views but also diminishes the well-being and safety of employees and legitimate goals of organizations (Hoogh and Hartog, 2008). Therefore, instead of following rules, regulations, and requirements of the job, such leaders demand excessive obedience from followers in order to achieve their own goals (De Clercq et al., 2019; Schilling, 2009). This inadequacy will lead to an unequal power distribution at workplace where followers use ingratiation with leaders to attain more endorsement (De Clercq et al. 2019). A vacuum is created at the workplace where the disabled are isolated and characterized as a minority, leading to undesirable behaviors (Berkley et al., 2019; Dwertmann and Boehm, 2016). Therefore, the presence of despotic leaders at workplace creates problems at workplace for PWDs which in turn facilitates stigma from others.

Consequences of Stigma at Workplace for DEs

Due to their degradation, people with disabilities lead lives that a typical person would not dare to lead (Jones, 2001). In workplaces, these individuals are excluded from important work thus hindering their self-confidence and leads to isolation, alienation, and despair (Stuart, 2004). Stigma becomes a constant factor in undermining of PWDs in workplaces and effects their work directly (Barton and Brody, 2018; Derks and Scheepers, 2018; Dwertmann and Boehm, 2016). Consequently, PWDs feel threatened because of this inequality which causes them to

deviate from their work (Keplinger and Smith, 2022; Major et al. 2017). Stigma being a noxious phenomenon destroys PWDs at workplaces and disrupts their work.

Workplace Deviant Behavior is an immoral set of behaviors that vary across individuals and sustains diminishing effects on individuals as well as organizations (Alias et al., 2013; Griffin and Leary-kelly, 2015; Pulich and Tourigny, 2004; Shoaib and Baruch, 2017). Employees endure difficulties when organizations do not take care of them and this results in a "negative reciprocity orientation" i.e. employees' intend to harm organizations if their deserved plunders are not met (Mitchell and Ambrose 2007). This infers that when there are certain negative behaviors such as discrimination, bullying, or aggression shown by colleagues or supervisors then employees will also find a way to settle the score (Maurino et al. 2020; Richard and Hennekam, 2020). Stigma is linked with the unfair treatment of individuals which is a fuel for distress and this endurance will, in turn, lead to deviance (Major et al. 2017). This becomes the reason for them not to follow protocols and just maintain appearance rather than full involvement in their work.

In un-ideal circumstances, disability is either ignored or stigmatized in work settings which demolish fairness and decreases efficiency (Baumgärtner et al. 2014; Mendes and Muscatell, 2018). DE's become a victim of such undesirable actions from colleagues and superiors which derives a sense of insecurity leading to difficult physical and psychological circumstances at work (Dwertmann and Boehm, 2016; Follmer and Jones, 2018; Schur et al. 2017). Hence, the impact of stigma could depute DEs to entrench turnover intentions in regard to leaving their organization.

Workplace Presenteeism is said to be an action in which employees showcase full attendance at work while having a certain sickness or health condition (Schultz and Edington, 2007). Presenteeism focuses on the components of work that an employee can't complete in comparison to what potential employees can accomplish at work (Young et al. 2016). Presenteeism is reciprocal to productivity i.e., The number of employees who exhibit work-related deviations, such as presenteeism, increases in organizations with strict policies regarding absenteeism (Lohaus and Habermann, 2019). PWDs are notably considered as inferior and health issues are the primary estimated reason of decreased productivity in businesses (Johns, 2010). The stigmatization of DEs at work leads to the persistence of many challenges and many conservative effects, such as presenteeism at work (Young et al. 2016). Therefore, it may be concluded that having DS at work increases the likelihood that employees (DEs) will give in to counterproductive practices like WP.

Stigma Reducing Mechanism at Workplace for DEs

The distribution of power leads to the aptitude of others' behavior and results in a distinction created to disrupt the accumulation of resources (Lucas et al., 2018). This results in many toxic actions and behaviors which create inequality amongst individuals in society. Recently, there has been more focus on treating contrary issues in organizations and society, including discrimination, stereotyping, and stigmatization in workplaces (Casale et al., 2019; Einarsen et al., 2010; Jung et al., 2017). One of the most effective ways to reduce and handle such contrary behaviors is to provide social support to those in need (Recio et al., 2020). Social support implies a combination of the structure of an individual's social setting, such as group or familial ties, and more specific roles each relation may function (Uchino, 2006). These include aid, help or advice, and information provided to a certain individual in need or can help reduce certain perils like solitude in an individual's life.

Stigmatization is a devastating phenomenon and brings disastrous consequences for those with certain health conditions (Major et al., 2017). Disabled individuals are affected the

most by stigma as they are being marked as incapable and inferior (Berkley et al., 2019; Dovidio et al., 2017). These markings of PWDs lead to the dissemination of stressful situations, and they suffer from certain disparities. PWDs need a safe and friendly environment that will enable them to get involved in society, prompting positive effects (Low and Borowska-Beszta, 2018; Roulstone and Hwang, 2015; Ziedan, 2018). According to Lysaght et al. (2012), Social Support is a positive action that is directly related to the care and wellbeing of PWDs. It is imperative for an organization to demonstrate specific principles or behaviors that foster an environment where DEs feel secure and valued, hence mitigating their apprehension of neglect and the need to conceal their identities (Hogg et al., 2023; Richman et al., 2018). Mentoring, coaching, and supervising are just a few of the various methods DEs can achieve SSP (Baumgärtner et al., 2014). Thus, Social Support lessens the psychological distress experienced by DEs in stressful situations (Cohen and Wills, 1985; Lazarus, 1990; Lakey, 2013). Reduced stress also lessens the influence of negative behaviors like stigmatization, stereotyping, and discrimination among DEs at work (Major et al., 2017; Barton and Brody, 2018). Social Support for DEs at work will thereby counteract the negative effects of stigma against them.

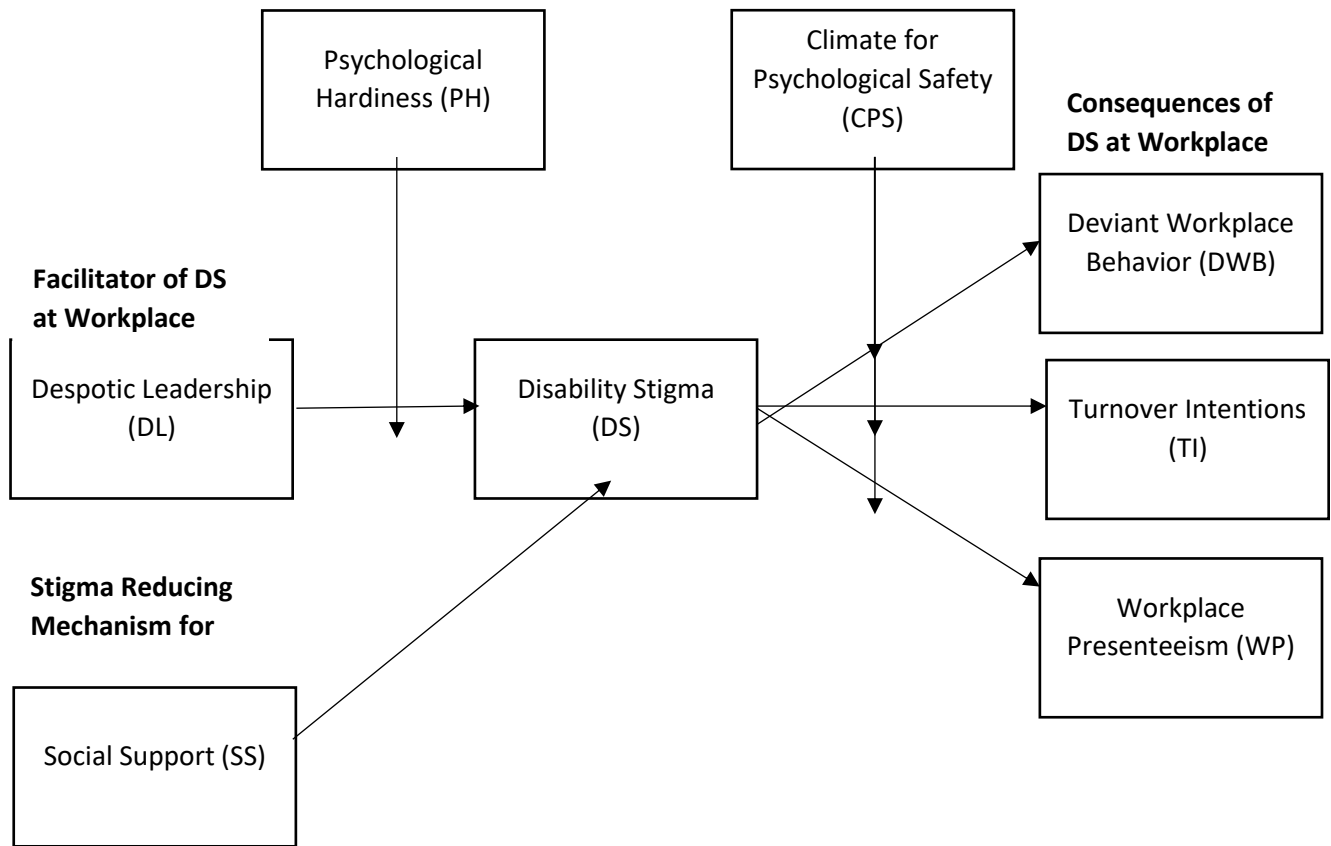


Figure 2. Conceptual Framework

Moderations for stigma in the context

People with low levels of hardiness may experience devastating effects in stressful situations like bullying or other negative behaviors, but people with high levels of hardiness may experience benefits (Britt, Adler, and Bartone, 2001; Hamre et al. 2020; Sandvik et al. 2013). Psychologically resilient workers could use stressful situations as an opportunity to advance

rather than stagnate and lose productivity (Golubovich et al. 2014). For DEs, work-related problems are more challenging than for others, and these problems lead to some stressful situations. This includes discriminatory policies and practices in workplaces that marginalize these DEs and encourage unfavorable treatment by others, which in turn causes devaluation and disparity of such employees (Bos et al. 2013; Hatzenbuehler 2018; Penner et al. 2018). Thus, DEs go through a rigorous procedure that makes them more persistent, and as a result, their capacity to handle such stress may become more crucial (Derks and Scheepers, 2018). Despotic leaders act selfishly by taking advantage of people for their own gain, which leads to stigmatization under their leadership and intoxication for DEs. Therefore, the more the DEs' psychological hardiness, or capacity to handle difficult situations, the less likely they are to be affected negatively by hostile behavior, which enables them to be less affected by other influencers such as despotic leaders at workplace.

Employees that work in environments with poor levels of psychological safety experience conflicts and have their thoughts or decisions distorted, which lowers performance (Bradley et al. 2012). Climate for Psychological Safety is the employee's self-perception regarding policies and practices related to the perspective of well-being at work and the impact that has on the employee (Golubovich et al. 2014). DE's face many challenges at work and endure discrimination, stereotypes, and stigma which in turn lead to a delicate state of survival in organizations and the organizational climate becomes vital for them to survive (Dwertmann and Boehm, 2016; Hashim et al. 2015). The view of people regarding social rejection shapes their stance on their safety and support in their work environment (Quinn, 2018). This implies that DEs feel reluctant in their organization and perceive psychological support as negligent hence laying foundations for a poor psychological safety climate which becomes a massive obstacle for them to excel at work and perform relatively deviant.

Stigma for “Differently-abled” Employees at Workplace: A Future Direction for Research

Even though there have been numerous studies across many fields in the perspective of Differently-abled employees (i.e., DEs), there are still numerous aspects of such employees at workplace that we don't know about. In the light of the present study, a framework has been identified that provides an overview of the issues that DEs face at workplaces. Thus, on the basis of the current conceptualization of stigma we provide a future direction that can help explore further aspects.

Theoretical Perspective

The current study distinguishes three different aspects of stigma: facilitation, consequences, and reduction mechanisms. Effective leadership has an impact on creating a collaborative and productive work environment, which is a crucial component of any organization. However, when a leader strays from their core duties and exhibits self-serving actions, it undermines workplace discipline and leads to unfavorable results. Such results are particularly visible in the stigmatization of DEs, which impedes their career progression. Their organizational commitment is subsequently reduced as a result of this stigmatization, which can lead to negative actions that threaten the structure of the organization.

In our study, we concentrate special emphasis on the role of despotic leadership, a leadership style marked by self-centeredness and a disregard for workplace equivalences, which usually results in the marginalization of DEs. The resulting stigmatization has become a major problem, forcing DEs to engage in negative behaviors such workplace deviation, turnover intentions, and presenteeism. Furthermore, a person's psychological hardiness affects

how resilient they are to workplace stigma. Additionally, the Climate for Psychological Safety may control how often DEs engage in harmful behaviors.

Although our study offers thorough insights into the stigma DEs encounter at work, there are many possibilities for further investigation. First off, further investigation is necessary on the relationship between destructive leadership and how it manifests as physical and psychological oppression, especially in light of its role in compounding workplace stigma. Second, a closer examination of other elements, such as the cultural context, stressors, health paradigms, and demographic factors, may shed light on how they could contribute to stigma. Thirdly, future study should find other important processes, even though we recognize social support as a key component in stigma elimination. Finally, other contextual factors that have an impact on this stigma framework should be found and their moderating effects should be investigated.

Methodological Perspectives

We propose a robust conceptual framework that clarifies the challenges experienced by DEs in the workplace, as shown in Figure 2. It is essential to do empirical research using quantitative approaches to confirm the effectiveness of this framework. Therefore, to determine this model's generalizability and usefulness in professional settings populated by DEs, future research efforts should conduct empirical tests of it. Such efforts ought to include a thorough analysis of all elements of our stigma framework, including the suggested moderating factors.

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