



The vocational well-being of workers with childhood onset of disability: Life satisfaction and perceived workplace discrimination[☆]

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ABSTRACT

Workers with disabilities are understudied, and workers with childhood onset of disability have been excluded from many of the studies on disability and work that do exist. This research compares the effects of childhood and adult onset of disability in a nationally representative sample of workers with disabilities. Educational disruptions due to disability status in childhood are negatively associated with life satisfaction and positively associated with perceived discrimination. Although age is associated with increased life satisfaction and decreased perceptions of discrimination for workers with adult disability onset, age is unrelated to these outcomes for workers with childhood disability onset. Receiving workplace accommodations is positively associated with satisfaction and negatively associated with discrimination for both groups, however, these relationships are stronger in magnitude for the childhood disability onset group. Organizational environments, both in education and in the workplace, play a critical role in the vocational well-being of workers with childhood disability onset.

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Introduction

Workers with disabilities remain an understudied group in the literature on career development and vocational well-being (Florey & Harrison, 2000). Within that group, research on workers who experienced disability onset in childhood is particularly limited. Economists studying the labor market outcomes of workers with disabilities often discard workers with childhood disability onset from their samples in order to test theory about the impact of acquiring a disability (Burkhauser, Butler, & Kim, 1995; Campolieti 2004, 2009; Campolieti & Krashinsky, 2006; Charles, 2003; Mok, Meyer, Charles, & Achen, 2008). Other authors combine workers with childhood and adult onset of disability, failing to examine the possibility that age of onset might impact outcomes (Balsler, 2007; Balsler, 2007; Balsler & Harris, 2008).

Childhood onset disability being considered in our study included hearing, seeing, communication, memory, learning, emotional, pain, agility, and mobility limitations. Early communication disabilities tend to be linked to hearing limitations due to genetics or birth factors (Canalis & Lambert, 2000), and voice and speech problems due to developmental disabilities or brain injury (MedlinePlus, N.D.). Childhood vision disorders are frequently caused by corneal scarring, cataracts, glaucoma, premature birth and brain impairments (Glass, 1993; Hoon, 1996). The mobility capabilities of children can be affected by motor disorders that encompass cerebral palsy, spina bifida and related disabilities (Darrach, Magill-Evans, & Galambos, 2010). Our study also

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includes measures of learning and developmental disabilities, for instance, attention-deficit hyperactivity disorder (ADHD), dyslexia, Down syndrome, Asperger syndrome, and autism (Cleary & Scott, 2011). Multiple disabilities are prevalent in childhood and must be noted when focusing on individuals with early onset of disability (Picard, 2004).

Despite the various disabilities affecting young lives, little research has examined the unique vocational experiences of workers with childhood disability onset. People with childhood onset of disability have lower levels of formal education than their peers without disabilities. For instance, according to one estimate, only 27% of youth with disabilities participate in post-secondary education compared to 68% of youth without disabilities (Blackorby & Wagner, 1996). This lag is a cause for concern because educational attainment is an important determinant of labor market outcomes for persons with disabilities (DeLoach, 1992). Loprest and Maag's (2007) groundbreaking study documented that childhood disability onset is associated with diminished likelihood of completing high school and entering employment. They also found that workers with childhood disability onset had significantly higher employment rates than their counterparts with adult disability onset when the dollar value of disability benefit receipts was taken into account. Johnson-Rodriguez, Owens, and Whitney (2006) surveyed 128 urban youth with disabilities and identified what the youth themselves perceived to be their greatest career barriers. These barriers included dropping out of school, being lazy, drugs and alcohol, and low school attendance.

The purpose of the current study is to compare the vocational well-being of workers with childhood disability onset with their counterparts experiencing disability onset in adulthood. Specifically, we examine how work experiences relate to life satisfaction and perceived workplace disability discrimination. To our knowledge, no prior research has investigated the predictors of the vocational well-being of workers with childhood onset of disability. Doing so is important because this group confronts a distinctive set of challenges to their career development. Specifically, all workers with disabilities face the possibility of stigmatization as burdensome and incompetent (Cleveland, Barnes-Farrell, & Ratz, 1997; Stone & Colella, 1996). However, workers with childhood disability onset experience stigmatization for much, if not all of their lives. The long-term impact of stigmatization in childhood has profound implications for career development and vocational well-being.

Furthermore, many children with disabilities experience placement into educational and vocational development contexts that are less than ideal for their individual well-being. Over time, mainstreaming in education and training programs has improved outcomes for these children (Hunt, Alwell, Farron-Davis, & Goetz, 1996; Hunt, Farron-Davis, Beckstead, Curtis, & Goetz, 1994). Yet, the transformation away from separate and unequal facilities is far from complete, and mainstreaming programs continue to face substantial challenges (Cushing, Clark, Carter, & Kennedy, 2005; Lehr & Lange, 2003; Loprest & Maag, 2007). As a result of inferior educational and vocational development experiences, youth with disabilities begin their careers with relatively little understanding of the workplace, lack of knowledge regarding occupational opportunities, and low self-efficacy regarding career success (Beveridge, Craddock, Liesener, Stapleton, & Hershenson, 2002). These psychological outcomes mean that on average, workers with childhood onset of disability have a greater need for the support of workplace accommodations in order to fulfill their career aspirations.

Contextual and conceptual background

Persons with disabilities experience stigmatization in the workplace (Beatty & Kirby, 2006), and such stigmatization begins in childhood (Cohen, Nabors, & Pierce, 1994; Mukolo, Heflinger, & Wallston, 2010). Stone and Colella (1996) identified individual, organizational, and environmental factors affecting outcomes for workers with disabilities. Similarly, the experiences of children with disabilities are influenced by the institutional structuring of their educational experiences (Szecsi & Giambo, 2007) as well as their family situation and personal attributes (Heflinger & Hinshaw, 2010). We consider the long-term impact of childhood experiences of stigmatization and segregated educational opportunities to theorize about the impact of childhood disability onset on life outcomes.

Stigmatization of children with disabilities

Children with disabilities experience stigmatization, defined as, “a negative discrepancy between the actual or inferred attributes of an individual versus the expectations for typical individuals in that context, such that the individual is regarded as deviant” (Beatty & Kirby, 2006, p. 33–34). Everyday experiences reinforce the message that children with disabilities are less desirable and less valued than their more typical or “normal” counterparts. Several interaction patterns communicate negative messages about children with disabilities (Fleitas, 2000). For instance, overly sympathetic responses potentially fortify feelings of inadequacy. Assumptions that children with disabilities need help reinforce prevailing stereotypes that they cannot be self-sufficient. Avoidance reactions, such as reduced eye contact and maintaining a large distance away from the child, create feelings of social isolation. Children with disabilities also experience treatment inappropriate to their age, and being treated as if one is a much younger child is demeaning.

Other experiences of stigmatization for children with disabilities include diminished interaction with peers (Hundert & Houghton, 1992; Nadeau & Tessier, 2006; Tackett, Kerr, & Helmstadter, 1990), social ostracism (Macharey & von Suchodoletz, 2008; Taub & Greer, 2000), and disability harassment such as malicious teasing and derogatory comments (Fleitas, 2000; Macharey & von Suchodoletz, 2008; Nadeau & Tessier, 2006). Negative social experiences resulting from stigmatization can range all the way to cases of physical assaults by fellow students while in school (Holzbauer, 2004).

In response to a social environment filled with rejection and frustration, children with disabilities may try to hide their condition (Fleitas, 2000). Retreating into social isolation is another common response (Fleitas, 2000; Nadeau & Tessier, 2006).

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