Challenging attitudes towards people with impairment within the UK and Chilean workplace



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“It has been a long journey since I decided to confront this challenge and not allow myself to be defeated by my own fears, insecurities and the darkness which I believed I would live through. Today, I look back with gratitude that I made this decision. I’ve met wonderful people and visited amazing places and, what’s more, I’ve learned that my life experiences do not depend upon whether others accept me or reject me for not being ‘normal’ in their eyes. But rather, they depend upon my own self-acceptance instead.**”**

This thesis is dedicated to my brothers, Claudio and Esteban, who were the first ones to show me that disability does not exist…

To my parents, to George, and especially to you, Francis.

Declaration

This dissertation is the result of my own work and includes nothing which is the outcome of work done in collaboration except where specifically indicated in the text. It has not been previously submitted, in part or whole, to any university of institution for any degree, diploma, or other qualification.

In accordance with the Department of Engineering guidelines, this thesis does not exceed 65,000 words, and it contains less than 150 figures.

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Abstract

Public attitudes have an impact on social and personal experience, often affecting the way in which individuals act or behave towards other people in particular situations. Therefore, this study attempts to cross-culturally examine how people's judgements towards people with disabilities impact on stigmatising people with disabilities within the UK and Chilean workplace. As a result, using a two sequential mix method design, the first instance, a qualitative phase, was to construct a model of disabling attitudes and the second, a quantitative phase to test the FIC model developed.

Results confirm that people's attitudes arise from a circle of permanent stigmatization, which is activated by factors (activators) categorised in three dimensions according to the ABC model of attitude structure. That is Functional prejudice, Institutional discrimination and Cultural stereotypes. In addition, activators included into the FIC model confirm that the UK and Chilean people have strong prejudices about people with disabilities' functionality, that is people in both countries make an strong connection between having an impairment and the ability to be productive at work. Likewise, in both countries, cultural stereotypes have influenced people's attitudes from negative and positive emotions that are not necessary going in the expected direction if the aim is to include people with impairment at work. Functional prejudices and cultural stereotypes create a type of discrimination, that most people believe to be positive. However, positive discrimination, rather than increasing the inclusion of people with disabilities at work, is creating a permanent circle of stigmatization in which people with disabilities have a lot say to change people's attitudes.

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List of Abbreviations and Acronyms

CPRD	**United Nations Convention on the Rights of People with Disabilities**
WHO	**World Health Organisation**
ICF	**International Classification of Functioning**
PwD	**Person with Disability**
ABC	**Affect Behaviour Cognitive**
FIC	**Functional stereotypes Inherent discrimination and Cultural prejudices**
DAC	**Disabling Attitude Condition**

Chapter 1: Background

1.1. Research motivation

As a research student living with vision impairment in Chile and an active member of different non-profit organisations that strive to improve the lives of people with disabilities, discussions surrounding disability and inclusion have been highly relevant to me over the years. Having faced a number of barriers with regards to my disability while living in Chile, I set out to perform research to better understand the different realities of people with disability both back home and abroad. The UK was of particular interest to me because of its strong reputation for human rights and the progress it has made as a country in terms of rights for people with disabilities.

Over the last two decades, the United Kingdom and Chile have witnessed important changes in legislation and public policy that seek to improve the chances of employment among people with disabilities. Major shifts have led to more positive language and a growing awareness of disability, as well as emphatic and friendly attitudes towards people with impairments. However, despite these changes, in practice a number of barriers continue to prevent people with disabilities from actively participating in work.

Public attitudes have an impact on people with disabilities' social and personal experiences, often affecting the way in which people act or behave in particular situations with regard to people with disabilities. After I lost my vision as an adult, I experienced prejudice, stereotyping and discrimination just because I have a visual impairment. I thought that I could not do much to change people's attitudes towards disability. I felt that disabling attitudes were deeply rooted in Chilean culture and society, and I really wanted to change my life because I felt that I was trapped in a society that no longer valued me as it used to when I was an able-bodied person. I decided that I had to look for effective ways to change Chilean people's attitudes towards people with disabilities. I had

investigated that the UK had strong legislation to promote the rights of people with disabilities and I started to dream of a new life far away from Chile. Finally, I came to the UK and was full of expectations, challenges, and optimism.

Surprisingly, step by step after a couple of months, I started to have the same feelings that I had in Chile. Sadly, I discovered that I also felt ignored by other people around me. Britons were kinder to me than Chileans; I could have a quite normal life and could go to the supermarket to do my shopping. I also had support at university. However, my social experiences did not change at all. People looked at me as someone different, and they often avoided me because they did not know how to act in front of me.

Everyday social interactions between British people and myself were exactly the same as they used to be in Chile. I felt how negative attitudes continued to restrict my life. I therefore decided to do a cross-cultural study in order to understand social and cultural aspects that form people's disabling attitudes that people with disabilities meet within the UK and Chilean workplaces.

1.2. The human rights approach

Disability research has proliferated in recent years as a direct result of the rights-based philosophy of disability established by the adoption of the United Nations Convention on the Rights of People with Disabilities (CRPD) (Madans, Loeb, & Altman, 2011). The CPRD is a worldwide agreement applied in many countries that has encouraged the designing of legislation, policies, and social programmes to ensure that people with disabilities can enjoy the same rights and obligations as other members of society (Harpur, 2012).

Consonant with the CPRD, in both the UK and Chile, governments and charitable organizations have been working to promote employment rights for people with disabilities. Both countries have a commitment to reducing

disabling barriers by covering the needs of people with disabilities and encouraging companies to employ people from this social group. Yet a major critique mobilized by disability activist groups relies upon the fact that this work is based on a misconception about disability, negative attitudes, and incorrect ways of treating disability.

Although the World Health Organization (WHO) provided a modern conceptualization of disability in 2001, informed by the individual's health status and environmental factors (WHO, 2001), attitudes towards disability are still strongly influenced by medical views. Disability is a socially constructed problem in which the barriers established by the environment create the exclusion rather than the person's physical condition. However, medical perspectives tend to see disability as an individual problem (Michael Oliver, 1996), resulting in negative attitudes such as paternalism, protectionism, over-support, pity and charity rather than effectively promoting the human rights-based approach that many people with disabilities demand. Hence, in order to move towards a human rights approach, effective changes in disabling attitudes shared by the able-bodied and those with disabilities need to be implemented.

Currently, the commitment made by the majority of UN members − which agreed to the adoption of the UN Convention − imposes upon governments an obligation to offer people with disabilities the same rights and opportunities as other members of society. This historical agreement is the result of many years' work, during which time disability activist movements and researchers have delineated a human rights approach to disability (Harpur, 2012).

As of May 2016, '181 States had agreed to the Convention (CPRD), 164 States signed it. In addition, 94 of these states had ratified and signed the Optional Protocol' (Blanck & Flynn, 2016). The CRPD corresponds to the first international legally binding instrument setting minimum standards for a range of civil, political, social, economic, and cultural rights for people with disabilities. The purpose of the CRPD is to take 'to a new height the movement from

viewing persons with disabilities as *objects of charity*, medical treatment and social protection towards viewing persons with disabilities as *subjects with rights*, who are capable of claiming those rights and making decisions for their lives on the basis of their free and informed consent as well as being active members of society (Enable, 2006).

The human rights approach is the first international agreement that 'promotes, protects and ensures the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities' (Enable, 2006). The CRPD attempts to encourage universal recognition of the dignity and full participation of people with disabilities on an equal basis to their non-disabled counterparts. Yet, current legal instruments and economic development models adopted worldwide have been insufficient to improve the welfare and inclusion of people with disabilities within the global community, suggesting that there is a great deal more work to be done to ensure the full inclusion of people with disabilities (Braithwaite, Carroll, Mont, & Peffley, 2008).

1.3. Where we are

So far, most countries have tended to treat disability from a segregating perspective, which has its roots in perceptions of people with disabilities as *different*, *abnormal* and/or *others* (J. Clapton & J. Fitzgerald, 1997), as well as individuals whose lives are a perpetual tragedy (Michael Oliver, 1996). However, the CRPD indicates that countries must urgently replace this outdated approach in favour of a more inclusive perspective that ensures equal rights for people with disabilities (UN Enable, 2016).

In the US, the UK, and many other developed countries, the right to employment for people with disabilities has been promoted by facilitating reasonable accommodation in the workplace (Colin Barnes & Mercer, 2005; B Loy & L Carter, 2007). As a result, employers must adjust and accommodate

physical premises (e.g. buildings, desks, technologies) to avoid situations in which people with disabilities are placed in a disadvantaged position in comparison with their able-bodied counterparts (Bell & Heitmueller, 2009; Issacharoff & Nelson, 2000). However, studies show that this legal obligation has not produced the real positive outcomes expected by American and British workers with disabilities. On the contrary, in both countries, people with disabilities still experience lower labour-force participation rates, higher unemployment rates, and greater participation in part-time employment than non-disabled persons (Russell & Malhotra, 2002).

Therefore, it can be said that governments have not truly fulfilled their private and public commitments to include people with disabilities within the workforce. Berman (2005) explains that governments need to engage with a new approach which focuses on what capabilities are common to all people (including people with impairments) rather than on the disabilities that isolate them from society. Therefore, beyond simply legislating against discrimination and promoting the participation of people with disabilities, states must take action to effectively ensure that people with disabilities develop their talents and skills as much as they can on an equal basis with their non-disabled counterparts (Braithwaite et al., 2008).

In short, countries need to move towards a more inclusive society. However, this is not possible without embracing the human, social, and cultural diversity that exists in the modern world (Zoellick, 2007). Meeting the demands of all citizens, including people with disabilities, can only occur when societies recognize the value of all people and see them as an important part of their development (Berman, 2005; Braithwaite et al., 2008; Naff & Kellough, 2003).

1.4. The CRPD in the United Kingdom and Chile

The UK and Chile ratified the CRPD and its optional protocol in 2009 and 2008, respectively. Following this ratification, both countries agreed to promote and ensure human rights with an explicit dimension of social development for all people with disabilities without distinguishing between types of disability (UN-Enable, n.d.). Henceforth, there has been growing concern to ensure that people with disabilities can actively participate on an equal basis with their able-bodied counterparts in all areas of social life (such as education, leisure, sports, work, culture etc.).

In light of the Convention, a new disability discourse arose in order to prioritize a social response based on an equalization of opportunities and accessibility for all in all realms of society (Ribet, 2011). As a result, in 2010 both the UK and Chile approved new legislation to promote equality and non-discrimination against people with disabilities. Likewise, both countries began to work on programmes, policies, and action plans to comply with the requirements imposed by the Convention. However, owing to a certain ambivalence in the conceptualization of disability, demographical, geographical, cultural, social, political, and economic factors have influenced the implementation process in the UK and Chile. As a result, disability activists in both countries still complain that a lack of awareness and poor knowledge of disability issues are preventing successful implementation of the CRPD (Politowski, 2016).

1.5. The commitment to change

The UK and Chilean governments have attempted to align themselves with the international aim of empowering people with disabilities. As a result, it is possible to identify several different instruments that both governments are using to raise awareness, such as financial support to improve the living

conditions of people with disabilities, data collection to increase statistics, and monitoring mechanisms. In this way, most UK government reports show that politicians have assumed a commitment to complying with the requirements of the CRPD in order to reduce barriers in priority areas such as education and training, accessibility, equality, employment, social protection, and health. Meanwhile, the UK appears to have become the first country to face a high level of inquiries imposed by the United Nations committee. People with disabilities in the UK do not believe that effective and real changes are being made. They state that 'the UK government still continues to commit *grave* or *systemic violations* of the rights of people with disabilities' (J. Pring, 2014; John Pring, 2016).

By contrast, Chile has attempted to follow international strategies in order to implement the convention's requirements. However, evidence suggests that the government, along with charities and other relevant actors in this process, are strongly influenced by medical and charitable views of disability. Therefore, it seems that Chile is still planning programmes and policies on the basis of segregation rather than moving towards the human rights approach proposed by the Convention. For example, according to a UN report, a human rights committee highlights that the Chilean government continues to accept that charitable organizations promote disability stereotypes as *subjects of charity* that prevent the instatement of a real understanding of disability rights (Labbé & Freixas, 2016; mostrador, 2014).

Chile and the UK are leading a process of change in which the medical model and charities remain predominant. Although this influence is stronger in Chile than in the UK, the idea that people with disabilities must have rights, choices, and control over their daily lives was and still is at odds with the ways in which *care services* have traditionally been provided by both governments. As a result, in both Chile and the UK, disability activists complain that effective progress has not been made because actions, policies, and programmes are developed on the assumption of a *dependency* that accompanies *impairments*

in decision-making, rather than focusing upon reducing *disabling barriers* (Morris, 2011; Vidal, Cornejo, & Arroyo, 2013).

Over the past 20 years, the UK has made some improvements in both the social experiences of people with disabilities and government policy. Indeed, the disability activist movement effectively argued during the 1980s and 1990s that welfare paternalism, in which the state offers support to people with disabilities as objects of pity and charity, could be replaced by liberal paternalism, in which the state aims to help people to help themselves. However, new stereotypes of people with disabilities still hamper real inclusion at work because other factors play a role in determining the lives of people with disabilities (Morris, 2011).

1.6. Research aims

The research presented in this thesis seeks to address the broad problem of barriers affecting the inclusion of people with impairments within UK and Chilean workplaces. The aim is to investigate prejudices, stereotypes, and the stigmatization behind disabling attitudes that generate barriers which people with disabilities encounter at work. The approach adopted will be grounded in theoretical constructs that explain disability and the formation of attitudes and prejudices. The purpose of this thesis is to form these theories into a model that underpins a better understanding of such disabling attitudes within the UK and Chilean workplaces.

Many authors have broadly studied prejudices, stigmatization, and discrimination against people with disabilities. However, much of this research has been developed on the basis of disability models, which to date constitute one of the most widely accepted approaches to defining and portraying disability. By contrast, how these disabling attitudes are shaped and their impact on creating barriers to employment have not been studied in depth.

Therefore, this study mobilizes adequately formulated theories to develop a valid and robust model to underpin future researches that may result in modifying attitudes towards disability.

1.7. Research question

In order to develop a cross cultural model of disabling attitudes and validate it, the following question will be addressed:

- Q1. How do people's attitudes towards people with impairments impact on workplace inclusion in the UK and Chile?

1.8. The scope of the research

This thesis seeks to gain insight into people's attitudes towards employees with disabilities to develop and test a model which might serve as a basis for planning more focalized interventions where the objective is to reduce disabling barriers at work. Thus, the research question is limited to improving knowledge of disability theory, attitudes, prejudices, and stigmatization, as well as evaluating the impact of key factors that influence the formation of disabling attitudes.

The model developed will be useful to decision-makers and management in various areas, such as engineering, design, human resources, and IT support. By collecting information from bank employees, negative and positive attitudes towards workers with disabilities will be identified to provide a wider understanding of disability and its impact on people with visual, hearing, physical, mental, and learning disabilities.

1.9. Background

1.9.1 Definition of disability

The International Classification of Functioning (ICF), replaced in 2001 by the WHO, has been helpful in providing a more holistic and universal definition of disability. As depicted in Figure 1, the ICF describes a relationship between health status and the environment in which individuals live (Munk & Harrison, 2010). Disability is defined at two levels: health status/functioning and contextual factors. Hence, the first level corresponds to bodily and structural functions; that is, an individual's capacity to carry out an activity, and what a person with a health condition or different anatomy, physiology or psychology can do in a standard environment. In addition, the second level refers to the person (activity) and society (participation), and what individuals actually do in their usual environment – in other words, their level of performance (Rosenbaum & Stewart, 2004). As a result, functioning is associated with 'all body functions, activities and participation' as well as disability being understood as an umbrella term for 'impairments, activity limitations and participation restrictions' (WHO, 2001). Hence, as depicted in Figure 1, the major contribution of the ICF disability definition is to add environmental factors to identify disabling barriers and facilitators of capacity and the performance of actions and tasks in day-to-day life (Mitra, 2006). In response to the ICF, UK and Chilean legislation was updated in 2010, as shown in Table 1.

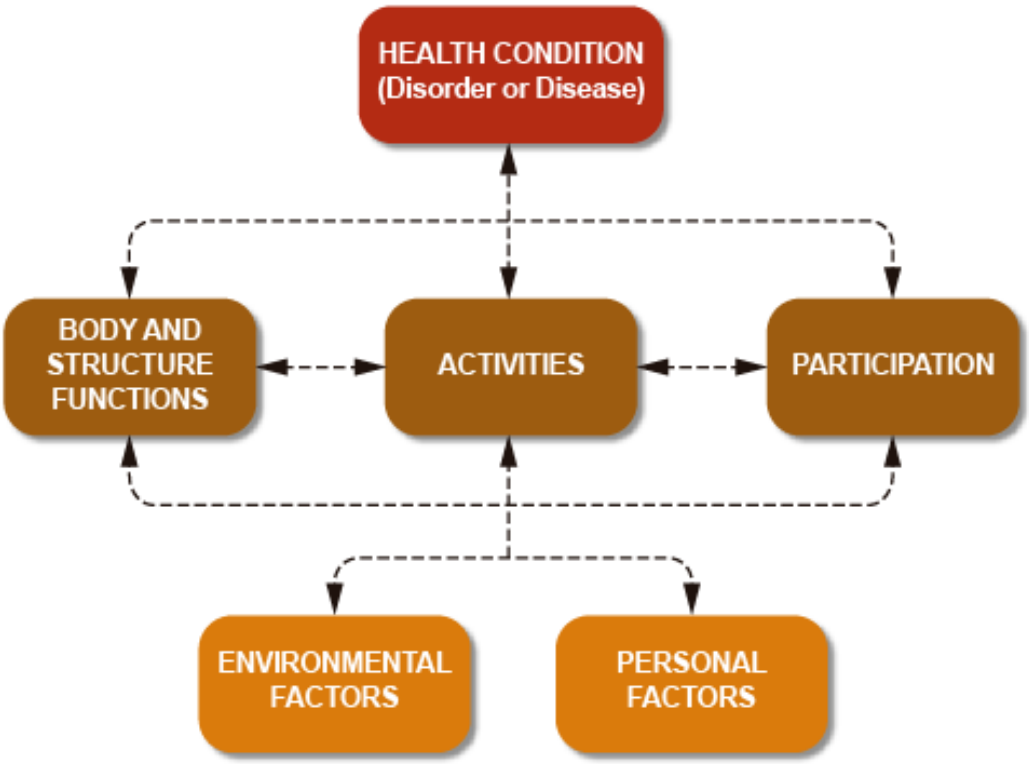

Figure 1: Interaction between components of the ICF
Source: WHO, 2001

Table 1: The Disability Definition in the UK and Chile

United Kingdom
A person has a disability if she or he has a physical or mental impairment and the impairment has a substantial and long term adverse effect on his or her ability to carry out normal day to day activities.
CHILE
A person with disability is someone who has one or more physical or mental deficiencies caused by a physical, intelectual, or sensorial deficit. A person with disability is someone who faces diverse barriers in their environment that prevent them from fully and effectively participating and interacting in society on an equal basis as able-bodied people.

Sources: UK and Chilean legislation, 2010

1.9.2. Overview of disability data in the UK and Chile

People with disabilities make up 15%, or one billion, of the worldwide population, with a higher number of women than men (WHO, 2011). They represent the largest minority in the world (UN Enable, 2016), and many live in chronic poverty (Yeo, 2001). The WHO (2011) states that 20% of the world's poorest people have some kind of disability, and they tend to be the most disadvantaged community. Key relevant data from the UK and Chile are shown in Table 2.

The European Union estimates that around 80 million Europeans have some kind of disability (EC, 2010). However, only 45 countries rely upon anti-discrimination and other disability-specific laws (UN-Enable, n.d.). Many researchers note that most countries have defined their development policies and targets while excluding people with disabilities, and, even worse, without understanding that people with disabilities also have rights as citizens (Berman, 2005; Braithwaite et al., 2008). Given this, many researchers state that the lack of data on disability constitutes one of the reasons why governments do not take into consideration people with disabilities when public policies and programmes are planned (UN-Enable, n.d.; WHO, 2011).

Table 2: Data from the UK and Chile

UNITED KINGDOM	CHILE
Around 11.6 million people with disabilities, of which 5.7 million are adults of working age (18-64 years old). 5.1 million are over state pension age (men over 65 and women over 60), and 800 thousand are children under 16 years old.	16.7% (2.836.818) of Chilean people have a disability. Around 59.2% of them are adults of working age between 18 and 64 years old. 35% are over 65 years old, and 5.8% are between 0 and 18 years old.
Only 17% of people with disabilities born with some type of impairments. The rest acquired a disability during their lives due to an accident or congenital illness.	7.4% of people with disabilities do not have formal education, 16.1% have completed their primary school, 23.4% of them their secondary education, and a 9.1% of them a higher education.
Levels of education of people with disabilities after 19 years old are lower than non-disabled people.	Less than 2% of people with disabilities have a university degree compared to 12% of non-disabled people, and a 7% have completed their higher studies in a Technical Formation Centre (CFT).
A total of 19.2% of people with disabilities of working age do not hold any formal qualification, compared with 6.5% of non-disabled people of working age.	Employment rate of people with mild disabilities is 51.7% compared to 21.8% of people with severe disabilities.
A total of 14.9% of people with disabilities of working age hold degree-level qualifications compared with 28.1% of non-disabled people.	40.4% of people with disabilities declare that they need some kind of assistance such as making shopping, walking, housing activities, personal care.
Over a quarter of people with disabilities say that they tend not to have choices and control over their daily lives.	35.3% of people with disabilities are self-employed compared to 27.7% of non-disabled people.
Around a third of people with disabilities experience difficulties related to their impairment in accessing public services, commercial, leisures and goods.	81.6% of people with disabilities who are actively working declare that they do not have any difficulty in achieving their working activities.
A fifth of people with disabilities report difficulties in accessing public transport due to their impairment.	90.7% of people with disabilities live in urban zones compared to 9.3% who live in rural areas.

Source: Government Reports (DWP, 2012; ODI 2014; SENADIS, 2015)

1.9.3. Disability and Employment Data

In the US, Chile, and the UK, adults aged between 18 and 64 (working age) are expected to be in paid employment, with a status conferred according to the type of work they do and the degree of success that they achieve in that work (Woodhams & Corby, 2003). People of working age with disabilities are emphatically excluded from the workforce (Colin Barnes & Mercer, 2005; Vic Finkelstein, 1993). As shown in Figure 2, the Office of Disability Issues (ODI, 2014) reports an employment rate of 72.8% for non-disabled people of working age. This figure is significantly lower for people with disabilities, reaching only 46.9%. In contrast, the Chilean Institute of Statistics confirms that in 2015, 59.7% of non-disabled people of working age were employed, compared to 31.5% of people with disabilities (INE, 2015). However, 79% of people of working age with disabilities state that they would prefer having access to paid employment to receiving government benefits (WHO, 2011).

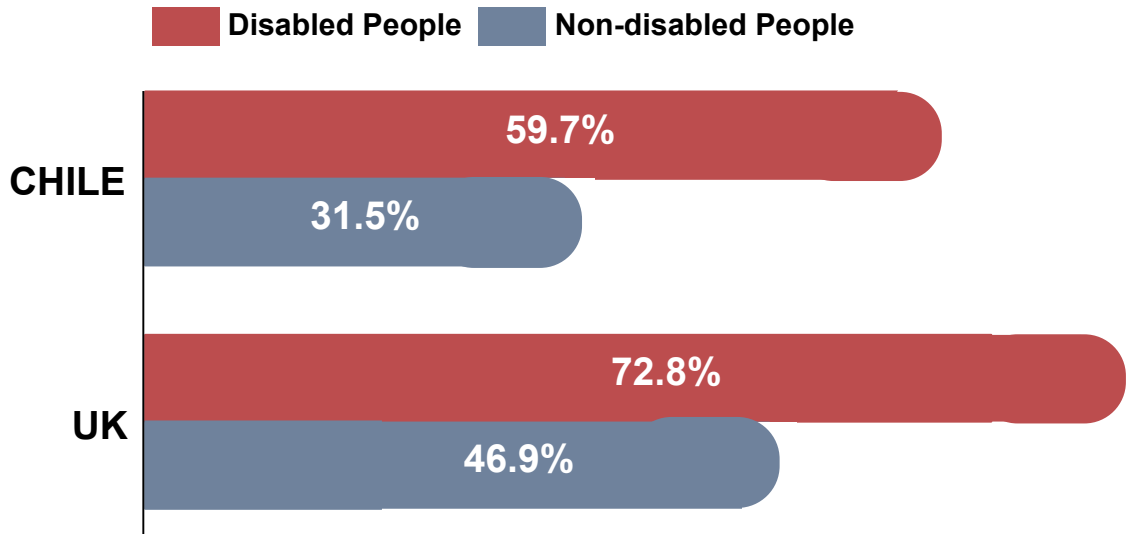

Figure 2: Employment rates in the UK and Chile
Source: DWP, 2012; INE, 2015

The UK and Chilean governments indicate that they have supported the inclusion of people with disabilities with legislation, policies, programmes, and specific actions. However, there is great disparity in employment rates in the UK, Chile, and among other countries across the world, showing that these countries still have problems ensuring equal rights and access to employment for people with disabilities.

This gap suggests that, so far, the CRPD has been insufficient in ensuring equal rights for people with disabilities. Certainly, there are other economic, social, and cultural factors that perhaps might not be solvable by legislating in favour of rights for people with impairments. Indeed, these factors might suggest that governments are not making adequate progress to reduce this disparity in employment rates. Hence, as C. Barnes (2011) notes, a new approach based on a *design for all* should be taken to effectively reduce disabling barriers. 9.3.1. The UK employment rate from 2002 to 2012.

As seen in Table 3, the UK employment rate among people with disabilities has increased by 4.4% from 43.5% in 2002 to 47.9% in 2016. Following ratification of the CRPD in 2009, the disability employment rate dropped by approximately 1.7%, from 46.3% in 2009 to 44.6% in 2010. However, this reduction may be explained by the UK subprime financial crisis since the employment rate for non-disabled people also decreased from 73% in 2008 to 70.9% in 2012 when the UK economy began to recover (DWP, 2012).

Table 3: UK Employment Rate

Year	Disabled people (%)	Able-bodied people (%)	Employment Gap (%)
2002	43.5	72.7	29.2
2003	44.8	72.9	28.1
2004	44.7	72.9	28.2
2005	44.5	72.9	28.4
2006	45.8	72.8	27.0
2007	45.1	72.7	27.6
2008	45.7	73.0	27.3
2009	46.3	70.8	24.5
2010	44.6	70.4	25.8
2011	44.9	70.5	25.6
2012	45.2	70.9	25.7
2013	46.6	71.3	24.7
2014	46.9	72.8	25.9
2015	47.1	73.3	26.2
2016	47.9	74.4	26.5

Source: Office for National Statistics ONS, 2016

On the other hand, as observed in Figure 3, the UK employment gap in 2016 was 26.5%. This gap was 2.7% lower than the disparity in 2002 when the employment rate among people with disabilities was 43.5% compared to an employment rate among non-disabled people of 72.7%. Data confirm that disability employment rates have improved following ratification of the CRPD from 46.3% in 2009 to 47.9% in 2016. Nevertheless, people with disabilities are still are in a disadvantaged position regarding employment matters compared to non-disabled people.

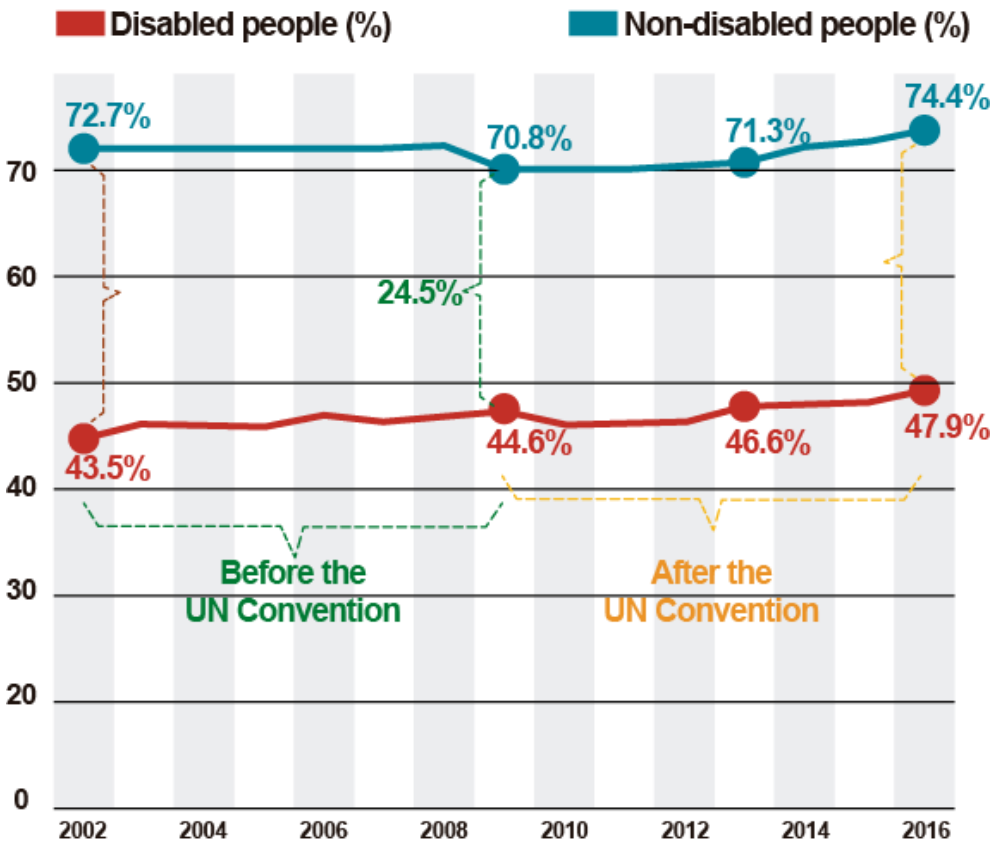

Figure 3: The UK employment rate, 2002-2016
Source: ONS, 2016

1.9.4. Considerations for cross-cultural study

In Chile, little research has been carried out on disability issues and the government has not collected appropriate data on disabilities. To date, the Chilean government has produced only two reports: the National Disability Survey of 2004, and the Second National Study of Disability in 2015. The lack of statistics on disability in Chile, as well as the different culture and environment in Chile compared to the UK, makes comparing the employment situations of people with disabilities in both countries difficult. Hence, it is

important not to assume that the barriers to work that people with disabilities face in the UK are the same as those faced by people in Chile.

In contrast, the UK can draw on a wide range of literature, government studies, knowledge and experience relating to disability and human rights. Indeed, the UK is likely to have one of the highest disability employment rates in Europe, and it has become a reference point around the world for protecting the human rights of people with disabilities. However, people with impairments in the UK still experience difficulties when seeking to become active members of society, and they are not fully included in the labour market. Despite the fact that the UK has better legislation, policies, and programmes than Chile, people with disabilities in both countries still experience exclusion from work. The aim of this research, therefore, is to conduct a cross-cultural study between the UK and Chile in order to identify what factors prevent people with disabilities from actively participating in work.

1.9.5. Chile and UK disability legislation

1.9.5.1. Chilean legislation on people with disabilities

In Chile, until 1990, there was no legislation or state policy focused on people with disabilities. In this way, disability had been addressed only from a charitable protective and an individual approach and not from an integral or social perspective.

The creation of the National Council on Disability in 1991 (Supreme Decree No. 94), an inter-ministerial body under the Ministry of Planning and Cooperation, whose objective was to propose a national policy on disability and the preparation of a bill, constituted the beginning of a more active consideration of

people with disabilities rather than a merely subsidiary one by the Chilean State.

Law No. 19,284 published on January 14, 1994, was a pioneering step in this matter, considering a person with a disability as "anyone who, as a consequence of one or more physical, psychological or sensory deficiencies, congenital or acquired, foreseeably permanent and regardless of the cause that originated them, is hampered, in at least a third, their capacity educational, labour or social integration” (Article 3). Although this law generated an important advance in disability issues – as it addressed the issue from a multisectoral approach – it was insufficient for international development as it addressed disability from the view of a person's condition or deficiency without considering the barriers of that person’s context.

In accordance with the new guidelines and with the International Convention on the Rights of Persons with Disabilities (CRPD), established in 2006 by the United Nations, which was promulgated as law of the Republic of Chile in August 2008, in June 2010, Law No. 20,422 was enacted and published, which “Establishes Norms on Equal Opportunities and Social Inclusion of Persons with Disabilities”. This law, among other things, redefined the definition of a person with a disability. Indeed, in its Article 5 it states,

"A person with a disability is one who, having one or more physical, mental, mental or intellectual, or temporary or permanent sensory deficiencies, when interacting with various barriers present in the environment, sees their full and effective participation in society, on equal terms with the others.”

In this way, not only the person's physical or medical condition but also the difficulties in executing any task and the restrictions in their participation in society are considered within the concept of a person with a disability.

Likewise, Zondek (2015) contextualizes these restrictions on the full and effective participation of people with disabilities in society as “a scenario of

social exclusion" as it marginalizes or prevents access to basic aspects of human development such as education, health, work, etc.

On the other hand, Article 1 stated that it is required to eliminate any form of discrimination based on disability. Article 1 established five guiding principles or fundamental pillars on which state policy must adjust regulations: a) independent life; b) universal accessibility; c) universal design; d) intersectionality and; e) participation and social dialogue.

It also established a new regulation on prevention and rehabilitation focused on functionality and created the National Disability Service (SENADIS) – a public service aimed at promoting the right to equal opportunities for people with disabilities in order to generate full social inclusion.

Although this law adapted the national legislation at the international level, it was indebted regarding labour matters as it did not include an effective mechanism for insertion or labour reserve, which fostered the employment and hiring of people with disabilities.

Due to the foregoing and by virtue of the presentation of a parliamentary motion, finally in June 2017, Law No. 21,015 was published in Chile, which "Incentivises the inclusion of people with disabilities in the workplace". This new law, which complements the previous laws, establishes that, in the personnel selection processes, both in the public and private sectors, in organisations "that have an annual staff of 100 or more officials or workers, at least 1% of the annual staff must be persons with disabilities or assignees of an invalidity pension of any social security system (Article 1: number 2 and Article 3: number 3). In other words, for people with disabilities to access this legal reserve within private companies or public bodies, they must be qualified and certified by the Commission for Preventive Medicine and Disability (COMPIN) and be registered in the National Registry of the Disability (RND) maintained by

the Civil Registry and Identification Service; or they must be assignees of a Basic Solidarity Disability Pension (PBSI) of any social security system.

On the other hand, this law also contemplates a requirement to the employer who: "must register the work contracts established with people with disabilities or assignees of an invalidity pension of any social security system, as well as its modifications or terms, within fifteen days following its creation, through the website of the Labour Directorate, which will keep an updated record of the foregoing, and must keep such information confidential" (Article 3 number 3).

However, if companies cannot fully or partially comply with this legal obligation, they will only be able to excuse themselves for well-founded reasons, before which they must comply in an alternative way, carrying out one of these two measures:

a) Enter into service provision contracts with companies that employ people with disabilities. The annual amount of the contracts may not be less than twenty-four minimum wages for each worker who must be hired by the company.

b) Make monetary donations to projects or programs of associations, corporations or foundations, whose corporate purpose includes training, rehabilitation, promotion and promotion for job creation, hiring or job placement of people with disabilities.

Finally, the same law explains which cases will be considered justified reasons for non-contracting or total or partial breach of this legal obligation: those derived from the nature of the functions carried out by the company, or alternatively, the lack of people interested in the job offers that have been formulated.

1.9.5.2. Disability legislation in the UK

Unlike the direction taken in Chile, since the Second World War the UK has been more proactively concerned about the rights of people with disabilities. In effect, the first law on the matter was issued in 1944, the Disability Employment Law, whose objective was to grant protection, labour rights and employment quotas to military personnel who had returned from the war. Since then, and mainly in the last four decades, the United Kingdom has enacted numerous laws prohibiting discrimination in all its forms. It has also actively participated in the United Nations by promoting and defending human rights at the national and international levels.

It is important to note the Disability Discrimination Act enacted in 1995, as it is the only one that applies throughout the United Kingdom, as there are other laws that apply only to Great Britain, Scotland, Wales or Northern Ireland. This law prevents discrimination in employment, transportation, education, and the provision of goods and services. For example, it prohibits any type of discrimination exercised by providers of goods and services against their customers with disabilities, setting a deadline (2004) for companies to adopt the necessary accessibility standards. The DDA highlights that all providers, regardless of the item in question, must comply with the standard (fair framework), and people with disabilities can demand compliance.

The 1995 Act aims to make it unlawful to discriminate against people with disabilities. This Act is in connection with different parts of the law that have been designed for the provision of employment, goods, facilities and services, letting and selling land and property, education, public vehicle and transport. The Act also creates a National Disability Council. In the Act, day-to-day activities are associated with normal activities carried out by most people on a regular basis, including mobility, manual dexterity, physical coordination

continence, and the ability to lift, carry and move ordinary objects. It also includes speech, hearing or eyesight, being able to recognise danger, memory, and the ability to concentrate, learn or understand.

The Act also makes it unlawful for employers to discriminate against someone with a disability. Discrimination refers to less favourable treatment, which cannot be justified, against a person due to reasons associated with a person's disability, as well as failures to comply with making reasonable adjustments that have been imposed as duty by the DDA. Employers may not discriminate in recruitment and retention of employees, promotions and transfers, training and development and the dismissal process. In this regard, the DDA also defines reasonable adjustments, that is to alter premises, allocate some duties to another employee, transfer the person to fill an existing vacancy, alter working hours, transfer the person to another place of work, allow absences during working hours for rehabilitation, assessment or treatment, supply additional training, acquire or make changes to equipment, alter instructions in reference manuals, modify procedures for testing or assessment, provide a reader or interpreter, and provide supervision for conciliation for disputes. That is, the Disability Rights commission may make arrangements to include appropriate safeguards in accordance with information obtained regarding the specific needs of any person.

In addition, the Act establishes as an obligation to make regulations that ensure people with disabilities may get into and out of taxis, public service vehicles, trains and trams in safety and reasonable comfort. This regulation must take into consideration the fact that wheelchairs users must be conveyed while remaining in their wheelchairs. The secretary must consult the Disabled Persons Transport Advisory Committee and any other organizations that he thinks fit before making any regulations to ensure accessibility to public service vehicles (PSV), rail services and taxis for disabled persons.

The Act allows the government to issue guidance about the effects of some impairments. This guidance does not impose legal obligations, but tribunals or courts might take it into consideration if a complaint on discrimination has been made. The Act also outlines new responsibilities and duties that are placed on service providers, schools, colleges and universities, employers and other sectors in the field of employment, such as trade organizations, landlords, the trustees and managers of occupational pension schemes and the providers of insurance. As a result, the DDA seeks to make it clear where it is acceptable or not to treat someone differently on the basis of equal treatment rather than fair treatment, which appears to be consistent with European discrimination law.

In addition, the DDA 1995 was replaced from 1 October 2010. However, the Disability Equality Duty in the DDA continues to apply. The main changes introduced in the new Equality Act 2010 focus on disability discrimination (section 6). In order to find out on the protection and legal rights the Equality Act provides for people with disabilities. In general, the Equality Act 2010 keeps its aim of protecting people with disabilities and eliminating disability discrimination. The areas in which it provides legal rights are employment, education, access to goods, services and facilities including larger private clubs and land-based transport services, buying and renting land or property, and functions of public bodies, for example the issuing of licenses. Rights are also provided for people who are not directly discriminated against or harassed but have an association with a person with a disability.

The definition of disability is largely kept the same as it was defined in the Act 1995, but additional provisions are set up in relation to people with progressive conditions. “if you have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to carry out normal daily activities.’ As a result, people with HIV, cancer or multiple sclerosis are protected by the Act from the point of diagnosis. People with some visual impairment are automatically deemed to be disabled. There are some conditions which are

specifically excluded such as a tendency to set fires or addictions to non-prescribed substances. There is separate information on how the Act affects rights in different areas of life in everyday activities including accessing and using the services of shops, cafe and banks.

1.9.6. The banking sector in the UK and Chile

The UK and Chile differ in population, culture, and geography. Looking at the capitals, London is a large cosmopolitan city, the largest city in the UK, with a population estimated at 8.7 million (ONS, 2015). Santiago is the largest city in Chile, with a population estimated at 7.4 million (SUBDERE, 2015). Whilst the immigrant population of Santiago has rapidly increased over the last five years, London is culturally and ethnically more diverse than Santiago. However, both capitals are densely populated and tend to experience, for example, traffic congestion and pollution.

Chile and the UK have similar financial systems in which banking plays an important role in contributing to national economic development. The banking sector is one of the strongest, most significant, and permanent growing industries in all markets at the international level. The Chilean and UK banking industries are broadly recognised for having good levels of capitalization and high standards of banking regulation and supervision. Further, London and Santiago are identified as important bases for the banking sector in Europe and Latin America, respectively. The UK banking sector is the fourth largest in the world, with many more smaller to medium-sized enterprises (SMEs) than large companies, and over 300 banks and 45 building societies (Prospects, 2014). The big five banks are HSBC, Barclays, Royal Bank of Scotland, Lloyds Banking Group, and Santander. In the UK, 7% of all employment is in the financial services sector, and most of these jobs are centred on London, which

dominates as a global financial centre (Prospects, 2014). As a result, in London alone this sector employs about 360,200 people (UNCSBRP, n.d).

The Chilean financial system is now well-developed by emerging market standards, and even by the standards of many OECD members: “Banking system assets were 116 percent of GDP at the end of December 2008” (OECD, 2011). Equally, Chile has followed many UK practices and regulations, and its banking industry utilises similar business models as national and international banks. Over the past 30 years, the Chilean financial system has undergone significant development, with an increase in the number of participants, the variety of products, and market depth. Currently, the banking sector consists of 20 private banks and a state bank (Banco Estado), which had a market share of about 15 percent as of end-2008, giving it third place in the banking system (OECD, 2011). As illustrated in Figure 4, the largest players in the sector are Banco Santander, Banco de Credito e Inversiones (BCI), Itaú-Corp, and Banco Bilbao Vizcaya Argentaria (BBVA). All of them are regulated and supervised by the financial market commission and the Central Bank of Chile. Autonomous organizations are in charge of managing the national currency and bank stability for tax purposes over time, keeping the currency, inflation rate, money in circulation, interest rates, and exchange rate stable. In Chile, the banking sector employs approximately 55,000 people, and this sector provides most financial services, such as insurance, pensions and investments (ABIF, 2011).

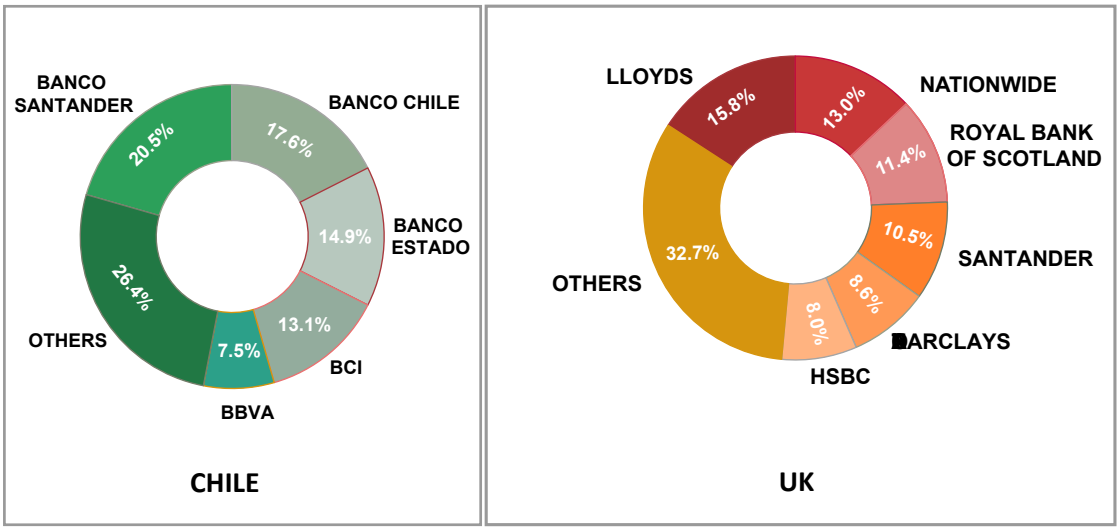

Figure 4: Market share in the UK and Chile.
Source: OECD, 2011

The UK and Chilean banking industries are respectively regulated by the UK and Chilean governments, which have formulated an array of policies to control, for example, market operations, reduce market pressures, and encourage healthy competitive marketplaces. As a result, in general terms, the structure of banking has largely maintained a state of flux that has ensured stability for the sector in both countries (ABIF, 2011).

On the other hand, over the last decade, the banking industry in both the UK and Chile has undergone profound changes due to new information and communication technologies. Computers and the internet have led to a decline in actual banking operations and the rise of virtual operations. These changes have increased the demand for people with different skills, abilities, and talents to satisfy market requirements. Banking certainly offers good employment opportunities. However, technology appears to be one of the most important barriers faced by workers with disabilities, and the banking sector of both countries has promoted the inclusion of people with disabilities in the workplace. Therefore, it seems interesting to compare both countries to

understand why workers with impairments are not being included in the banking workforce despite many researchers and activists maintaining that technology should not constitute a barrier for most people.

Worldwide, 15 percent of the population of most countries have some form of disability. One billion people in the world have a disability with over 80 percent of them living in developing countries (WHO, 2011). In terms of inclusion, people with disabilities are socially, economically, and financially excluded and deprived of having appropriate services such as health, education, or employment opportunities. In developing countries, around 80-90 percent of people with disabilities do not have formal jobs (United Nations, 2007), and they thus opt to be self-employed to be economically active. However, fewer than 1 percent of them have access to financial institutions (Handicap International, 2006), and they often depend on grants or family support to do something that allows them to generate an income, which is not easy at all.

A vision of full financial inclusion is challenging the financial services industry, covering people with disabilities' financial needs, the world’s poorest group in all countries. A great human rights struggle has started to penetrate in several social realms, and also the finance sector.

People with disabilities must enjoy equal and fair access to quality financial products and services, and also equal job opportunities in the financial industry. Therefore, it is compulsory to take well established and adequate actions to provide specialized products or services, and job accommodations to embrace the diverse special needs of people with disabilities. Yet, the goal of building a strong theoretical framework for promoting such changes in providing better services in the financial sector, and so increasing employment opportunities to persons with disabilities, firstly depends on building better knowledge and comprehension regarding how people form their attitudes towards people with disabilities in the workplace, and subsequently proposing effective actions

which are not based on charitable efforts to raise money and awareness of disability but rather a real acceptance of people with disabilities' rights to work.

Chapter 2: The way towards disabling attitudes

This chapter will cover a vast literature review on models of disability to understand how it has been conceptualised in the UK and Chile. The aim is to contrast the medicalised and social perspective of disability to gain knowledge on the most predominant disabling attitudes excluding people with disabilities from the UK and Chilean workplace.

2.1. Capitalism: the starting point of disabling attitudes

In the medieval age (feudalism), having an impairment was not considered an extraordinary quality; as a consequence, it was not heavily documented. A person who had an impairment was neither sick nor healthy. The natural course of any illness, according to medical thinking, was either improving or worsening – that is, the patient was deemed to either get better or die. In this sense, the impaired person was forever stuck between two statuses: neither ill nor well, neither alive nor dead, neither out of society nor wholly in it (Metzler, 2006). In this regard, disability as a category of impairment was vague in medieval language unless mentioning very specific physical or sensory conditions, for example, the lunatics, the deaf, the dumb, the contracted, or the paralyzed. It does not mean that disability was not present in everyday life; rather people could be born with a disability or were disabled by diseases such as leprosy, or years of backbreaking work (Braddock & Parish, 2001). Yet, they were so undistinguished as economically weak. In this period, many peasants and serfs engaged in the intensive labour of agriculture and were found to have extensive spinal and limb injuries as a result of it as well as stunted growth, malnutrition, and general deformity. People with disabilities, despite religious superstitions, were able to work in rural areas and/or on a small scale. Thus, to a greater or lesser degree, they were economically active as well as being able to contribute

to daily economic life. In other words, people with disabilities were found among all parts of society. For example, in courts, monarchs across Europe had those of a short stature, hunchbacks, or others with disabilities in prestigious roles such as the king's fool or court jester – people who could mock or tell the truth to the ruler even if it displeased them to hear it (Stiker, 2019). Attitudes towards people with impairments were mixed. One side of people thought that the impairment was a punishment for sin or the result of being born under the hostile influence of the planet Saturn; and on the other side, they believed that people with disabilities were closer to God, suffering purgatory on earth, or would get to heaven sooner (Stiker, 2019).

The idea of disability as undesirable or unholy stemmed from the later eugenics movement that began in the early 20th century. However, it was with the arrival of industrialised production and the worldwide rise of capitalist societies that the organisation of work changed and people were forced to fit into new types of paid work in order to survive, moving from rural cooperative systems towards urban factories (Finkelstein et al., 1993; Russell and Malhotra, 2002). Workers started to be valued not only by their ability to function within minor flexibility at greater speed to achieve greater productive norms and minimise time-wasting. As a result, workers were assessed by their ability to function within the range considered normal (J.-A. Bichard, Coleman, & Langdon, 2007), and having a normal body became increasingly significant in order to be economically active, and the idea of disability was born.

The growing complexity of such social changes along with the development of a new industrial class rejected those who possessed an impairment (Vic Finkelstein, 1990). As such, disability turned into “a paradox emerging out of the development of western capitalist society” (Vic Finkelstein, 1981). In addition to the above, there was a rapid development of medicine and advancements in medical diagnosis, procedures, and technology, along with the appearance of health professionals as powerful actors within society (Scullion, 2010). An increasing sense of confidence in medical science began

to transform the individual and social image of people with impairments. This new image has, for many years, served as a reference for political, social and economic issues in most countries worldwide. The new image also promoted and reinforced feelings of passivity, dependency and charity that resulted in excluding from the labour mainstream all those who were considered less able to carry out working tasks appropriated to the model imposed by liberal philosophy (M. Oliver, 1990).

This capitalist system therefore led to an inherent discrimination against workers who did not meet the determined norm as a consequence of a market logic in which companies compete in a free market that promotes low-cost production strategies (Garbat, 2016). This free market environment contradicted the intervention made by state policies aimed at including people with disabilities in the workforce. Therefore, “disabled persons who do not offer a body which will enhance profit-making as labourers” need to be supported by other means (charity and the welfare state) (Russell & Malhotra, 2002).

Following this evolution of liberal markets and social organisation, after the Second World War, most European industrialised countries expanded the welfare state to increase the provision of social services and regulate the lives of the recipients of these services. In line with this, Britain assumed a greater role of benefactor on the basis of an ableist and patriarchal system, transforming people with disabilities into objects of state policy (Russell & Malhotra, 2002). The United States followed this same tendency, although they implemented a more modest welfare state than the UK. In this way, disability was defined in relation to the labour market and a new social security system was created. This measure attempted to support to all those who were medically unable to engage in work activity (Russell & Malhotra, 2002).

Yet, regardless of progress made to improve the welfare and security social system for protecting people with disabilities, as well as legislation on diversity in the workplace. In both countries, the UK and US, the path to effectively ensuring the right to work of people with disability still restricts the access to

equal job opportunities as do their counterparts without disabilities. As a result, disability movements claim that people with disabilities so far experience exclusion and marginalisation from workplace. This exclusion can take the form of, for example, segregated sheltered workshops, lower qualified occupations, and certain kinds of jobs in which people with disabilities are victims of abuse, with low or no wages (Barnes & Mercer, 2005).

Echoing these inequalities and the poor situation of people with disabilities, charitable organisations started to work to improve the quality of life of this group. However, charities were criticised for their paternalistic and protectionism agenda that did not take into consideration the views and experiences of people with disabilities themselves (B. Gleeson, 1999). On the contrary, the foundation of their work is based on the belief that people with disabilities are unable to advocate on their own behalf. In the 1960s, movements of people with disabilities, in the UK and the US, slowly arose to fight for their civil rights. The work of these disability movements differed from that of charitable organisations because of their ideological agenda (Michael Oliver, 1996). While disability movements attempted to reach equal rights on the basis of theory gained from the social model, charitable organisations worked to cover people with disabilities' needs from the perspective of assistentialism and solidarity, backed by the ideologies of the medical and religious models (Russell & Malhotra, 2002).

In contrast, Chile, a poor and less developed country, has experienced permanent economic and social change throughout its history, resulting in a highly unequal pattern of income' distribution. Some 14.4% of the population lives below the poverty line and more than 20% of Chilean gross domestic product (GDP) belongs to only four families. Consequently, Chile ranks among the highest worldwide in terms of social and economic inequality (Hojman & Affairs, 1996). In the mid-nineteenth century, Chile was divided into three big regions: the *Norte Chico* specialized in mining and agriculture; the central region, around Santiago and the Central Valley, had an economy based on

agricultural production and mining; and the south region, around Concepción, focused on livestock as well as wider agricultural production. This geographical distribution already showed high levels of spatial inequalities rooted in the end of the colonial period (Badia-Miró, 2015). Towards 1880, Chile also occupied the Bolivian and Peruvian mining provinces in the Atacama Desert, in the *Norte Grande* – an area with vast nitrate deposits. From this time onwards, the mining industry started to grow until it became one of the main economic activities of Chile until the present day (Correa Mautz, 2016).

After Chilean independence in 1810, Chilean international trade grew considerably, then protectionist policies in favour of domestic production were applied in a manner called neomercantilism. Chile was open to international trade and businessmen from countries such as England, Italy, Germany, and the United States settled there due to the great growth of copper and silver mining in the north (Badia-Miró, 2015). All of these developments made Chile one of the high-income countries in South America where thousands of people found significant wealth. However, in 1914, the Germans developed synthetic saltpetre, replacing the market's dependence on Chilean sodium nitrate, and the Panama Canal opened, prompting severe changes to maritime trade routes and the export of raw materials, which saw the prosperous Chilean economy gradually decline.

On the other hand, from 1938, Chilean industrialization was strongly influenced by the Soviet economy, the fast growth of other centralized European economies, and Keynesian economics, characterised by protected economic development in which the state was actively involved (French-Davis, 2002). However, between 1959 to 1970, Chilean economic growth was quite slow and GDP increased by 1.6% per year on average. Chile therefore was not flourishing compared to other Latin American countries (Correa Mautz, 2016).

In 1973, the dictator August Pinochet took control of the country. Although there were some economic difficulties when Pinochet succeeded President Salvador Allende, there were still a large number of urban and rural national industries in

varied economical activities (i.e. mining, textile manufacturing, agriculture and fishing) (Lefort & Walker, 2000). However, Pinochet and his closer economist advisors, known as the ‘Chicago Boys’, profoundly believed in neoliberalism for the economic development of Chile. They focused on privatising the state and giving unrestrained power to the markets to benefit international trade over the national industries.

Pinochet and his collaborators followed all of the practices advised by Milton Friedman, one of the most influential economists of the twentieth century who developed numerous free-market theories that opposed the views of traditional Keynesian economics and the welfare state (Krugman, 2007). As a result, Chile unilaterally adopted an open trade regimen characterized by low import duties, with a lack of trading policies, and minimal restrictions on the movement of capital (Hojman & Affairs, 1996). Chile became a capitalist society, strongly divided into classes. The state assumed the function of bolstering the economy with policies aimed at the consolidation and expansion of capital, favouring the interests of the bourgeois class.

In early 1979, Chile's trade policy was liberalized; subsequently, there were no quantitative restrictions, licenses, or prohibitions. Pinochet rapidly and brutally moved towards capitalism, the free market and liberal philosophy without a welfare state (Klein, 2007). He imposed new liberal economics in a short period of time without considering the welfare state required to support people in social difficulty. Hence, charitable organisations were set up to cover the needs of vulnerable people that the state should have met.

Regarding disability, its historical evolution was similar to the rest of Latin America, but it has not been widely investigated. It appears that no socio-political efforts were made to recognize and reinforced the civil rights of people with disabilities until the beginning of the 1970s. Indeed, before Telethon, a national non-profit rehabilitation service for people with disabilities, founded in 1979, small-scale non-profit organizations and primary schools worked to rehabilitate and integrate children with physical or sensory impairments

(Henriquez, 2016). Additionally, disability activists firmly advocated for rehabilitation, access to education, and work for Chilean people with disabilities throughout the whole country. People with disabilities did not enjoy either proper health, education, work, welfare public policies or rehabilitation programs.

Generally speaking, disability started to be visible as a social issue in 1994 with the passing of Law 19.284 in respect social integration of people with disabilities, which created the national fund for disability, *FONADIS* (Marfull-Jensen & Flanagan, 2015). Social changes emerging from the development of the capitalist system during the 1980s not only significantly increased the gap between the rich and the poor, resulting in a strong classes division, but also left people with disabilities completely isolated and abandoned to their own luck. As a response, “Government support and disability legislation were non-existent and resources for Chileans with disabilities came from charitable initiatives, the Catholic Church, and international nongovernmental organizations” (Barrera & Fritz, 2009). Telethon then took an active role in tackling the rehabilitation of children with physical disabilities, running a major national campaign to increase public awareness of disability issues and to raise funds for its rehabilitation program.

In 1990, Chile returned to a democratic government and slowly started to address the “social debt”, especially that of the underfunded public services (Thomas, 2011). However, this development of cohesive national policies to support vulnerable people has not been effective at reducing inequalities, and so far, people with disabilities have been entirely neglected by the state. Although the Chilean government kept pace with new approaches at the international level regarding disability as a signatory of the CRPD, in practice no significant efforts have been made to implement policies, programs, and measures to promote the inclusion of people with disabilities. As such, no considerable progress has been made to safeguard the rights of people with disabilities. For example, to this day, Chilean people with disabilities do not

have access to a rehabilitation system funded by the state, and disability programs are sponsored by charities.

2.2. Models of disability

Models of disability have been helpful for conceptualising disability and gaining a better understanding of its impact on people with impairments. Disability researchers recognize the existence of distinct models of disability throughout different periods of history (Colin Barnes, 2003; Barton, 1989; Vic Finkelstein, 1993; M. Oliver, 1990; Michael Oliver, 1996). Nevertheless, as shown in Figure 5, most researchers have portrayed disability according to the progressive development of three fundamental models.

An overview of these models reveals that researchers consider the religious model to be an archaic theory for conceptualising disability. Consequently, they have mainly focused on what are most commonly known as the *medical* and *social* models. Both models have been helpful not only in offering a deeper knowledge of what disability means, but also in providing specific guidance on what people with impairments face in their day-to-day life. Such models provide foundations that explain how, historically, people with impairments have been treated and excluded by governments and society in general.

In view of those who support the medical and social models of disability, these models represent a useful starting point for understanding disability. Nevertheless, both models seem to be incomplete and constitute narrow thinking, which does not effectively reflect the reality of disability (Gabel & Peters, 2004; Shakespeare & Watson, 2001). Indeed, these models do not offer detailed guidance for planning public policies, programmes, and actions in favour of people with disabilities (Swain & French, 2000, 2008). Rather, each of these models portrays disability from distinct perspectives that describe the

parameters used by society to define differences between those who have impairments and those who do not (Shakespeare & Watson, 2001).

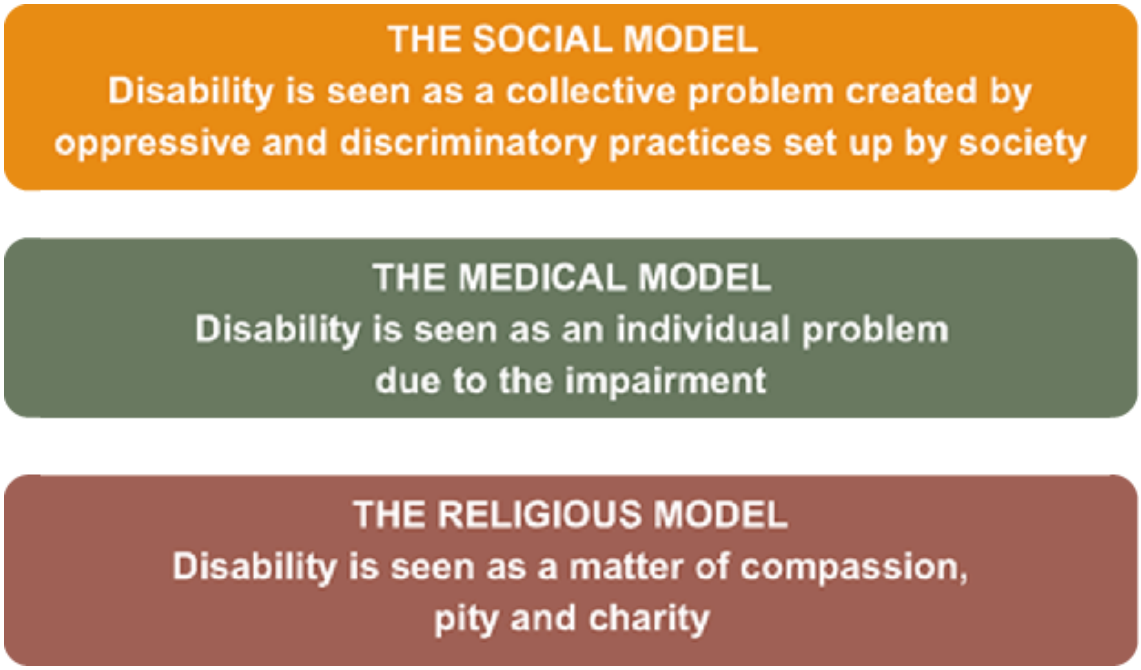

Figure 5: Disability models
Source: Oliver, 1990

Swain and French (2000) pointed out that the medical model and the social model are located at the opposite ends of the same spectrum. The medical model is rooted in the great power given to science and health professionals who diagnose illnesses or disabilities from a clinical perspective. The social model is a political and strategic framework, which does not "deny the problem of disability but locates it squarely in society" (Samaha, 2007). Correspondingly, the social model has been highly influential and served to articulate boundaries to reduce discriminatory practices, increasing awareness of disabling barriers from the own voice and public discourse of people with disabilities (Schillmeier, 2012). Yet, according to Schillmeier (2010), attempts to support and empower

people with disabilities need to take account of both models to handle and cope with the restrictions produced by impairments and to reduce environmental, cultural, and social barriers.

2.1.1. Attitudes informing the social model of disability

The social model attempts to accept that individuals with disabilities belong to a growing group of people in an increasingly diverse society (Nicolaisen, Blichfeldt, & Sonnenschein, 2012). The purpose of its founding and followers has been to de-medicalize disability to reduce disabling barriers rather than to empower bodily impairments (Shakespeare & Watson, 2001). Put simply, within the social model, a body or mind with an impairment does not cause disablement; thus, more emphasis should be placed on working to overcome social oppression and economic structures rather than forcing individuals to fit existing norms (Goering, 2010; M. Oliver, 1990).

The social model is embedded in a materialistic framework that arose alongside the capitalist economic model (Vic Finkelstein, 1993; B. J. Gleeson, 1997; M. Oliver, 1989). Furthermore, "the social model has allowed for the formation of a new regime of truth, one that opposes intersecting (interacting) regimes of truth generated and sustained by medicine, psychology, education and capitalism" (Beckett, Campbell, & Society, 2015). As a result, inclusion of people with disabilities at work is undertaken according to an individualistic view in which workers with impairments must fit the current mode of production because disability is culturally understood and socially structured in terms of the inability, unproductivity, and dependency of people who have impairments (Russell & Malhotra, 2009). In general terms, an individualistic view places people with disabilities in an unfavourable social position in which they are seen as equal competitors of those who are able-bodied but with more restrictions on them fully participating in the workplace (Colin Barnes, 2007).

Nevertheless, disability activist movements recognize that the simplicity of the social model has inspired changes among non-disabled people, which has likely created valuable social settings and actions making individual traits less disabling within workplaces (Terzi, 2004). Little significant progress has been achieved in the last 20 years, though. One of the best examples is the legal requirement of *Reasonable accommodation for employees* mentioned in the Americans with Disabilities Act (ADA, 1990) and the Disability Discrimination Act (DDA, UK, 1995) which, in both countries, does not constitute a real obligation on the part of employers (Morris, 2011).

Acceptance of the social model as a political and strategic model has been helpful for hearing the voices of people with disabilities in their own public discourses and experiences. However, its main limitation is that it has been used more as a rhetorical discourse (Gabel & Peters, 2004). As such, in reality the majority of able-bodied people accept this model but effective implementation has not been possible so far because attitudes are strongly influenced by misconceptions, myths, beliefs, and perceptions of disability.

Equally, the social model of disability seeks to explain disabling barriers imposed by society and faced by people with impairments. However, denial of the rights of people with disabilities still persists in most countries. As such, although nobody denies that the social model has helped to reduce some structural barriers in the built environment, it has not proved able to generate real change in the ways in which the able-bodied perceive disability. This has guided a new type of stigmatization and prejudice known as *positive discrimination*, which results in representations of people with disabilities as people who are extremely capable or incapable. Such a division is made on the basis of the disabled person's ability to carry out day-to-day activities that are taken for granted by non-disabled people, such as attending school or being employed (Rieser, 2000).

2.1.2. Attitudes informing the medical model of disability

Whilst opinions range widely, the majority of authors state that the medical model and health professions, such as nursing, are responsible for the most negative discriminatory experiences of people with disabilities (Scullion, 2010; Williams & Heslop, 2005). As Galvin (2005) highlights, the medical model fosters criteria and conditions that encourage negative feelings and attitudes to disability that are pathological in their effects. The notion that people with disabilities are either biologically fit or unfit has arisen from powerful and pervasive medical model perspectives, which are predominant in all societies around the world. Their dominance stretches beyond the healthcare professions. For example, many media disability campaigns reinforce the idea that people with disabilities are in need of assistance – that is, they need to be cared for, protected, and accommodated rather than providing evidence of disabling barriers in their environments.

Disability is not only about the shape of bodies and their functioning but also about their interpretation and treatment in a wider temporal context, as opposed to merely our material perceptions of disability (Siebers, 2008). Therefore, disability should not be seen as the object of the problem. As a result, normalization has recently been acknowledged as the reason why people with disabilities are devalued. This way of thinking should be rejected as a starting point for any matters related to disability (J.-A. Bichard et al., 2007). However, by way of contrast, most tort laws were thought of as a subtraction from the norm to compensate for a pre-existing condition, addressing the management of disability through charity and welfare rather than equality and rights (Rieser, 2000). In response, the medical model has been widely criticized for promoting a strong conceptualization of disability which is disabling in itself (Schillmeier, 2012) because it explains disability as a pathological problem associated with the human body and mind. As a result, disability stigmas and prejudices arise from the relationship between impairment and the individual's functionality,

which reinforce and legitimize wrong beliefs that result in the exclusion of people with disabilities from all spheres of social action (Devlin & Pothier, 2006).

According to the medical model, impairment is an individual abnormality that determines the way in which those who do not have impairments see people with disabilities – hence feelings of pity, fear, compassion, and patronizing attitudes often arise (Michael Oliver, 1996). Likewise, inevitably, the social and self images of people with disabilities are altered from the onset of their impairment because they are part of an environment in which people with disabilities are victims of theirs in/ability to carry out basic activities. This image, accepted by disabled and non-disabled people, has been reinforced by the characterization of work in capitalist societies in which people with disabilities are considered to be less productive, inefficient, and incapable of performing working activities (Vic Finkelstein, 1993; B. J. Gleeson, 1997). So people with disabilities turn into a group of persons who are economically inactive and incapable of participating in employment, who need to be assisted by individuals and society (Colin Barnes & Mercer, 2005).

2.1.3. Attitudes informing the moral/religious model of disability

This theory explains disability using the association of impairment with beliefs and feelings such as sin, blame, shame, bad deeds, and guilt. In general terms, such feelings and beliefs are often based on religious doctrines and/or morality. As Eiesland (1994) emphasizes, from a moral/religious viewpoint, there is a direct connection between physical perfection and spiritual beauty. Therefore, the status of being saintly has traditionally been conferred on those who attain physical expression in wholeness and normality (Metzler, 2006). Similarly, Melcher (1998, in (Otieno, 2009) states that body perfection is a symbol of soul perfection. This lack of body perfection then constitutes an obvious sign of a person’s sin and a punishment from God.

In Western Judeo-Christian society, biblical references have been used to understand bodily differences (Jayne Clapton & Jennifer Fitzgerald, 1997). Such references have led to two key opposing approaches to disability. On the one hand, disability is seen as a punishment or curse, and on the other it is a status beyond the human – something spiritual and related to God (Selway & Ashman, 1998).

Within the punishment or curse approach, religious interpretations understand disability as the result of evil spirits, the devil's handiwork, or God's displeasure (van Kampen, van Zijverden, & Emmett). They might also understand disability as a consequence of immoral actions or of misdemeanours committed by the individual in their current or previous life (reincarnation) or by someone in their family or close community group. In contrast, in a spiritual sense, disability appears to be a necessary affliction, a penitence and/or sacrifice that must be suffered in order to gain some future spiritual reward. A disabled person is someone who reflects the suffering of Christ, an angel, or a blessing for others (Miles, 1995).

By contrast, in Islamic societies, the Qur'an emphasizes that every person is potentially perfect so long as they work on developing their innate qualities to the limit of their individual differentiation. Watters (2010) suggests that 'disability in Islam is not viewed as punishment, but rather as an opportunity to endure suffering in order to receive *Allah's grace*'. As a result, people with disabilities are to be treated with kindness and have the same person-to-person relations that are granted to non-disabled people. Muslims must seek the truth and accept the will of Allah. Muslims strongly believe that 'Allah has appointed a remedy for every disease, and it is a duty to be responsible for those who are disabled or ill. Allah will always provide them with the knowledge required to protect and look after, for example, a son with impairment' (Bazna & Hatab, 2005). They feel that any change would be a rebellion against God. Hence disability is neither a punishment nor a blessing but rather a condition of neutral morality. However, most superstitious Muslim societies associate disability with

divine punishment and proceed to segregate and discriminate against people with disabilities. Muslims appeal to Allah for justice; nevertheless, charity and pity are the grounds on which they often view disability (Miles, 1995).

Buddhism has been predominant in most of Asia for over 2,000 years. Schuelka (2013) states that the Buddhist religion constitutes a rewarding field of study, especially for those more familiar with the monotheisms underpinning Middle Eastern and European civilizations. Within Buddhism, various schools share basic precepts and traditions, including the two major principles of rebirth and karma. Therefore, an understanding and appreciation of the central concepts of classical Indian Buddhist thought appear to inform the way in which disability is seen among Buddhist practitioners.

Buddhists believe that each individual's actions, in their present or past lives, leave an imprint on their mind (karmic potential), which eventually has its own effect. This relationship of action and effect is known as the law of causation, or *karma*, and it constitutes the basis of Buddhist morality, with virtue generating happiness and/or non-virtue causing suffering. Karma is a widespread force that dictates rewards and punishments to those who are reborn through various life cycles. Thus, those who perform good deeds will be awarded by meritorious and favourable rebirths. In contrast, those who perform wrong actions will be punished by demerits or unfavourable rebirths. An individual's current life is, therefore, a consequence of their past lives (karma). Also, whilst they cannot choose their present rebirth, they can change it by performing good deeds to earn merit.

From the karmic perspective, disability is a response to the accumulation of demerits in a past life, defining the suffering of the individual in this lifetime. Past karma gives some people disability while others enjoy good health and faculties as part of the universal human experience, which is to progress to better rebirths. Miles (1995) notes that Buddhism sees disability as an opportunity for compassion in this life, and the concept of karma represents a major cultural obstacle for people with disabilities in Asian societies. Certainly,

karma represents misfortune for Buddhists, who must suffer to reach their desired spiritual cleanliness and achieve personal enlightenment in their future lives (Charlton, 1998; Schuelka, 2013).

In Hinduism, which is similar in many ways to Buddhism, karma is also a central concept. It is not imposed by God or an outside punitive force but rather is an exercise of the moral law of the universe (the free library). As a result, mental or physical disability ‘is thought to be part of the unfolding of karma and is the consequence of past inappropriate action that occurred in either one's current life or in a past life’ (Whitman, 2007). The classical texts of Hinduism often refer to disabilities and deformities ‘as something fearful, usually a punishment for misdeeds. Credence is given to the equation of a twisted personality with a twisted body’ (Miles, 1995).

2.3. Disability and poverty

Elwan (1999), Yeo & Moore (2003) and Hoogeveen (2005) warn that people with disabilities are disproportionately represented among the world’s poorest. Yeo (2001) indicates that approximately four out of five people with disabilities live in chronic poverty. Overall, people with disabilities are not allowed to exert their rights as citizens and fully "participate in the mainstream social, politic, cultural, and economic fabric" (Saltes, 2009). As Scullion (2010) explains, people with disabilities have been placed into lower status, legitimizing the denial of their human rights and their exclusion from all social spheres, and particularly from the labour market. Braithwaite et al. (2009) note that with the implementation of the Social Protection Sector Strategy in 2001, the World Bank acknowledged that disability had always been a neglected topic, and a new social strategy was introduced to reduce poverty and discrimination against persons with disabilities as a whole. As a response, it was recognised worldwide that there is no dichotomy between disability and poverty and on the

contrary, there is a bidirectional relationship, by one side poor population has higher risk of becoming a person with disability due to some factors such as low levels of nutrition and limited access to preventive health care. On the other hand, people with disability face extra costs and barriers in their access to rehabilitation, education and becoming economically active to overcome poverty (Yeo and Moore, 2003).

Many economists who work in economic development state that ‘strategies based on neoliberalism models have failed to bring about genuine, positive change to support people with disabilities’ (Meer and Server, 2004). Moreover, Snider and Takeda (2008) highlight that economic development has not benefited everyone equally; deliberate and structural social exclusion has contributed to create and foster marginalization of certain groups. Controversially, as Lord and et al. (2010) discuss, many countries have designed their policies, programs and actions of growth without including people with disabilities, constraining the latter group’s civil, social, and economic rights (Khan, 2010). In light of the above, McClain-Nhlapo (2006) believes that successfully achieving the Millennium Development Goals (MDGs) requires inclusion of these most vulnerable groups, as well as the notion that sustainable development implies inclusive development. In this regard, Berman (2005) and Braithwaite (2007) clarify that inclusive development leads to ensuring socioeconomic and human development on an equal basis of opportunities and rights for all people, without discrimination against social status, gender, age, functional capabilities, ethnicity, religion, sexual orientation, etc. In short, the inclusion of people with disabilities does not simply depend on coping with ‘the problem or impairment’ and reducing environmental, cultural, and social barriers (Oliver, 2002), but it is a fact that depends on changing social organization to effectively carry out diversification.

Chapter 3: Modelling and measuring disabling attitudes

This chapter will conduct a literature review on attitudes towards disability in order to seek how other researchers have described and measured disabling attitudes. This literature review will go over theories that explain the formation of attitudes including stereotypes, prejudices and stigmatisation.

3.1 Measuring attitudes towards disability

The UK and Chilean governments have made progress setting up a legislative framework to promote the human rights of people with disabilities. Yet, both governments have been questioned for their poor efforts to effectively tackle social protection and inclusion of people with disabilities (Cisternas, 2016; HRC, 2018). Disability activists and advocates note that the UK and Chile, rather than having understood and applied the social model to treat disability, still follow an operational model largely defined by the charity and medical approaches. As a result, social protection is neither accessible nor inclusive and instead increases the institutionalization of persons with disabilities (UN Enable, 2016). Social protection from a rights-based approach must ensure that persons with disabilities have equal access to education, health and employment (Rights, 2015). That is, mainstream social protection schemes must meet people with disabilities' specific needs to support their social participation in a non-discriminatory manner, ensuring their rights without any distinction for age, race, ethnicity, gender, religion (Bernabe-Ortiz et al., 2016).

There is evidence showing progress in favour of inclusion of people with disabilities has been slow and limited. Numerous barriers continue to prevent people with disabilities having equal opportunities to actively participate in all social realms. In this regard, the first and foremost of barriers is deeply rooted in disabling attitudes that come from the social norms that non-disabled and

people with disabilities have learned and accepted as reality (Hernandez, Keys, & Balcazar, 2000). Although the position of people with disabilities has improved over the past two decades, strong attitudinal and structural barriers still exist (Grewal, Joy, Lewis, Swales, & Woodfield, 2002). For instance, Beckett et al. (2015) suggest that "tackling prejudice, 'building community and developing values is more than simply 'integrating' disabled children into mainstream schools. Instead, it is also about ensuring that schools and classrooms become truly 'inclusive' environments with associated values and an inclusive ethos".

Many scholars have point outed that people with and without disabilities tend to have similar attitudes towards disability, which often fall on the negative side of any measurement scale, reflecting both groups' subtle prejudices (Hannon, 2007). Moreover, according to Feinberg (1967), 'research findings on attitudes to disability are highly inconsistent and contradictory'. He explains that Mussen (1943), Mussen and Baker (1944) and Szuhay (1961) indicate that non-handicapped tend to verbally express favourable attitudes towards 'the disabled'. But, Schneider (1947), Granofsky (1956) and Masson (1963), on the contrary, report that non-handicapped often express unfavourable attitudes towards 'the disabled'.

Evaluative reactions to a wide variety of objects, such as favourable/unfavourable or like/dislike, exhibit a person's beliefs, feelings or inclination to act and delineate attitudes towards something (Olson & Zanna, 1993). This is a fact that Yuker (1970) and Antonak (1982) bore in mind when they developed the Attitudes towards Disabled Person Scale (ATDP) and the Scale of Attitudes toward Disabled Persons (SADP), respectively. Both scales attempted to address concerns about false-positive scores by assessing attitudes from a social perspective rather than a personal one (Hannon, 2007). As the Festinger cognitive dissonance theory posits, individuals need to reduce their psychological discomfort to achieve emotional equilibrium and see themselves as rational and uniform in both thought and action (Festinger,

1962). Therefore, they consciously respond to information that challenges their way of thinking. That is, when inconsistent thoughts arise, explicit attitudes drive their behaviour (Greenwald, Nosek, & Banaji, 2003). As a result, social desirability may strongly distort the measurement of disabling attitudes.

Attitudes towards disability have been broadly investigated, but when researchers design questionnaires and surveys and interpret their results, they often forget that disability is a socially sensitive issue. Hence, direct means to measure attitudes (e.g. self-reported surveys) may influence their responses (Krumpal, 2013). That is, in the public sphere, people consider it more acceptable to espouse positive global attitudes towards disability, despite the fact that in reality they have more negative attitudes than expressed (e.g., Hernandez et al., 2000). Evidence, for example, confirms that while on a philosophical level policymakers agree with developing inclusion programs to support people with disabilities, when it comes down to their practical use, there are many reservations to putting them in place (Hannon, 2007).

Researchers must then pay attention to the recommendations made by Festinger regarding the wording and context of sensitive questions (Fowler Jr & Fowler, 1995; Groves, 2004; in Näher, Krumpal, & Quantity, 2012; Sudman & Bradburn, 1982). However, to date, investigations on disabling attitudes have made few or no attempts to assess the distorting effects of the social desirability expressed in self-reported measurements. For instance, worldwide, people with and without disabilities have been constantly exposed to different media campaigns that look for fund-raising to provide rehabilitation to people with disabilities (Näher et al., 2012). Overall, these campaigns have focused on supposedly positive discourses that are created to improve the public image and acceptance of the disabled. The principal long-term aim of such actions is that through repeated exposure to such campaigns, most people give strong power to cultural norms that are finally socially accepted (Amoako et al., 2019). Very few studies have assessed how such disability campaigns have influenced attitudes towards disability or how these campaigns drive expectations of what

is accepted as positive or negative, indicating the kind and careful treatment of the disabled as socially desirable. As a result, planning and designing research regarding attitudes towards people with disabilities should use a more pervasive, subtle or indirect method of assessing attitudes (McCaughey & Strohmer, 2005). Indeed, using an appropriate method increases the possibility that individuals' sentiments and thinking best reflect their behaviour at a societal level (Hannon, 2007).

3.2. The social psychology of attitudes

Disabling attitudes are invisible barriers that prevent people with disabilities from exerting their rights on an equal basis as their able-bodied peers. Negative societal attitudes towards people with disabilities have been well-documented (Chan, Livneh, Pruett, Wang, & Zheng, 2009). Beckett et al. (2015) state that "the ‘disabling’ (or ‘disablist’) attitudes that are part of ‘non- disabled culture’ and the institutionalised form of these attitudes – ‘disabling discourses’ (Shakespeare 1994) – are both a reflection of a disabling society and key to its maintenance".

Definitions of *attitude* have changed over many years but it unquestionably still constitutes one of the most ‘crucial, distinctive and indispensable concepts’ in contemporary social psychology. Attitude is, for example, defined by Allport 1935 in (Cunningham & Johnson, 2007) as ‘a mental and neural state of readiness, organized through experience, exerting a directive and dynamic influence upon the individual’s response to all objects and situations with which it is related’. Schwartz and Bohner (2001) hold that attitude has four main components: cognitive, affect, motivational, and behavioural. Likewise, Krech and Crutchfield (1948) emphasize the close relationship between individual behaviour and the nature of attitudes. They point out that an attitude can be defined as ‘an enduring organisation of motivational, emotional, perceptual, and

cognitive processes with respect to some aspect of the individual's world' (Schwartz & Bohner, 2001). Given the progress made by sociologists and psychologists, the concept of attitude has been simply defined as *likes* and *dislikes* (Bem, 1970). Another influential definition is provided by Eagly and Chaiken (1993), who highlight that attitude is 'a psychological tendency that is expressed by evaluating a particular entity with some degree of *favour* or *disfavour*'.

Modern research on attitudes has widely focused on investigating social cognition, which aims to understand the mental process behind how individuals perceive other people and how they come to know about the people in the world around them. These two aspects are of paramount significance to keep in mind for the current research given that they provide deeper insights into how individuals view disability and people with disabilities, as well as their life events. As a result, this research attempts to learn from the process which is involved when perceiving, remembering, and thinking about attitudes towards people with disabilities at work. This is done by understanding how individuals assimilate certain information about disability, how this information is stored in the memory, and how it is then used to interact with people with impairments.

Additionally, a great deal of this research pays attention to the fact that attitudes can operate at explicit and implicit levels. That is, attitudes can be formed in a two-fold mental process which can be divided into automatic or unconscious (implicit attitudes) and deliberate or conscious (explicit attitudes) (Greenwald et al., 2003). Indeed, both mental processes provide reference points that help individuals to either positively or negatively evaluate an object, events or people. In other words, individuals construct a mental frame that helps them to categorise diverse opinions over different issues, and as a consequence express their attitudes on day-to-day life. Both levels of attitudes operate through reflective (controllable) versus impulsive (spontaneous) systems, basing evaluations on knowledge about facts or values versus associative links and motivational orientations (Strack and Deutsch, 2004). In sum, when a person responds to something (attitude object), their feelings and cognition guide the way in which they react; therefore, the acknowledgement of

individuals' implicit and explicit attitudes towards people with disabilities may be used to find better ways to moderate unwanted effects.

Without a doubt, the implications of attitude levels are important for the current research. In this regard, the structured 'FIC' model of disabling attitudes towards people with disabilities developed in the analysis differs from most previous investigations on disabling attitudes because such studies generally describe, compare or contrast negative and positive attitudes towards people with impairments rather than measuring the impact and making sense of how attributes, traits or qualities, the so called activators, are categorised from emotional prejudice, cognitive stereotypes and behavioural discrimination to form disabling attitudes. Adding to the FIC model developed, the understanding of implicit and explicit attitudes may be meaningful for a more accurate prediction of how disabling attitudes are formed. Arguably, "explicit attitudes are formed 'on the fly' through propositional reasoning whereas implicit attitudes need to be built up slowly through associative learning" (Carruthers, 2018). Hence, paying attention to both these attitude levels may be useful to account for social desirability effects considering that disabling attitudes is a sensitive social topic.

In this research, the effects of people's judgments of traits, attributes, and qualities (activators) that form disabling attitudes may be affected by an individual's necessity for social approval in their responses. Consequently, it is relevant to scrutinise the fact that individuals are predisposed to assess people with disabilities from thoughts that are acknowledged as politically correct and in accord with society's mainstream opinion. Respondents' biases may come from a variety of sources, but the main concern in this research has been respondents' biases resulting from social desirability effects. Therefore, it is worth noting that disability is a sensitive topic in the public sphere, and attitudes measured may be more susceptible to detecting associations that a person would not clearly endorse or would prefer not to reveal in public rather than what respondents would really think in private. This is considering that there is a strong cultural tendency to reject negative attitudes towards people with impairments across societies. Accordingly, findings of the qualitative analysis

phase 1 revealed that interviewees generally avoided expressing personal negative evaluations regarding people with disabilities. They demonstrated concern in providing their negative views about people with disabilities. Notwithstanding, they freely expose negative judgments on behalf of other society members. For example, most Britons and Chileans stated that “people with disabilities have the right to work and should be financially active so that they’d cease being burdens for their families.” However, their responses also state that employers are unwilling to hire people with disabilities because people with disabilities are neither productive nor capable of working; their disabilities limit them in all aspects of life and therefore leave them unable to properly carry out work tasks.

The qualitative analysis confirmed that there are several emotional, cognitive and behavioural aspects that respondents used to qualify what they believed as a disabling condition. In the quantitative analysis in phase 2, many of these did not appear sufficiently significant or robust enough to include them as an activator of a DAC. Attitude theories argue that attitudes serve a variety of important purposes in psychological functioning (Katz, 1960; Katz & Stotland, 1959; Kelman, 1958; M. B. Smith, Bruner, & White, 1956). Thus, the central questions of how disabling attitudes are formed and how to promote an effective attitude change depend on first clearly understanding the structure of attitudes in order to develop a more effective persuasive message. For example, increasing cognitive information about people with impairments may not necessarily have an impact on changing disabling attitudes, because as the qualitative and quantitative analysis confirmed, an individual’s prejudices come from an emotional basis. Personal feelings of fear of acquiring an impairment throughout their life clouds their rational judgement about their perceptions of disability. Therefore, a successful coping strategy should lead others to view impairment in a more positive light.

However, “coping strategies that are engaged in to achieve one goal may inhibit attainment of other goals” (Dovidio, 2010). As an example of this, over the last few decades, most actions to reduce discrimination against people with disabilities have been on the grounds of the social disability model. These

actions have resulted in a human rights convention for people with disabilities which unquestionably had the desired outcome for the promoters of the model. However, prejudices regarding having an impairment apparently are not decreasing as expected. Instead, these have increased positive stereotypes (e.g. admiration of people with disabilities) and are not necessarily improving employment inclusion of people with disabilities. This resonates with the effect argued by Dovidio (2010) that “coping strategies that are successful in achieving one goal may inhibit attainment of other goals” (Dovidio, 2010).

On the other hand, when people respond to something, their feelings guide the way in which they react; therefore, attitudes constitute an efficient way of sizing up the world (Bassili & Roy, 1998; Breckler & Wiggins, 1989; Sanbonmatsu & Fazio, 1990). For example, a person who believes that people with mental disabilities are aggressive and dangerous may feel dislike for such people and then act in a discriminatory manner. As a result, it seems to be that attitude-behaviour has much in common, and many authors have attempted to prove that attitudes can and do predict behaviour towards an object and its correlation. Yet the usefulness of attitudes in predicting behaviour has been widely critiqued by many authors (Festinger, 1964; LaPiere, 1934; Wicker, 1969). This critique was first questioned by Fishbein and Ajzen (1974) and Fazio, Sanbonmatsu, Powell, and Kardes (1986) who developed two major programmes of research to clarify attitude-behaviour relations. Whilst these programmes confirm a relationship between attitudes and behaviour, they also propose an important qualifying condition, which make it appear not sufficiently powerful or robust enough to establish the importance of attitudes as a theoretical construct (A. R. Pratkanis, Breckler, & Greenwald, 1989).

Attitude theories argue that attitudes serve a variety of important purposes in psychological functioning (Katz, 1960; Katz & Stotland, 1959; Kelman, 1958; M. B. Smith et al., 1956). Thus, they are important to deciding what theory to use to respond to the central questions of changing attitudes towards disability, and it is important to better understand the structure of attitudes and their functions.

As stated by many researchers, types of attitudes have different functions and require diverse conditions and procedures to change them (Katz, 1960). For example, increasing information about people with impairments may not necessarily have an impact on prejudices whose basis is ego defensive. Influencing a change of attitude therefore needs to be promoted by matching an appropriately persuasive message with the functional underpinnings of the attitude it targets (Shavitt & Nelson, 2002).

3.2.1. The ABC model of attitudes

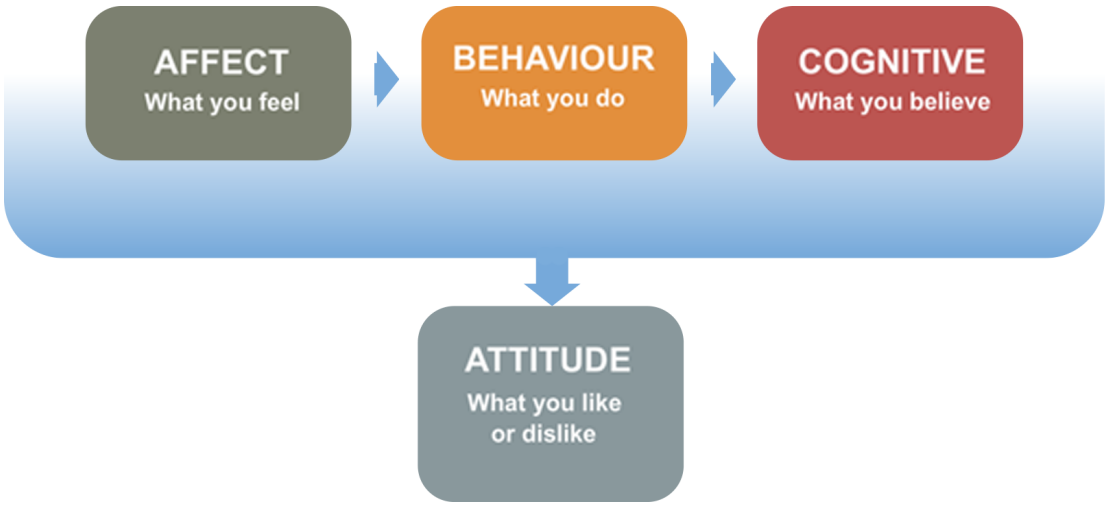

Figure 6: ABC model of attitudes
Source: McLeod, 2014

When assessing attitudes to confirm whether people's attitudes impact on individual actions, the most cited attitude theory is the ABC model of attitudes (Eagly & Chaiken, 1998; Van den Berg, Manstead, van der Pligt, & Wigboldus, 2006). As depicted in Figure 6, this model suggests that attitudes are shaped by three elements: affect, behaviour, and cognition (Eagly & Chaiken, 1998; Jain, 2014; Van den Berg et al., 2006).

Hence, researchers have agreed that attitudes are a complex and dynamic structure in which affect refers to individual feelings, behaviour to the individual's intention, and cognition to the individual's beliefs about an attitude object (Jain, 2014; McLeod, 2014).

Forsyth (1995) argues that 'an attitude is not a feeling, a cognition, or a form of behaviour; instead, attitudes combine all three components in an integrated affect-cognition-behaviour system'. According to Forsyth, each element described in the ABC model conforms to an attitude and influences the entire structure of the attitude as a whole. Thus, if one of these components is altered, the attitude structure will be modified. However, evidence from LaPiere's (LaPiere, 1934)(LaPiere study in 1934 demonstrated that 'the behaviour element does not always match with the cognitive and affective element' (McLeod, 2014). In short, attitude refers to diverse degrees of negative or positive evaluation criteria, objects, events, activities, ideas or just about anything in your environment (Ajzen, 2001). Similarly, Hogg and Vaughan (2005) indicate that: 'an attitude is a relatively enduring organisation of beliefs, feelings, and behavioural tendencies towards socially significant objects, groups, events or symbols'. In addition, as McLeod (2014) has explained, attitudes are the result of individual experiences (or observing experiences); therefore, these may influence and guide individuals' future behaviour. Then, as presented in Figure 7, attitudes must be examined at three different levels.



Figure 7: Structure of attitudes
Source: McLeod, 2014

3.2.2. The function of attitudes

Cognitive, affective and behavioural evaluations are central to the notion of attitudes. Cognitive evaluations refer to thoughts that people have about an attitude object. Affective evaluations refer to feelings or emotions that people have in relation to an attitude object. Behavioural evaluations refer to people's actions with respect to an attitude object. The attitude object in this literature review and in the Surveys of Attitudes to Disability in Ireland is mainly the notion of disability but also includes people with disabilities and disability issues.

In contrast to the structural theory, the functional theory of attitudes affirms that attitudes serve the individual and emphasize the ways in which attitudes may be helpful to people who hold them for a variety of important purposes (Katz, 1960).

The utilitarian role of attitudes is to 'summarize the outcomes intrinsically associated with objects and to guide behavioural responses that maximize one's interests' (Shavitt & Nelson, 2002). In fact, people do not necessarily believe things because they are true but rather because they are useful. True beliefs, of course, are likely to be more useful than false beliefs but this theory argues that function is prioritized over truth. In general, what underpins the functional theory is that a person's internal needs (e.g. for safety, self-expression etc.) and an external environment full of people and information are mediated by attitudes (M. B. Smith et al., 1956). For example, someone's attitude may be to enjoy the taste of ice cream (utilitarian function = reward) but ice cream contributes to weight gain (punishment). Thus, the person may decide to eat low-fat ice cream because of guiding behaviour in order to maximize benefits while minimizing costs.

Within functional theory, attitudes enable people to mediate between their own inner needs (expression, defence) and the outside world (adaptive behaviour and knowledge). Attitudes are recognized as instrumental constructs that serve individuals' physical, social, and emotional needs (Maio & Olson, 1995; Shavitt & Nelson, 2002). Attitudes also have a 'knowledge function' (Katz, 1960), a relevant social role that aids in one's self-expression and social interaction. The social role fosters identification with important reference groups as well as helping to build and maintain an individual's self-esteem in a variety of ways (Terry, Hogg, & White, 1999). In response, as depicted in Figure 8, Katz (1960) identifies different functional labels that he has organized and grouped into four personality functions of attitude.

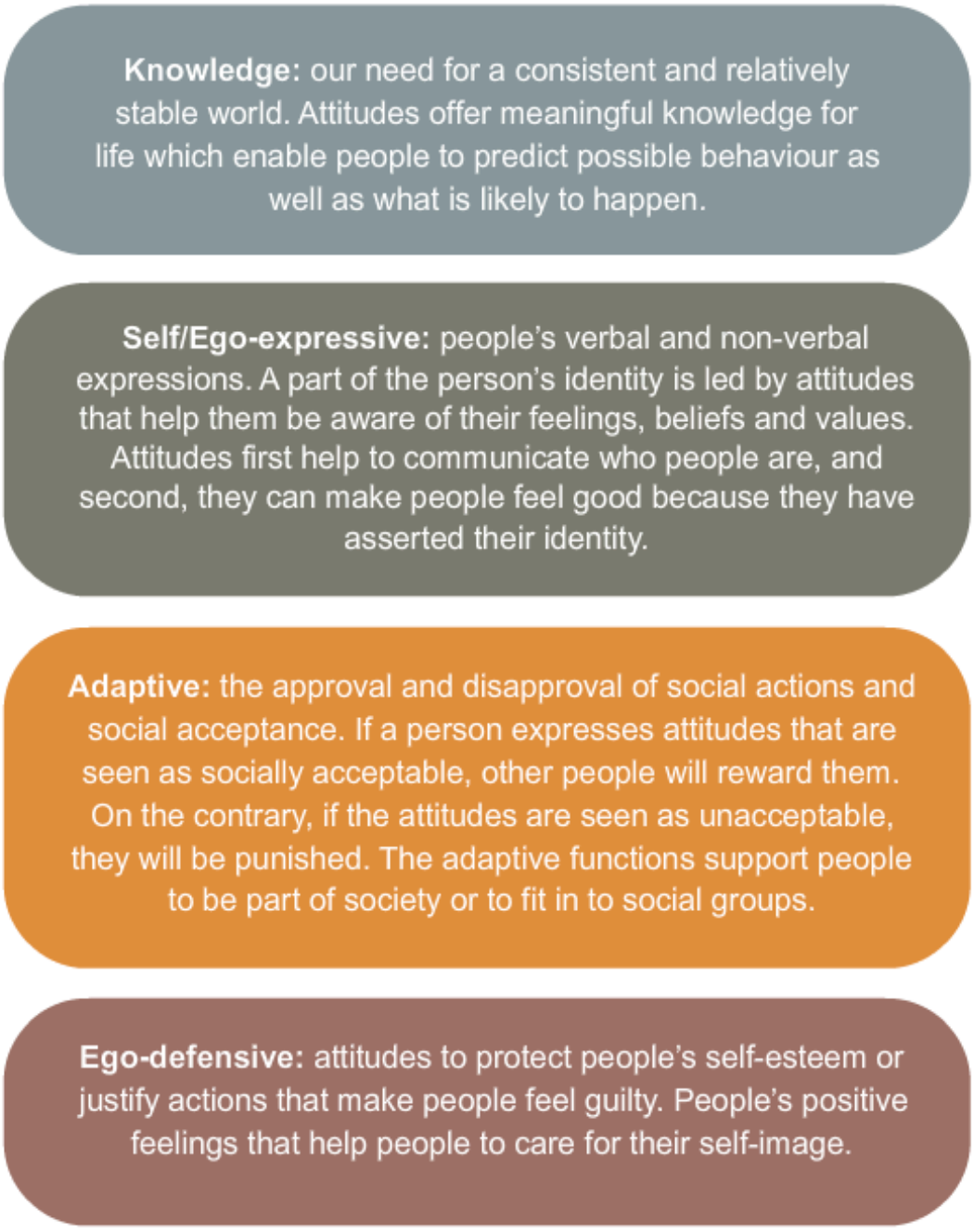

Figure 8: Functions of attitudes
Source: Katz, 1960

Understanding individual attitude functions and motivational bases is recognized as the core of attitude change. Hence, 'an attitude changes when it no longer serves its function and the individual feels blocked or frustrated'

(Katz, 1960). According to Katz (1960), ‘attitude change is achieved not so much by changing a person's information or perception about an object, but rather by changing the person's underlying motivational and personality needs. In general, successful persuasion entails matching procedures of change with the functional basis of the attitude to be changed (Wood, 2000). Therefore, when an attitude function is known in advance, it can be easier to predict what attitude a person will perform and underpin a more persuasive message to change that attitude. This is because whatever function attitudes perform, they provide a reference point for understanding and categorizing objects, people, and events. Better understanding can help to more effectively address efforts to successfully change attitudes (Anthony R Pratkanis, Breckler, & Greenwald, 2014).

3.2.3. Cognitive dissonance theory

This theory emphasises individuals’ need for consistency in and among attitudes, and behaviours, as well as the relevance of relieving inconsistency causing discomfort and tensions. This theory defends the idea that an individual’s cognitive system has a natural tendency to create harmony or congruence in internal thoughts. Otherwise, individuals will activate a series of psychological mechanisms in order to avoid discrepancies or rebalance the cognitive system, reducing or eliminating such inconsistencies or discrepancies.

The main focus of balance theory is that relationships between a perceiver and another person or object are based on the perceiver’s cognitive perceptions, which are either positive or negative (Heider, 1958). This theory was extended by the work of (Newcomb, 1961) and (Rosenberg & Abelson, 2017), who studied interpersonal situations and cognitive balancing to find out the effect of the pressure of uniformity in groups. They stated that rebalancing inconsistency is critical to modifying individuals’ attitudes. While Abelson outlined four additional modes of rebalancing cognition – (a) denial, (b) bolstering, (c)

differentiation, and (d) transcendence – Rosenberg (1956) examined affective-cognitive consistency theory to demonstrate that there is an unstable relationship when attitudes and beliefs toward an object are not consistent with knowledge of that object. Hence, strategies of persuasion are designed on the basis of attempting to change the affective attitude component by changing the cognitive attitude component. In simple terms, persuasive communication tries to change the cognitive attitude component by providing new information that tends to cause an impact on affective attitudes toward an object.

In dissonance theory, Festinger (1962) holds that consistency in cognitive elements or beliefs about behaviour or environment take place when elements are logically inconsistent or produce psychological disharmony because, for example, specific opinions are not politically correct or information is contrary to previous information. Dissonance motivates the individual to reduce inconsistency and return to consonance. When individuals face discomfort due to dissonance between affect and cognition, they seek to avoid the situation or reduce it; likewise, adding information may increase or decrease dissonance.

Sometimes we act but do not agree with our beliefs or we feel bad about our actions. Therefore, we need to defend our beliefs due to the simple fact that we wish to convince ourselves and/or others that we behave well. However, we often do not defend our actions but instead seek reasons to defend our beliefs by justifying our actions. We need to be coherent with ourselves (beliefs and behaviour) so once we have done something which produces discomfort, we create a self-defence mechanism to reduce such discomfort.

For example, someone is evaluating a job application from a person with a disability and reject it because the person has a hearing impairment. she/he feels sad about this decision because she/he believes that people with impairments need an opportunity to work and have right to work. Of course, the person will try to avoid this feeling of discomfort by justifying her/his action (reject the application) with different thoughts, such as nobody in the team knows sign language, our facilities are not prepared, it is too difficult to

communicate with a person with hearing loss, etc. In contrast, the person may also argue in favour of hiring the person with an impairment; for instance, the applicant is quite prepared for the job required, has a good CV and qualifications, etc. As a result, the person creates a mechanism to defend her/his decision by decreasing dissonant thoughts. In other words, the person seeks for arguments that help her/him to reduce the number of contradictory thoughts that the person has about hiring a person with a hearing disability. The person internally evaluates their inner thoughts to justify her/his decision and action.

Any process of simple decision making creates dissonance, and its magnitude will depend on the decision and the attractiveness of alternatives to be chosen or not (O'keefe, 2002). Hence, we may also experience dissonance when we have to decide between several alternative thoughts that will produce outcomes of similar importance to us. That is, when alternatives seem to have similar attractiveness levels, we attempt to decrease the importance of those thoughts. In contrast, we give similar value to all alternatives by thinking that the same outcomes will be produced by choosing one or another alternative, or we change the attractiveness of the alternatives to make one better than another. As a result, on the ground of cognitive dissonance theory, adding new information that create an effective change in people's attitudes necessarily depend on three conditions: aversive consequence, freedom of choice, and insufficient external justification. In other words, the goal should be to induce enough dissonance to change attitudes, beliefs, values or behaviours (Frymier & Nadler, 2007).

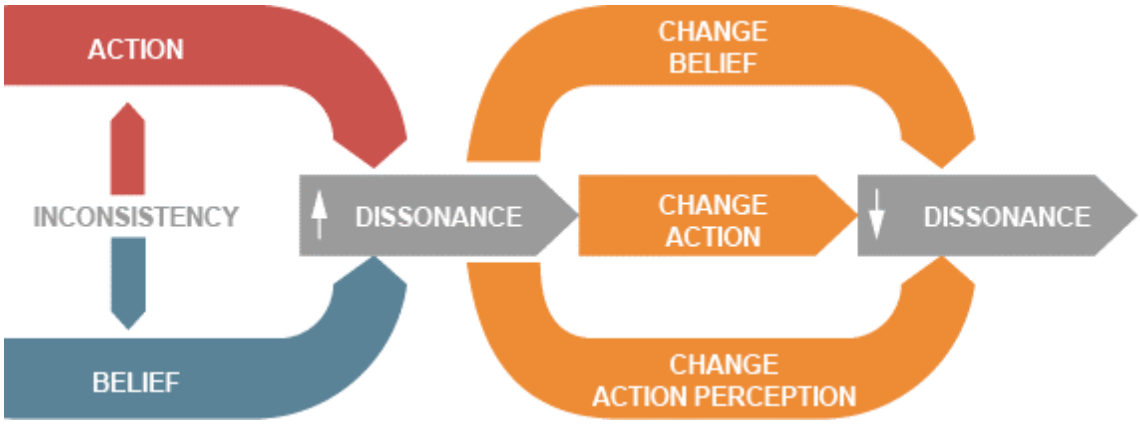

Figure 9: Cognitive dissonance
Source: Festinger, 1957

3.3. From labelling people to stigma

3.3.1. Social categorization

Social categorization has been described as an involuntary process in which individuals are placed, without much thought, into social groups (Richard J Crisp & Hewstone, 2007). Put simply, social categorization is considered to be the division of the world into "*us"*, known as the *in-group* (e.g. non-disabled people), and *"them"*, known as the *out-group* (e.g. people with disabilities). Consequently, social categorization is used by individuals to classify information about the characteristics/attributes of people who belong to certain social groups, make sense of their social identity, and belong to the social world (McCauley, Jussim, & Lee, 1995).

The theory of social identity explains that increasing individuals' self-image depends upon enhancing the status of the group. Hence, characteristics based on over-generalizations about people's negative (wrong) image might result in those who belong to the in-group discriminating against those who belong to the out-group as a way of improving their self-image (Tajfel, 2010). Therefore,

‘the mere act of categorizing individuals into social groups is sufficient to produce intergroup prejudice and discrimination (Tajfel et al., 1971; Kail, 2006). For example, some people with hearing impairments see themselves as less disabled than wheelchair users due to their major ability to walk; thus, they might discriminate against wheelchair users based on this ability.

On the other hand, researchers also argue that categorization results in stereotypes that in part spontaneously derive from individual roles played in society (Mackie, Hamilton, Susskind, & Rosselli, 1996). In response, some believe that there is ‘kernel of truth in most stereotypes’ (Stangor (2009) and that there is ‘a correlation on how group members perceive the categorisations of their own groups and how people from other groups perceive those same stereotypes’ (Judd & Park, 1993; Swim, 1994). In addition, researchers have noted that the categorization process, in which a person perceives themselves and other people as group members (in-group), also serves to help us understand issues of individual identity as well as group phenomena (Oakes, Haslam, & Turner, 1994).

In general terms, the impact of the categorizing process is two-fold. On the one hand, it supports the way in which individuals determine their social identity, while on the other it holds individuals’ self-identity. As such, categorization conveys a process in which individual characteristics and attributes are accentuated in order to find similarities between the self and other in-group members, as well as differences between the self and other out-group members (Stets & Burke, 2000). In short, individual assessments of positive or negative attributes, which all group members have, are seen as similarities or differences that are cognitively assessed to generate the thoughts of other individuals or groups (Guinote & Fiske, 2003). As a result, people perceived as possessing negative characteristics are ascribed deviant labels that result in negative stereotypes that stigmatize them. In other words, stigma is the reaction that individuals have towards those (including themselves) who are labelled as unrepresentative (deviant), and as a consequence they become

targets of prejudice and discrimination due to their threatened self-esteem arising from negative social value (Jennifer Crocker & Quinn, 2000; Miller & Major, 2000). A number of studies remark that interpersonal relationships may positively or negatively influence the full inclusion of people with disabilities. Hannon (2007) explains that friendship is one of the mechanisms by which a person's category can change, then it is believed that generating affective ties under "ideal" circumstances may change and reduce prejudices against a person with a disability (Al Ramiah, Hewstone, Dovidio, & Penner, 2010) (Hewstone, 2003).

3.3.2. Stereotypes

A stereotype is described as a set of general assumptions made about a whole range of characteristics (attributes) that all members of a group are considered to have in common. According to Cardwell (1996), a stereotype is 'a fixed, over-generalized belief about a particular group or class of people'. Stereotypes are created to simplify the social world in which every human being is immersed. Hence, using stereotypes helps individuals to reduce the amount of information in order to comprehend the world around them (Judd & Park, 1993). In simple terms, as Macrae, Bodenhausen, Milne, and Jetten (1994) explain, stereotypes constitute individuals' social categories, which provide information to make life easier because they reduce the complexity of the world. As a result, thinking of other people in terms of their social category memberships (stereotypes) is a functional way of dealing with complicated issues that individuals find useful for spontaneously responding in different situations (Mackie et al., 1996).

On the other hand, Rudman and Glick (2012) emphasize that stereotypes are used as cognitive simplifications that make it easier to perceive and deal with others by placing them into groups. According to them, stereotypes enable individuals to justify their own and their group's beliefs and conduct towards others. In addition, stereotypes can be broken down into two groups as follows:

- Descriptive stereotypes create expectations that act as cognitive shortcuts that distort observers' behavioural impressions to reinforce discrimination. As descriptive stereotypes are based only on expectations, these constitute hypotheses, which individuals need to confirm or disconfirm, and may be abandoned when evidence contradicts stereotypes (Fiske & Neuberg, 1990). Prescriptive stereotypes serve as standards for assessing others' behaviours, and 'justify and rationalise a social system in which people traditionally occupy different roles and status positions because of social category membership' (Rudman & Glick, 2012).

3.3.3. Prejudice

Formulated in 1954, Allport's theory of prejudice was the first to emerge. Despite being criticized for disregarding some sociocultural aspects in his analysis, he provided the classic and most common definition of prejudice that has been used in all subsequent theories developed by social psychologists (John F Dovidio, Glick, & Rudman, 2005). Allport argues that social prejudice is 'an antipathy based on faulty and inflexible generalization. It may be felt or expressed. It may be directed toward a group or an individual of that group' (Allport, 1954). Likewise, Vivian and Brown (1995) formulated 'a more modern, simpler and more inclusive definition of prejudice that attempted to avoid any reference to the putative 'falsity' of a prejudiced thought, word or deed'. These authors describe prejudice as 'the holding of derogatory social attitudes or cognitive beliefs, the expression of negative affect, or the display of hostile or discriminatory behaviour towards members of a group on account of their membership of that group' (R. Brown, 2011).

While attitudes can be thought of as internal individual processes, they link each person to a social world of other people, activities and issues, including people who are actively engaged in helping form or change attitudes (Eby et al., 1998,

citing Zimbardo, 1985). Thus, attitudes are part of a framework by which we interpret our social environment.

Attitudes represent relatively stable attributes, and, at the same time, they appear to be learned rather than innate (Zimbardo et al., 1969, cited by Eby et al., 1998). Social learning theory highlights the process of acquiring knowledge and attitudes from important others, such as parents, teachers, peers, and media figures (Bandura, 1977).

As depicted in Figure 10, prejudices have their roots in the cultural and collective processes in which all human beings are involved from the day they are born. Any social structure (i.e. family, friends, neighbourhood, school, work) helps to create specific conditions that enable individuals to interact with the world in a satisfactory and integral way (John F. Dovidio, 2010). In this process, individuals throughout their lives constantly develop diverse skills and acquire knowledge that facilitates their ability to be involved in society and play roles as part of a bigger social group (E. R. Smith, 1999).

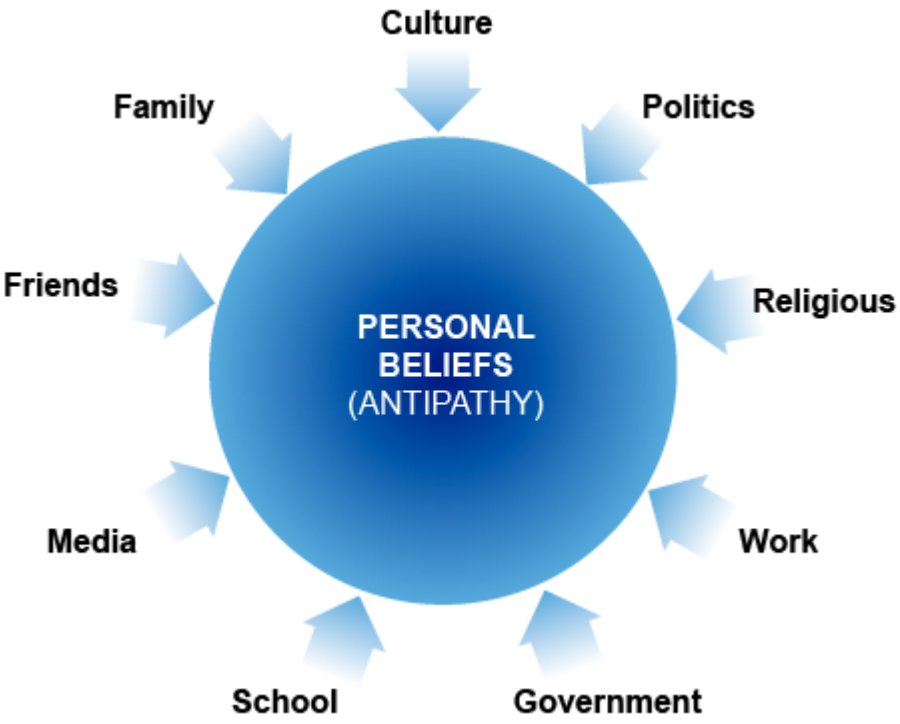

Figure 10: Factors influencing prejudices, Author's Elaboration

Allport (1954) explains that prejudices are the result of the natural tendency of human beings to form large classes and clusters that address individual adjustments in their daily lives. In other words, individual performed categories guide individuals' daily judgments. According to Allport, categorization is an exaggerated way of simplifying individual world experiences: 'the human mind must think with the aid of categories. We cannot possibly avoid this process. Orderly living depends upon it' (Allport, 1954). In addition, \Richard J. Crisp (2008) argues that the categorization process helps human beings to make sense of the world around them, and 'facilitates them to respond to objects, events and people in terms of their class membership rather than their uniqueness' (Gutman, 1980). As a result, prejudices are constructed from a reality that is easily accepted by those who wish to belong to the group that has established social norms (D. Abrams & Hogg, 2006).

3.3.4. Discrimination

Discrimination is defined as 'treating a person or particular group of people differently, especially in a worse way from the way in which you treat other people, because of their skin colour, sex, sexuality, etc.' (Dictionary, 2015). In general terms, discrimination is described as incorrect actions (behaviour) that arise from negative judgments of a group and its members. Indeed, discrimination is simply adopted because individuals belong to the group (John F. Dovidio, 2010). As a result, discrimination is often used to describe the exclusion of groups of a lower and disadvantaged status because it is the result of negative actions against individuals who, according to those who are more powerful, deviate in some way from the norm (Goffman, 1963).

'Social psychologists are careful to disentangle discrimination from its close cousins of prejudice and stereotypes' (Al Ramiah et al., 2010). Discrimination constitutes an individual's response to those individuals who are seen to

possess some detrimental characteristics that unjustly deprive them of their rights and life opportunities.

Discrimination often emerges from emotional opinions rather than from cognitive rationale to act in one way or another. Frequently, stereotypes or detrimental characteristics are considered right, reliable, and reasonable. Thus, discrimination may be more akin to gut feelings or automatic intuitions than a cognitive process in which people have sufficient information about the discriminated individual or group. Haidt (2001) argues that sometimes an individual's moral reasoning is not necessarily reasonable, and feelings serve as the primary motivator for discrimination. However, Cushman and Young (2011) have noted that there are 'rational cognitive processes in play when people discriminate against other groups'. This is despite there being a natural and socially learned intuition of what is right or wrong in moral situation. As a result, stereotypes may motivate ways of acting or not acting, and people's rationale constructs their discriminatory actions against other individuals and groups.

3.3.5. Stigma

A stigma is described as 'a strong feeling of disapproval that most people in society have about something, especially when this is unfair' (Dictionary, 2015). Goffman (1963) states that 'the term stigma describes the situation of an individual who is disqualified from full social acceptance'. Likewise, in the Oxford English Dictionary, (Oxford, 2014)(Oxford, 2014)(Oxford, 2014)(Oxford, 2014)(Oxford, 2014)stigma is defined as 'a mark branded on a slave, criminal, etc.; imputation attached to person's reputation; a stain on one's good name; a definite characteristic of some disease (spot, pore, small natural mark on skin)'. As a result, a stigma is not a characteristic of a specific age or particular sociocultural environment but rather it is a universal phenomenon that arises from the nature of human relationships. Hence, 'stigma management is a

general feature of society, a process occurring wherever there are identity norms' (Goffman, 1963).

A stigma is explained as a social response emerging from negative stereotypes and prejudices that usually turn into *marks* widely shared and well-known among members of a culture (J. Crocker, Major, & Steele, 1998). Stigmatization implies a sociocultural process in which 'people who become associated with a stigmatized condition thus pass from a normal to a *discredited* or *discreditable* social status' (Goffman, 1963).

3.4. Social judgement theory

Social judgement theory is not broadly accepted and has been criticised because there is a lack of clarification in the concept of ego involvement and how the basic principles of social judgement theory relate to one another. However, researchers agree that social judgement theory shows the importance of people's pre-existing attitudes, while most other theories leave them out of the scope of research or only marginally deal with them.

As seen in Figure 11, social judgement theory draws up some ideas about the relationship between attitudes and judgments to examine internal factors that address individuals' attitude change, as well as how persuasive information is for individuals in this process. In simple terms, this theory attempts to explain how pre-existing attitudes or beliefs, called anchors, may distort individuals' judgments and mediate attitude change (Sherif & Hovland, 1961). The basic principles of this theory are summarized as follows:

- Individuals have categories of judgment (anchor viewpoints) through which they evaluate persuasive arguments.
- Individuals use their anchor viewpoints (pre-existing beliefs) to assess received persuasive information.

- Received persuasive information falls within three latitudes: acceptance, rejection or non-commitment.
- The level of individuals' ego-involvement affects the size of latitudes.
- Individuals usually distort incoming information to fit it into categories of judgement.
- The sizes of differences between anchor viewpoints and received persuasive messages will affect attitude change. Small or moderate differences will create a change but large discrepancies will not.

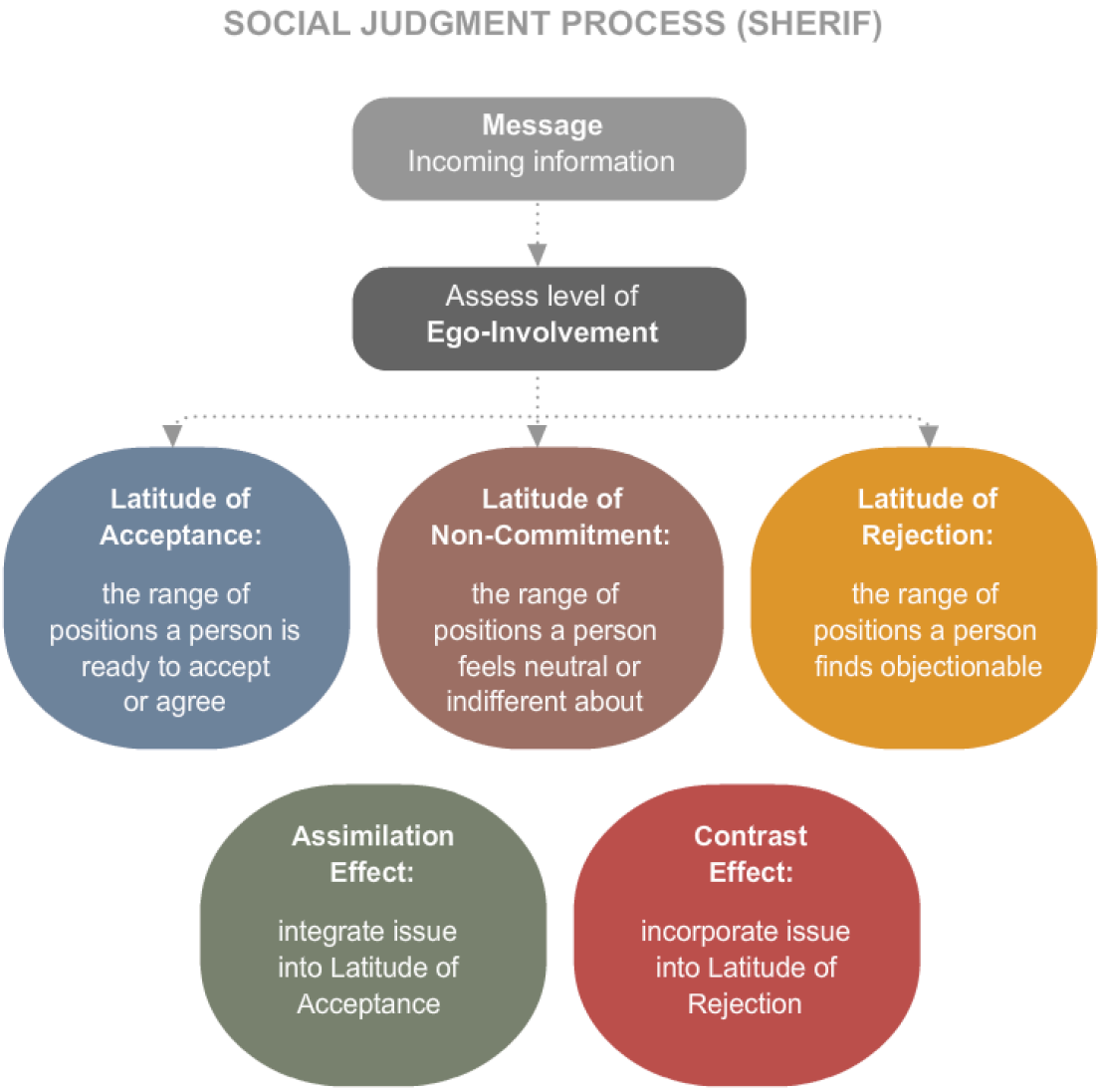

Figure 11: Social judgement theory
Source: Sherif, 1965

This theory states that judgemental processes and effects mediate attitude changes (persuasion); therefore, persuasive messages do not change attitudes and behaviours without changing the pre-existing beliefs (anchor points) of perceivers (subjects receiving the persuasive information). In addition, perceivers need to receive a message with different beliefs to those they

already have along with incentives (Fiske & Neuberg, 1990) to change their attitudes and behaviours.

Individuals have anchors that conduct judgements of specific issues and serve as a reference point about new persuasive messages. In simple terms, anchors create assimilation or contrast effects that distort individuals' judgements due to their natural tendency to perceive facts from their own anchor viewpoints. In this way, the effects of assimilation conduct a process where persuasive messages found to be closer to individuals' anchors (better representing individuals' pre-existing beliefs) are understood as being more similar than they really are. As a consequence, they are easily assimilated due to falling within the latitude of acceptance. On the other hand, the effects of contrast lead to persuasive messages being placed within the latitude of rejection. In this latitude, persuasive messages perceived as being much further away from individuals' anchors are distorted as being very different from how they really are. Thus, individuals reject them because they are not aligned with their anchor viewpoints. So, attitude change (persuasion) depends on the latitude within which individuals place newly received persuasive messages (IJsselsteijn, De Kort, Midden, Eggen, & Van Den Hoven, 2006). In addition, Atkins, Deaux, and Bieri (1967) have argued that the latitude of acceptance is defined in terms of a range of criteria consisting of affirmations categorised as acceptable, and the distance covered by these affirmations may produce greater or smaller changes in attitudes according to the process of acceptation-assimilation, rejection-contrast, and distant.

- Minus discrepancy between perceiver's position and message's position producing major attitude change, latitude of acceptance.
- Minus discrepancy producing major change, latitude of rejection.

Chapter 4: The Research design theory

4.1. The philosophical assumption underlying the research design

Researchers have their own views of the truth and knowledge that guide their thinking, beliefs and assumptions about society. These views of the world around us are called *paradigms* (Kuhn, 1974), that is 'a way to summarize researchers' beliefs about their efforts to create knowledge' throughout the investigative process (Morgan, 2007). Although use of the term paradigm has changed considerably from the original Kuhnian perspective, scholars agree that paradigms set up certain rules and regulations that help to delimitate research borders and how to behave at those borders. Therefore, empirical research should accurately discuss the paradigm used to ground research (Blessing & Chakrabarti, 2009). Such framework offers suggestions for how to address the research problem given certain beliefs about the world.

Overall, a paradigm defines a belief system that interrelates researchers' philosophical assumptions behind their world view. As a result, researchers should firstly set up: (i) the ontological question: What is the form and nature of social reality? (that is what is believed), (ii) the epistemological question: What is the nature of relationship between the knower or possible knower and What is it that can be known? (that is ways of knowing and how the truth is known) (Quinn, 2002); and (iii) the methodological question: How can the researcher discover what she/he believes can be known? (that is the methodology that has been selected to answer research questions, along with a general definition of the approach used to conduct the research, and a description of procedures for collection, analysis, and interpretation of data).

Selecting a research design involves making decisions on theoretical foundations, based on the philosophical assumptions explained above, that

ensure the researcher effectively and logically addresses the research problem in order to reduce ambiguity as much as possible (Creswell, 2003). Such foundations lead to philosophical assumptions (paradigm) in terms of 'how we know things and what we regard as acceptable knowledge' (Walliman, 2006). Creswell (2013) describes four main coexisting paradigms: post-positivism, constructivism, advocacy/participatory, and pragmatism. The major elements of each position are presented in Figure 12.

In general terms, 'ontology relates to whether we believe there is one verifiable reality or multiple socially constructed realities' (Chilisa & Kawulich, 2012; M. Patton, 2002). Likewise, the epistemological position refers to the manner in which reality is known and interpreted by researchers. A basic set of beliefs guides actions and the researcher's attitude to selecting research tools and methods of producing data (Creswell & Clark, 2007). As such, based on these philosophical assumptions, it is possible to describe three main types of approach to research design: (a) quantitative, (b) qualitative, and (c) mixed methods.

The qualitative approach: researchers often gain knowledge via a constructivist perspective that serves to explore the phenomenon studied. Frequently, constructivism derives insights into the research problem in order to develop ideas, hypotheses or theories. This research approach implies strategies of inquiry that enable us to collect data by using unstructured or semi-structured techniques such as focus groups, individual interviews, and participation/observation. The sample size is typically small, and respondents are selected to fulfil a given quota (Neuman, 2006).

The quantitative approach: researchers develop knowledge by using postpositive claims and strategies of inquiry while collecting data that enables them to quantify the research problem. This research approach enables us to gain knowledge of the phenomenon studied by generating numerical and measurable data that may be transformed into statistical information to formulate facts and uncover research patterns. In quantitative research, data

are collected using, for example, structured surveys, which are applied online, face-to-face or by telephone.



Figure 12: Research paradigms
Source: Creswell, 2013

The mixed methods approach: researchers develop knowledge on the basis of pragmatic claims. This approach involves strategies of inquiry to collect data either simultaneously or sequentially in order to best understand the research problem. Mixed methods have a potential for mutual learning between qualitative and quantitative research (Brady, Collier, & Seawright, 2004). Hence the researcher may have an entire and more comprehensive overview of the phenomenon studied. In addition, the mixed methods approach covers specific activities and actions (Walliman, 2006) to investigate a research problem based on strategies of inquiry, data collection, analysis, and interpretation that serve to develop and test ideas, theories, and hypotheses (Bryman, 2008).

In line with this, the nature of the phenomenon studied – that is, attitudes towards people with disabilities – together with the lack of previous cross-cultural research in the field of disability make it possible to choose any of the research designs described above. Yet, taking into consideration my own interests as a researcher, and my need for creating practical solutions to social problems, I have decided that pragmatism offers me the alternative to select a mixed-method research design that enhances outcomes-oriented in determining the shared meaning of things (Onwuegbuzie and Johnson, 2006). On the one hand, a qualitative approach would serve to gain a deeper understanding of disabling attitudes towards people with disabilities – that is, developing a model of disabling attitudes from the perspectives and meanings that the research participants give to their experiences regarding disability. On the other hand, a quantitative assumption would be useful to quantify opinions, prejudices, attitudes, and behaviours towards people with disabilities, as well as to potentially support or refute hypotheses that may be contextualized to validate a model of disabling attitudes in a wider population. The most suitable approach is a mixed-method research design because the sequential integration of a qualitative and quantitative approach in a single research study

offers the opportunity to enrich the understanding of a complex problem in order to obtain broader insights in order to develop a disabling attitudes model.

The priority of one type of epistemology or another has been debated for a long time. Purist researchers assert that one method should be selected, and methods should not be mixed. In contrast, pragmatist researchers argue that there is ‘a false dichotomy between the qualitative and quantitative research paradigms and advocate for the efficient use of both approaches’ (Cameron, 2009). Pragmatists state that methods have to be used according to specific situations, and researchers need freedom to choose from any different philosophy and reality to respond to the research question within the scope of a single research study. Put simply, pragmatism underpins the use of whichever method or a combination of methods is best to find a way to bridge seemingly conflicting ideas, theories, and/or data sets.

In other words, the literature points to the pragmatic philosophical current as the basis or core for a mixed method research design (Guerrero-Castaneda et al., 2016). As Shannon-Baker (2016) has highlighted, “pragmatism is based on the belief that theories can be both contextual and generalisable by analysing them for ‘transferability’ to another situation.

On the other hand, although pragmatism has been indicated as an “approach” rather than a paradigm, those who are prone to agree with the pragmatic claims have noted that “the pragmatic researcher is similarly able to maintain both subjectivity in their own reflexions on research and objectivity in data collection analysis” (Shannon-Baker, 2016). Pragmatism encounters results as a way of characterizing reality and the scientific truth by marking the results of what is present and not the method itself. The meaning of what is real is concretised in the possible relationship between the union of consciousness in the understanding plus the relationship in an environment so-called the reality of that consciousness that human being possesses. Hence the value of the truth is given in the change, and the method used does not imply the way to obtain the said truth, but the truth in itself is a specific situation” (Valdés et al., 2012).

Pragmatism (pragma meaning a concrete event) is seen “as intuitive appeal, permission to study areas that are of interest, embracing methods that are appropriate and using findings in a positive manner in harmony with the value system held by the researcher” (Tashakkori et al., 1998; Creswell and Creswell, 2017 in Armitage, 2007).

The field of research design methodology is continuously evolving and using one or a combination of both research paradigms has been legitimized and gained popularity in the social and human sciences. Hence, numerous researchers emphasize the use of mixed methods as a form of inquiry because it is relatively simple to justify why this type of research design has been selected and which assumptions behind decision making have been taken in relation to detailed methods of collection, analysis, and interpretation of data. The use of mixed methods is justified in a better way when the objective, problematic and origin of the phenomenon studied are not completely explained by using a qualitative or a quantitative method by itself. The use of mixed methods encompasses a conscious combination of both methods, qualitative and quantitative, to expand views of a complex phenomenon. In other words, the mixed method handles investigating a complex social phenomenon or a research problem with too broad objectives, as linking qualitative and quantitative strategies in the same research study helps to collect information that, when analysed, makes it easier to understand the problem and provide more holistic insights of the phenomenon studied. The mixed method design enables the collection of both types of data in order to clarify a causal relationship of the phenomenon under study. Therefore, according to Tashakkori and Teddlie (2003), the mixed-methods approach is superior to a mono-method approach because it has the ability to provide: (i) simultaneously answers to confirmatory and exploratory research questions; (ii) stronger inferences due to the depth and breadth of answers to complex social phenomena; and (iii) the opportunity to make divergent findings and express differing viewpoints.

The pragmatist worldview, which holds the use of a mixed model, offers a strong philosophical foothold to define methods of collecting and interpreting data for this research study. As such, a mixed method design seems to be the best way to closely explore a sensitive array of disabling attitudes in two societies as different as the UK and Chile. The purpose and core premise of mixed methods is to add value and help gain a better understanding of the problem studied. However, combining both approaches is not simple and represents a greater challenge for the researcher who must carefully plan the study in order to ensure an appropriate research design. In this regard, the researcher has the possibility of giving equal priorities to the qualitative and the quantitative parts of the research study or either emphasising the qualitative or quantitative side more than the other. The emphasis given to design the research study will depend on a range of factors such as the research question, practical constraints on gathering data due to time or financial resources available, or the necessity of understanding one form of data before analysing the another. Hence, for the nature of this current research study, it has been selected to collect the information in phases, which is known as “sequential mixed method design”. This approach is better suited better to the objectives planned to explore and compare people’s attitudes towards people with disabilities in UK and Chilean workplaces because it allows the researcher to develop a theory that underpins a model of disabling, and then to validate the model and follow up the results obtained with quantitative data that support studying a large sample in order to apply the results to a broader population.

4.2. Justification of mixed methods research design

People’s attitudes towards those with disabilities within the workplace have not been well investigated and there is little empirical research in the field (Krahé & Altwasser, 2006). Likewise, there is no clear framework or methodological

precedent that combines cross-cultural studies of disability and a theory of attitudes towards people with disabilities. Therefore, it has been difficult to identify an adequate theoretical framework that could serve as the basis for developing a conceptual model of disabling attitudes, which seeks to investigate cross-cultural attitudes towards disability in countries with such social, economic, and cultural differences as the UK and Chile. As such, it has been decided to develop and validate a model of disabling attitudes that holds common patterns between the UK and Chile.

Previous chapters outlined the terrain of existing disability models in order to understand attitudes towards people with disabilities and identified a number of key elements in the literature that will underpin the theoretical framework of this thesis. Through discussing some philosophical foundations, the research design used to carry out this study is described in this chapter. The research design approach depends on how researchers think and investigate a problem to ensure that their findings are credible for the researcher and others in the same discipline (Chilisa & Kawulich, 2012). The research design constitutes a general framework adopted by researchers to provide guidance on all aspects of the study (Creswell, 2013).

In this thesis, a cross-cultural study was used to compare the scope of human behaviour and test hypotheses in the UK and Chile. A cross-cultural study is more powerful for developing a theory that fits different environmental conditions and contexts, i.e. both British and Chilean people. This approach offers ‘a link of heretofore an specialised area that has rarely been attempted to empirically study’ (Altman & Chemers, 1980), for example members of various cultures who have identifiable experiences that lead to predictable and significant similarities or differences in behaviour. In this approach, the groups studied frequently speak a different language, are governed by different political systems, and reside in different geographical areas (Brislin, 1973). On the other hand, if culture is understood in terms of explicit or implicit patterns of behaviour acquired and transmitted by symbols, traditional ideas, and, especially,

individuals' values, the cultural systems might be considered to be products of actions and conditioning elements of further actions (Kroeber & Kluckhohn, 1952). Therefore, this approach seems to be useful for gaining a greater knowledge of people's disabling attitudes, due to (a) the explicit force it exerts on disability actions; (b) its emphasis on values attached to ideas or subjective reactions to disability; and (c) the interrelation of cultural forms.

In response, the selection of mixed methods relies upon the need to build and test a new theory that may describe people's attitudes towards those with disabilities within UK and Chilean workplaces. Hence, in practical terms, this research entails more than simply collecting one kind of data or another, and both post-positivism (quantitative) and interpretivism (qualitative) are adequate for this research study (De Vaus & de Vaus, 2001).

In general terms, a cross-cultural study aims to compare some cultural traits or relationships between traits across studied countries. As is known, people in a community share a variety of practices, beliefs, social roles, norms, and forms of economic, political, legal, cultural, and religious organization that are characterized by several sorts of internal coherence and cleavages within communities (Ilesanmi, 2009). Historical experiences and the social environments in which people are born and grow up have a strong influence on such coherence and cleavage, resulting in elements and characteristics that create patterns out of interpersonal and social interactions with family, friends, and other diverse groups (Harkness, Van de Vijver, & Mohler, 2003). Therefore, it is expected that people's attitudes towards disability differ from one country to another, especially if social, cultural, and economic conditions vary between countries studied (Berry, 2002). Consequently, it is relevant to conduct an initial study that enables us to develop a more adequate theory to effectively ground the focus of our subsequent social experiment. So, the choice of countries to be studied here responds to the necessity of recognizing similarities and differences in people's attitudes and disabling barriers in a developed country such as the UK and a developing country such as Chile.

As explained in Chapter 1, British and Chilean people have different social, cultural, and economic patterns, which make for differences and similarities between those who live in one country or the other. Britons and Chileans are part of different cultural environments shaped by their origins, membership of historical civilizations, residency, joint experiences, and language. Chile has experienced a relatively well-bounded interaction with migration, high barriers to social mobility, and a distinctive history largely dominated by Spanish colonization and the limited movement of inhabitants through and between localities. Chile is a very homogeneous country with a huge gap between the rich and the poor, while cultural, social, religious, economic, and even geographic and meteorological issues influence Chilean people's experiences. In contrast, historically the UK has experienced a massive immigration process from all over the world. British citizens also live in a country with more social and economic opportunities, major social mobility, and better legislation to protect them. However, in both countries, people with disabilities are excluded from participation at work despite the UK seeming to have more legislation to promote equality and employment inclusion. Consequently, it has been more adequate to select a mixed method research design rather than using a qualitative or quantitative research design by itself to investigate the cross-cultural phenomenon of disability.

A mixed method design pays attention to a series of details that helps to maintain the equivalence of data collection and analysis when comparing two different cultural groups. In this research study, the use of mixed-method research has served to sharpen one's sensitivity to particular cultural differences about disability and enhance one's explanations about attitudes towards disability. By using a mixed method research design, the range of cultural variability and their influences within and between individuals and groups, as well as the relationship between individuals and groups and their own culture, may be better captured and modelled to gain insights into common disabling attitudes in both the UK and Chile, and as a consequence to develop

a more representative model of disabling attitudes towards people with disabilities within the UK and Chilean workplaces.

4.3. Research typology

After presenting the philosophical assumptions behind the research design selected and why mixed method research design has been selected for this research study, it is necessary to define the mixed methods research design, also named the research typology, which is best fitted to answering the research questions planned for this study. As depicted in Table 4, Creswell and Clark (2007) 'developed a typology of mixed methods that includes three component designs and four integrated designs. These major four mixed method research design types are classified using categories associated with variants, timing, weighting and mix'.

Table 4: Summary of mixed methods design

COMPONENT DESIGN	INTEGRATED DESIGN	DESIGN TYPE	TIMING	MIX	WEIGHTING/ NOTATION
TRIANGULATION Different methods are used to assess the same phenomenon towards convergence and increase validity.	**ITERATIVE** Dynamic and ongoing interplay over time between the different methodologies associated with different paradigms. Spiral type design.	**TRIANGULATION**	Concurrent quantitative and qualitative at the same time.	Merge the data during interpretation or analysis.	**QUAN + QUAL**
COMPLEMENTARY · One dominant method type is enhanced or clarified by results from another method type.	**EMBEDDED/NESTED** One methodology located within another, interlocking inquiry characteristics in a framework of a creative tension	**EMBEDDED**	Concurrent and sequential	Embed by one type of data in a larger design using the other type of data.	**QUAN (qual) or QUAL (quan)**
EXPANSION Inquiry paradigms frame different methods that are used for distinct inquiry components, the results being presented side-by-side	**HOLISTIC** Highlight the necessary interdependence of different methodologies for understanding complex phenomena fully.	**EXPLANATORY**	Sequential: quantitative followed by qualitative.	Sequential: qualitative followed by quantitative. Correct the data between the two phases.	**QUAN – qual**
	TRANSFORMATIVE Give primacy to the value-based and action-oriented dimensions of different inquiry traditions. Mix the value commitments of different traditions for better representation of multiple interests.	**EXPLORATORY**	Sequential: qualitative followed by quantitative.	Correct the data between the two phases.	**QUAL _ quan**

Source: Creswell & Plano Clark (2007)

Based on the mixed methods research design described in Table 4, the typology selected to satisfy an appropriate overall procedure of inquiry (or strategy) that integrates an exploratory qualitative and a confirmatory quantitative data sets is a two-phase exploratory sequential design which may perfectly serve to build and validate a theory of disabling attitudes toward people with disabilities for UK and Chilean workplaces.

On the other hand, as presented in Figure 13, the two-phase exploratory design considered a first qualitative study (Phase 1) in which the results were useful for developing a model of disabling attitudes towards people with disabilities within the UK and Chilean workplaces. This model was validated in a second quantitative study (Phase 2), which served to quantify and measure whether certain attitudes identified between Britons and Chilean bank employees might be included in a validated model that explains disabling attitudes towards employees with disability in the UK and Chile.

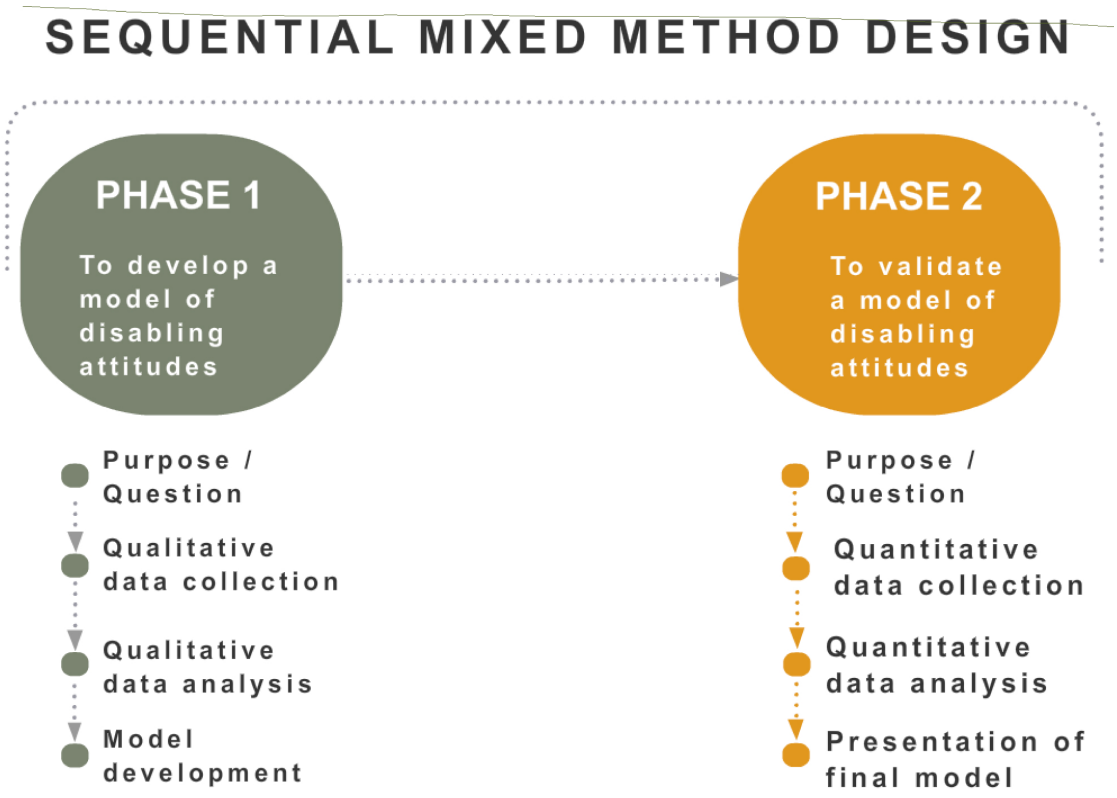

Figure 13: Phases of the research study
(Author's elaboration)

- **Phase 1:** the first phase of this research study attempts to answer Q1, as described in Section 1.7. Thus, a qualitative method is used to inductively look at the experience of a target audience in terms of a range of attitudes, behaviours, beliefs, and perceptions of disability. The aim is to interpret and describe the meaning of such experiences in ways that elicit deeper and more profound insights into the participants' disabling attitudes. In this phase, the findings will be categorized in order to develop a theoretical framework that enables us to develop a disabling attitude model. Hence, in general terms, this qualitative phase involves basic inductive analysis in which representative people who work in the UK and Chilean bank sectors are interviewed to gather information on disabling attitudes. In this way, the selected banks have to comply with some specific

requirements to ensure similar sampling in both countries: (a) operational size, (b) number of employees in the bank, (c) localisation, and (d) organizational structures. In addition, non-disabled and employees with disabilities taking part in the in-depth individual interviews include facility managers, IT support assistants, human resources managers, and supervisors.

- **Phase 2:** the second phase of this research is carried out to gather data used to test the disabling model developed in Phase 1. This phase strives for statistical generalization. Thus, participants are sampled using convenience (heterogeneous) sampling (Robson, 2002). In addition, non-disabled and employees with disabilities are asked to take part in an online survey to gather data in order to make inferences about the relationship between disabling attitudes towards people with disabilities and their disposition to work with them. The details and results of this study are presented in Chapter 6.

4.4. The advantages and disadvantages of the method

The final purpose of this research study was to look at employees' disabling attitudes in a cross-cultural context. Therefore, it was necessary to develop and validate a more detailed model that helped to identify and compare disabling attitudes in both countries, the UK and Chile.

The use of both qualitative and quantitative research instruments in a single study offered the opportunity to study a particular problem or situation more deeply, which has its origin in a complex reality such as disability. As a result, the information collected helped to produce better findings about the phenomenon at hand.

The mixed method research design was useful as an alternative to answer a research question from a broader and more complete perspective,

strengthening the research as the weaknesses of one method are addressed by the strengths of the other, increasing the options of generalizing the results to other groups of the population. In the specific case of this research study, the qualitative method helps to identify, understand, classify and explain a series of attitudes towards people with disabilities within the workplace, which established the roots of the model of disabling attitudes developed. In addition, the quantitative method helped to quantify, gauge and measure the impact of each of these attitudes in order to validate the developed model.

On the other hand, the qualitative phase on this research study helped to explain the origins of disabling attitudes in the workplace both in Chile and in the United Kingdom on the grounds of the ABC psychological theory of attitudes. The quantitative phase discovered the problems, related them, quantified them and gave dimensions of gravity, delivering meaning to the words obtained through the numbers.

With this method, it was less complicated to control the biases coming from different study groups and cultural, economic and social contexts, since it studies the same reality from various research perspectives.

4.4.1. Limitations of using mixed methods

One of the main limitations of a mixed method research design lies in the importance of appropriately integrating the qualitative and quantitative strands of studies (Bryman, 2008; Creswell, 2013; Pluye, Gagnon, Griffiths, & Johnson-Lafleur, 2009). Therefore, the researcher requires a great deal of understanding and handling of the instruments so that the data collected delivers information that addresses precisely the phenomenon studied. Likewise, there is major complexity involved in studying a multidimensional and cross-cultural phenomenon. Thus, it was necessary to carefully address some issues, such as participants' motivations, emotions, and cultures, in order to collect and

produce valuable data that could support a finer understanding of the disability phenomenon in the two countries investigated.

The process of articulation between both research phases was difficult and complicated, so it was important to make considerable effort to avoid uncertainty and to obtain reliable results.

An additional challenge to the mixed method is derived from the possibility of accumulating large amounts of data that are not ultimately explored in an exhaustive manner due to the enormous difficulty of organizing the information within a coherent, logical and congruent framework. Furthermore, sampling was a relevant aspect to remark upon as a limitation because the cost and research time of the study were much higher as a result of using a mixed method research design.

4.4.2. The relevance of being a researcher with a disability

The purpose of selecting a mixed method was to cross-culturally investigate a problem highly marked by social, cultural and economic differences such as the employment inclusion of people with disabilities in the UK and Chile. I found a wide range of literature available that suggested this research design as the best way to handle a cross-cultural research study. Furthermore, a mix method research design helped me to increase the interpretability, meanings, and validity of findings of the research, as well as counteracting the inherent bias that could result from my own disability. As such, I had to develop a set of skills to span both qualitative and quantitative methods, adding value to my current and future research work in this investigative field or any other. Likewise, having some previous experience of field work and data analysis throughout my master's degree, I already knew that selecting an adequate research design was crucial to successfully developing my doctoral research study. This experience allowed me to feel more comfortable with the quantitative Phase 2 of the research study. To break from this pattern and increase the rigor of

conceptual thinking, I identified new ways to answer my research questions, and learnt qualitative methods to overcome some of the difficulties I found during my research study.

On the other hand, as a researcher with visual impairment, I had to sort out a number of barriers to capture representative and heterogeneous information that could cover the whole knowledge required to understand the social phenomenon studied. Hence, I analysed different research designs to decide the most adequate strategies to solve any inconvenience throughout my research process in order to reduce conflicts or biases resulting from my own visual disability.

My intention was to capture a broader knowledge of people's attitudes towards people with disabilities within the British and Chilean workplaces. Accordingly, my focus was on investigating the whole spectrum of disability without distinguishing between types of impairment. Further studies are recommended given that this research study has been carried out to evaluate only people with four types of impairment: visual, hearing, cognitive and physical. Therefore, before deciding on my research design, I started with a preliminary investigation to establish what kind of problems visually impaired researchers could face doing research and how they can address such problems. Nevertheless, it was impossible to find recommendations from other visually impaired scholars. I could not find articles or papers that offer guidance to conduct research when the researcher has a visual disability. In addition, although I was able to identify other visually impaired researchers, they did not explain how they handle or adapt methodologies to deal with the barriers that they face in their research.

In the pilot study, I discovered that my disability had a more significant impact on the Qualitative Phase 1 rather than Quantitative Phase 2. In Phase 1, I had two key problems. Firstly, I am not a native English speaker, thus I had some difficulties comprehending and interpreting what British participants were saying in my recordings of the interviews. Secondly, the participants were uncomfortable and unhappy to talk about their own feelings and perceptions of people with disabilities as they often appeared to feel embarrassed about

saying something wrong or politically incorrect. It therefore become necessary to have them reflect on society's perceptions of people with disabilities rather than share their own beliefs. Hence, I started with simple and general questions about general knowledge of disability, then went deeper into investigating people's attitudes towards individuals with disability. In addition, I tried to look for a deeper understanding about disability rather than a general perception of people with disabilities. To accomplish this, I interviewed as many participants as possible, first in Chile and after in the UK. As I am a visually impaired researcher, I had to build in more questions to build a rapport with able-bodied interviewees in order for them to freely speak about sensitive aspects of disability. This same reality helped people with disabilities feel more comfortable speaking with me about their experiences as people with disabilities.

From the pilot study, I also confirmed that data should be validated to generalise the most relevant aspects of Britons and Chilean's attitudes towards people with disability. This called for the need to carry out quantitative research to have more precise and accurate information about a complex issue such as social attitudes in different cultures.

Then, Phase 2 was planned to deliver online questionnaires to avoid participant bias towards a researcher with disability. I still had problems analysing the data that I collected – a fact that I also found in my qualitative phase. Jaws and Voice Over, the screen reader which I used to access documents on my computer, were not fully accessible with NVivo, Atlas TI, R and STATA. To remedy this barrier, in Phase 1, I decided to work directly with audio recordings, and in Phase 2, I worked with a magnifier software which helped me to use STATA.

4.5. Conclusion

Researchers have their own views of the truth and knowledge that guide their thinking, beliefs, and assumptions about society. A well-defined paradigm therefore provides a framework to investigate a social phenomenon such as disabling attitudes. The primary consideration about using a qualitative design

over a quantitative one, or vice versa, to research attitudes towards disability, is the risk of reproducing a bias embedded within disability studies that this research study is seeking to challenge. In this regard, pragmatism, the vision of which is to add several "mental models" in the same research space, serves as the philosophical underpinning for approaching a mixed method approach to collectively generate and nurture both qualitative and quantitative approaches.

Using a mixed method approach provides a better sense of understanding of disabling attitudes in different cultural, social, and economic contexts. In general terms, it offers a wider perspective to pursue solutions and deal with problems of cross-cultural research that commonly appear due to a lack of robust evidence and effective methodological instruments to gather and analyse data. Additionally, following a mixed-method approach has a significant impact on the scope of this study and its research agenda. A mixed method approach offers better suggestions and guidance for how to address a research problem given my own beliefs about the world, which are unquestionably influenced by my personal experiences as a visually impaired person who faces disabling barriers on a daily basis. I therefore intentionally used a mixed methods research philosophy to mix qualitative and quantitative approaches in a single study. This mixture – or more specifically the sequential integration of these two approaches – underpins my research design and all my decisions on methods of data collection, analysis, and discussion of research conclusions.

Chapter 5: Methodology of research study

5.1. Summary of research design

The research design selected for this research thesis is based on a sequential two-phase exploratory study. This research design has contributed to two different design subtypes for each phase in order to reduce the impact of bias, and to provide richer and more comprehensive information to understand attitudes towards people with disabilities within UK and Chilean workplaces. Mertens and Hesse-Biber (2012) have stated that using a mixed method approach serves not only to minimize the inadequacies of single-source research but also complements and verifies findings from two different sources of data. As a result, in Phase 1 an exploratory qualitative research method has been used to develop a theory of disabling attitudes. Hence, in Phase 1 some criteria have been used to elaborate a clear initial description of how attitudes towards employees with disabilities seem to be shaped in UK and Chilean workplaces. The objective was to find evidence that supports assumptions to develop a realistic and worthwhile model of disabling attitudes, named 'the FIC model of disabling attitudes. Phase 2 utilized quantitative research methods to validate the FIC Model developed in Phase 1 using rigorous oprobit statistical analysis.

5.1.1. Research questions

Phase 1 and Phase 2 were designed to investigate people's judgments towards people with impairments in the UK and Chilean workplaces. The purpose was to use the findings to reconceptualise existing theories of prejudice towards disability in order to build a model that describes disabling attitudes and their

impact on the employment of people with disabilities in the bank sector. In other words, this research study aimed to answer the following question:

- Q1. How do people's attitudes towards people with disabilities impact on workplace inclusion in the UK and Chile?

5.1.2. The general objective of the research study

This research study sought to gain knowledge of the thoughts, attitudes, behaviours, personal experiences, and feelings of both able-bodied employees and employees with disabilities in relation to people's attitudes towards co-workers with impairments in the UK and Chilean workplaces, and more specifically in workplaces of the bank sector.

5.1.3. The specific objectives of the research study

The study explored different attitudes that impose barriers which prevent people with impairments from actively participating within workplaces with the following objectives:

1. Examine disabling attitudes resulting from judgments that people make of employees with disabilities within UK and Chilean workplaces.
2. Associate emotional, cognitive and behavioural frame of attitude structures to understand rationales behind attitudes towards people with disabilities in a unifying cross-cultural model.

Validate the model developed in Phase 1 through rigorous quantitative statistical analysis to understand the extent to which each component of the FIC model shapes disabling attitudes.

5.2. Research method of the study

The qualitative phase sought to provide detailed analysis of people's beliefs and judgments that prevent people with disabilities from participating in UK and Chilean workplaces. In addition, this analysis also generated a more granular understanding of disability and attitudes towards people with impairments (disabling attitudes).

In this study, the primary interest was to inductively build theory using a qualitative approach, considered more appropriate because it permitted a rich description of the phenomenon studied. The reason for using an inductive approach was that it allowed movement from specific patterns to broader generalizations and theories. Therefore, a thematic analysis was used to investigate and report patterns (themes) within the data. Thematic analysis 'minimally organises and describes your data set in (rich) detail. However, it also often goes further than this, and interprets various aspects of the research topic' (Boyatzis, 1998).

Starting from these particular patterns (themes), evidence of the disability phenomenon was collected to formulate some hypotheses and arrive at a general conclusion going beyond what the patterns actually said. The conclusion, therefore, constitutes the foundations of the disabling attitude model developed by interpreting the research findings, unlike existing theories of prejudices and attitudes towards disability.

In this way, the thematic analysis was useful for making sense of qualitative information and systematically gaining knowledge of the phenomenon studied. The thematic analysis involved a process in which data were coded by identifying participants' key words, concepts or reflections. These codes emerged from gathered data and were not imposed or predetermined in advance.

This first phase was planned to collect information in two different countries, thus the cross-cultural exploratory qualitative study was carried out in the UK and Chile. The aim of this measure was to gain a more complete picture that facilitated more detailed exploration of the acceptance and rejection of people with disabilities within workplaces. The nature of the qualitative study was quite sensitive, personal, and confidential; thus, an in-depth interview was selected to underpin more accurate data collection with less bias in interviewees' opinions. The interviews were conducted in person using a skeleton outline questionnaire to ensure that all key points were covered with minimum interruption and intervention on the part of the interviewer. The first study was carried out in Chile from 2 December 2013 to 15 February 2014. In this study, 16 workers, of which four had a disability, were interviewed. Afterwards, the same study was carried out in the UK from 10 March to 25 May 2014. Eight interviews were conducted, of which two interviewees were workers with a disability. In both studies, the same semi-structured questionnaire was used. Each interview lasted an average of 50 minutes and was recorded for future analysis.

5.2.1. Sample size of Phase 1

Samples for qualitative studies are, in general, smaller than for quantitative studies. In qualitative studies, meaning is most important rather than generalized hypothetical statements (Crouch, Mira, & McKenzie, 2006) and/or statistical analysis. However, the sample selected for this study needed to be large enough to capture most or all perceptions without being repetitive and superfluous (Bowen & A., 2008). Therefore, frequency is often not significant in qualitative studies and one occurrence of a piece of data or a code may be as potentially useful as many. Hence, the sample size was planned by following the saturation concept; that is, 'the point at which no new information or themes are observed in the data' (Glaser, Strauss, & Paul, 2010; Guest, Bunce, & Johnson, 2006). In simple terms, the sample size was defined by reaching a

point at which the collection of new data shed no further light on the issue under investigation and/or on understanding the process behind a topic.

In this way, a total of 24 interviews were conducted in Chile and the UK. In the Chilean study, it was necessary to interview a total of 16 people at two international banks based in Santiago. In the UK study, eight interviews were carried out at an international bank in London. In both studies, the interviewees worked in different areas inside the bank (human resources, safety and maintenance, IT, customer services) and had similar profiles to facilitate comparisons between the two countries.

5.2.2. The sampling strategy of Phase 1

Qualitative research has more ambiguities than rules, but it is important to remember that the goal is to gain more meaningful data when any sampling strategy is defined. The sample selected should include individuals with particular experience in relation to the topic studied given the time frame of the study, the resources available, and some relevant characteristics, to give an accurate response to the research questions. As a result, for the current study the sampling strategy was planned in order that the results could be representative of the population studied, and some form of generalization and transferability was taken into account. Likewise, the sampling strategy attempted to meet the following criteria:

- Maximum variation in sampling to discover/uncover central themes, core elements, and/or shared dimensions.
- A wide range of variation among dimensions of interest that cut across a diverse sample and offer the opportunity to document unique or diverse variations.

- Stratified purposeful sampling to facilitate comparison between the UK and Chile.
- A focus on the characteristics of particular subgroups of interest so as to make easier comparisons.
- Ease of accessibility to the sample, saving time, money, and effort.

In this study, the sampling strategy was selected to provide, without predetermined concepts, an accurate understanding of how non-disabled colleagues see workers with disabilities, and how the latter see themselves. Thus, the sample was planned to assume that meaning emerges from the data and that hypotheses and theory might be inferred during the course of conducting the study. The sampling strategy also considered representing variation within the target population in order to assess an appropriate level of diversity of interest. In this way, the sample was selected to represent the types of transnational banks (and their proportions) in Santiago and London. The interviewees were active workers with disabilities and non-disabled workers from two private banks in Chile and one private bank in the UK. The interviewees were selected according to their professional and personal characteristics, which were previously defined to ensure a representative mix of (Chilean and British) workers from different areas inside the banks with similar profiles and responsibilities. Likewise, the sample was designed to facilitate subsequent analysis by classifying interviewees according to their age, level of education, and social, economic, and cultural backgrounds, among other factors that appeared of interest. The interview questions were similar to those proposed in the pilot study and are listed in Appendix 1. Nevertheless, sometimes a few changes had to be made in order to be sure that the information provided by each interviewee was accurate.

5.2.3. The semi-structured questionnaire of Phase 2

In order to construct a theory of disabling attitudes, information was mainly elicited from data collected by proposing the semi-structured questionnaire to bank employees in the UK and Chile (see Appendix 1 for questionnaire and Appendix 2 for interview schedule). This questionnaire had a core series of general questions on disability, which were then followed up by more relevant questions to understand people's attitudes. The semi-structured questionnaire allowed for identifying themes throughout the conversations with interviewees. Moreover, during the interview process, I started with a more loose and open-ended question, becoming more closely directed in my enquiries as the research progressed and interviewees felt more confident (Orlikowski, 1993; Walsham & Sahay, 1999). In addition, the nature of the interviews helped me to manage any tensions emerging from the sensitivity of the phenomenon studied. The questions were designed to seek congruencies and discrepancies between themes and existing theories of disability, prejudices, and attitudes.

5.3. Method of Phase 2

Phase 1 of this research study expanded and addressed the research issues previously identified by prioritizing a logic emerging from experience. This study also aimed to seek similarities between Chile and the UK in relation to people's judgments and beliefs that result in a disabling attitude condition that encourages acceptance or rejection of people with disabilities in the workplace. Consequently, an attempt was made to structure and develop a cross-cultural disabling attitude model based on contextual concepts identified throughout the analysis as key factors influencing people's attitudes towards employees with different types of impairments. In addition, each of these key factors were

deeply described and became a theme describing each of the three dimensions of the FIC model of disabling attitudes.

Phase 2 was designed to measure the effects of manipulating one or more independent variables over the dependent variables. The starting point of any experimental design is to have an idea of a cause and effect relationship that enables the researcher to formally state a hypothesis (Wohlin et al., 2012). On the other hand, experimental design is described as the most accurate form of supporting or disproving hypotheses by using statistical analysis. As a result, taking into consideration the great difficulties to randomise participants in a cross-cultural study, a quasi-experimental design was selected to validate the hypotheses that arose from the model of disabling attitudes developed in Phase 1. In general terms, a quasi-experimental design was used to test the extent to which the three dimensions of the disabling attitude model developed in Phase 1 play a role in the way in which disabling attitudes are shaped in the workplace.

The quasi-experimental study in Phase 2 was designed as a follow-up experiment to achieve the research's aims, answer the research question, and select a detailed method to gather data and carry out subsequent analysis (Creswell, 2013). Using a quasi-experimental design made it possible to make inferences about the relationship between independent and dependent variables to test and develop the definitive model of disabling attitudes. In response, the quasi-experimental design served to maximize the amount of information obtained from the experimental efforts, reducing bias in the outcomes. Hence, data were collected using an online survey delivered through Qualtrics 2016. The online survey was distributed to a sample of employees working in four different banks in the UK and Chile. Finally, the gathered data were analysed using Stata 14.

5.3.1. Questionnaire of Phase 2

The current study design and implementation followed a mixed-method approach of a two-sequential phase. A qualitative Phase 1 (in-depth interviews with a semi-structured questionnaire, Appendix 1) and a subsequent Phase 2 (online survey with a structured questionnaire, Appendix 2) were used to ensure that the study featured both depth of information and statistical rigor.

As a result, in Phase 1, each of themes identified – emotional, rational or spiritual representations of employees with disabilities or disability in general terms – were summarised and categorised into one of the three dimensions, which resulted in the FIC model of disabling attitudes. That is, each theme found in the qualitative Phase 1 was coded as a predictor variable, which in one way or another represents a key factor influencing or promoting 'Functional Prejudice' (FP), 'Cultural Stereotypes' (CS), and 'Institutional Discrimination' (ID). In other words, each theme is a possible activator of people's disabling attitudes towards people with disabilities at work. Consequently, all items to be questioned were carefully planned and validated in a pilot study carried out in the UK and Chile.

The questionnaire (also translated into Spanish) was designed to examine attitudes towards employees with disabilities among bank employees in the UK and Chile. In particular, the intention was to investigate how the three dimensions described by the FIC model impact on shaping positive or negative attitudes towards working with someone with a disability, and how social, economic and demographic aspects may also play a role within these attitudes. Therefore, the structured questionnaire used closed questions comprising multiple choice selection where respondents were asked to assess their feeling towards a series of attitudes included in the three dimension of the FIC model and their willingness to work with employees with different types of disabilities, as well as demographic, cultural, social and economic characteristics. Consequently, the questionnaire was used to make a rapid assessment of

different attitudes (Sullivan & Artino, 2013) ranging from ‘strongly favourable attitudes’ to ‘strongly unfavourable attitudes’. As depicted in Figure 14, the questionnaire (see appendix) was designed to gather data through respondents’ self-reported answers. It was designed to be simple and easily completed within 20–30 minutes, with the following dimensions:

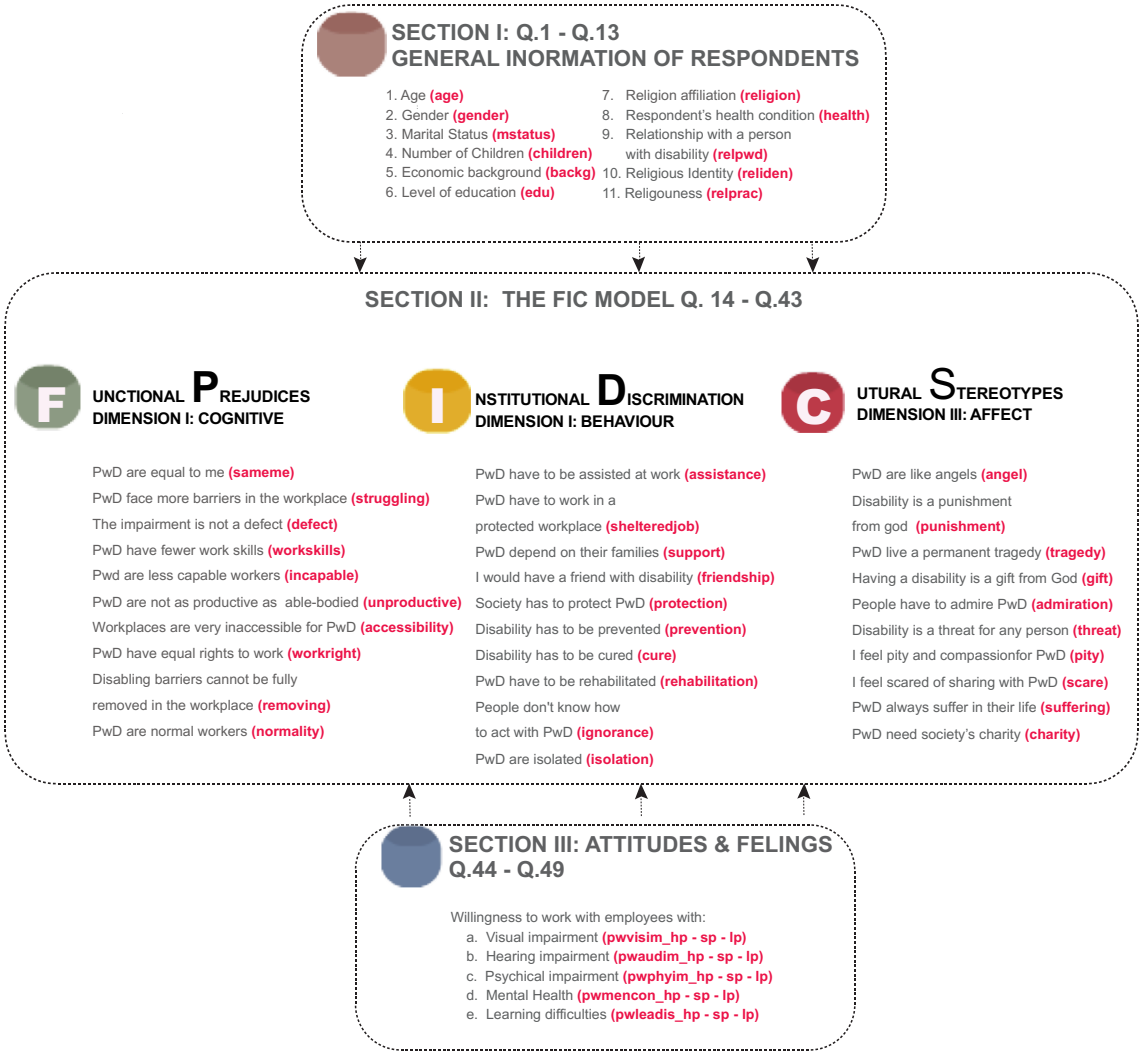

Figure 14: Factors studied in experimental phase 2

- Section I: potential variables that need to be addressed in order to avoid bias and obtain valid results: 'cofounders' and/or 'control variables', such as religion, age, gender, etc.
- Section II: 'independent variables', all predictor variables included in the three dimensions of the FIC model. Dimension I; describes emotions that promote Functional Prejudices (*F*); Dimension II: behaviour that results in institutional discrimination (*I*); and Dimension III: cognitive that is rationale developing Cultural Stereotypes (*C*).
- Section III: 'dependent variable' – those variables that help to measure how the FIC model shapes attitudes towards employees with visual, hearing, physical, mental and/or learning disabilities.

The internal consistency for the questionnaire was demonstrated by calculating Cronbach's alpha reliability (α) for N=112. Cronbach's alpha technically is not a statistical test but rather a measure of the reliability of a composite score; that is, it gives a simple way to measure how closely related a set of items are as a group. Consequently, Cronbach's alpha was used under the assumption that there were multiple items (grouped in section I, II and III described in Figure14) measuring the same underlying construct of people's willingness to work with people with disabilities within the UK and Chilean workplace. Thus, when all results obtained from all the different questions are gathered a general measure of overall 'willingness' can be calculated in regards to accepting persons with disabilities in the workplace. Theoretically, Cronbach's alpha produces a number from 0 to 1; it can also be negative. A negative number indicates that something was wrong with the data. As such, the general rule of thumb is that a Cronbach's alpha of .70 and above is good, .80 and above is better, and .90 and above is best. The overall reliability of all items combined was .850 (61 Items). Additionally, Section I: participants' attitudes towards employees with disabilities *'DV'* was .939 (18 items); Section II, that is Dimension I: affect/functional prejudices, *'FP'* was equal to .497; Dimension II:

behaviour/institutionalised discrimination *'ID'*, .566; and Dimension III: cognitive/cultural stereotypes 'CS' equal to.712 (10 items in all dimension tested). Finally, Section III, which refers to general participants' socio-cultural demographic profile *'CV'* was .643)13 items)

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5.3.2. Sampling for phase 2

A population is defined as 'the total number of units from which data can potentially be collected' (Parahoo, 2006, p. 256). Likewise, the sampling process is described as the process by which researchers select a proportion of the target population to represent the entire unit. According to Polit and Beck (2010), working with samples is more efficient, practical and economical than working with large target populations. The most common sampling techniques are broadly classified into probabilistic and non-probabilistic techniques, which mainly differ in terms of whether sampling does or does not involve random selection, respectively. Ideally, a probability sampling technique should be used if the purpose is to assure a random selection in which all members of the population have the same chance of being included in the study.

True random sampling is always difficult to achieve and, in general, is considered more accurate and rigorous than non-probabilistic sampling. Thus, a probabilistic sampling technique is preferred over a non-probabilistic technique. However, non-probabilistic sampling techniques have fewer resource restrictions because they are less expensive, easier to administer, and faster to create and complete. Proctor, Allan, and Lacey (2010) note that the use of probability sampling reduces errors and biases in a study. However, there are certain circumstances in which it is not feasible, practical or theoretically sensible to use probability sampling.

In non-probability sampling, the odds of any subject for a sample may be not calculated but rather selected according to the subjective judgements of the

researcher. Indeed, purposive non-probability sampling is highlighted as a form of selection that privileges easy access to statistical data, instead of gathering more accurate arrays of data from the wider population. A purposive sampling technique, also called a 'judgement sample', involves a selection process in which all the individuals in the population do not have the same chance of being selected but rather the researcher starts the sampling procedure with a purpose in mind (P. Oliver & Jupp, 2006). Whilst this method has its disadvantages, bias may be minimized by following some general steps to divide the population into appropriate subgroups that comply with general characteristics and traits defined as inclusion/exclusion criteria.

Phase 2 was bounded by time, money and limited access to participants from the banking sector. Thus, a non-probabilistic sampling technique known as 'purposive sampling' was selected. One advantage of purposive sampling is the fact that it enables us to adopt a model-based approach in order to investigate a sensible population. In this way the model helps us to draw conclusions from the selected population by valuing its units as random. Hence, using a purposive sampling technique meant that the population was delimited to a heterogeneous group of subjects from the banking sector in the UK and Chile. As a result, the sampling frame was composed of a list of possible participants provided by some heads of department and supervisors from large banks located in Cambridge, UK and Santiago, Chile.

5.3.3. Sample size

In the quasi-experimental quantitative design for phase 2, the sample size was one of the crucial aspects to be considered (Proctor et al. 2010) in order to achieve the objectives and planned analysis (Breslow, Day, & World Health, 1987; Bull, 1993). The purpose of calculating an appropriate sample size was to ensure that an oprobit FIC model could be generalized to the whole population. Researchers advise that sample sizes should be sought from a mathematical

formula at the design stage. However, the purposive sampling technique has no formal rules that govern how to properly calculate the sample size from a formula (Guarte & Barrios, 2006), and the following rules were adhered to:

- The sample size should be as large as possible, taking into consideration what it may cost in terms of time and money. However, if a large sample is not possible, the sample population should consist of at least 100 participants, as suggested in other quantitative studies (VanVoorhis & Morgan, 2007).
- The sample size should decrease possible sampling errors and assure a confidence interval that holds reliable results by approaching a common standard of 95% confidence with a sampling error of 5% (Welch & Comer, 1988).
- The sample size should be planned to consider a 20% refusal rate due to some possible participants who may be unavailable to participate in the whole study. As (Parahoo, 2006) highlights, “the study sample can lose some subjects”, which can cause bias in the data collected.
- By using the following formula, the minimum sample size required is calculated (Whitley & Ball, 2002):
- $N = \frac{DN}{(1-RR)} = \frac{100}{(1-0.20)} = 125$
  - Where:

    N: Total Sample
    DN: Desired Sample Size
    RR: Refusal Rate

5.3.4. Sample frame

The minimum number of participants, calculated in point 5.3.2., gives a clear idea of how many people should be included in the list of possible participants

for this study. Therefore, with this number in mind, a list was prepared for contacting people working in the banking sector in the UK and Chile. This list was used as a sampling frame in which were included the staff from several areas such as equality and diversity departments, maintenance and security, customer services, and IT support.

Only members of staff who were born and had lived in Chile for a long time and were currently working in the UK were excluded from the sampling frame, as well as bank employees who were born and had lived in the UK for a long time and were working in Chile. This exclusion criterion was adopted to reduce possible bias due to participants' original cultural backgrounds. As a result, as summarised in Table 5, at this stage the sampling frame consisted of a total of 200 possible participants; that is, 80 from the UK and 120 from Chile.

Table 5: Sampling frame for Phase 1

COUNTRY	POTENTIAL PARTICIPANTS
United Kingdom	80
Chile	120
Total Sample (N)	200

Source: Author's elaboration

5.3.5. The data collection process

The quantitative Phase 2 aimed to quantify contextual concepts described and categorised in the qualitative Phase 1 of this research study. As such, if the final objective of statistically validating the di sabling attitude model developed

was to be accomplished, selecting a well-designed instrument to gather data was critical. There are multiple quantitative instruments depending on the type of the research study. However, an online survey was selected as the research method used for collecting data from a pre-defined group of participants from the bank sector in the UK and Chile. The main reasons for selecting an online survey lie in the research objective of the Phase 2 and the ease of distributing the questionnaire in two different countries. In addition, a survey allowed the researcher to obtain different scales of measurements with closed-ended questions oriented to collecting robust information to produce numerical results for testing the disabling attitude model on larger samples representative of the greater population.

Phase 2 of the study was carried out in Chile and the UK from May to June 2016. In the data collection process, participants in the sampling frame were contacted to confirm their participation in the experiment. After explaining to each participant, the kind of experiment in which he/she would be involved for the following six months, the positive response was lower than expected. Thus, by searching in other similar studies, it was confirmed that a sample size of 100 participants would be acceptable (VanVoorhis & Morgan, 2007) to carry out the necessary statistical analysis planned to test the FIC model. Researchers have argued that each data analysis method has different requirements in terms of sample size. The balance is to ‘generate a sample large enough to provide sufficient power while allowing for the ability to actually garner the sample’ (VanVoorhis & Morgan, 2007). Other researchers state that, when the sample size is determined using random sampling techniques and the aim is to employ a parametric test, the sample size should be between 30 and 500 subjects (Delice, 2010). In addition, in certain contexts researchers have proposed a sample of 100 subjects (Tian, 2011; Wilcox, 2010). However, other researchers assert that the best way to confirm an appropriate sample size is to calculate the reliability in order to determine the consistency of results from a statistical test (Bonett, 2002). Finally, as shown in Table 6, 55 participants in the UK and

90 in Chile confirmed their participation, so there was a positive response rate of 68.8% in the UK and 75% in Chile.

Table 6: Participants confirmed for the experiment

COUNTRY	POTENTIAL PARTICIPANTS	PARTICIPANTS CONFIRMED	RESPONSES (%)
United kingdom	80	55	68.8
Chile	120	90	75.0
Total sample (N)	**200**	**145**	**72.5**

Source: Author's elaboration

After gaining confirmation from 145 participants, their contact details were added into Qualtrics. Subsequently, Qualtrics sent a welcome email to thank all participants and give them detailed information regarding ethical issues of the research and their right to end their participation in the study at any time. As a result, the online questionnaire was sent to all participants. Likewise, the online questionnaire was delivered to participants who did not respond once a week during the three weeks in which data collection for Phase 2 took place. Finally, as summarised in Table 7, the online survey was automatically distributed to 145 participants but only 112 questionnaires were returned: 82 Chilean participants and 30 UK participants.

Table 7: Summary of participants in Phase 2, Time 0 of the experiment

COUNTRY	PARTICIPANTS CONFIRMED	FINAL PARTICIPANTS	RESPONSES (%)
United kingdom	55	30	26.8
Chile	90	82	73.2
Total sample (N)	**145**	**112**	**77.2**

Source: Author's elaboration

Whilst greater data collection would have gleaned more representative results, and there was less data on the UK than Chile, the sample size obtained (112 participants) complies with the criteria of at least 100 participants recommended by researchers, and seemed to be acceptable for testing the FIC model and comparing findings between Chile and the UK.

Upon completion of the data collection process, data obtained in Qualtrics were downloaded into a dataset. Stata 14 was used to merge, organize and clean the dataset to run the analysis. First, the data were checked to verify that numerical data were appropriately coded and entered into the dataset. Second, normal distribution, errors, missing values and outliers were analysed, and finally a decision was made on the appropriate analytical techniques to provide better data interpretation.

5.4. Conclusion

A sequential mixed-method research design resonated as the best method to answer the research question "How do co-workers' judgments towards people with disabilities impact on workplace inclusion in the UK and Chile?" As a result, Phase 1 and Phase 2 were designed to investigate how certain conflicting

values are widely shared in culture and how the factors identified influence the formation of attitudes towards people with disabilities – that is, detecting collective and individual attitudes and tracing the link with societal ideologies to move towards a richer, deeper, and a more well-rounded account of disabling attitudes.

In a sequential mixed method design (Qual - Quan), the second phase helps to validate the first. Yet, the nature of each research stage makes it very difficult to obtain samples of equal size in both phases or to sample an important segment of the initial phase. Given this, two different non-probabilistic samples for each research stage were selected. I also set up certain criteria to guarantee as similar profiles as possible between the British and Chilean bank workers in the sample. In response, I decided that the qualitative sample should be smaller than the quantitative one because the most important consideration was to gather meaningful data without being repetitive or superfluous. In phase 1, I interviewed sufficient participants until I reached a point at which the collection of new data shed no further light on disabling attitudes. In the quantitative phase 2, I calculated the sample size from a mathematical formula and tried to ensure the reliability of my results by having as large a sample as possible that still took into account participant restrictions such as time and financial resources.

The sequential approach utilized helped, on the one hand, to obtain a representative and heterogenous sample with as many participants as were needed to capture a full picture of disabling attitudes; while on the other hand, I adequately mixed and integrated a sample that might cover as many cases as possible to validate the findings of the first research stage.

Chapter 6: Data results and analysis of Phase 1 and 2

6.1. Data analysis of Phase 1

A thematic analysis process begins when the researcher notices and looks for patterns of meaning and issues of potential interest in the data set collected. It ends when the content and meaning of patterns (themes) in the data are reported. The process of thematic analysis encompasses frequent moving back and forward between the entire data set, the coded extracts of data that are being analysed, and the analysis of the produced data. Therefore, themes (the meaning of patterns) are identified before, during, and after analysis (Ryan & Bernard, 2000). In addition, writing the findings constitutes an integral part of the analysis, and does not take place at the end of the process.

Whilst thematic analysis does not have clear rules for analysis, the process has been described as more recursive than linear; thus, major flexibility is needed to fit the research question to the data (M. Q. Patton, 1990). Therefore, as shown in Table 8, a six-step thematic analysis was used to identify relevant aspects of this study.

Table 8: Outline of steps for theme analysis

	PHASES	ANALYSIS PROCESS
1	Familiarizing myself with data	i) Narrative preparation, i.e. transcribing data ii) (Re-) reading the data and noting down initial ideas
2	Generating initial codes	i) Coding interesting features of the data in a systematic fashion across the entire data set ii) Collating data relevant to each code
3	Searching for themes	i) Collating codes into potential themes ii) Gathering all data relevant to each potential theme
4	Reviewing themes	i) Checking if themes work in relation to the code extracted ii) Checking if themes work in relation to the entire data set iii) Reviewing data to search for additional themes iv) Generating a thematic map of the analysis
5	Defining and naming themes	i) Ongoing analysis to refine the specifics of each theme and the overall story the analysis tells ii) Generating clear definitions and names for each theme
6	Producing the report	i) Selection of vivid, compelling extract examples ii) Final analysis of selected extracts iii) Relating the analysis back to the research question, objectives and previous literature reviewed

Source: Author Elaboration

6.1.1. Thematic Analysis

6.1.1.1. Angelisation and demonisation of disability

Beliefs about people with disabilities have created mental representations that do not necessarily correspond with reality. In general, interviewees perceived people with impairments from two quite polarized viewpoints that moved from ‘angelisation’ to ‘demonisation’. These viewpoints mainly depended upon factors such as the respondent’s country, their type of impairment, and the situation about which they were thinking. Consonant with this, for example,

respondents from the UK and Chile often described people with Down's syndrome as innocent children, allocating positive emotional characteristics to this group of people. UK respondent No. 7 said: "Oh no, Down's Syndrome people are quite nice. So I've got a family friend, she had a Down's Syndrome daughter, and she's really sweet, so innocent". Likewise, Chilean respondent No. 4 highlighted: "people with Down's Syndrome are so sweet, loving children, but they cannot carry out a normal life by themselves".

UK interviewees were more careful than Chilean interviewees, who provided stronger negative views of disability. In both countries, most interviewees had a tendency towards *angelising* people with intellectual disabilities (i.e. autism and Down's syndrome) by describing them as people in a permanently infantile state who cannot behave in an immoral way. UK respondent No. 5 described a person with autism thus:

I don't know how old she is now but when I remember her when I was growing up as a child she was really, really nice and friendly. I think she was quite a lot older than me but she really was like a little angel.

As a result, interviewees perceived people with intellectual disabilities as not being able to understand the world and the reality in which they live and thus as generally happier and having a good life. UK interviewee No. 7 described the life of a person with Down's syndrome as: "Her quality of life was really nice; her mum, parents were really nice to her, she went with her mum, she came to my auntie's house, she came to our house. Her life seemed really happy and normal." Likewise, Chilean interviewee No. 12 felt that:

People with Down's syndrome or autism look at life in a different way, and able-bodied people do not understand them. They give us too much love, without condition; they do not see evil in other people. I think they only give us love. They are the most prone to be damaged.

On the other hand, contrary to the angelic view, interviewees also demonised mental, sensory, and physical disabilities, although they did not see people with

disability as real villains. Disability appeared to be a monstrosity. UK respondent No. 2 said that: “disability represents a life predominately marked by the impairment, which leads us to see the body and mind as deviant”.

In this way, interviewees tended to show more negative judgements towards mental disability, which was seen as terrifying, while physical disability was perceived as depressing. In this case, interviewees saw the body and mind from the perspective of a normative culture; thus, people were seen as more or less disabled to the extent that their pathological and anti-aesthetic differences were more visible. For example, someone who had disfigurements, damaged or mutated limbs was seen to be more ‘disabled’ than a person with diabetes, and someone who had Alzheimer’s as more disabled than a person with bipolar disorder. Chilean interviewee No. 16 explained that:

A person with disability couldn’t be ignored, it causes me curiosity, but some disabilities are worse than others. For example, if my daughter introduces me to her boyfriend and he has a mental disability such as schizophrenia or something like that, yeah I would try to understand why she fell in love with someone who might be dangerous for her and even for the whole family but if her boyfriend was in a wheelchair, well that would not be terrible, I would try to understand if she really loves him or feels pity for him. Of course, he would not be what I expected for her, but anyway I would try to be open-minded.

Equally, UK interviewee No. 7 felt that:

A person with a visual impairment would have problems moving around but he could learn, he might solve it. A deaf person is more complex because he would have difficulties communicating with others. A person in a wheelchair would have problems moving around and looking after himself; he would depend on someone who helps him. A person with mental disability equal to the physically impaired is someone absolutely dependent and would need special care. But a person with diabetes, yeah, I couldn’t see any problem with that – I do not think they are disabled.

Finally, UK respondent No. 6, who has a disability, summed up the ways in which media and books perceive disability:

If you look at popular culture, disability will often be used as the villain, it's how you signal the villain, they'll have one eye, they'll have a scar, they'll walk with a limp; shorthand can often be used in that way, so we're heroes, victims, and villains. That's not as bad as it used to be but it's still the case in popular culture, it's still there. A lot of the disability groups work with popular television programmes, the soaps, and so when they want to do an issue around autism or they want to do an issue around multiple sclerosis they would work with the charity that works with people with that disability and make sure they've got it right.

6.1.1.2. A life of tragedy, suffering, and adversity

In both countries, non-disabled interviewees thought that people with impairments have more complicated experiences. Many of them perceived disability as a *catastrophe*. UK interviewee No. 7 explained that:

Because, like I said, they might have been walking but they're now disabled and they can never walk again, so that's quite sad, because that's going from something that you're used to doing, but then it feels like it's been taken away from you, so…

In addition, Chilean interviewee No. 8 felt that:

With disability, you become dependent and you cannot do the same things that you used to do instead I can walk, move my hands, I can hear, and so on. Could someone think disability is not a tragedy? I couldn't, I think it would be dramatic if I or any of my family members became disabled.

In addition, they believed that having a disability is sad but the attitudes of people themselves with disabilities might do a lot to help others accept them. UK respondent No. 3 said:

I think it depends on the reason. I mean if it was, for example, that they lost their legs, but it would, you know, save their life or something like that, I think that's a different sort of thing. You have to be grateful that they're still around, it would be upsetting obviously, but I guess a lot of it would depend on that person's attitude as well, so if they were positive and happy and, you know, dealing with it, it would be a bit easier.

Chilean interviewee No. 10 stated:

I feel disability is something personal; for example, I work with blind people and they face their disability in a way that for me is not a problem. I mean, nobody has to help them, they do not bother others. I never have a problem with them. I feel that they are absolutely independent but I think it is related to their attitude because they are happy all the time.

UK interviewees were more careful in their descriptions of people who have a disability, although in general UK and Chilean interviewees deemed people with disabilities as grieving as a result of their impairments. They considered a person's quality of life to be changed due to their impairment:

It's just, how can I put it? For example, if someone broke their back through an accident, they wouldn't be able to move and work and whatever, so it's just their life would be more difficult. They would lose a quality of their life but I don't know because I haven't experienced it myself. I don't know.

In both countries people with disabilities were seen as burdens on their family members or carers. UK interviewee No. 8 highlighted that:

Yeah, from lots of different things, like financial as well, like my partner goes out to work and earns money, might not be able to with a disability. I might have to

stop if I had to look after her, like, you don't know, but it would massively impact our life, yeah, massively.

Interviewees described people with disabilities as, "people physically or mentally deprived of their tender bodies or minds, People who live a life of tremendous sacrifice, victims of their disability, someone who lost something, harmed or marked due to their impairment". UK respondent No. 1 stated: "things that you have been used to doing for years, you can no longer do, and you have to adapt and change because you will be a new person."

Likewise, Chilean interviewee No. 6 said:

I have some blind friends and one of my nephews is deaf, and it is hard. It is very hard if I try to put myself in their situation. Because in one way or another, people with disabilities are not completely happy with their lives because they have lost something. They are not complete and sometimes they might feel depressed because they cannot see or hear.

For interviewees, people with disabilities live a kind of daily tragedy and some suggested that: "people with a disability couldn't live a 'normal' life like any other person". Therefore, disability involves a negative change in their lives.

Another interviewee explained that disability is: "a variation on human life that brings a large list of unfavourable situations, a hard status that makes people suffer, and for this reason nobody is prepared to face it". However, UK interviewee No.13, who has a disability, considered it to be something natural and real in which negative or positive experiences depend upon people's attitudes rather than simply accessible environments. Disabling barriers increase when people do not know how to behave and act with people with disabilities: "So access isn't always simply about the physicality, I think there also has to be an attitudinal mind-set".

6.1.1.3. A matter of pity, compassion, and charity

The interviewees in general said that disability entails feelings of sorrow, empathy, and sympathy. UK interviewee No. 3 thought that: “If I was to come across it, I would feel sympathetic towards them and it would be like heart-breaking what’s happened to them, but I don’t know how I would. I would feel sorry for them”.

Chilean interviewee No. 5 had a similar feeling:

Because it must be difficult for them, they can’t do anything, and I’d feel sorry for them. I know feeling sorry for them is the wrong way of putting it, but I would feel sorry for them because it would feel like they’re reliant on someone else.

Interviewees attempted to prove that they had an obligation to help people with disabilities. However, they did not see this behaviour as a matter of benevolence, compassion or pity but rather tolerance and acceptance of those who have impairments and are in need. One of the UK interviewees explained: “She needed help like when I went on a course with her for a week I pushed her around in her wheelchair because from the hotel to the classrooms was a bit of a distance so I pushed her in a wheelchair”.

According to UK interviewees, their perceptions of disability were strongly influenced by local charitable campaigns, media, news, films, and bank diversity training. They did not see compassion in their behaviour. On the contrary, they found it necessary to avoid discrimination against people with disabilities. However, UK interviewee No. 4, who has a disability, argued that often charity organizations, instead of improving the lives of people with disability, cause other forms of exclusion. Sometimes that can be through playing on people’s desire to do good, which then becomes charity. In the long run, that’s disempowering because if you’re a charity, people can say, ‘Well, you know, I’ve given to charity, that’s it; job done. You don’t have to be part of

my society. I've given to charity; now go away. You've made me uncomfortable. Go away."

In contrast, Chilean interviewees were proud of feeling sorry for people with impairments and pledging donations in one of the unique annual campaigns that run in Chile. For example, Chilean interviewee No. 15 stated:

The Telethon is one of the best things that we have done as a country. It is one day to show our solidarity with those who need us. I think Chile is doing an excellent job. Most Chileans are proud of going to the bank and giving money to a good cause. It is also a great day in which we all join to contribute for the wellbeing of handicapped children.

The interviewees did not believe that charities create a culture of dependence and misery around people with disabilities. UK and Chilean interviewees repeatedly described disability as something pitiless and incapacitating: "Well, it wouldn't make your life difficult; it would make your life a bit sad." "I would feel quite sad if anything like that happened to a family member or to one of my good friends, or even to the general public, like, for example, because you are more dependent than before." "What goes through my mind when I think of disability is sadness. What will people do? Maybe they had all their capabilities and potential, without limits, and now inevitably their life will become complex."

6.1.1.4. A gift or a punishment?

Interviewees had the feeling that some people perceive disability as a gift or a punishment from God. Interviewees explained that disability could be seen as a punishment of the disabled person and their family because their life becomes more complicated and fuller of difficult experiences. UK interviewee No. 1 noted: "I mean, I know TV can influence in a way that might not be truthful but when children are born with disabilities they've actually been seen as a gift from God." Chilean interviewee No. 16 emphasized:

Some religious people would view them as a gift but trying to understand why that's happened and what caused it and everything, it's really different. Until you've actually experienced it, you just don't know how you would feel but perhaps you could feel disability is a punishment.

On the other hand, interviewees mentioned that people with Down's syndrome are a gift for their families, who may have to learn a lesson:

But like, you know when I used to go to the mosque, the little girl who I was talking about who had Down's syndrome, her dad was like the head of our mosque, who's like our family friend. I don't think her parents were religiously affected, but I think they just loved her as she was. She was a gift for them. It's not their fault they've got a disability so they have something to teach us.

Chilean interviewee No. 8 who is the father of someone who has a disability felt guilty and blamed himself because his daughter has a disability: "Maybe we did something wrong, and she is paying the price. Who knows?"

Interviewees also associated disability with a special kind of power. Thus, people with disabilities have special abilities and skills to compensate for their loss. People with intellectual disabilities are 'children of God.' Deaf people have special skills to survive in a world in which they cannot communicate with others. Blind people's other senses are said to be more keenly developed to help them navigate life: "I think some people with disabilities have something different that makes them stronger. When I saw stories on TV, I felt impressed by how these people can deal with their lives. I am sure they have a different power".

The interviewees attempted to invoke a cosmic reason for the fact that disability exists. Often, they could not see it as a natural state because, for example, the body and mind are fragile. They thought of disability as an exemption, not something common to all societies: "Yes, they are champions, yes, they are powerful, yes, they are leaders".

Some interviewees who had a deeper conviction that disability is negative:

That's the attitude thing, isn't it? When we label someone 'disabled', we mean they have been disenfranchised, they are outside society, and it's come to mean all those things. You don't associate the word *disability* with positive things, but rather able-bodied people feel that those who are not *disabled* must be blessed for being healthy. Able-bodied people think that disability is a kind of curse that threatens and harms people and their families. It is something unnatural, regardless of whether the disability is a consequence of the aging process or any other reason.

UK interviewee No. 1 said:

OK, so, for example, like my partner's great auntie, she's now partially sighted, she can't see. She's old, anyway. But when we found out she couldn't see properly, she could only see our shadows and whatever, first thing was like, Ah I feel sorry for her and it is difficult because you think, *Oh my God, what if she can't see*.

6.1.1.5. Disability as a source of admiration, inspiration, and motivation

Some interviewees tended to feel that people with disabilities represent a motivation for able-bodied lives. Some of the Chilean interviewees believed that it is good to work with people with disabilities because they show their co-workers that, despite their difficulties and restrictions, people with disabilities are responsible and do their jobs without complaining. Chilean interviewee No. 2, who works with people with disabilities, emphasized that:

They are very responsible and work without complaint because the workplace presents lots of barriers for them. I work with six people with visual impairments and they impress me. They never make a fuss because they do not see but rather, they motivate the rest of the team because they always agree with all instructions without major problems.

In addition, some non-disabled Chilean interviewees also argued that their colleagues with disabilities were an inspiration:

I can't figure out how people who face a challenging life due to their impairments are always happy at work. They do not represent any problem to us. On the contrary, they inspire me. The girls who work with us live alone, some have children, they have partners, it is amazing that these girls are quite normal.

Some of the interviewees admired people with disabilities because they have to work twice as hard and more to comply with any daily activities. Therefore, they see people with disabilities participating in life as an uplifting exception and not a rule:

So I suppose they don't take things for granted, they just go and do it. It does not matter for them that it is harder. Let's say a normal person might have a bit of aches and pain and be like, 'I can't do this because I'm not feeling well' or whatever. However, for example, if it's really important to you, you would go and do something, and make it positive and work towards it.

On the other hand, interviewees with disabilities said that sometimes it is difficult to deal with non-disabled people because they often have lower or higher expectations of them. So able-bodied people demand that they behave as a person who always has good days and a fulfilled life, otherwise they see them as weak people. Thus, interviewees with disabilities argued that: "Able-bodied people need to see us as happy, nice, flexible, and tolerant people. Or they immediately feel that we are weak, less able, and even a frustrated or sad person".

Likewise, UK interviewee No. 4 with a disability agreed that:

"Basic achievements turn into huge challenges for them but sometimes this is not related to physical barriers as non-disabled people think. But rather it is a problem with able-bodied people's attitudes because they always require a proof of our capabilities. Non-disabled people have an obsession with our

abilities and capabilities. They do not understand that we are average people who do average things, maybe in different ways but, our major challenge is to prove to the able-bodied that we can address a normal life, we are able to make our own decisions, and we are not children who need to be handled by others. So we waste a lot of energy and time instead of living as we want; we don't have real freedom and autonomy."

On the other hand, interviewees with disabilities stated that non-disabled people should not see them as an inspiration because this perception transforms them into superheroes for achieving basic things which for others are taken for granted, such as studying, working, having a partner, etc. They should not inspire anybody by having special abilities because they do not have them. Two of the UK interviewees No.4 and 6 reported that: "Yeah, we're not superheroes but we do have abilities. They're not super-abilities but we do have abilities".

6.1.1.6. Empathy and ignorance

Interviewees recognized that they empathize with people with disabilities due to the challenges they face. Therefore, interviewees felt that they would be comfortable with the idea of working with employees with disabilities, although they would not know how to behave and act. UK interviewee No. 8 stated:

I think, to start with, it would be a change. A bit difficult because I've never worked or really met anyone with a disability, but I'm sure after time, when you feel comfortable with the person, it'd be good. You'd be all right; yeah.

Interviewees noted that they do not have too many opportunities to spend time with people with disabilities. They know that people with disabilities have to be treated with respect, dignity, and concern but, according to them, some people with disabilities do not help given their attitudes. Thus, they feel a little afraid to interact with them. Chilean interviewee No. 16 noted this when saying:

Yeah, it would be different depending on what type of disability. If it was a mental person, that would be really hard to tolerate but then you can't discriminate against them. It's not their fault. There's something mentally wrong with them, so, for example, if they're violent, that would scare me because I'd feel unsafe.

In general, interviewees felt anxious about working with people with disabilities. However, interviewees who had a close relationship with someone with a disability had a more positive view. The majority of interviewees had the perception that people with disabilities behave differently compared to non-disabled people, thus they should have special knowledge of treating employees with disabilities. Chilean interviewee No. 3 said:

I think it would be hard or not; it would depend on the work and the impairment of the person. For example, deaf people are less moody. I think with a deaf person it would be easier as they are less aggressive than blind people. But it would always be difficult and complicated to work with a person with a disability because you would need training to learn how to treat them and behave in front of them. They are not like us, so it is important to learn.

UK interviewees, like their Chilean counterparts, felt that people with disabilities might not act like others due to their impairments. UK interviewee No. 4, who has a disability, stressed: "Non-disabled see people with disabilities as a kind of alien who it is better to ignore". UK interviewee No. 7, who is able-bodied noted that:

It's just that we would have I suppose more patience, we try and explain things in a different way if they weren't understanding it, we'd offer to fetch someone who would understand, and we'd just take more time with them.

Interviewee No. 6 from the UK, who has a disability, stated that attitudes and behaviour towards people with disabilities are changing over time and children often act more naturally than adults. However, non-disabled adults see them as

people who require distinct behaviours because they associate body and mind differences with less intelligence. UK interviewee No. 4 explained:

And what I like about children is that children will always ask the question adults want to ask, ‘Why are you in a wheelchair?’ you know, or whatever. Whereas by the time they’ve grown up a little bit they’re taught not to stare but that means they don’t make eye contact.

Interviewees believe that non-disabled people behave differently with people with disabilities because they do not have opportunities to share with them. Thus, they feel fear because they do not have the appropriate knowledge. Indeed, this was supported by non-disabled UK interviewee No. 8:

You know, there might be some people who feel fear but usually it’s because we don’t know, don’t understand; we might be prejudiced against something and once we get to know and understand something, our prejudices tend to then fade away.

In addition, UK and Chilean interviewees with disabilities said that in non-disabled people fear is quite strong to the point that most of the time they do not talk directly to them but rather to the person accompanying them, as noted by UK interviewee No. 4:

If my wife pushed me into a cafeteria or something, they wouldn’t talk to me, they’d talk to my wife. And so I would order, I don’t know, a cappuccino, and then the person would say to my wife, ‘Does he take sugar?’

6.1.1.7. The problem of lower status

UK and Chilean interviewees with a disability stated that it is hard to find a job because their respective cultures place lots of barriers in front of them that prevent them remaining in work. UK interviewee No. 4 explained that, contrary

to what people think, the main barrier for them is that non-disabled people have many prejudices about their capabilities, skills, productivity, intelligence etc.

You know, 'My understanding isn't impaired, but I just can't get my mouth to pronounce the words.' And they didn't know they were doing it, and they wouldn't want to have offended me, but just something kicked in because they couldn't understand me.

Interviewees with disabilities argued that they became used to overcoming physical barriers in their personal lives and in the workplace because the world is full of difficulties such as inaccessible public transport, obstacles in the streets, stairs instead of lifts or ramps, narrow corridors, inappropriate traffic signals etc. Therefore, physical barriers should not be an issue when employing a person with a disability. However, they observed that: "most of the time, when people with disabilities apply for a job, the main reason why they are not hired is because the company considers it too complicated because the built environment is inaccessible". Chilean interviewee No. 9, who has a physical disability, argued that: "Of course, nobody would admit that this was the real reason but I could feel it several times when I went to work interviews". UK interviewee No. 4, who is also a wheelchair user, had the same perception:

But not 'Oh well, we'd quite like to take a person in a wheelchair but we can't because, you know, we're going to have to move office or change around the office.' I don't think that would come into it. But the interviewer said: 'So you're going to need to do this in-tray exercise, so if it was you, how can we make that accessible to you?'

On the other hand, interviewees with disabilities felt that the real problem is that non-disabled people do not value their capabilities and they have to do more to get the same or even less than non-disabled people. Interviewees with disabilities stated that they were usually offered employment requiring fewer qualifications and had difficulty finding a job despite proving their competencies across a range of skills. This was supported by non-disabled Chilean

interviewee No. 7 who believed that “people with disabilities can only do certain jobs, thus although there are employers willing to employ them, it is necessary to find a suitable role for them.” UK interviewee No. 1 said:

I think that all banks in England have to run sort of an equal opportunities way of employing, and we do have to employ disabled people. We tend to, from what I’ve seen, tailor roles that are suitable to them, because obviously there’s a lot of risk involved, and we can’t put customers at risk.

Moreover, interviewees with disabilities argue that the perception of them as ‘people in need’ has put them at a disadvantage compared to other bank employees: Chilean interviewee No. 13 stated:

Whilst most people in the bank recognize that I do a good job, I achieve my goals to the standard required and have a lower level of absenteeism, they cannot offer me a promotion because they cannot find another job for me.

On the other hand, non-disabled Chilean interviewees felt that employing people with disabilities is more expensive because it involves covering many special requirements such as having ramps, accessible toilets, appropriate desks, workstations, assisted technology, training for employees etc. In effect, the able-bodied Chilean respondents interviewed usually reiterated that: “Sometimes it is not reasonable to employ disabled people because they have to make too many adaptations and people with disabilities cannot achieve their work tasks as required.” In contrast, non-disabled British interviewee No. 3 had the preconceived idea that people with disabilities will not have problems finding a job and have the same opportunities as a non-disabled person:

As a country, we have an act, a Disability Discrimination Act, that all companies have to follow, so you have to make it so that people can have a job, as long as they can do the job, so I don’t think it holds them back at all.

6.1.1.8. Rights and institutional support

Interviewees from both countries who participated in this study agreed that their governments have undertaken some changes to cover reasonable adjustments in the workplace. However, the UK interviewees with a disability argued that real changes are slow to happen because 'reasonable' adjustments have too many interpretations and people's attitudes and willingness to alter the built environment has become an issue. UK interviewee No. 8 said:

And so it's reasonable that a hotel should be accessible. A shop which is only run by a couple of people doesn't have to be accessible if they can come to the door of the shop and sell me my newspaper or sell me my sweets. That's reasonable, that's fine. Whereas, perhaps, a company like Santander, an international company, it's unreasonable if our branches are not accessible. Except the problem is that there are some towns where we wanted to put in an access ramp and the local council said, 'No you can't because that's going to mess up our high street' or whatever. So sometimes the company wants to do it but the local government will stop us doing it. It's unreasonable that they're not accessible because the local government says we can't put a ramp in.

In Chile, non-disabled interviewees explained that reasonable adjustments within the workplace have emerged out of the personal preferences of those within the organization who make decisions on disability issues in consultation with the person with a disability. However, those involved in disability employment inclusion are not necessarily experts. So the Chilean interviewees do not show adequate understanding of what reasonable adjustments mean or what the special needs of people with disabilities are.

UK interviewees assured that the banks have become more concerned to treat people with disabilities better in recent years. They are working with the government to offer more employment positions to people with disabilities. According to UK interviewee No. 5:

The government does have a scheme, and if you're new they pay 100% of it, but they have a relationship with Santander because we're such a big employer that if our recruiters and our team says 'Yes, this person needs this' and it's under a certain amount of money, the government will say, 'Just go ahead and do it and we'll give you the money later.'

In contrast, Chilean respondents mentioned that they did not have any knowledge of Chilean disability legislation, employment programmes or any other government benefits. Chilean interviewees with disabilities said that Chilean law is weak and leaves many relevant aspects uncovered, such as the right to employment, accessibility, and social protection. So people with disabilities do not have the same rights as other citizens because it is not a legal requirement and the government has few employment programmes for them. Chilean interviewee No. 3, who has a disability, also added that, in general:

Most people with disabilities are not prepared for working life due to the lack of access that they have to education. Thus, the government should firstly make progress to improve education and also make more effort to develop training programmes to improve people with disabilities' working skills and qualifications.

6.1.1.9. A normative culture

Interviewees did not indicate that having a disability might be seen as a defect or an abnormal state. However, in general terms, interviewees mainly described people with impairments as people who do not resemble them, people who belong to a distinct other class of human beings. In this way, interviewees often labelled people with disabilities as individuals different from 'normal' people. They tended to downgrade individuals with impairments from a whole and

normal person to a weakened and challenged one. Chilean interviewee No. 12 said:

For example, if someone broke their back through an accident, they wouldn't be able to move and work. Their life would be more difficult, they would lose some quality of life, but I don't know because I haven't experienced it myself.

In both countries, able-bodied interviewees created categories that resulted in stereotyping a person with a disability as someone who is out of the ordinary. Interviewees felt that this normality varies according to the type of impairment. According to UK interviewee No. 8:

So, people, when you say the word 'disabled', will imagine first, they think of people in wheelchairs because we're very high-profile… you have a white stick so it's visible that you have a disability, whereas other people, other than perhaps people with diabetes, you would not know whether they are disabled or not.

As a result, interviewees were contradictory in relation to disability rights. They constantly reiterated that people with disabilities have the right to work and to live independently. However, they restricted these rights according to the type of disability because interviewees saw an important link between disability and dependence. UK interviewee No. 3 noted that:

Some can live independently, and some may not be able to because it depends what type of disability they have. They have the right to live independently if they can look after themselves. If they can't, it's nice to have that support and help.

Chilean interviewee No. 11, who has a disability, explained that the bank employed them because there was a need to be socially responsible: "It looks good to hire 'special people.' Another Chilean interviewee with a disability, No. 13, said that:

Non-disabled people perceive us as different people, someone abnormal, then they do not offer us a job because we have talents, skills, and competences for the job but rather because there is an obligation to do so or they feel like better people by doing it.

Thus, Chilean interviewees with disabilities argued that sometimes they feel frustrated, demoralized, and demotivated because they are seen as objects by the rest of their colleagues in the bank, rather than being just another employee who has similar opportunities. Interviewees with disabilities felt that being labelled ‘special’ people or ‘superheroes’ suggests a positive status conferred to avoid abnormal categorisation. However, this status does not reduce discrimination against them. Indeed, it limits their freedom and constrains their opportunity to enjoy their human rights.

6.1.1.10. Unproductive and incapable

In both countries, the interviewees think of a person with impairments as someone sufficiently able to carry out simple work tasks. Many argued that there are several job roles that a person with a disability cannot do due to their impairment and health. Chilean interviewee No. 2 stated:

To be honest, it would depend entirely on the disability. Yeah, disabled as a generic would not affect productivity but types of disability could affect productivity. If someone had more of a mental disability, that could slow down their productivity. In which case, yes, it would have an effect. Someone in a wheelchair? No, no, they could get around fine, they’d have their office specifically made for them, and there’d be no impact on what they can do.

Interviewees explained that those with impairments are in a worse situation because their disabilities make them less competitive than non-disabled people. Chilean interviewee No. 3 declared that, “People in this country who have a disability, by and large, the majority of people with disabilities will be worse off

because of their disability sure they will be seen as less competitive than others".

6.1.1.11. Paternalism, assistance, and protection

Interviewees with disabilities reported being victims of paternalism, which is accepted by non-disabled people as being appropriate. However, they interpreted it as beneficence. UK interviewee No. 6 shared, "I feel non-disabled people ignore me because they feel sorry for me. I can understand them but why if they do not know me. Why do they have to be nice to me just because I am disabled?".

Whilst non-disabled interviewees indicated that paternalistic and protectionist practices are necessary to help people with disabilities overcome disabling barriers, the reality is that this kind of practice is seen by some people with disabilities as "insulting or disrespectful". One interviewee said: "paternalism is a form in which non-disabled people block my voluntary actions and my freedom to make decisions". Remarkably, some interviewees did not question this kind of practice because they felt themselves to be children who need to be protected by others. One of the UK interviewees stated that: "I have started my university studies quite late because it took me a long time to realize that my family treats me as a little child because I have a learning disability". Likewise, a Chilean interviewee No. 9 observed that:

As a child with a disability, I feel happy because I got a job in the bank. They were nice to me. I am a lucky child because other children do not have this chance. I am 24 years old. I am a father, so I am glad Telethon taught me that children like me can have a normal life.

Non-disabled people firmly believe that they do not harm people with disabilities by adopting paternalistic behaviour. On the contrary, they think it is beneficial for everybody: "I think we are making a contribution with positive actions, and

on the other hand people with disabilities are given help and support to overcome their problems". Interviewees with disabilities felt that they experienced paternalism every day, on the street, in their homes, and in the workplace. UK interviewee No. 4 offered the following experience:

Most of the time, help is offered or imposed on me when I do not need it, and in situations where I am waiting for someone to help me, the non-disabled ignore me, for example, when I want to buy a ticket for the bus and the self-service machine is too high for me in a wheelchair.

Interviewees agreed that the government should take more responsibility for people with disabilities and should show better leadership in supporting workers with disabilities. However, UK respondents and Chilean respondents alike believed that there are no real problems in relation to disability. UK interviewee No. 1 said that: "there is much government support and lots of charitable organizations working for them". Likewise, Chilean interviewee No. 12 stated that: "Telethon, a charitable foundation, has been able to cover people with disabilities' needs (including their needs at work)."

6.1.1.12. Isolation, exclusion, and segregation

Non-disabled UK interviewee No. 3 felt that people do not discriminate against people with disabilities because it does not make sense to discriminate against someone who faces adversity:

I don't think they do because there's so many things put in place now for people who have disabilities to make their lives a bit more easy, so I don't think there is discrimination because it's all about diversity nowadays so hopefully people are helping those people because living with disability involves overcoming lots of things.

UK interviewees knew that it is not acceptable to discriminate against people with disabilities. However, UK interviewee No. 2 stated that other able-bodied

people sometimes discriminate against them: “Well, I’m sure there’s people, like other companies maybe or something like that, that wouldn’t employ people that maybe had disabilities. Some people aren’t as tolerant, and haven’t got the patience.”

In contrast, Chilean interviewees indicated that, in general, able-bodied people did not see a real discrimination against people with disabilities. However, there was a high level of discrimination in Chilean interviewees’ words and reflexions. Chilean interviewee No. 15 believed that able-bodied people did not discriminate against people with disabilities, but rather the problem was a consequence of the people with disabilities’ attitudes who they viewed as lazy or self-limiting:

I think people don’t discriminate against people with disabilities but people with disabilities limit themselves. It is a matter of not wanting to rather than can’t. I don’t know people with disabilities. But it is not nice what I will say, but people with disabilities often expect the government to give them benefits or prefer to beg in the streets instead of work.

Another Chilean interviewee, No. 6, stated:

I think it is not discrimination, for example, if I am looking for someone to employ, I would not think of a person with a disability but this is because I have never received a CV from a person with a disability. Thus, if they are weak, how would I know it? The question is why do disabled people not apply for a job? I think they discriminate against themselves. Well, maybe they prefer the government to support them.

Interviewees did not see themselves as discriminating. UK interviewee No. 1 explained that: “I have little or no contact with people with disabilities. Thus, I do not share with any disabled person. It would be impossible to discriminate against them”. Interviewees with disabilities said that they are discriminated against most of the time, but things have gradually changed in the last 10 years. UK interviewee No. 4 said:

If I went into a pub 15 years ago in my wheelchair, some people would turn around and look at me. Nowadays, yeah, I'll probably have to run over their foot before they turn round and notice me, so I think it's gradually getting less of a problem.

Interviewees with disabilities stated that exclusion is a matter of people's attitudes and this could be changed if people were educated in disability issues: UK interviewee No. 6 shared:

I think there's still a long way to go on attitudes, so while we might think we've come a hell of a long way in 20 years, there's still an equally long way to go. I think its social education, so it is the stuff where you start to see disability as a normal part of life.

Other interviewees felt that disability is a problem of design because they are ignored as users. Chilean interviewee No. 3 said:

Disability is not my problem; it's the problem of designers who are bad at designing things. But my issue is the fact that the guy doesn't see a problem between, for example, the train being down there and me up here. And in his mind, it is fully accessible because the platform is raised and you could get on the train. The bad news is there are three steps between the platform and the lift. So no, it isn't going to work, is it?

Likewise, UK interviewee No. 4, who is a wheelchair user, reported that:

Santander had an event, and I rolled up and there were these impressive marble steps, you know. So I asked 'How the hell am I going to get in? It'll be round the back through the goods entrance'. 'No sir, no, just come over here', and there was this very slender stainless steel chrome column, a bit like James Bond, and I just had to press the button, and 10 feet of the marble steps rolled back in and up through the ground came this lift. So it shows it can be done, it's just cost. But it's not the cost; it's the will to do it.

6.2. Linking the ABC attitude model to the FIC model

Researchers have suggested that there is a fine line between stereotypes, prejudices, and discrimination. However, the ABC model of attitudes described by Ostrom (1969) reveals that stereotypes are formed in the cognitive component, prejudices in the affect component, and discrimination in the behavioural component. Individuals' perceptions about others result in stereotypes – positive or negative beliefs held about characteristics of a particular social group. In this research, the qualitative analysis Phase 1 confirmed that people with disabilities' social categorisations (stereotyping) are based on the reasoning of an able-bodied person's functional ability, rather than based on actual knowledge or experiences that make distinctions of different ways of functioning due to the type of the impairment and degree. Correspondingly, the 'F' dimension of the FIC model covers functional stereotypes that guide co-workers' actions towards employees with disabilities.

The natural response to stereotyping is to form prejudices. Prejudices are "baseless and often negative emotional preconceptions or attitudes towards members of a group". Indeed, prejudices arise from emotional features that somehow play a role in irrational and unjustified devaluing of minority groups (Abrams, 2010). With this regard, the qualitative analysis demonstrated that prejudices about people with disabilities are largely justified by emotional judgments that co-workers made because of the strong division made between 'non-disabled' and 'disabled'. Prejudices arise from culturally learned responses that allocate people with disabilities an inferior position that *a priori* leaves them without a membership to belong to the group (Simpson and Yinger, 1972). As a result, prejudices take, on the one side negative forms of threat, fear, discomfort, and even disability demonization, and on the other side positive forms of admiration and disability angelisation. Therefore, co-workers, for example, infantilize people with Down's syndrome or autism or perceive them as angels. Consequently, the dimension 'C' of the FIC model, named cultural

prejudices, covers several beliefs and myths that result in cultural prejudices towards people with disabilities.

Prejudices and stereotypes later result in discrimination, which is unjustified negative behaviour towards members of other outgroups based on their group membership. Discrimination or the so-called disablism is “discriminatory, oppressive, abusive behaviour arising from the belief that people with disabilities are inferior to others” (Brander, 2012). Qualitative analysis disclosed that perhaps co-workers’ ways of behaving towards people with disabilities are agreed upon by society and have their origin in attempts to compensate for a person's lack of ability due to their impairment. However, these attempts arise from rationales and emotions that are not necessarily objectively valid but rather somehow came to be accepted and normalized as the appropriate way of acting with people with disabilities, as a consequence people do not realize that discrimination exist. Hence, the dimension ‘I’ covers institutionalised discrimination such as infantilising a person with Down’s syndrome or autism. Consequently, whether the discrimination manifested is positive or negative, the end result is the same in that the person with the disability is ultimately excluded from the workplace. In short, as depicted in Figure 15, the ABC and FIC models of attitudes consist of three components: cognition/functional stereotypes (knowing), behaviour/institutional discrimination (doing) and affect/cultural prejudices (feelings).

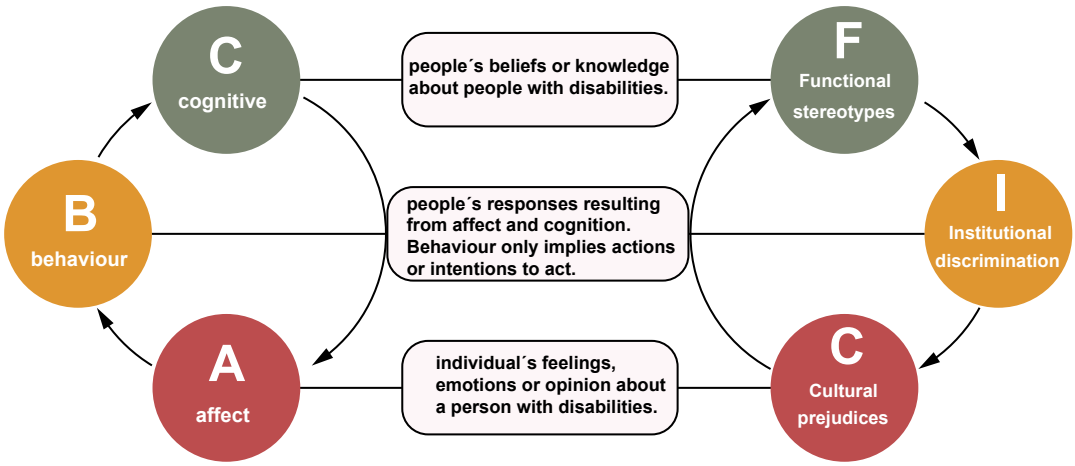

Figure 15: A model of disabling attitudes, the FIC model
Author's elaboration

All three dimensions of the FIC model – functional stereotypes (cognitive), institutionalised discrimination (behaviour) and cultural prejudices (affect) – result in 'disability stigma', and cover each of the activators that form a 'disabling attitude condition' (DAC). In addition, the DAC strongly stigmatizes people with disabilities in terms of both how able-bodied people identify and perceive someone with a disability and how disabled people identify and perceive themselves in their social role (Corrigan & Watson, 2002). In practical terms, the FIC model, developed in this research, summarises the disability stigma that influences the way in which bank employees perceive people with disabilities and, as a consequence, creates the DAC experienced by employees with disabilities.

From a global perspective, such a 'disability stigma' may be more paralysing than the medical condition itself. In the UK and Chilean workplace, attitudes towards workers with disabilities are connected to a cognitive rational, which goes beyond medical and social perspectives of disability and emphasises emotional beliefs regarding the limited functionality of people with disabilities in the workplace (functional stereotypes, F). Furthermore, this study's findings

suggest that understanding of the experiences of people with disabilities is highly affected by a kind of cultural force that arises from cultural values, faiths, morals, ethics, and social norms, that are classified as cultural prejudices (C). Likewise, most of the time, disability discrimination is neglected and not perceived as an extreme social problem that should be tackled by UK or Chilean society. On the contrary, most discriminatory practices are seen as positive responses to help people with disabilities fit into the workplace. That is, in general terms, discrimination against people with impairments is often associated with positive moral and ethical codes that derive from religious thinking rather than secular beliefs. Indeed, even secular people adopt religious thinking to make moral or ethical stands on relevant disability issues; religion therefore seems to have a deeper impact on the way in which people behave towards people with disabilities because it causes them to devalue them into disadvantaged positions.

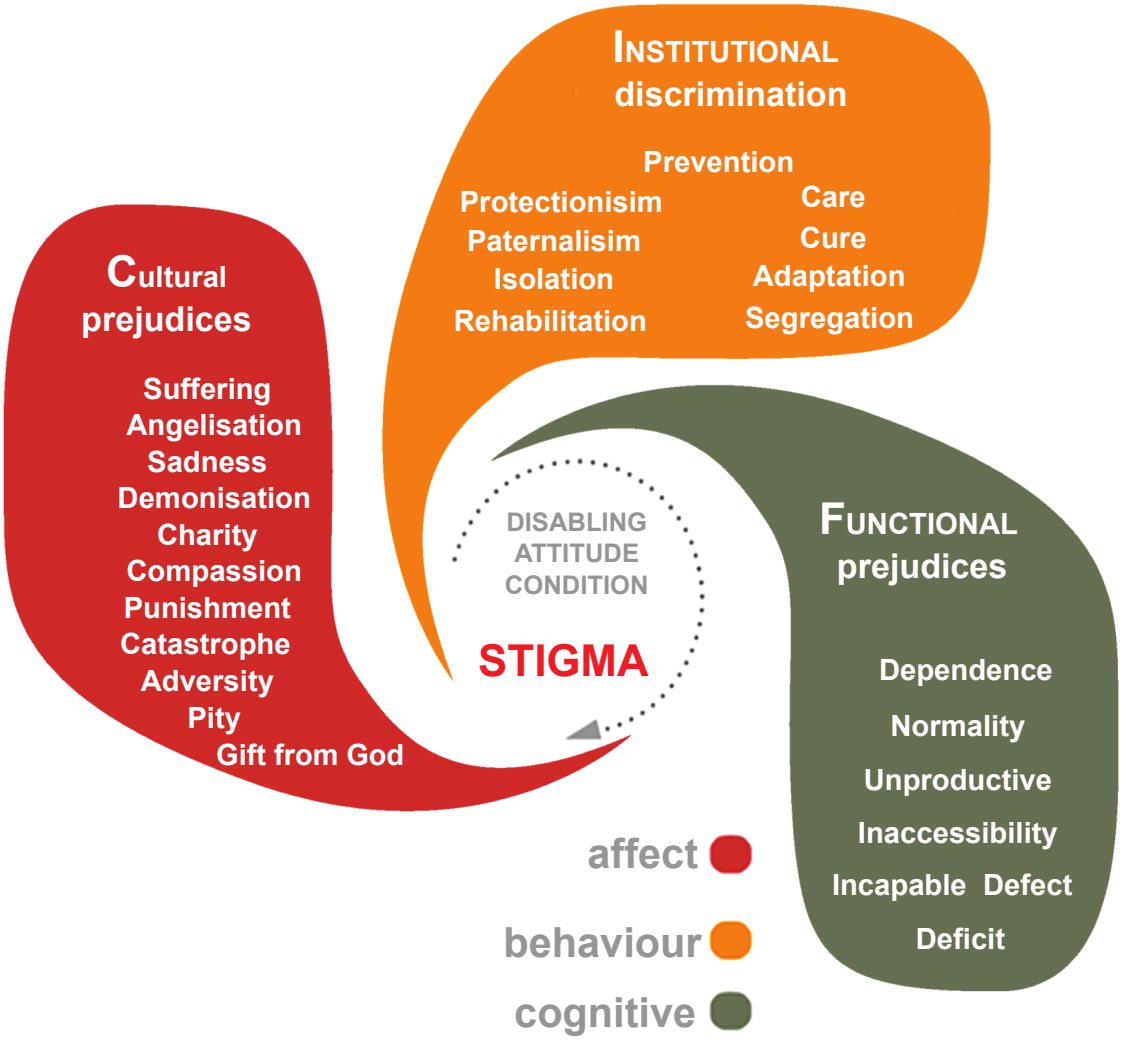

Figure 16: The FIC model of disabling attitudes
Author's

6.2.1. Activators included in FIC model

Disability stigma covers different attributes/characteristics, named activators, that were included in one of the three dimensions of the FIC model of disabling attitudes, according to the attitude component. Activators often trigger thoughts, beliefs, and judgments that legitimize disability stigma, which is simply a disabling attitude towards people with disabilities. In addition, activators constitute the basis of disability identity that lead the ways in which able-bodied

people perceive someone with an impairment and people with disabilities identify themselves (Corrigan & Watson, 2002).

6.2.2. Activators of functional stereotypes

The qualitative findings in Phase 1 demonstrate that functional stereotypes are governed by well-founded individual judgements that come from cognitive reasoning. As a result, the 'F' dimension of the FIC model mainly results in a 'public image' in which people perceive that there is a strong relationship between an impairment and the dependency experienced by people with disabilities, as well as a connection between a person's impairment and their decision-making abilities. In general, this disability understanding arises from giving more value to people with disabilities' functionality restrictions due to their impairment than to disabling barriers or any other factors affecting the performance of people with disabilities. Interviewees saw disability as a consequence of diverse restrictions imposed by an impairment, which people with disabilities could or could not carry out regardless of disabling barriers. Such perceptions of functionality have their roots in a lack of knowledge around how a person is truly affected by having an impairment. In addition, this misunderstanding of people with disabilities' functionality guides stereotypes that lead people to believe that those with disabilities have limited or no ability to function and interact with the built environment. In other words, people's stereotypes are based on conceptions of a biological state of the body which prevent people normally functioning in a daily basis. Whilst interviewees recognized that people with disabilities faced enormous barriers to fully participating in society, these barriers were not perceived as the real problem behind the exclusion and segregation of people with disabilities. Therefore, predominant attributes and accorded values have served to create a cognitive reasoning about people's functionality, which most people have subscribed to without questioning it.

Functionality is defined as the basic skills that a person needs to live and work in society, for example, reading, writing, using a computer, among others. So what normality means may be questionable as the Cambridge Online (Dictionary, 2015) defines it, normality is *the state of being normal* and normal is something *ordinary or usual* or as would be expected. For this reason, all activators associated with stereotypes that were identified in the qualitative phase were classified and named as "*functional stereotypes*".

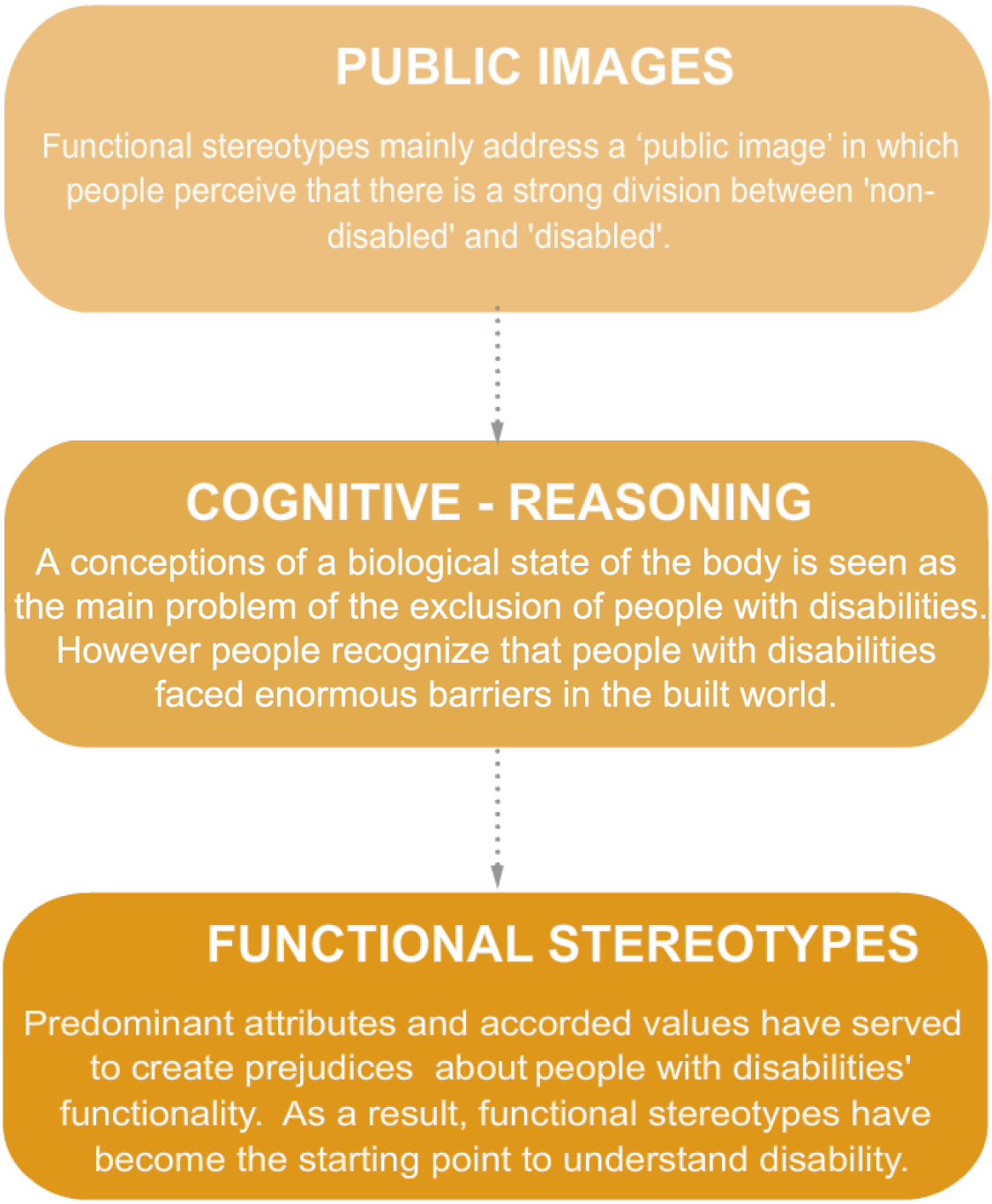

Figure 17: Functional stereotypes' process
Author's elaboration

In this scenario, 'F' constitutes the *masterstatus* of people with disabilities because impairment is seen as the most identifiable feature of the person by

both individuals with disabilities themselves and non-disabled people. Indeed, individuals who have impairments share a common identity because of the way in which they are perceived as deviating from *normality*. As depicted in Figure 18, interviewees took for granted most stereotypes towards people with disability. As such, biological challenges faced by people with disabilities and imposed by barriers such as the inaccessible environment and a lack of opportunity were perceived as a normal response to a lack of functionality, capability, and productivity.

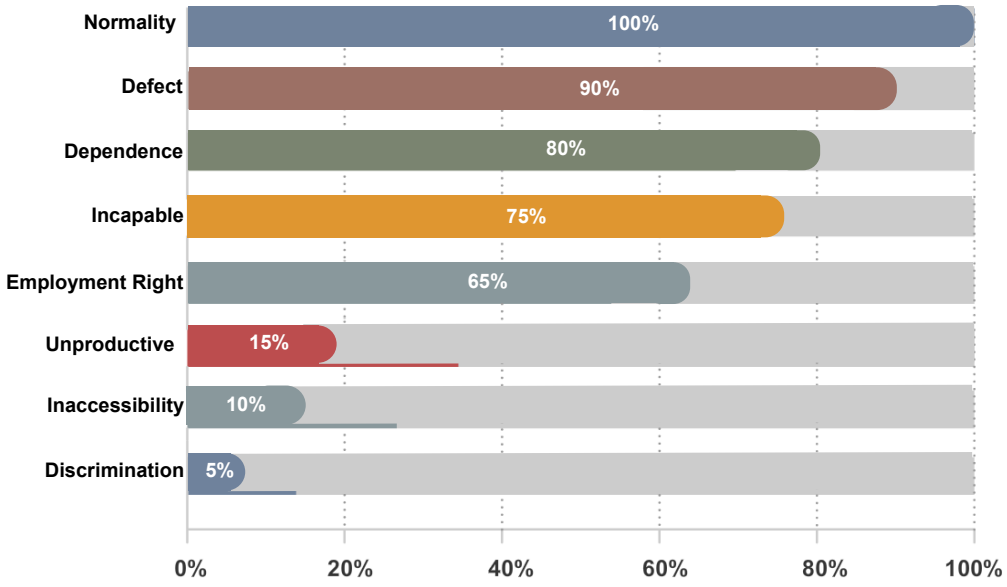

Figure 18: DAC, included into functional prejudices
Author's elaboration

6.2.3. Activator of institutionalised discrimination

The *normal range of abilities and skills* to function (functionality) in the built world is conceived of as essential characteristic attributes in comprehending how disability affects those people who have a permanent impairment. These well-established patterns are supported by medical views in which different

medical diagnoses determine what a person with disabilities can or cannot do due to their impairment and barriers in the environment. In response, functionality has been a socially accepted way of understanding what disability is and how it impacts on people with impairments. In general terms, people strongly accept that disability is a consequence of a lack of functionality rather than disabling barriers imposed by society, and this fact reveals a natural and hidden discrimination against people with disabilities.

As depicted in Figure 19, social acceptance of people with disabilities depends on performing daily activities in as conventional a way as possible; thus, people with disabilities are accepted to the extent to which these performance requirements can be met. As such, most actions made to support people with disabilities frequently focus on covering and compensating difficulties associated with an impairment rather than reducing disabling barriers. Likewise, these actions have led to creating a shared common identity marked by an impairment-dependence relationship. On the other hand, most prejudices towards people with disabilities are dominated by wrong practices based on a powerful situation in which people with disabilities have lost their autonomy.

People have accepted it as natural that people with disabilities are placed in a disadvantaged group. They do not perceive this fact as negative discrimination against people with disabilities but rather as an inevitable consequence of having functional difficulties. Hence, all themes related to behaviours found in Phase 1 have been categorized and named ‘Institutional Discrimination’.



Figure 19: Institutional discrimination's process
Author's

As summarized in Figure 20, the qualitative findings confirmed that impairment is often assessed as a *defect* that prevents people from functioning in the built world. Thus, society should offer rehabilitation, prevention, and even cures

when possible. Indeed, those interviewed remarked upon the importance of offering care, assistance, and protection to those people who have disabilities because they are not sufficiently able to live independently. In addition, interviewees did not see the negative actions that people with disabilities experience in their day-to-day lives, for example, segregation, isolation, and discrimination.

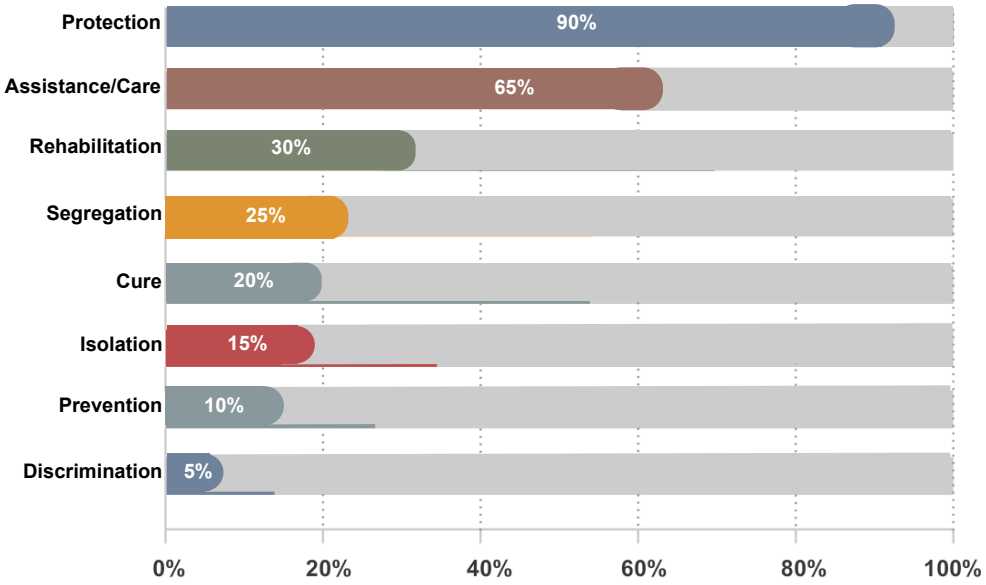

Figure 20: DAC classified into institutional discrimination
Author's elaboration

6.2.4. Activators of cultural prejudices

In Phase 1, the qualitative findings strongly support that the religious/moral model of disability describes most activators reported by interviewees. These activators have roots in a public image that has been highly influenced by emotional rationale associated with the way in which people think of issues such as loss, spirituality, faith, religiousness, morals, and ethics. These feelings and emotional beliefs have combined into a negative categorisation that places people with disabilities into a lower status and a disadvantage position, or on

the contrary positive categorization that places people with disabilities as heroes or people to be admired by others.

On the other hand, interviewees' environmental context has an impact on the way in which they think of those people who have a disability. Both religious and irreligious interviewees in the qualitative Phase 1 reported that disability stereotypes have been shaped by social pressures and individual beliefs strongly influenced by a cultural context in which religion has a considerable influence.

Moss (2005) argues that a fundamental aspect of the human experience involves loss and spirituality, and both strongly influence the way in which people comprehend their profoundest losses in order to re-structure their shattered lives. As Glock and Stark (1965) highlighted, societies around the world have been shaped and affected by religious perspectives. Inevitably, religion has had an impact on culture by creating diverse cultural and social contexts across the globe. Religion is defined as 'a particular system of faith and worship' (Oxford, 2014). It is an institutionalized system of values, beliefs, symbols, and practices that guide individuals to solve questions of ultimate meaning. As such, there is agreement that people's judgements are related to personal beliefs which are acquired from the cultural context in which they are involved from childhood; then, religious beliefs may affect both religious and irreligious people (L. B. Brown, 1966). In this scenario, as outlined in Figure 21, individual's emotional judgements towards disability are shaped by social pressures, within which religion may play an important role, regardless of people's religiousness.

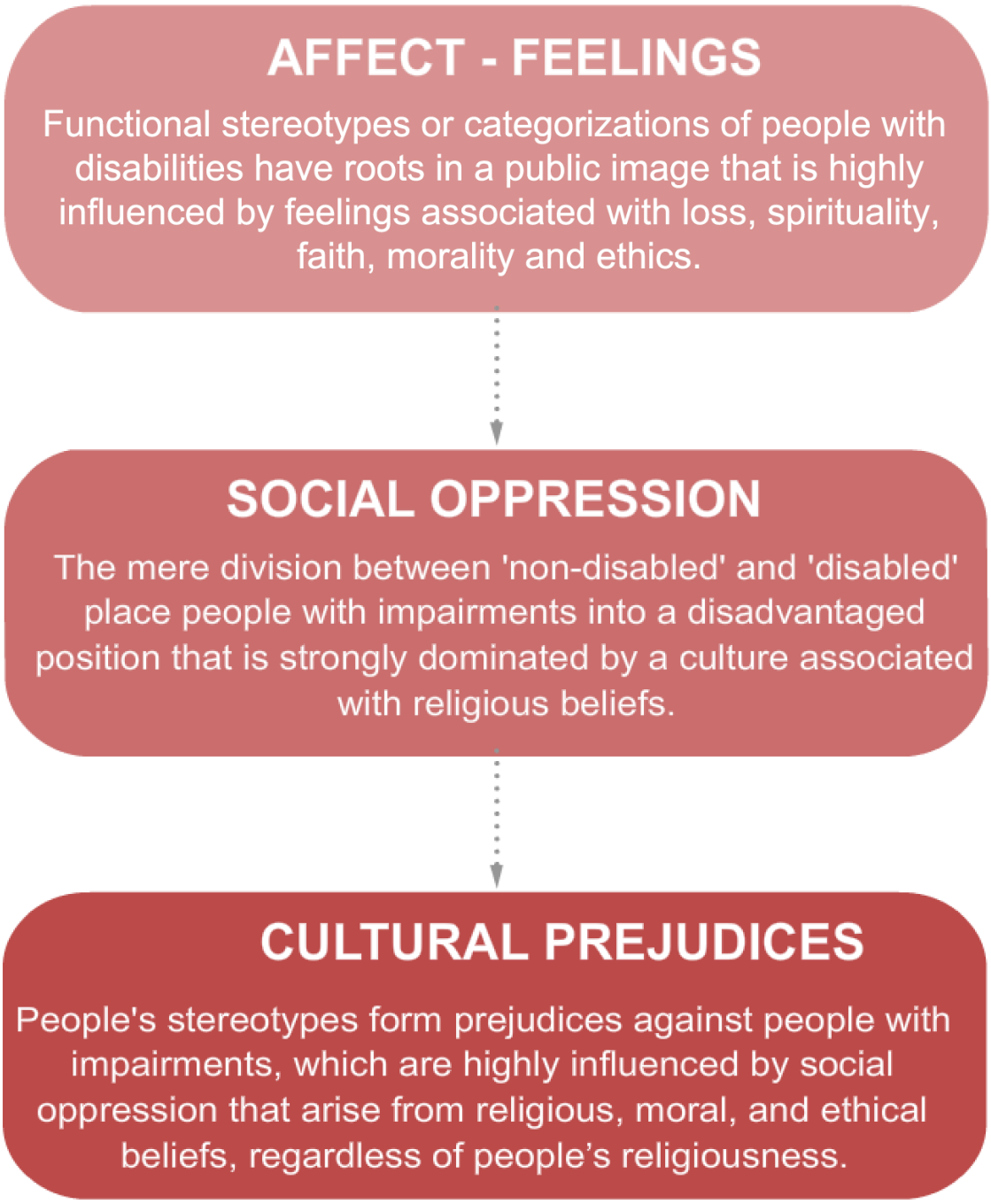

Figure 21: Cultural stereotype's process
Author's

The findings have demonstrated that cultural prejudices are shaped by judgements that come from perceiving disability as a serious and irremediable catastrophe, adversity, threat, source of suffering, and/or punishment.

Furthermore, although the core of all these judgements has a biological component that, on the one hand, reinforces negative prejudices that result in feelings of pity, compassion, and charity, on the other hand this results in positive prejudices that lead us to admire people with disabilities because they are a source of inspiration, angels and/or a gift from God.

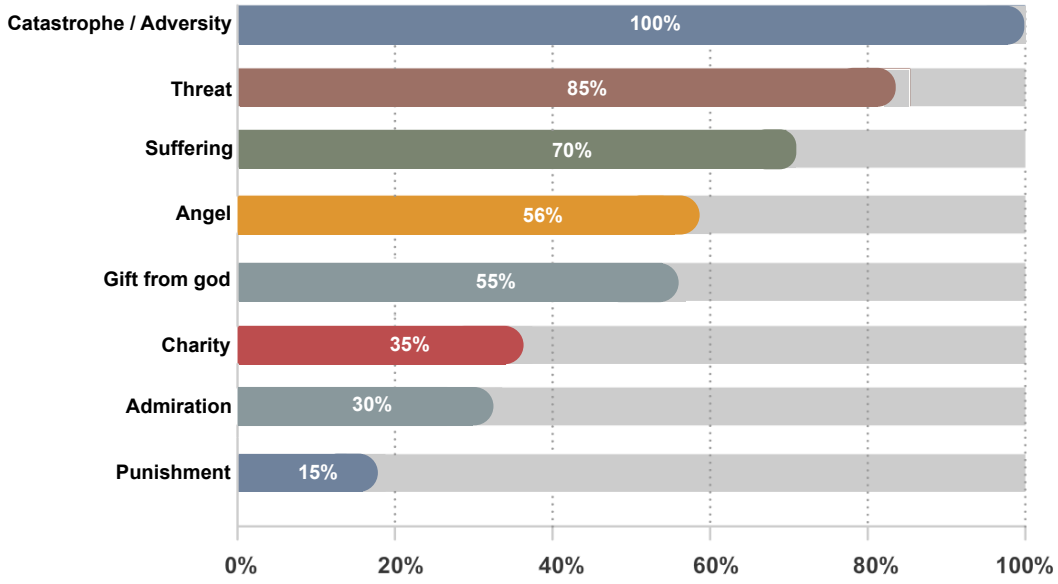

Figure 22: DAC summarised in cultural stereotypes
Source: Author's

6.2.5. Disabling Attitudes Condition (DAC)

As we have seen, disability research has defined disability on the grounds of two main models: the medical model and the social model. However, this research demonstrates that stigma, discrimination, and prejudice theories may also contribute to improving our understanding of attitudes towards people with disabilities.

For many years, attitudes and beliefs about disability have emerged out of categorizations made on the grounds of the medical model, which explains that

people see an impairment as the cause of disability (R. L. Oliver, 1980). This perception of disability has led to able-bodied people giving themselves higher status than those who have impairments and justifying this situation with arguments that have been rejected by the social model. However, a large majority of the able-bodied population inevitably think of people with disabilities as *abnormal* persons who live a *tragedy*, and they respond with compassion and paternalism (R. L. Oliver, 1980).

As Stangor (2000) has identified: 'categories are constructed by minimising the differences between people within groups and exaggerating the differences between groups' (Stangor, 2000). This eventually leads to judgments about a specific group's attributes or qualities which have been named in this study as 'activators.' As such, a conflict arises because the categories and stereotypes are not simply the result of making neutral value judgements but rather judgments are made and negative qualities are assigned to specific individuals or groups (Berg, 2002). In this way, both Chilean and UK interviewees saw workers with impairments in a different way from able-bodied workers, despite the fact that their categorization of people with disabilities was similar. Participants in both countries understood that workers with impairments have special requirements to carry out day-to-day activities within workplaces.

According to Bielby (2000): 'people often create stereotypes and are unaware of how they shape their perceptions and behaviours' (Bielby, 2000 in UK essay, 2013). Stereotypes are a way of categorizing people and, as a consequence, negative stereotypes are the result of prejudices that have been created throughout people's lives. Stereotypes are a way of grouping individuals, and the perception that someone has of an individual is not necessarily the same perception that the individual has of him or herself.

Over the last few decades, stigma and prejudice have become an important focus of social psychology research, which 'uses scientific methods to explain how the thoughts, feelings and behaviours of individuals are influenced by the

actual, imagined or implied presence of other human beings' (Allport, 1954). As a result, 'a vast range of literature defined stigma and prejudice separately, but around essentially identical constructs' (Merton, 1973). However, new evidence demonstrates the existence of a greater overlap between stigma and prejudice (Phelan, Link, & Dovidio, 2008) in which both concepts have been indistinctively used by the same authors in the same text (Heatherton, 2000; Shana Levin & Van Laar, 2006). Indeed, regardless of the different ways in which stigma and prejudice have been studied, both concepts were used in this work to develop a Disabling Attitudes Model that unifies several theories in order to understand attitudes towards people with disabilities at work.

In Phase 1, findings have validated the idea that interpersonal disability judgments are the starting point of restricting people with disabilities' basic human rights and, more specifically, preventing them from being included in the workplace. Individuals' disability judgments are based on a common understanding and perceptions of disability that come from a societal discourse dominated by the division between non-disabled and people with disabilities. Inevitably, such a division guides an individual's beliefs, feelings, opinions and behaviours that shape people's attitudes towards disability, and as a consequence these attitudes may be positive or negative.

However, evidence of Phase 1 has shown that, regardless of whether disability judgments were seen as either positive or negative, people with disabilities face individual and social experiences deeply marked by their impairment. In other words, people with disabilities are not perceived as group members due to their impairment, which conditions the stereotypes and experiences that revolve around being or feeling 'disabled'. As a result, this situation becomes disabling in itself and shows to be the main root of people's attitudes towards disability. Indeed, being or feeling 'disabled' or 'feeling disabled', without differences between types of impairments and degrees of disability, conditions the understanding of disability as a link between the impairment and the ability to carry out daily activities in the workplace. Hence, the acceptance or rejection of

people with disabilities in a group depends on how group members perceive the person's extent or level of disability.

A condition considered to be 'DAC' can reflect both a positive or a negative association manifested towards a person with disabilities. Nonetheless, regardless of whether the DAC association is positive or negative, the DAC ultimately results in the rejection of people with disabilities in the workplace. According to Brown (2011), positive judgments are seen as similarities causing the acceptance as group members, whilst, on the contrary, negative judgments are seen as differences, resulting in the rejection of people with disabilities. Yet, over the last decade after the social model became more relevant, people's attitudes towards individuals with disabilities have been shaped on the grounds of people' beliefs, which have often been understood as positive discrimination to compensate for environmental restrictions rather than effectively promoting people with disabilities to be seen as group members.

DAC does not automatically imply a correct attitude towards accepting people with disabilities in the workplace or any other realm of society, but rather DAC refers to a particular understanding of disability that should be adopted to motivate effective change in people's attitudes. Moreover, DAC is the central core of how people think of disability. Consequently, as illustrated in Figure 23, a DAC may be reversible or irreversible depending on the 'activator' or 'activators' which shaped it, and as a consequence, if a DAC is shaped by a reversible activator (judgements which may be changed by new knowledge, feelings or behaviour), it may turn into positive judgments that will result in people with disabilities being accepted. However, if a DAC is shaped by an irreversible activator, it will result in people with disabilities being rejected. In these cases, more particular work must be done to change the DAC.

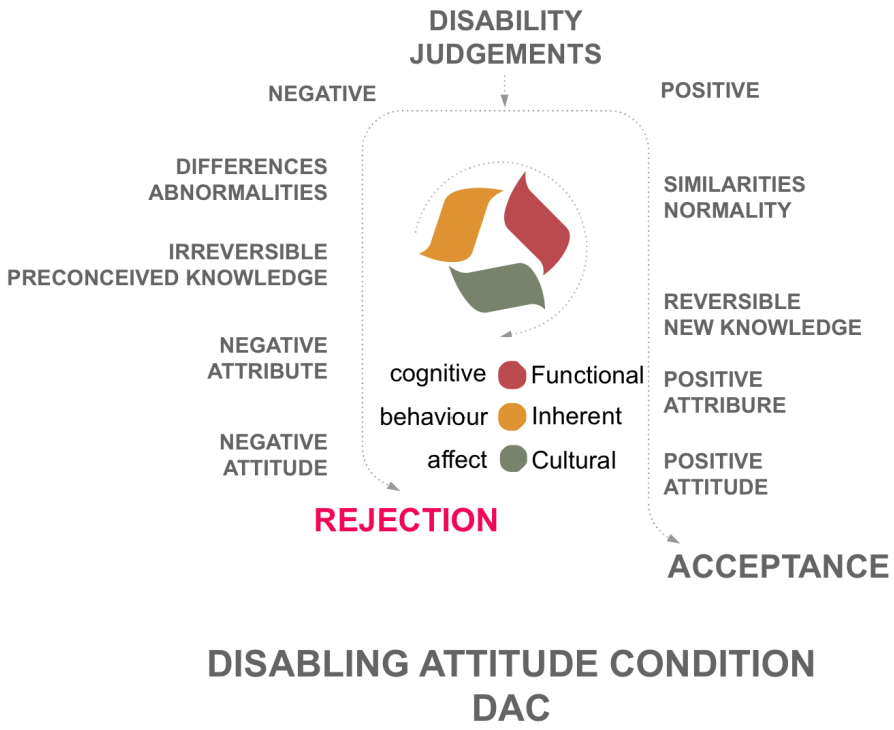

Figure 23: DAC, disabling attitude condition
Source: Author's elaboration

6.3. Data Analysis of Phase 2

In theory, there are no limits to the types of impairments that may be measured to test the FIC Model of disabling attitudes, and it would be interesting to evaluate as many impairments as possible in order to gain wider knowledge of disabling attitudes. However, this would have been complex and unmanageable in a short period of time and with the restricted economic resources available for this study. Analysing data collected in the pilot study, some general and common patterns between certain different types of impairments were found. As such, in Phase 2, the studied impairments were summarized into five types of disabilities: visual, hearing, physical, mental and learning. As a result, the aims of this analysis were the following:

- Identify significant explanatory variables (activators) that influence employees' disabling attitudes, for inclusion in an oprobit FIC model.
- Estimate thresholds (i.e. constants) and regression coefficients.
- Identify significant relationships between the FIC's components and the dependent variables.
- Build an oprobit FIC model of disabling attitudes from hypotheses tested.

6.3.1. Justifications of oprobit regression model

In general terms, the linear regression model might be a useful tool for analysing the relationship between the multiple independent variables (Dimensions II, III, and IV) and the dependent variable (Dimension I). Nevertheless, a linear regression model may be a weak technique for testing models in which the dependent variable is not linearly related to the independent variable and does not satisfy the basic assumption of normal distribution, as often occurs with Likert scale variables (Jackman, 2003) in which the order of categories is meaningful. In other words, when the dependent variable is both discrete and ordinal, it should be considered as a meaningful order of the outcomes, in line with ordered probit (oprobit) regression.

In oprobit regression, the maximum likelihood is estimated to provide all the usual properties of information of a generalised linear model. However, it also adds a small amount of information about the nature of the order of the categories, which provides better and more accurate evidence to identify true correlations between hypotheses. As known, in a linear regression model

numbers are treated as a ranking with no cardinal significance. Thus, for example, if outcomes are coded as 1, 2 and 3, the difference between a 3 and a 2 will be treated identically to the difference between a 2 and a 1. Conversely, in oprobit, if the dependent variables take more than two values, it is considered that these values have a natural ordering (Abdel-Aty & Radwan, 2000). As such, a value of$(\mathcal{Y}_i)$ = 3 is not three times as strong as that associated with $(\mathcal{Y}_i)$= 1. Rather, the values of latent variables constitute likelihoods from highest to lowest levels of acceptance.

On the other hand, despite factor analysis being used as a common and useful technique to reduce a large amount of information about variables, this technique only detects significant correlation between variables if a large number of observations is analysed (Tabachnik & Fidel, 2001). Therefore, factor analysis should only be used as an exploratory analysis because it “has no way of distinguishing between true correlation and error correlation” (Ray, 1973).

Therefore, the modelling process was carried out using oprobit regression based on random utility theory (McFadden, 2001). In this, the scale employed to measure the self-reported dependent variable took values naturally ordered from 1= strong willingness to work with a person with disability to 7= strong unwillingness to work with a person with disability. Then “stronger” outcomes were associated with higher values of the variable and a more positive attitude towards working with someone with disability. Nevertheless, the oprobit model is defined in terms of a latent z score that just involves a generalization of the binary response model. Additionally, this oprobit modelling process was divided into two steps that made it easier to understand and interpret the data.

As a result, the FIC Model of disabling attitudes was modelled in a two-step analysis. Firstly, It was decided that testing individual hypotheses offered a more appropriate technique for measuring which predictor variables (activator of a disabling attitudes) were statistically significant to be included in the FIC

model. That is, at the first step, a univariate oprobit regression was conducted to assess correlations between each pair of characteristics (the dependent variable), 'willingness to work with a person with a disability', and each subset of characteristics (the independent variable) included in the three dimensions of disabling attitudes in the FIC model. Hence, each of the individual tests served to measure the effect that each sub-characteristic (activator) had in terms of shaping disabling attitudes, as well as determining which variables should be considered as possible predictors of people's attitudes towards workers with a disability. In addition, at the second step, those significant sub-characteristics (activators) were tested together to validate the whole oprobit FIC model for each type of disability studied, that is visual, hearing, physical, cognitive and learning disabilities.

6.3.2. Analysis process of disabling attitudes

The FIC model of disabling attitudes is considered as a mindset or tendency representing a combination of attributes, perceptions, beliefs or opinions (activator) that address the particular way in which individuals, based on their experience, perceive people with disabilities at work. The purpose of the oprobit modelling process was to measure individual explanatory predictor variables (activators) that effectively describe the FIC's dimensions. Likewise, disabling attitudes may be interpreted as the process by which individuals shape their attitudes towards people with disabilities at work. Therefore, the FIC model is constructed to provide a detailed representation of the aspects attributable to people's attitudes that people with disabilities face in the UK and Chilean workplace.

In response, an ordered probit model is a natural fit for analysing the FIC model of disabling attitudes because inherently ordered outcomes are assumed in the decision-making processes of the respondents, who have 'some level of

opinion associated with the object of the question and answering the question, choosing a choice, on the basis of how great this opinion is' (Train, 2003 in Phonphitakchai, 2011). (Phonphitakchai, 2011) (Phonphitakchai, 2011)(Phonphitakchai, 2011)(Phonphitakchai, 2011)(Phonphitakchai, 2011) In this sense, as the theoretical aspects of oprobit regression model clearly explain, the validity of some assumptions may affect the likelihood of a person being in the ordered categories because it is assumed that the coefficients that are associated with the variable values of the different outcomes will be the same across all the outcomes. As a result, the following assumptions were tested:

- The model had no multicollinearity. That is, the model assumes parallel lines and proportional odds, linearity of independent variables and log odds, in which variables are independent of each other. The oprobit model does not require that the dependent and independent variables are linearly related to the log odds. If this assumption is violated, the strength of the relationship may be underestimated and the relationship rejected as being insignificant. In other words, the null hypothesis is rejected where it should be significant.
- Random errors were not homoscedastic and follow the normal distribution.

Oprobit was useful for approximating mathematical simplification to test if the dependent variable (Dimension I) was explained by a number of independent variables (dimensions II, III and IV) described in the FIC model. In the oprobit regression model, the ordinal response observed was a latent continuous metric ($\mathcal{Y}$) combined with some predictors (x_i), plus a random error (e_i), which follows standard normal distribution. As such, the oprobit model is defined by:

$$\mathcal{Y}_i^* = \beta' x_i + e_i, \qquad (1)$$

$$e_i \mid x_i \sim N(0.1), \qquad (2)$$

where $(\mathcal{Y}_i^*)$ is the latent and continuous measure of attitudes, and (x_i) is the vector of independent explanatory variables from each component of the FIC model.

In addition, (β) is the vector of the regression coefficient or parameter to be estimated, and (e_i) is the random error term. The observed ordinal $(\mathcal{Y}_i)$ takes on values 0 to m, which is determined from the model by using the following equation:

$$\mathcal{P}(\mathcal{Y}_i = \mathcal{J} | x_i) = \mathcal{P}(\alpha_{\mathcal{J}-1} < \mathcal{Y}_I^* \leq \alpha_{\mathcal{J}} | x_i) \qquad (3)$$

where $(\mathcal{Y}_i^*)$ may be seen as a person's $(i$'s) attitudes towards employees with disabilities in a scale from $-\infty$ to ∞, then, $\mathcal{Y}_i^*$ may take any real value and each (i) must be classified into one category. Thus, it is observed that changes in the predictors translate into the probability of a particular ordinal outcome as follows:

$$\mathcal{P}(\mathcal{Y}_i = \mathcal{J} | x_i) = \begin{Bmatrix} \mathcal{P}(\alpha_{\mathcal{J}-1} < \mathcal{Y}_I^* < \alpha_{\mathcal{J}} | x_i) \\ \mathcal{P}(\alpha_{\mathcal{J}-1} - \beta' x_i < e_i \leq \alpha_{\mathcal{J}} - \beta' x_i | x_i) \\ \Phi(\alpha_{\mathcal{J}} - \beta' x_i) - \Phi(\alpha_{\mathcal{J}-1} - \beta' x_i) \end{Bmatrix} \qquad (4)$$

In this model, $\mathcal{Y}_i^*$, the observed and coded discrete employees' attitudes variable, has seven categories, where the cut-off point is $-\infty = \alpha_0 \leq \alpha_1 \leq \cdots \leq \alpha_{\mathcal{J}} = \infty$, as follows:

$$y_i = \begin{cases} 1\ if\ -\infty < y_I^* < \alpha_1 \\ 2\ if\ \alpha_1 < y_I^* < \alpha_2 \\ 3\ if\ \alpha_2 < y_I^* < \alpha_3 \\ 4\ if\ \alpha_3 < y_I^* < \alpha_4 \\ 5\ if\ \alpha_4 < y_I^* < \alpha_5 \\ 6\ if\ \alpha_5 < y_I^* < \alpha_6 \\ 7\ if\ \alpha_6 < y_I^* < \alpha_7 \end{cases}$$

Then (α_i) represents the threshold to be estimated together with the regression coefficient vector (β). As drawn in Figure 24, the correspondence between the latent continuously variable, (y_i^*) peoples' attitudes and the observed attitude scale, (y_i), goes from 1 to 7, where 1 is strongly positive attitudes towards employees with disabilities and 7 is strongly negative attitudes towards employees with disabilities.

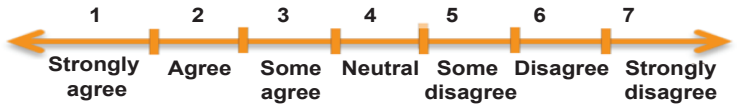

Figure 24: Latent variable scale
Source: Author's elaboration

6.3.3. Descriptive analysis of control variables

Records of this study were kept confidential; thus, participants' names were not disclosed in any identifiable written or verbal context. Data collected in Phase 2 were aggregated into Stata 14 for review and a brief preliminary descriptive analysis that provided general information on all tested variables in each FIC dimension studied in Time 0 (T_0).

As shown in Appendix 1, the two samples, one from the UK and another from Chile, used in the statistical analysis demonstrated that the samples in the UK

and Chile were quite heterogeneous in terms of age, educational levels, ethnic background and other socio-demographic variables. Similarly, the preliminary descriptive analysis also showed that the two samples might be considered as representative of the same population, which provides more reliable and valid measurements of those factors/variables that have influences in shaping people's disabling attitudes in the workplace.

Looking at the outputs, the number of observations for the total sample, i.e. the number of participants from the UK and Chile, were 112 cases, of which 30 were from the UK and 82 from Chile. There were no missing values for any of the combinations tested. The total sample comprised 43.75% males and 56.25% females; all of them were older than 19 years of age and younger than 59 years of age. The sample showed a distribution of individuals across age groups, with 21.43% falling into the younger 19-35 age range, 71.43% into the 36-50 age range and 7.14% into the over 50 age range. There was a similar proportion between single (38.39%) and married (41.96%) participants. However, a majority (66.07%) of participants had at least one child. Nearly 83% of the sample had achieved technical and professional studies, and 48.21% had attained undergraduate education. Likewise, a higher proportion (63.4%) of the sample had annual incomes lower than £20,000. This demonstrated that the sample was fairly educated and had a higher living standard than the average population. In relation to religious preferences, 63.39% of participants declared no religious affiliation compared to 36.61% who reported that they were not religious at all. However, a minority of participants said that they were very religious (5.36%) or somewhat religious (33.04%). In addition, 12.5% of participants showed that they were active members of their religious communities by attending weekly or monthly activities. Finally, the sample showed that 51.79% of participants did not know a person with a disability and the majority of them (76.8%) reported that they did not have any disability or health issues themselves.

On the other hand, for descriptive analysis of ordinal predictor variables, it was more adequate to use measures of frequencies. Indeed, measures of central tendencies did not provide much valuable information (Swerdlik & Cohen, 2005); see Appendix 2 for further descriptive analysis used to check each variable.

6.3.4. Modelling the FIC oprobit model

As argued in point 6.2.4, activators (predictor variables) of a DAC to be included in the FIC model cannot be reduced by using factor analysis and should not be estimated using a linear regression because both techniques are weak when the dependent variable (DAC) is ordinal and discrete, such as with a Likert scale. Hence, in the first step of the FIC modelling process, a total of 450 individual hypotheses were tested using oprobit regression. Consequently, as shown in Figure 25, hypotheses were individually measured by defining the hypothesis that there is a relationship between: (i) the FIC Model's dimensions I, II and III, which grouped a total of 30 different activators (independent variables) and (ii) a Disabling Attitudes Condition (DAC) towards a person with a visual, hearing, physical, mental and/or cognitive disability in a lower, same and higher job position (dependent variable).

In general terms, each activator had an impact on the acceptance or rejection of people with disabilities in the UK and Chilean workplace. Thus, in the first step of the oprobit modelling, a total of 450 hypotheses were tested to validate all those significant predictor variables (activators) to be included in the final oprobit model. Correspondingly, the significance level (α), in order to accept or reject the null hypothesis, was based on the effect size of Type I error and confidence interval estimation. Hence, comparing the p-value to α, if the p-value was less than (or equal to) α, the null hypothesis had to be rejected in favour of the alternative hypothesis. In contrast, if the p-value was greater than α, the null

hypothesis had to not be rejected (Sharpe, 2004). Therefore, activators that show a more positive willingness to work with a person with a disability were accepted in the final oprobit FIC model.

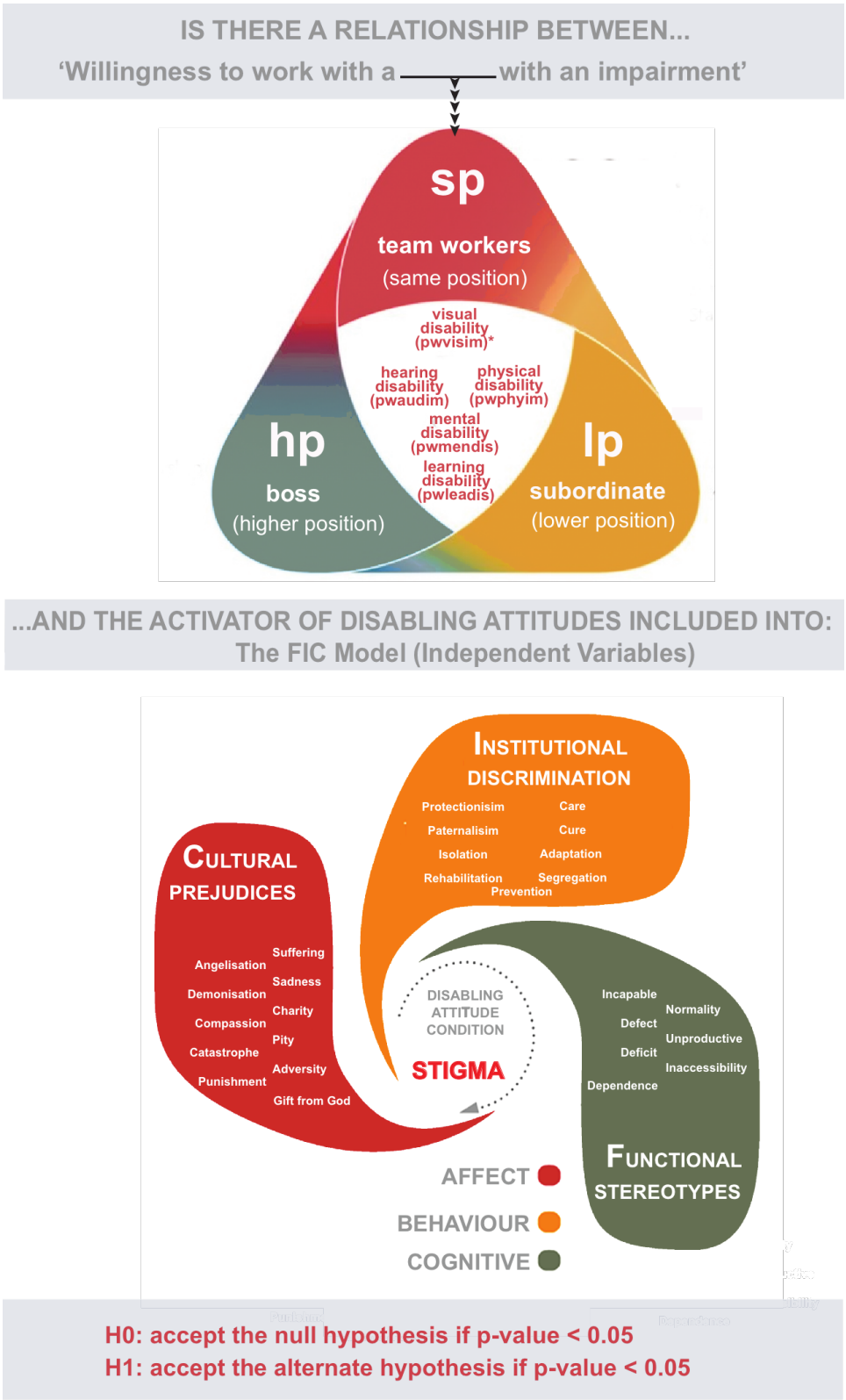

Figure 25: Hypotheses for the three FIC dimensions
Source: Author's elaboration

6.3.5. Summary of preliminary findings

6.3.5.1. DAC towards visual disability

The first group of hypotheses were tested to identify significant predictor variables (activators) that affect the shaping of people's attitudes towards workers with a subordinate (*pwvisim_lp*), a team worker (*pwvisim_sp*) and a boss (*pwvisim_hp*) with visual disability – that is a lower, same and higher job position. As a result, a total of 90 pairs of hypotheses were measured for the three FIC dimensions: Functional stereotypes (F), Institutionalised discrimination (I) and Cultural prejudices (C). Accordingly, significant activators to be included in the final FIC oprobit model were easily accepted or rejected using the p-values (equal to 0.1), which were reported in graphs that summarise each individual oprobit model regression studied for the UK and Chile (see appendices 5-9).

After regressing all hypotheses, the existence of some cross-cultural common patterns was confirmed regarding how bank employees from the UK and Chile have shaped a 'Disabling Attitude Condition' (DAC). However, some of the activators are particular to each country studied, and despite respondents from both countries ensuring that they have positive attitudes towards people with a visual impairment, there was a smaller acceptance of working with people with disability than expected. In the 'F' Dimension (Dimension I) of the oprobit model, both British and Chilean respondents agree that people with a visual impairment should have the same right to work as those without a disability (Workright). However, British respondents appeared to not be willing to work with a colleague who has a visual impairment. Similarly, respondents from both countries think that the barriers that this group faces in the workplace cannot be completely removed and that people with a visual impairment should adapt to the workplace (Removing). On the other hand, the Chileans, unlike the Brits,

indicate that they would accept working with a subordinate who has a visual impairment, since they respect them for being equal to them as a human being (Sameme). In general terms, the Chilean respondents indicate that they would accept working with a visually impaired person if they developed skills to carry out the same daily activities at work as a person without a disability (Workskill). According to the results of the analysis, the Chilean respondents do not believe that visual impairment is a defect (Defect), but they claim that this group is less productive than people without disabilities (Unproductive).

On the other hand, according to the British respondents, their visually impaired colleagues face more barriers in the workplace than people without disabilities, therefore they have more difficulties working (Struggling).

Regarding dimension (II), the letter 'I' of the FIC oprobit model, the Chilean and British respondents indicated that they would agree to work with a friend who had a visual disability (Friendship). On the other hand, Chileans confirm that they think that visually impaired people should work in a protected place (Shelteredjob). Similarly, they ensure that someone who is born or who has a visual disability depends more on the support of their families (Support). On the other hand, Britons consider that people without disabilities tend to be segregated from the world of work (Isolation) and those without disabilities tend to over-protect them in the workplace (protection). Likewise, they state that if visually impaired people had access to rehabilitation, they could better adapt to the world of work (Rehabilitation). On the other hand, Britons believe that visually impaired people should be cured (Cure) and that people born or who have become visually impaired should be prevented from working (Prevention).

Finally, analysing the third dimension of the FIC oprobit model, that is the letter 'C', it is confirmed that both Chileans and British interviewees feel that people with visual disabilities depend on the charity of others (Charity).

Chilean respondents believe that they would accept working with someone with a disability, but that they would be afraid to do so because they do not know

how to deal with them in the workplace (Scare). On the other hand, the British respondents perceive visually impaired people as angels (angels) and have great admiration for visually impaired people who have achieved their goals. Finally, the British indicate that visually impaired people may be experiencing some kind of punishment from God (punishment). (see appendix 5 with detailed graphs)

6.3.5.2. DAC towards hearing disability

The second group of hypotheses measured significant activators related to people's disabling attitudes towards workers with hearing disability who work in a lower (*pwaudim_lp*), equivalent (*pwaudim_sp*) or higher job position (*pwaudim_hp*). Hence, a total of 90 pairs of hypotheses were tested for the three dimensions described in the FIC model. Consequently, oprobit outcomes were interpreted following the same process used for visual impairment.

In this way, the analysis of the 'F' dimension of the FIC model confirms that Chilean and British respondents indicate that people with hearing disabilities have the same right to work as people without disabilities (Workright). However, this group faces barriers that cannot be fully removed and therefore they need to adapt to the workplace (Removing). They should develop skills that allow them to fulfil their daily work activities in the same way as someone without disabilities (Workskill). In this way, Chilean respondents stress that people with hearing disabilities are not able to perform the same tasks as someone without a disability (Unproductive), since they have fewer skills and should be given different tasks than people without disabilities (Incapable). On the other hand, for the British, hearing-impaired people face many barriers that hinder their chances of working (Struggling).

Regarding the 'I' dimension, Institutionalised discrimination, Chileans and British accept that people with hearing disabilities, like people with visual

disabilities, are segregated from the workplace (Isolation). Respondents from both countries indicate that people without disabilities do not know how to work with a hearing-impaired person (Ignorance). Likewise, both Chileans and Britons believe that people with hearing disabilities should access rehabilitation, as this would improve their possibility of adapting to the workplace (Rehabilitation). However, Chileans feel that people with hearing disabilities should be assisted at work so that they can carry out work activities (Assistance) or should work in sheltered places (Shelteredjob). The British state that governments should look for alternatives for people with hearing disabilities to be cured (Cure) and that work should be done to prevent people from being born deaf and from acquiring hearing impairments (Prevention).

On the other hand, in relation to the 'C' dimension, Chileans and Britons think that people with hearing disabilities have a life of suffering. In this sense, the British consider that people with hearing disabilities are like angels (Angel); consequently, the British point out that this type of disability is a constant threat (Threat) and a tragedy (Tragedy) that changes the life of the person who has hearing impairment and that of their families. On the contrary, the Chilean respondents emphasize that they are afraid of interacting with a person with hearing impairment, since they would not know how to react to them (Scare). Finally, they also ensure that people without disabilities should be charitable towards people with hearing disabilities (Charity). (see appendix 6 with detailed graphs)

6.3.5.3. DAC towards physical disability

The third group of hypotheses tested significant predictor variables (activators) that shape people's disabling attitudes towards a worker with a physical disability working in a lower (work_pwphyim_lp), equivalent (work_pwphyim_sp) or higher job position (work_pwphyim_hp). Thus, 90 pairs of individual hypotheses were measured to identify which activators should be included in the final oprobit FIC model.

The result of each of the tests carried out confirmed that the Chilean and British respondents believe that people with physical disabilities have the same right to work as people without disabilities (Workright). In this sense, regarding the 'F' dimension, Britons indicate that people with physical disabilities face many more barriers in the workplace than people without disabilities, making it more difficult for them to carry out their work activities (Struggling). On the other hand, Chilean respondents emphasize that workplaces should be more friendly and accessible (Accessibility). Likewise, Chileans think that barriers in the workplace cannot be totally eliminated, and that it is people with physical disabilities who should adapt to the workplace (Removing). Additionally, the Chilean respondents feel that people with physical disabilities are capable of developing skills that allow them to function at work in the same manner as people without disabilities (Workskill). However, Chileans are convinced that people with physical disabilities do not achieve the same productivity as a person without disabilities (Unproductive).

Regarding the 'II' dimension, Institutional discrimination, both Chileans and British respondents claim to be empathetic to people with physical disabilities (Friendship). The British believe that willingness to work with people with physical disabilities would increase if the government ensured that this group could be cured (Cure). Furthermore, the British respondents stress that people without disabilities tend to overprotect people with physical disabilities when they share a workplace with them (Protection). By contrast, Chileans form their

disabling attitudes towards people with physical disabilities from the belief that this group should be assisted at work (Assistance) and that they would be better working in protected places (Shelteredjob) since they are highly dependent on their families and others around them (Support). Finally, in relation to Cultural prejudices dimension 'C', both in Chile and in the UK they think that people with physical disabilities should live on the charity of others. Also, respondents from both countries allege that they are anxious dealing with people with physical disabilities in the workplace (Scare). Additionally, the British believe that people with physical disabilities are like angels (Angel) and should be admired for their achievements (Admiration), since having a disability is always a threat that makes it more difficult to fulfil the tasks in daily life (Threat). (see appendix 7 with detailed graphs)

6.3.5.4. DAC towards mental disability

The oprobit outcomes of 90 pairs hypotheses tested for measuring the dwillingness to work with a boss (work_pwmencon_hp), team worker (work_pwmencon_sp) and/or subordinate (work_mencon_lp) with a mental disability, and activators of the FIC model confirmed that bank employees in the UK and Chile think that people with mental disabilities should adapt themselves to the workplace if the barriers currently in place cannot be eliminated.

The British respondents suggest that they would be willing to work with people with mental disabilities in two particular situations: the first when they feel that people with mental disabilities are capable of developing the same skills as people without disabilities to carry out their activities at work (Workskill); and the second when they consider people with mental disabilities to be as normal as people without disabilities (Normality). On the other hand, the Chilean respondents indicate that they would be willing to work with people with mental disabilities if the workplaces were more friendly and accessible in order to

receive people with mental disabilities (Accessibility). Similarly, the results show that the Chilean respondents would accept working with people with mental disabilities when they understand this group would not be less productive than colleagues without disabilities (Unproductive), and they do not consider this type of disability to be a defect (Defect).

Regarding dimension II of the FIC model, Respondents in Chile and the UK confirm that they understand this type of disability from different perspectives. In the UK, the respondents emphasize that they would accept working with people with mental disabilities when they are assisted by another person in the workplace (Assistance). On the other hand, the British recognize that people with mental disabilities have a lot of support from their families (Support) and people without disabilities have to protect them (Protection) so they see no reason not to accept them as colleagues, subordinates or even as their superiors. By contrast, analysis of the hypotheses relating to the willingness of Chilean respondents to work with a person with a mental disability and the different activators studied show that Chileans would be willing to work with someone with a disability only if they were a friend (Friendship). Furthermore, Chileans think that governments should promote alternatives that can prevent people from being born or becoming mentally disabled (Prevention).

Finally, in the Cultural prejudices dimension, it was shown that neither the British nor Chilean respondents are willing to work with people with mental disabilities (see appendix 8 with detailed graphs).

6.3.5.5. DAC towards learning disability

The fifth group of hypotheses studied to evaluate all of the activators of the FIC model showed that there were no cross-cultural patterns influencing how UK and Chilean bank employees shape their Disabling Attitudes Condition towards a worker with a learning disability. On the one hand, UK respondents perceived

people with a learning disability to be less capable than able-bodied people to achieve daily tasks at work, therefore they would accept working with people with a learning disability if they do different activities in the workplace (Incapable). The UK respondents also felt that having a learning disability is not a restriction on work (Defect).

On the other hand, the Chilean respondents highlight that they consider people with learning disabilities to be able to work just like any other person without disabilities (Sameme), but acknowledge that they face barriers that could not be removed from the workplace, therefore they would be willing to work with people with learning disabilities if they were able to adapt to the workplace (Removing). Chileans think that people with intellectual disabilities are not as productive as people without disabilities (Unproductive), but they would be willing to work with them if they could develop enough skills to function in the workplace just like any other person without disabilities (Workskill). Consequently, analysing dimension II, Institutional discrimination, the UK respondents highlighted that this type of disability should be cured (Cured), and that in general there is great ignorance about this type of disability (Ignorance), but they feel that this group of people would be better working in protected places where accidents can be avoided (Shelteredjob). By contrast, it seems that the Chilean respondents do not have much knowledge of learning disability because the only relevant activator was that Chileans are willing to work with a friend who has a learning disability.

Finally, in relation to the Cultural prejudices, it was not possible to identify common patterns between Chile and UK. The British understand learning disability as a kind of reward from God (Gift). Similarly, British respondents state that people with a learning disability should be admired for achieving their goals (Admiration), and also stated that people with a learning disability are like angels (Angel). In contrast, Chilean respondents are afraid of relating to people with a learning disability at work (Scare). Additionally, Chilean respondents highlighted that people with a learning disability suffer their whole life

(Suffering), and as a consequence they feel sadness for them (Pity). (see appendix 9 with detailed graphs)

6.5. Conclusion

The first qualitative phase attempts to describe the fundamental process of people with disabilities' social categorization and how it influences thoughts (stereotypes), feelings (prejudices), and behaviour (discrimination) in UK and Chilean workplaces in the banking sector. As a result, linking the findings with the criteria of the ABC model of attitudes informed the development of the FIC model of disabling attitudes. In the second phase, a quasi-experimental design was used to individually measure the extent to which each predictor variable (activator) classified in the FIC model plays a role in forming disabling attitudes at work. In this regard, each activator corresponds to a stimulus that results in a disabling attitude condition (DAC), that is the rejection of working with someone who has a visual, hearing, physical, mental, or learning disability. In addition, each activator fits one of the three dimensions of the FIC model, supporting that people with disabilities are stigmatised simply for having an impairment.

Consequently, the oprobit model served to test correlations between each activator and a DAC, and consequently demonstrated how functional stereotypes, cultural prejudices, and institutional discrimination form disabling attitudes at work. Quantitative findings showed that the three-dimensions described in the FIC model may differ with respect to the origin of how the attitude components are formed (cognitively, emotionally or a balance of both). Attitudes towards co-workers with a disability have a similar result on people’s actions and ultimately lead to exclusion, isolation from social life and lower disposition to work with a person with a visual, hearing, physical, mental and/or learning disability.

Chapter 7: Developing the FIC Model of disabling attitudes

In this chapter, findings from the Phase 1 qualitative analysis and the Phase 2 quantitative analysis are organised and linked to the literature review to validate a new model of disabling attitudes. This model will explain how people's attitudes towards people with disabilities are shaped in the workplace.

7.1. Discussion of Phase 1

In Phase 1, qualitative analysis aimed to empirically examine some of the cross-cultural processes that largely root the experiences that prevent people with disabilities participating within the UK and Chilean workplaces. In contrast to the more traditional approaches to research, disabling attitudes that often contrast disability-related issues at an individual level of analysis (medical model) or at a collective level (social model). This qualitative analysis combined both perspectives, adding an emotional, cognitive, and behavioural attitudinal frame to comprehend the main structure of attitudes behind the disability identity. As noted in the qualitative analysis, disability identity is basically shaped by two main aspects that arise from the pervasiveness of the medicalized designation of *'disability status'* and *'sick role'.* In general terms, foregrounding people's judgments contributed to developing a deeper understanding of how people distort '*disability reality*' across a range of social domains. That is, on the basis of themes inferred in the qualitative analysis, *'disability reality'* simply refers to the way people cognitively judge biological and social characteristics/attributes that they use to describe the life experiences of people with disabilities.

Correspondingly, ‘disability reality’ is a mental representation that individuals construct to develop a disability social category. In fact, able-bodied and people with disabilities, after assessing an impairment, make sense of some emotional, cognitive, and behavioural attributes/characteristics observed as differences arising from having an impairment. In other words, people classify such attributes to allocate them in a frame that accords people with impairments a distinct status apart from able-bodied people. In short, the disability social category mainly results in linking an impairment to one’s ability to carry out day-to-day work activities. In short, the disability social category serves to stigmatise people who have impairments by allocating them a ‘disability status’ and ‘sick role’. Hence, disability stigma is a key point that gives legitimacy to exclusionary practices that are often conceived as a natural way to treat people who belong to a disadvantaged group.

Social categorization has been described as an involuntary process in which individuals are placed, without much thought, into social groups (Crisp and Hewstone, 2007). Put simply, social categorization is considered to be the division of the world into “us”, known as the in-group (non-disabled people), and “them”, known as the out-group (people with disabilities). Consequently, social categorization is used by individuals to classify information about the characteristics/attributes of people who belong to certain social groups, making sense of their social identity and the world to which they belong (McCauley et al., 1995). Accordingly, disability stigma arises from the mere act of categorizing individuals with impairments into the disabled group, 'the others'. A distinct social category that marks the social and personal identity of all those individuals who have cognitive, sensory, intellectual, physical, among other types of impairments. Disability stigma then results in over-generalizing the role of the disabled and able-bodied persons in society, making sense to most discriminatory practices and actions that people with a disability daily experience throughout their life. Indeed, the disability stigma

born from an understanding of disability that puts a strong emphasis on a range of body-functional attributes that most people understand to be 'the absolute truth'. A reality that in some way or another justifies the inferior status assigned to the person with an impairment and largely constitutes the root of discriminatory practices and action towards people with disabilities.

7.2.1. Institutional barriers to disability employment

A general overview of UK and Chilean companies in the banking sector shows that their structures and ways of working are similar. Interviewees from both countries said that the companies they worked for have diverse labour forces and that they take into consideration the fact that their workers are different. The UK and Chilean banks studied were transnational companies whose policies came from the headquarters of the company, and most of them were concerned about equality and diversity issues. However, the Chilean government is less involved in supporting people with disabilities, and Chilean banks are, therefore, less concerned because they do not see it as a requirement like it is in the UK.

In Chile, it was also observed that the inclusion of people with disabilities at work was an isolated fact, mainly associated with social responsibility or the personal will of those who decided to employ them. Companies employ people with disabilities as a way of proving to their workers and customers that they are aware of the social difficulties experienced by people with disabilities. In contrast, it seems that in the UK, disability inclusion is seen as a justice issue and comes from the need to protect people who are in a disadvantaged situation.

7.2.2. Attitudinal barriers to employment of people with disabilities

Interviewees recognized that prejudice 'is a negative and intimidating attitude towards another social group'. However, the main difference between Chilean and British respondents was in the way they perceived workers with disabilities.

This study showed that most of the time, able-bodied people stereotype those with a disability on the basis of judgments which they do not deem as positive or negative themselves (\Richard J. Crisp, 2008). However, these judgements underpin the classification of people with disabilities into mental groups based on negative factors such as lack of ability, restrictions, limitations, and dependence. In addition, I noted that able-bodied interviewees tended to over-generalize their prejudices towards employees with disabilities, having no real knowledge but rather being strongly influenced by TV, media, and charity campaigns, among other influences, which act powerfully to shape public opinion.

As a result, I argue that there is a strong relationship between prejudices and attitudes in the workplace, which arise from seeing people with disabilities as being less productive and inefficient. Such people are viewed as people who need to be assisted and cared for in order to compensate for their inability to carry out activities to the same standard as their able-bodied colleagues.

From the interviews, it is apparent that employees with impairments are strongly stigmatized in Chile and the UK. A commonality between the countries studied is the hierarchy of disability that exists in people's mind. Both Chilean and British interviewees thought of people with mental disabilities as difficult to include at work, and felt that specific roles are necessary for them. On one side of the spectrum, wheelchair users were

seen as people who, in general, may carry out most bank roles, so interviewees did not see any difficulties including them in the workplace. People with visual and hearing impairments are in the middle. Interviewees were unable to figure out which of these two impairments represent more problems in the workplace. Thus, they were not able to think of a role for them.

On the other hand, in Chile and in the UK, perceptions of disability seem to be influenced by religious, moral, and ethical thinking, which comes from communicational campaigns that have attempted to give rise to more positive discrimination against people with disabilities. Thus, interviewees tried to be politically correct when they talked about people with disabilities, and they provided answers that placed negative actions and prejudices towards people with disabilities onto other people rather than themselves.

7.2.3. Cultural, religious, ethical, and moral influences

I observed that interviewees categorized *people with disabilities* with unbalanced thoughts of dependence, compassion, and restrictions, leading to a rather dramatic view of disability. Interviewees unquestionably stereotyped people with disabilities as people with a life full of challenges and complications. In addition, I noted that, regardless of whether interviewees had a religion or not, their thoughts on disability were influenced by feelings that psychologists generally associate with religiosity, spirituality, faith, a moral ethic, etc. With it, disability addresses prejudices and discrimination against people with disability, which they see as positive. Indeed, able-bodied interviewees try to empathize with people with disabilities, although they identify people with impairments as *different*. However, they see their

differences and difficulties as a consequence of their impairments and not their fault.

7.2.4. The *disabled* person

People's attitudes flow from a distorted perception of knowledge and normative attitudes, which are based on the deeper informational influence of 'a social process associated with identification-based conformity' (Hogg & Turner, 1987; J. C. Turner, 1982). In particular, this conformity occurs through sharing a group identity and by acting as part of the group. Some scholars said that 'conformity involves private acceptance of a norm that defines a group in which individuals include themselves and with which they identify' (D. E. Abrams & Hogg, 1990; J. Turner, Oakes, & Paulus, 1989; J. C. Turner, 1991). In fact, conformity to a social identity and group attitudes evolves from individuals who are categorized and identified as group members and who share social comparative information to construct a context-specific prototype, better known as *the norm*, which they use as a guide to their own behaviour as a member group.

In practice, disability is understood based on misconceptions and wrongful representations of a person with a disability that arise from a knowledge perception learnt as *the norm*. However, with respect to disability, the norms or normative attitudes and behaviours are the result of prejudices acquired from reduced interactions with people with disabilities and greater observations of disability experiences in the media, disability campaigns, etc.

In this way, someone who was born disabled or who has acquired a disability is confronted with a situation or stimuli that seems to be significant to him or her. People who are disabled live in an environment where the division between *non-disabled* and *disabled* shapes their experiences. Thus, they

assume these experiences to be reality. As (Lindsay & Norman, 2013) explain, we produce a meaningful world by interpreting and organizing sensations, which sometimes miss what is in reality driven by distorted or entirely wrong norms.

7.2.5. The roles of the *disabled*

Able-bodied people confer the role of *disabled* upon all those who have impairments on the basis of a reality that is divided into those who are normal and those who are not. In addition, this common disability reality drives people's personalities, attitudes, and subsequent actions and behaviours. We are what we do, and these actions are socially influenced and not produced of our free will, so our own actions come from the way in which we interpret the actions of others.

Non-disabled people think of themselves as being substantially different from people with impairments and interpret the reality of disability based on negative prejudices. This normative attitude informs a reality that naturalises social roles for people with disability as active or passive members of society. As such, people with disabilities who have not been able to overcome disabling barriers are often assigned a passive social role of sick, which sees them as people in need of being protected, assisted and cared for. In contrast, people with disabilities who have been able to overcome disabling barriers are allocated a superior status which confers upon them an active social role of a superhero admired and valued by the rest of society.

In response, all people who agree with this reality consciously or unconsciously accept this normative attitude. With it, positive or negative attitudes arise and, as a consequence, those people who agree with the idea of being out of the norm due to their impairment, adopt the role of *sick*. In

contrast, those who reject this reality accede to the role of superhero. These two roles are broadly accepted and respected by able-bodied people.

7.3. Modelling the final FIC model of disabling attitudes

In the qualitative analysis of phase 1, the findings demonstrate that social background, education, social status, and even religious affiliation do not highly influence co-workers' perceptions of people with disabilities. Indeed, in quantitative phase 2, controlling for these variables did not affect the magnitude effects of the activators tested and included in the FIC model. That is, oprobit individual regressions of each activator showed that, regardless of people's social background, educational level and even if they were active members or not of a religious group, had a similar impact on forming disabling attitudes towards people with visual, hearing, physical, mental and learning disabilities. Using data collected to confirm significant relationships between people’s willingness to work with a person with different types of impairments and activators of the FIC model developed confirmed the existence of certain common cross-cultural patterns (activators) forming disabling attitudes. For example, among UK and Chilean respondents, people with disabilities are seen as subjects of charity. The ideological genesis of perceptions and prejudices is based on a biological division that should become more central in theorising and model building. The quantitative findings reveal a lower cognitive understanding of disability and stronger association with emotional feelings and the endorsement of a composite picture of beliefs, feelings, and behavioural intentions that stigmatise people with impairments in the workplace and in all social realms.

As proposed in the FIC model, quantitative findings also indicated that all activators measured, either considered positive or negative, may differ with respect to their origin (cognitively, emotionally or a balance of both), but always drive attitudes towards co-workers with a disability that have a similar result on people's actions and lead to exclusion and isolation from social life.

As explained by researchers, often actions (behaviours) speak louder than intentions; nonetheless, attitude measuring generally tends to be aligned with intentions more than with actions. With this regard, the FIC model proposed that actions towards people with disabilities spontaneously arise from unjustified and uncontrollable feelings as well as myths surrounding cognitive reasoning based on the functional status of how people with disabilities interact with the built environment and negative emotions shared in cultures about having or acquiring an impairment. Hence, it is possible that quantitative findings underestimate or overestimate the activators measured – that is, a relationship between an activator and a DAC (accepting the hypothesis) can be falsely viewed as significant and included in the final FIC model when it actually is not significant or only becomes significant in interaction with another or other activators. In contrast, a hypothesis might be rejected because of the lack of a significant relationship and therefore left out of the FIC model, when the activator should be included because it becomes significant when it acts with a different activator or other activators.

Attitudes and actions are intrinsically connected. Social attitudes towards people with disabilities become meaningful actions socially approved as the norm. For example, in the United Kingdom and Chile, respondents are well aware that there is now legislation to promote the employment of people with disabilities. However, testing the hypothesis to measure if there is a relationship between the activator, named as 'workright', and people's willingness to work with a person with a visual, hearing, physical, mental and/or learning disability, it was confirmed that there was not significant

relation. That is, having the belief that people with disabilities have right to work, it did not contribute to improving acceptance of a person with a disability in an equal job position and a higher job position.

This fact does not mark the end of being stigmatized and feeling unwelcome in the workplace. Unfortunately, comparable scenarios were put forward that those who have diagnostic labels that pertain to sensory, physical, mental, and/or learning impairments are most of the time perceived as people with fewer abilities and intelligence to comply with working activities. Only people who actively work with a person who has a disability agree with the fact that people with a disability are prepared to carry out work activities on a normal basis the same way as someone without a disability. But the problem is that sometimes such people place people with disabilities on a pedestal, like superheroes who are able to overcome all disabling barriers at work and in their personal lives. Therefore, it was expected that when people admired people with disabilities, the activator named "admiration" might increase their acceptance of people with disabilities in UK and Chilean workplaces. However, this hypothesis had to be rejected because this relationship was not as significant as expected.

Quantitative findings showed that attitudes towards people with disabilities in the UK and Chile are slowly changing. However, ten years on from the UN disability convention, people with disabilities are still subjected to disabling attitudes that result in discrimination and other prejudiced actions, although efforts to address the inclusion of people with disabilities in employment and other social realms have involved commissioning strategies that certainly pertain not only to policy and legislation but also to changing the language around, culture, and public image of people with disabilities. Results are going in the opposite direction to the commitment assumed by the UK and Chilean governments after ratifying the UN convention. Using the attitudes' activators toward disability identified in the exploratory qualitative phase 1, and as a

consequence, the FIC model developed in phase 2, most of the supposed progress made to reduce disabling attitudes was measured, and the results were disappointing. The outcomes of dimension 'F' clearly confirmed that willingness to work with a subordinate, colleague, and boss with different types of disabilities did not increase with improving perceptions of the person with a disability as someone capable, productive, and equal to work. The main problem, as the outcomes of dimension 'C' indicated, is the fact that the public image surrounding people with a disability is based on cultural emotions created from the idea that people with impairments are like innocent children, angels and someone extraordinary because they achieve goals that must be granted by society. This view has actually strengthened the division between the able-bodied and the disabled. Indeed, the general overview of how DACs are formed showed that, in both the UK and Chile, activators individually tested are generally going in the opposite direction. So, the cross-cultural public image of disability created over the last few years has actually lowered public acceptance of people with a disability in the workplace rather than increasing it.

Consequently, the final step of my oprobit modelling was to validate the FIC model of disabling attitudes as a whole, that is testing all activators acting together in creating a DAC. Firstly all of the dependent variables used to measure a DAC for different job positions were recoded to group them into one new variable for each type of impairment without making a distinction between a subordinate, a colleague, and a boss whether visual, hearing, physical, mental and/or learning disabilities. Additionally, the new variable was also reduced to five ordered categories from ‘1: strongly agree’ to ‘5: strongly disagree’. Secondly, the oprobit FIC model was built by performing several modelling attempts until a good fit for the data was reached. The specific process was to include significant variables found in the first individual hypothesis test one by one, and then include those predictors which

did not show statistical significance in forming a DAC. So, different combinations of predictor variables (activators), which were shown to be significant in the first step of oprobit modelling process, were tested together to evaluate how this set influenced the formation of a DAC in the UK and Chile. As illustrated in Figure 31, the hypothesis was that activators of the three dimensions of the FIC model, that is 'Functional stereotypes' ('F'), 'Institutional discrimination' ('I'), and 'Cultural prejudices' ('C') impact on people's disabling attitudes towards workers with disabilities in the UK and Chile. Hence, the equation to estimate variables that explain a DAC was defined as explained in Section 8.2.1.1 using an oprobit regression model.

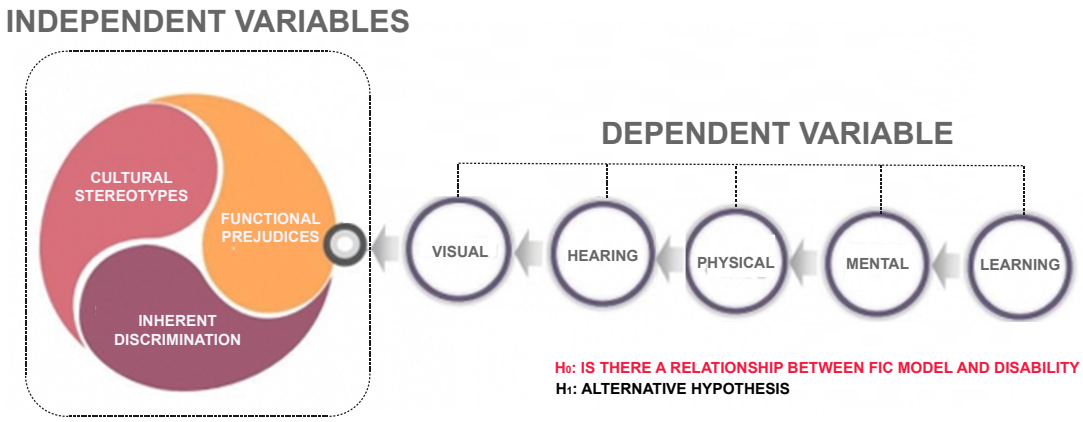

Figure 31: Factor I, dependent variables for testing oprobit FIC
Source: Author's elaboration

7.3.1. Discussion of the final FIC oprobit for visual disability

The estimated results for visual disability showed that, in Chile, as depicted in Figure 32, there was very little evidence that people with visual impairment were felt worthy of pity (*'Pity'*). However, there was a strong tendency to

perceive visual impairment as a defect (*'Defect'*) that prevents people from accepting other people with disabilities in the workplace. In addition, co-workers perceived people with a visual disability to be people who could not carry out work activities normally like other able-bodied workers (*'Normality'*). Visually impaired people were seen as strongly deserving charity, rather than being welcomed in the workplace. Similarly, there was a strong feeling that people with a visual impairment require stronger family support, but having this family support did not increase others' willingness to work with them. Perceptions of people with a visual disability are not understood as a major problem regarding people's capability, productivity and skills, given that these predictors were not significant in increasing the acceptance of people with a visual impairment at work. There was no discernible tendency to view a visual disability as an issue that requires protection by government or society, however in general people were not willing to work with a visually impaired person. Poor knowledge of visual disability was perceived as a mild problem, suggesting that visual disability is something that co-workers do not understand completely. In contrast, in the UK, as portrayed in Figure 33, people with a visual disability were strongly perceived from an angelic point of view and with feelings of admiration. Surprisingly, having a visual disability was also strongly perceived as resulting from bad karma or a punishment from God. Similarly to Chile, inadequate government support and society protection was thought of as a mild problem that people with a visual disability face. Finally, there was very little evidence that people with visual disabilities were regarded as the same as able-bodied workers and they were not considered to be people who faced more disabling barriers in the workplace compared to those with other types of impairment such as hearing, mental and learning disability. In short, outcomes in the UK, unlike in Chile, confirmed that disabling attitudes towards people with a visual disability were strongly formed by a negative rationale that addressed visual disability as a 'defect' or

'abnormal' (functional stereotypes), contrary to the UK where people's disabling attitudes towards visually impaired people were strongly shaped by emotional aspects described in Dimension 'C' (cultural stereotypes) rather than, paradoxically, aspects associated with the cognitive and behavioural dimensions (F and I), which did not show evidence of having an impact on forming DAC in the UK workplace.

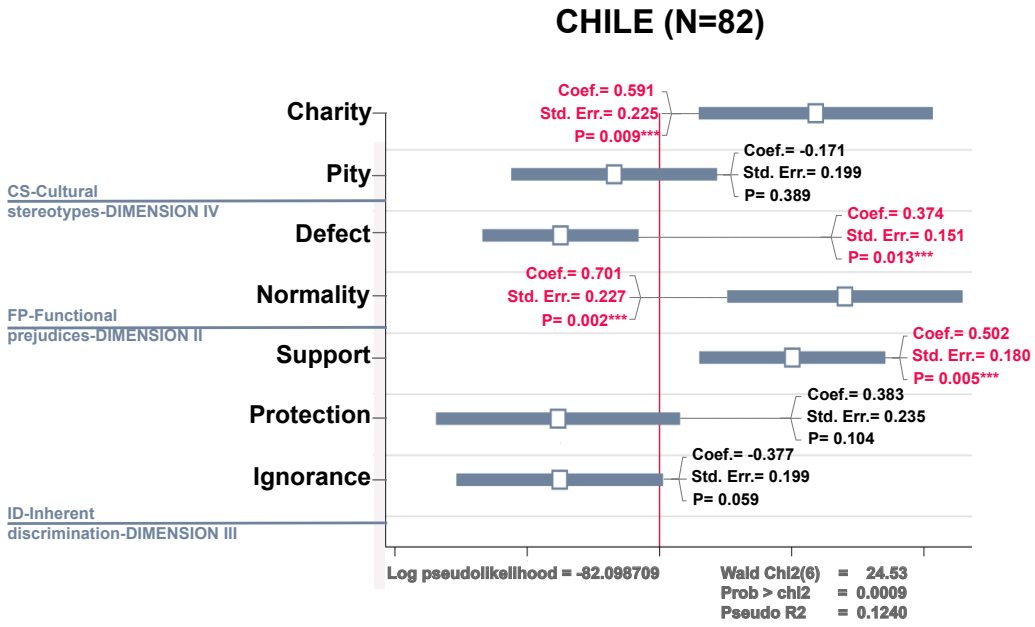

Figure 32: Oprobit FIC model for visual disability, Chile
Source: Author's elaboration

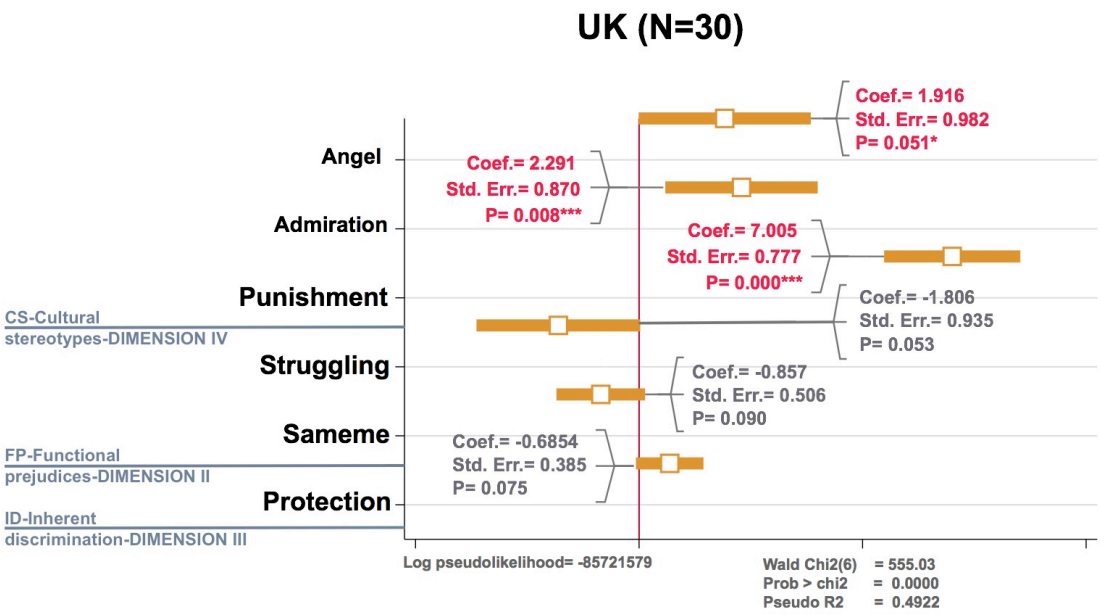

Figure 33: Oprobit FIC model for visual disability, UK
Source: Author's elaboration

7.3.2. Discussion of the final FIC oprobit model for hearing disability

The final FIC oprobit model in Figure 34 made it clear that, in Chile, people recognised that an inaccessible workplace affected the work performance of people with hearing impairments (*'Accessibility'*). However, they are not willing to work with them. People with a hearing disability were strongly perceived as objects of charity (*'Charity'*) who needed to be assisted by others in the workplace (*'Assistance'*). Yet, there was very little evidence of co-workers accepting to work with a person with a hearing impairment. Co-workers in general felt pity, compassion and/or sadness for workers with hearing impairments, but these emotional prejudices resulted in rejecting them from the workplace. Furthermore, people with a hearing disability were not seen as worthy of admiration (*'Admiration'*). Remarkably, people with

hearing loss were not associated with perceptions of someone who normally carried out work activities, and/or someone who is a gift from God for the family.

On the other hand, in the UK, as shown in Figure 35, the results elucidated that people with a hearing disability were highly seen as angels (*'Angel'*) who needed charity from other workers in the workplace (*'Charity'*). Likewise, people felt scared to work alongside people who had a hearing impairment in the workplace ('*Scare'*). Moreover, despite the fact that people thought that individuals with hearing loss have to be admired for their achievements (*'Admiration'*), there were strong feelings that disability is a threat and a tragedy for those who have a hearing disability, as well as their families (*'Tragedy'* and *'Threat'*). In the same vein, other insights of the FIC model recognised that relevant DAC experienced by people with hearing loss were linked to the need to remove disabling barriers and a lack of knowledge about how to treat people with hearing disabilities. Notably, people neither believed that hearing-impaired people faced more disabling barriers in the workplace nor was any particular attention paid to issues related to preventing or curing hearing disability. As a result, all these of activators did not increase participants' willingness to work with a person with a hearing disability; on the contrary, the evidence showed a low disposition to accept a person with a hearing impairment at work.

In general terms, comparing Chile and the UK, the best fit for the oprobit model confirmed that bank employees in Chile shaped their attitudes towards workers with hearing disabilities based on cultural values (Dimension 'C') and beliefs (Dimension F) that tended to treat hearing-impaired people as needy and disadvantaged (Dimension I). In contrast, disabling attitudes in the UK were mostly influenced by dimension 'C', which resulted in recognising the need to remove disabling barriers and a lack of knowledge regarding how to treat or address people with hearing loss (Dimensions F and I). In the UK,

there was also a low disposition to work with people with a hearing impairment.

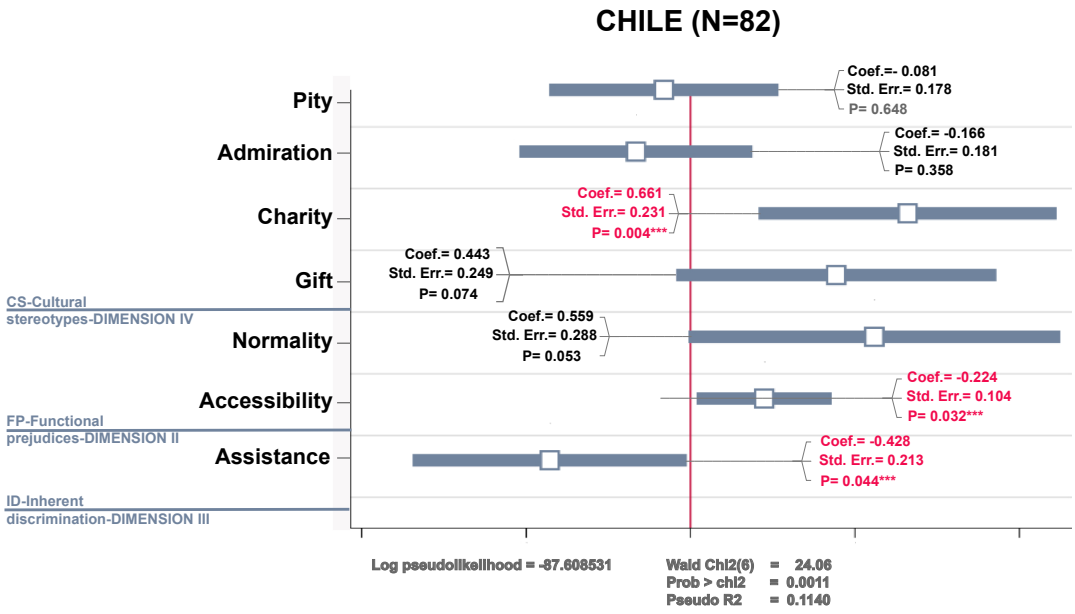

Figure 34: Oprobit FIC model for hearing disability, Chile
Source: Author's elaboration

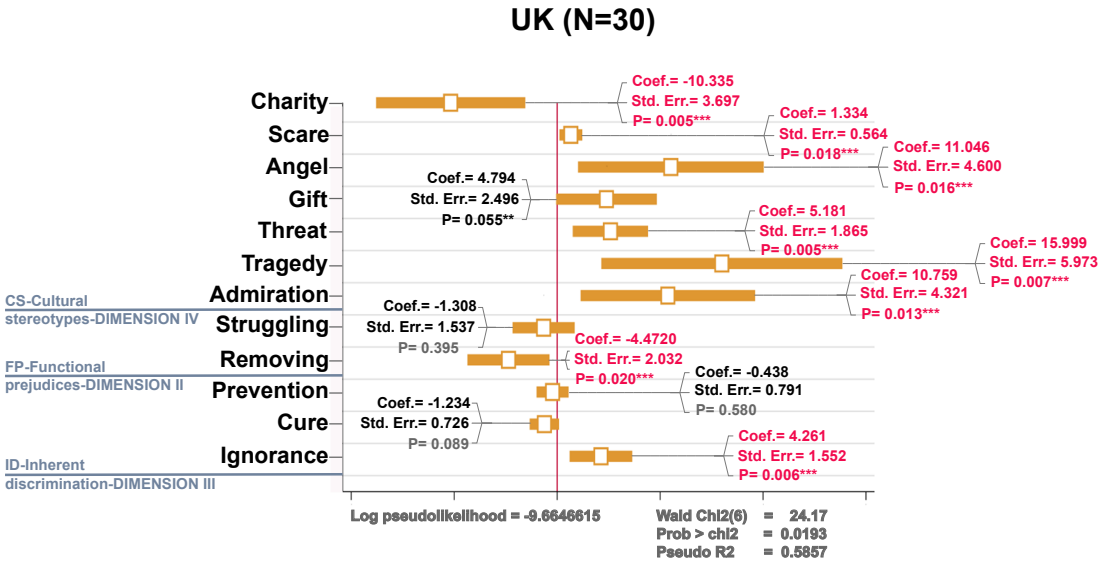

Figure 35: Oprobit FIC model for hearing disability, UK
Source: Author's elaboration

7.3.3. Discussion of the final FIC oprobit for physical disability

In Chile, the outcomes from the FIC oprobit model in Figure 36 demonstrated that people with physical disabilities were perceived as people who strongly needed charity from other workers as well as family support and government protection to work. Furthermore, there was no evidence that physical disability was perceived as a punishment from God or bad karma as individual tests showed in the first step of modelling process. In contrast, there was a slight tendency to think of people with physical disabilities as people who are 'abnormal' – that is, they are not able to normally interact with the built workplace (*'Normality'*). Remarkably, the FIC model also confirmed that, although Chilean bank employees did not believe that people with physical disabilities were equal to themselves, they recognised that workplaces were inaccessible for people with a physical impairment (*'Accessibility'*).

In contrast, as depicted in Figure 37, in the UK there was no evidence that people with physical disabilities were seen as gifts from God and/or people who deserve charity from others in the workplace. The UK bank employees did believe that people with physical impairments have to be admired by able-bodied people. However, none of these activators increased the participants' willingness to work with a person with a physical disability. On the other hand, the UK employees' attitudes were the result of poor knowledge of physical disability, as well as a strong belief that the government has to protect people with disabilities. Correspondingly, there was no evidence that curing a disability or access to rehabilitation affected the acceptance of people with physical impairment in the workplace.

Hence, in summary of the main findings from the FIC oprobit model, Chilean employees largely formed DAC towards people with physical disabilities from a rationale that addressed wrongful beliefs about people with disabilities as being not normal or equal to other able-bodied workers (Dimension F). Consequently, this rationale resulted in emotions that guided charitable views (Dimension C) and behaviours associated with the assistance and protection of people with physical disabilities (Dimension I). In contrast, UK bank employees' attitudes were highly influenced by a combination of an emotional aspect that addressed people with physical disabilities with admiration, an emotional rationale guided by a lack of knowledge about physically impaired people, and a behavioural component that resulted in perceptions of protection as a key factor in rejecting people with physical impairments from the workplace.

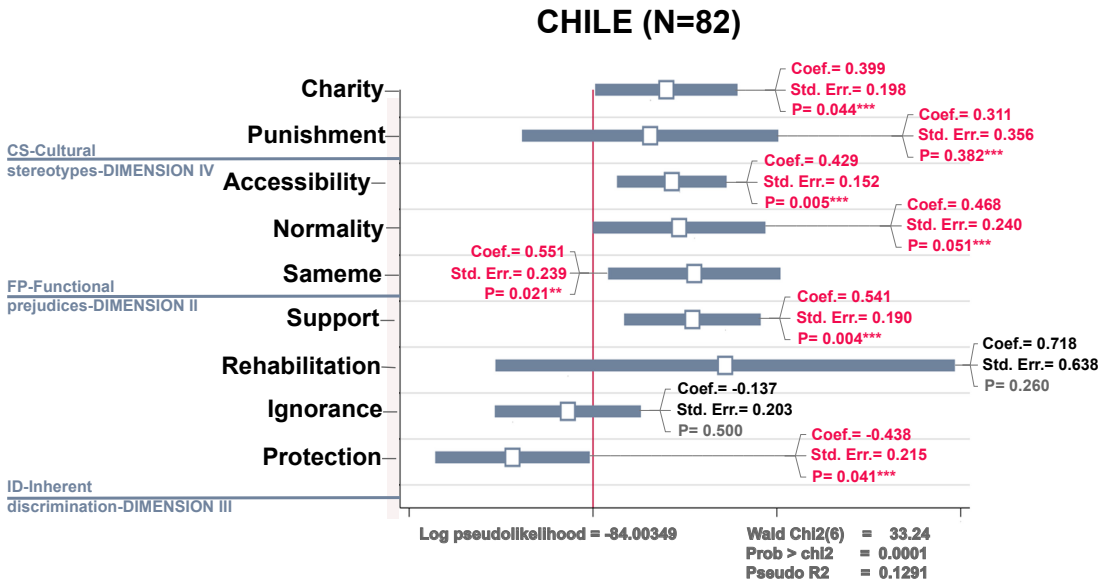

Figure 36: Oprobit FIC model for physical disability, Chile
Source: Author's elaboration

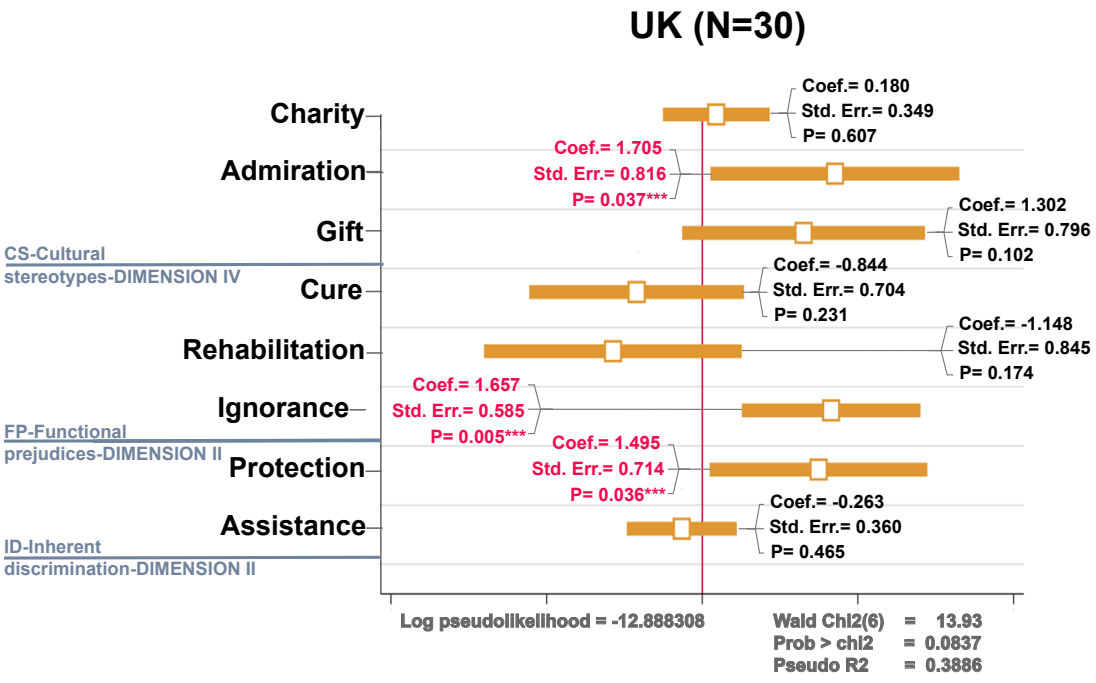

Figure 37: Oprobit FIC model for physical disability, UK
Source: Author's elaboration

7.3.4. Discussion of the final FIC oprobit model for mental disability

The estimated FIC model for mental disability in Chile, as summarised in Figure 38, confirmed that there was strong evidence that people with mental disabilities were viewed from a charitable perspective, similarly to visually, hearing and physically-impaired people, which showed that people were not willing to work with a person with a mental disability. In addition, there was very little evidence that mental disability was thought of as a tragedy but rather people with mental difficulties were perceived as people who always suffered throughout their lives. Likewise, mental disability was not thought of as a threat for people or their families. Nevertheless, it was understood as a mild problem of normality emerging from a mental impairment that was seen as a defect. Moreover, the Chilean bank employees generally did not believe that people with mental disabilities lived isolated or segregated lives or needed to be protected by the government. In contrast, the FIC model in Figure 39 revealed that perceptions of people with mental disabilities in the UK arose from strong angelical perceptions and even a belief that they were a gift from God. Mental disability was perceived as a tragedy and a threat. Remarkably, people with mental disabilities were seen as people who depended on their families and the government. Likewise, there was no evidence that considering a person with mental disability as a normal person had an impact on accepting them in the UK workplace, because there were strong beliefs that mentally impaired people were less capable of working. Notably, a lack of knowledge about mental disability and inaccessibility was accepted as a serious problem with regard to accepting people with mental difficulties in the workplace.

In Chile, generally speaking, DAC towards workers with mental disabilities mainly came from cognitive thinking about mental impairment as a defect.

This led people to believe that people with mental impairment were deserving of charity from others, increasing their rejection from the workplace. Particularly, they were thought to be people who always suffer throughout their lives, but workers were not willing to accept them at work in order to change this situation. On the other hand, in the UK DAC was formed via a mixture of cultural values, a wrongful rationale and behaviours that led to the rejection of people with a mental disability in the workplace.

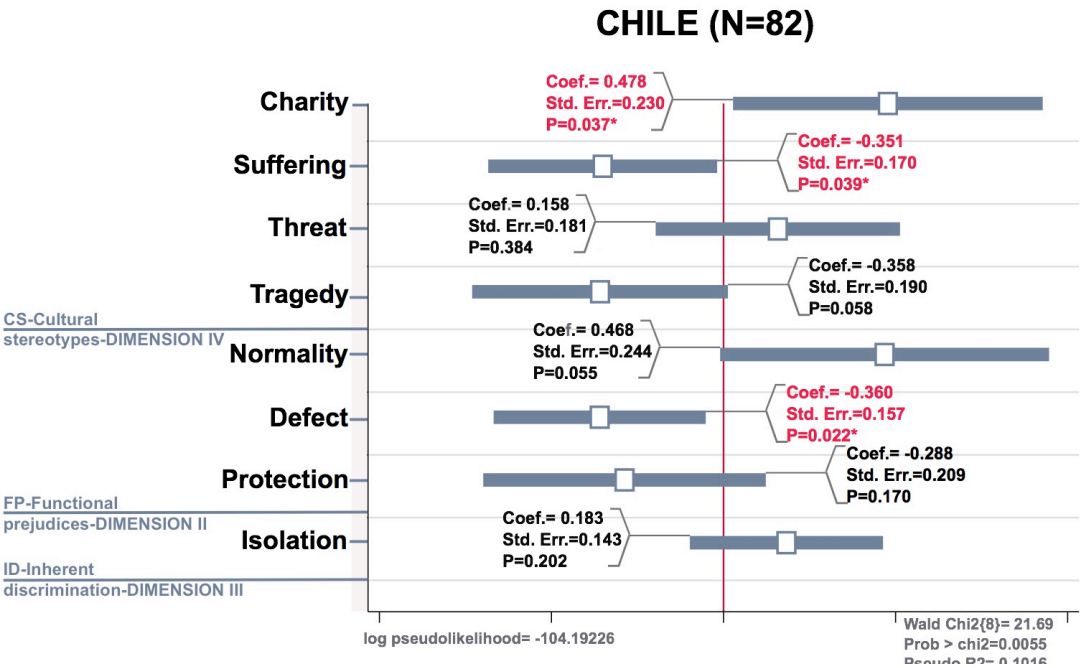

Figure 38: Oprobit FIC model for mental disability, Chile
Source: Author's elaboration

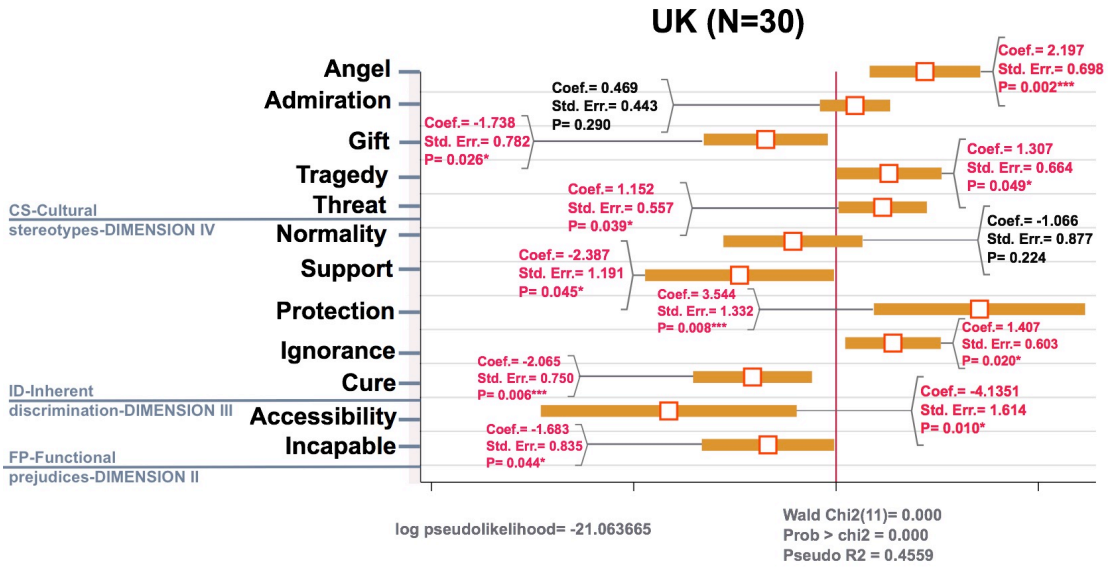

Figure 39: Oprobit FIC model for mental disability, UK
Source: Author's elaboration

7.4. Conclusion

In the current research, the FIC model developed differs from previous models by explaining people's attitudes towards people with impairments by making sense of the ABC model of attitude structure. Using the oprobit model helped measure the relationship between a given set of predictor variables and the formation of disabling attitude conditions (DACs). The oprobit model is a robust statistical technique, which served to obtain deeper and rigorous insights into how each of the three dimensions of attitude structure, affect, cognition and behaviour impact upon co-workers' willingness to work with a person with disabilities in the UK and Chilean bank sector.

The study's findings demonstrated that disability is conceptualized from biased and wrongful representations that drive social categorizations, which arise from the strong division between 'able-bodied' and 'disabled' people.

The findings showed that able-bodied co-workers had a low disposition to work with a person with an impairment, and their willingness decreased even more among people with mental and learning disabilities.

In this study, the ordered probit model was used to examine the influence of a set of predictor variables in relation to the formation of a disabling attitude condition (DAC), i.e. functional stereotypes, institutional discrimination and cultural prejudices that impact upon co-workers' willingness to work with a person with a visual, hearing, physical, mental, or learning disability. The results suggest that in the Chilean workplace, DACs are mainly formed by perceiving a visual impairment like a defect or abnormality, and a belief that employees with a visual disability need to be supported by their families, government and charity. With regard to hearing impairment, there are significant relationships between some cultural prejudices and a DAC. Indeed, Chilean co-workers believed that a person with a hearing disability faces disabling barriers due to an inaccessible environment, thus employees with hearing impairments must be assisted at work. In general, Chilean co-workers confirmed to have stronger stereotypes, prejudices, and discrimination against people with a physical impairment rather than people with a mental or learning disability who are viewed with pity and fear, as people who suffer, and as people in need of charity and support.

On the other hand, in the UK, the model estimation confirmed that DACs towards people with a visual disability are only influenced by cultural stereotypes. That is, UK co-workers, regardless of their level of education, social background, or religious affiliation, see visually impaired people as angels who must be admired, and as people who have been punished by God or are living with karma. Additionally, DACs towards employees with a physical disability are influenced by a recognition of their own ignorance about disabling barriers, admiration towards this group, and a feeling of overprotection by society. The highest stigmatization was observed for

hearing, mental, and learning disabilities; all of the findings presented above are consistent with the hypotheses, and most activators tested showed a significant influence in relation to forming DACs towards people with hearing, mental and learning disabilities in the UK workplace.

However, some of these findings merit further research. Indeed, it is interesting to find that the FIC model better explains how DACs are formed in the UK than Chile. At first glance, this result might be controversial, but I believe that it demonstrates that Chileans have a tendency to respond according to socially accepted norms, which have been imposed by years of Telethon campaigns, which show people with disabilities as subjects who need to be supported by the charity of others. These campaigns made invisible the real disabling barriers and difficulties faced daily by people with disabilities.

CHAPTER 8: Conclusion.

This thesis set out to answer the question “How do co-workers’ judgments towards people with impairments impact on workplace inclusion in the UK and Chile. This research question was outlined in Chapter 1,(section 1.7) and investigated by using a two sequential phase mix method design. As a result, in the qualitative analysis in Phase 1, it was possible to construct a new model comparing the disabling attitude conditions (DAC) between the UK and Chile, which were used to understand that, in general, attitudes are formed by functional stereotypes and cultural prejudices, which are associated with people’s tendency to see people with impairments as less capable, more dependent, and essentially less autonomous due to their impairment. In this phase, it was discovered that people were unable to recognise their inherent bias towards people with disabilities and do not see anything wrong about their behaviour towards people with impairments. In fact, in this study, it was suggested that being an advocate of positive discrimination towards people with disabilities was considered a good thing, for example, admiring people with disabilities and putting them on a superhero pedestal for achieving what would be considered a “normal” task or achievement such as finishing school or working. Another example observed was when non-disabled people declared that they had no qualms with working with a person with disability yet, in their experience, they had never worked with an individual with a disability and expressed no interest in working with a person with disabilities in the future because they were seen as less qualified work candidates within the banking sector.

Another interesting aspect uncovered in this phase was that people are able to understand that there are environmental barriers preventing people with disabilities from working or even leading an autonomous life. One example was that it was recognised that workplaces were inaccessible to people with hearing impairments but that there had been progress in removing barriers for

wheelchair users in recent years. Many participants emphasised that they knew little about disability and, moreover, were unaware of the differences between different forms of disabilities. They also pointed out that if they had more information on the subject, they would better understand how to work with someone who, for example, has a visual or hearing impairment. Phase 1 effectively answered Q1 (see Chapter 1, section 1.7) permitting the development of a new model which can explain how people's attitudes towards people with disabilities impact on inclusion at work. This model stems from three principle components associated with the ABC model of attitudes: functional stereotypes, institutional discrimination, and cultural prejudices (FIC model).

In Phase 2, through the oprobit regression model, the FIC model was statistically validated using an online survey. The strongest takeaway finding from this phase were the similarities and differences between Chile and the UK with respect to attitudes towards people with disabilities. Both countries revealed that the affect component (functional stereotypes) of the FIC model best explained attitudes towards people with disabilities. In the UK, while there was variation among the predictor variables and the different forms of disabilities, the strongest overall motive in forming attitudes towards people with disabilities was admiration whereas in Chile the strongest drive was charity. Notably, it was observed that in the UK people recognise barriers which prevent more effective inclusion in the workplace, which were not associated with people's impairments but with the environment. In Chile, on the other hand, barriers were seen to be mostly a consequence of people with disabilities being unable to adapt to the built environment.

After developing and statistically testing the FIC model of disabling attitudes, the next and perhaps greater challenge is to validate that the model effectively serves to change negative attitudes towards people with disabilities

in the UK and Chilean workplace. The FIC model suggests that people with disabilities are facing enormous barriers that arise from the value given to emotional considerations of people with disabilities rather than an adequate rationale about how an impairment impacts upon a person's functionality and life experiences. Finding different, more positive ways to represent people with impairments may not necessarily result in greater inclusion of people with disabilities in the workplace but rather produce different types of stigmatisation. The FIC model showed that regardless of the nature of the impairment, people have largely shaped their attitudes from messages that attempt to guide positive actions towards people with disabilities, but such practices are not going in the correct direction, and are on the contrary reinforcing ideas regarding the strong link between a person's impairment and their ability to carry out daily activities. Perhaps, because most messages in favour of disability inclusion come from organisations that need to fundraise money to provide services (e.g. rehabilitation and accommodation) for people with different type of disabilities, they appeal to the wrong emotions and rationales that finally place the impaired person in a superior status rather than as a person with the same rights as their able-bodied peers.

Despite this fact, the FIC model provided evidence showing that some progress has been made with regard to accepting people with disabilities. Yet, the greater question is how actual functional stereotypes and cultural stereotypes reflect on actions and behaviours. Is so-called 'positive discrimination' what people with disabilities need to feel included into the social mainstream? Clearly, the FIC model suggests that positive discourse has been integrated into people's cognition, but has not effectively tackled the inequalities and lack of opportunities faced by people with disabilities. Therefore, future researchers should seek to carefully understand how to change attitudes by carefully treating each DAC aspect described in the FIC model.

The FIC model offers a scheme to understand the integrated processes involved in shaping disabling attitude conditions (DAC) that encompass three different levels of how individuals form their attitudes. The first, cognitive-functional stereotypes, refers to people's thinking and rationale of people with a disability. The second, behaviour-institutionalised discrimination, corresponds to the way in which people behave and act towards people with disabilities. And the third, affect-cultural prejudices, relates to emotions, values, and feelings. Knowing these three dimensions can make it easier to create effective societal change. That is, any intervention designed to address an attitudinal change can be better targeted from a clear range of choices depending on what we are looking for, reducing the observed dichotomy between reflective and reflexive behaviours, and explicitly incorporating social influences and cognitive biases. So further research should be done to seek different kinds of activators that target those aspects of attitudes which are automatic in nature (emotions) and those which are reflective (thoughts). By understanding how people shapes a disabling attitude promoting effective it will be possible to expand the current knowledge on attitudinal change in order to create effective strategies to promote behavioural change over the long term rather than only a intention to change attitudes.

8.1. A new discourse from the FIC model

People with disabilities are part of a disabling world simply because their non-disabled peers make no attempt to bear them in mind (C. Barnes, 2011). Non-disabled people hold a supporting rationale for their perceptions of disability which are based on more positive feelings than years ago when disability was understood from a perspective of compassion, fear, suspicion and prejudice (Levitas et al., 2007). However, the FIC model proposes that perceptions of

disability are more shaped on the grounds of functional prejudice, institutional discrimination and cultural stereotypes that lead to disabling attitude conditions (DAC). Likewise, in this study, DAC perceptions constitute the starting point to generate a positive attitude change that decreases disabling barriers faced by people with disabilities in the workplace. As a result, the FIC model offers a framework to make appropriate decisions to overcome discrimination against workers with disability.

In this way, the FIC model serves to design an adequate discourse that promotes and motivates a wider knowledge of disability. The key message must emphasise diverse ways of functioning that are not necessarily right or wrong but simply different ways to achieve a work activity. Once this knowledge is gained and accepted, the workplace could be better designed from a more inclusive point of view, diminishing not only physical barriers but also attitudinal barriers to full participation. Real social inclusion would be best understood by looking at a person's functionality when interacting within their physical environments in restrictive circumstances rather than focusing on the inability of imperfect bodies to function normally. As Siebers (2008) states, "if the world was designed by a wheelchair user, the world would not have staircases and steps".

Positive discourses concerning disability will arise by creating an awareness of the barriers imposed by an unfriendly and disabling workplace, therefore enabling people with disabilities to fulfil their work-related tasks (C. Barnes, 2011). The goal must be to reduce the levels of exclusion which people with disability experience at work by shifting the focus away from believing that the workplace has to be adapted for the person with a disability to a broader perspective which actually aims to reduce the exclusion barriers that people with disabilities encounter (J. Clapton & J. Fitzgerald, 1997).

8.2. Re-learning disability

The controversial division of non-disabled and disabled is a conceptual and ideological way of interpreting the reality of disability, which perceives disability from normative attitudes and behavioural stances and largely produces ideas of stigmatization, exploitation and exclusion. As a result, regardless of the disability model that people supposedly stand their thoughts about people with impairments they give power to 'normality', leaving out all those who do not belong to the average range of the population that, for several reasons, have difficulties interacting with the built environment. In general terms, the social model has not been sufficient to encourage better understanding of being a person with disability. Instead if we want to reduce disabling barriers to move towards a more human rights-based approach, as required by the UN convention, it seems that we will need to develop a new approach that incorporates a different cognition of disability and that creates more balanced feelings and thoughts in relation to disability.

This study suggests that prejudices towards people with a disability fail to grasp the reality of people with disabilities and even enable both exaggerated negative and positive views of 'normative attitudes' or actions that come from someone with disability. People's attitudes towards disability are strongly influenced by the medical and social understandings of disability. However, it seems to be that attitudes towards disability are the result of certain configurations explained by other factors that have not been considered yet. Indeed, in this study it was considered that by understanding these factors, it is possible to comprehend why people with a disability are viewed in terms of where they rest on a binary model of disability reality – a reality where individuals are seen as burdens (dependent) due to their impairment, or

another side where people are responsible for creating their own normality, which is seen as an exemption (superhero).

As such, we should support a new image of people with disabilities that stems from the idea that all group members are in the same position or status, accepting and respecting that we are all different and have diverse in/abilities to interact with the built world around us.

8.3. Identity Stigma

This study points out that the level of stigmatisation that people with disability experiences in their daily lives come from many factors such as able-bodied people's belief that people with a disability should adjust or compensate their abilities to be considered "as normal", that is people with disabilities need to lie "within normal ranges of behaviours for a person at a particular chronological age" (J. Bichard, Langdon, & Coleman, 2007).

To date, a person's degree of disability is assessed by medically measuring a person's body and mind's in/ability to carry out daily activities (M. Oliver, 1996). Although this assessment has improved over the last few years (after the new definition of disability was put forward by the World Health Organisation in 2001), such assessments still struggle define people's degree of disability according to types of impairments (Watson & Shakespeare, 2001). Many researchers have highlighted that people have abilities to adapt themselves to the disabling world (C. Barnes, 2011), but when this is not possible, an assistive device or assistive technology may help to improve their functionality (M. Oliver, 1996). As such, the most logical consequence is that a person's degree of disability should decrease for improving levels of

functionality to interact with the built environment (Watson & Shakespeare, 2001).

When functionality stigma is assessed, exclusion barriers that restrict a person's interaction with the built environment should be countered. The emphasis should be put on three broader factors: a person's functionality, existing environmental barriers, and restrictive circumstances. We must understand that restrictive circumstances correspond to situations in which a person may have more or less difficulty carrying out an activity due to other factors, often environmental barriers, that restrict their functionality. For example, in general, a person with a hearing impairment knows that people around her/him will have fewer communicational problems than them. However, if that same person is trying to communicate with someone who has never interacted with a hearing-impaired person before, their level of functionality will depend heavily on the other person's ability to communicate with a person with impaired hearing (circumstance). As such, if both know sign language, the person with hearing impairment will not have a functional restriction, but if none of them know sign language, they will need other strategies to communicate with each other. Yet it cannot be said that the person with a hearing impairment is someone who has a reduced functionality because the other person doesn't know how to communicate with them either. Another example is one of a visually impaired person who travels from her/his home to work every day and therefore does not have functional restrictions because s/he knows her/his route well. In contrast, if they have to visit a new building, they will face new unknown disabling barriers that will reduce their functionality, thus their mobility functionality will be restricted according to their ability to develop strategies to travel to and around a new location.

In the view of researchers, a medical assessment does not measure the real degree of disablement. In addition, it helps to stereotype people with disability

according to their impairment without considering other factors involved in people's restrictions. Therefore, those who possess visible impairments are seen as more disabled than those who have an invisible disability, despite the fact that invisible disabilities can also result in a person experiencing serious problems functioning normally on a daily basis (Joachim & Acorn, 2000). For example, a wheelchair user seems to be more disabled than a person with a learning disability, and a blind person more disabled than someone who is deaf.

However, if we assess functionality stigma from a broader view where the context, environment and circumstances influence the degree of disablement, the degree of disability will not depend on the impairment. From this viewpoint, a wheelchair user will be more disabled in the workplace than a person with visual or hearing impairment if, for example, toilets are not accessible to a wheelchair. However, a person with hearing problems will be more disabled in the workplace than a wheelchair user if, for example, fire alarm sounds.

Thus, it could be said that functionality stigma would decrease if built workplaces were more user-friendly and accessible, but also if restrictive circumstances were understood to a greater extent. By understanding restrictive circumstances, disability discourses might focus on making people aware of what functionality stigma is and how people with disabilities could improve their interaction with the built environment because positive attitudes towards people with disability would increase. As a result, the emphasis should be placed on an individual's distinct abilities that they have developed to cope with and carry out normal day-to-day working activities in distinct restrictive circumstances despite, for example, their lack of mobility or reduced vision and hearing (B. Loy & L. Carter, 2007).

This research has revealed numerous factors that influence and drive attitude shaping when it comes to perceptions of people with disabilities, specifically in the workplace. It is essential to dismantle stigmas in those perceptions in order to allow people with disabilities to properly integrate into society. Hence, it is crucial for future research to re-think and validate the FIC model of disabling attitude to account for other activators that may also impact on developing DAC. In addition, it would be recommended to make future researches for each type of disability in separate studies. This is necessary to clarify which variables indeed have a true impact in terms of shaping attitudes. Ultimately, one suggestion for future research would be to replicate a similar study with children as they have fewer prejudices regarding abilities and supposed dependency than a person with disability may encounter among older people. This may potentially shed light on how early intervention in shaping attitudes towards disability can be more effectively addressed.

Appendix 1 : Questionnaire Phase 1

Q.1. Age

Q.2. Gender

Q.3. Marital Status

Q.4. Daughter/son

Q.5. Occupation

Q.6. Time working for the company

Q.7. Do you know if this company has a program and/or policy to hire people with disabilities? And policies in diversity and equality?

Q.8. Do you work with someone with a disability? Yes: what type of disability?

Q.9. Do you have a long-standing physical, sensorial, mental health condition or any other disability? By longstanding, I mean anything that has lasted at least 12 months or that is likely to last at least 12 months?

Q.10. Do you know, approximately, the number of people with disabilities in this country? and What types of disabilities do you know?

Q.11. Generally speaking, do you think there is a lot of prejudice against people with disabilities?

Q.12. Do you know of someone with disability who is successful in their work? Why do you think he/she has been successful? If not, why?

Q.13. Have you shared with someone with disability? In what context? Are you close with this person?

Q.14. How comfortable or uncomfortable do you think you would feel if you shared job responsibilities with someone who is disabled? xample: mobility, cerebral parsley, depression, language or learning difficulties, partially sighted, deaf, etc.

Appendix 1

Q.15. Thinking about people with disabilities in general, do you think they can lead as full a life as non-disabled people? If not, why?

Q.16. Thinking now of a different situation, how do you think you would feel if one of your close relatives were to marry and have a family with a person with a physical disability, a sensory impairment, such as being partially or fully blind, or partially or fully deaf?

Q.17. What type of assistance do you think people with disabilities need? Will these assistances be different or same according to the types of disabilities and severity?

Q.18. Do people with disabilities have more difficulties to work? Why?

Q.19. Should people with disabilities work or be protected by governments and their own families? Why?

Q.20. In terms of responsibilities and types of day-to-day work, do you think someone with a disability is able to do it well? Or do they have restrictions to be successful in these functions? If you see some restrictions, what are they?

Q.21. If you think of your daily work tasks, what restrictions do you see a person with disability will have to achieve it? I mean do you think a person with disability would be able to do you work as the same standard than you? why?

Q.22. Do you regard yourself as a religious person?

Q.23. Do you pray often?

Q.24. Do you regularly attend a worship service?

Q.25. Are you an active member of your religious community?

Q.26. How important is religiosity for you?

Q.27. Do you find answers to overcome difficulties in your faith?

Q.28. Do you feel secure in your faith?

Q.29. Does your faith lead your actions and whole live?

Appendix 1

Q.30. Would you mind explaining to me if people with disabilities are accepted by your community? Why or why not? Does your community support them?

Q.31. Do you think charity organisations have something to do about disability? I mean do you find it helpful that charities support people with disabilities.

Q.32. What do you personally think about people with disabilities?

Q.33. Do you think facilities in your company are prepared for a people with disabilities? chair, computer, corporate software, Why? Any disability? cabinet, etc.

Q.34. Have you noticed if the information is in an accessible format for all workers?

Q.35. How would you communicate with someone who for example is deaf?

Q.36. What kind of help would you offer to someone blind or deaf? Have you been you trained to work with someone who has a disability?

Q.37. What type of barriers can you identify?

Q.38. Is it hard or easy to move around the bank? How is for costumer with disabilities?

Q.39. Do you think is possible to create a more inclusive organization?

Q.40. What about technology? Do you think people with disabilities have problems interacting with the technology that workers use in this bank?

Q.41. What changes should be made to embrace workers with disability at the bank?

Appendix 2: Respondents details Phase 1

Table I: British respondents

Respondent Code	Pseudonym	Bio	Interview Date
1	William	22–year-old man. Customer service supervisor. Without disability.	January 20, 2014
2	Daniel	28-year-old man. Project manager. Without disability.	January 22, 2014
3	Christian	29-year-old male. IT support. Without disability.	January 23, 2014
4	Matthew	58-year-old male. Sales manager. Multiple sclerosis.	January 23, 2014
5	Rami	31-year-old man. Customer service representative. Without disability.	January 25, 2014
6	Michael	26-year-old male. Customer service representative. With visual impairment.	January 26, 2014
7	Henry	42-year-old male. Safety and security manager. Without disability.	January 26, 2014
8	Guillermo	44-year-old male. Maintenance worker. Without disability.	January 27, 2014
h9	Hannah	24-year–old female Customer service representative. Without disability.	January 28, 2014
10	Jane	27-year-old-female Sales manager. Dyslexia	February 01,2014
11	Beth	31-year old-female IT support. Without disability.	February 02,2014
12	Andrea	42-year-old female Customer service representative. Hypoacusis.	February 03, 2014
13	Vicky	22-year-old female Safety and security worker. Without disability.	February 04, 2014
14	Isabel	26-year-old female Maintenance manager. Without disability	February 04, 2014
15	Kamala	33-year-old female Diversity and inclusion manager. Without disability.	February 05, 2014

Appendix 2

Table II: Chilean respondents

Respondent Code	Pseudonym	Bio	Interview Date
1	Miguel	48-year-old male. IT support. Without disability.	December 2, 2013
2	Sofia	58-year-old woman. Customer service supervisor. Without disability.	December 2, 2013
3	Rodrigo	46-year-old male. Customer service representative. Technical degree in administration. With visual impairment.	December 6, 2013
4	Antonio	52-year-old male. Sales manager. Without disability.	December 6, 2013
5	Paula	38-year-old woman. Safety and security supervisor. Without disability.	December 10, 2013
6	Esteban	32-year-old male. Customer service Representative. Without disability.	December 10, 2013
7	Catalina	44-year-old woman. Customer service Representative. With visual impairment.	December 18, 2013
8	Juan Pablo	58-year-old male. Safety and security manager. Without disability.	January 3, 2014
9	Daniel	21-year-old male. Cashier. Physical disability.	January 6, 2014
10	Felipe	35-year-old male. Director of human resources. Without disability.	January 12, 2014
11	Georgina	46-year-old woman. Receptionist. Hearing impaired.	January 12, 2014
12	Alejandro	36-year-old male. Customer service supervisor. Without disability.	January 22, 2014
13	Natalia	38-year-old woman. IT support. Osteogenosis Imperfecta.	February 4, 2014
14	Rafael	43-year-old male. Customer service. Visual impair	February 4, 2014
15	Carmen	33-year-old woman. IT support. Without disability.	February 15, 2014
16	Octavio	38-year-old man. Security and safety manager. Without disability.	February 15, 2014

Appendix 3: Questionnaire Phase 2

Q.1.- What is your age? (Age)

Q.2.- What is your Gender? (Gender)

- ❍ Male (1)
- ❍ Female (2)

Q.3.- What is your Marital Status? (Mstatus)

- ❍ Single (1)
- ❍ Married (2)
- ❍ Divorced (3)
- ❍ Widowed (4)
- ❍ Living with Partner (5)
- ❍ Separated (6)

Q.4.- Do you describe yourself as someone with a background? (Backg)

- ❍ White (1)
- ❍ Hispanic or Latino (2)
- ❍ Black or African American (3)
- ❍ Native American or American Indian (4)
- ❍ Asian / Pacific Islander (5)
- ❍ Other (please, specify) (6) _____

Q.5.- How many children do you have? (Children)

- ❍ 0 (1)
- ❍ 1 (2)
- ❍ 2 (3)
- ❍ 3 (4)
- ❍ 4 (5)
- ❍ More than 4 (6)

Appendix: 3

Q.6.- What is the highest degree or level of school you have completed? If currently enrolled, highest degree received. (Education)

- ❍ No schooling completed (1)
- ❍ Some high school, no diploma (2)
- ❍ High school graduate, diploma or the equivalent (for example: GED) (3)
- ❍ Some college credit, no degree (4)
- ❍ Trade/technical/vocational training (5)
- ❍ College graduate Associate degree (6)
- ❍ Bachelor's degree (7)
- ❍ Master's degree (8)
- ❍ Professional degree (9)
- ❍ Doctorate degree (10)
- ❍ Other (please specify) (11) _____

Q.7.- What is your occupation? (Occupation)

Q.8.- What is your total annual income before taxes (British Pounds)? (Income)

- ❍ less than 5,000 (1)
- ❍ 5,001-10,000 (2)
- ❍ 10,001-15,000 (3)
- ❍ 15,001-20,000 (4)
- ❍ 20,001-25,0000 (5)
- ❍ 25,001-30,000 (6)
- ❍ more than 30,000 (7)

Q.9.- Would you mind telling us what religion best identify yourself? (Religion)

- ❍ Mormon (1)
- ❍ Roman Catholic (2)
- ❍ Christian (3)
- ❍ Scientist (4)
- ❍ Protestant (5)

Appendix: 3

- ❍ Jewish (6)
- ❍ Seventh Day Adventist (7)
- ❍ An Orthodox church such as the Greek or Russian Orthodox Church (8)
- ❍ Muslim (9)
- ❍ Hindu (10)
- ❍ Other (specified) (11) _____

Q.10.- Would you describe yourself as someone? (Reliden)

- ❍ Very Religious (1)
- ❍ Some Religious (2)
- ❍ Neither religious or not religious (3)
- ❍ Not Religious (4)
- ❍ Not Religious at all (5)

Q.11.- How often do you happen to attend church, synagogue, mosque, or some other religious worship service? (Relprac)

- ❍ Every week (1)
- ❍ Once a month (2)
- ❍ Less than once a month (3)
- ❍ Just for special occasions (wedding, baptism, funeral, etc) (4)
- ❍ Never attending (5)

Q.12.- Do you have a close relationship with a person with an impairment (friends, siblings or relatives) (Relationship)

- ❍ Yes (1)
- ❍ No (2)

Q.13.- Do you have one or more of the following conditions? (Impairment)

- ❍ Visual Impairment (1)
- ❍ Hearing Impairment (2)
- ❍ Physical Impairment (3)
- ❍ Psychological Problem (4)

Appendix: 3

- Learning difficulties (5)
- Long term III (more than six month, for example Diabetes, heart condition, arthritis, other) (6)
- None (7)

Q.14.- People with Impairment are like angels (Angel)

Q.15.- A person with an impairment is paying for his/her blame or sins from this current or previous life (Punishment)

Q.16.- Disability is a tragedy that changes the life of the individual and his/her family (Tragedy)

Q.17.- A person who has born or acquired an impairment is being rewarded for good karma in their last life (Gift)

Q.18.- A person with an impairment, who achieve their goals, should be admired by others (Admiration)

Q.19.- Disability is a permanent threat for people (Threat)

Q.20.- A person with an impairment makes me feel compassion, sadness and pity (Pity)

Q.21.- Non-disabled people feel scared of sharing with someone who has an impairment (Scare)

Q.22.- A person with an impairment suffer throughout her/his life (Suffering)

Q.23.- A person with impairment is someone who need the charity of all of us (Charity)

Q.24.- I respect a person with an impairment because they are the same as me (Sameme)

Q.25.- People with impairments have to struggle against more barriers which make their life hardest (Struggling)

Q.26.- A person with an impairment does not have a defect (Defect)

Appendix: 3

Q.27.- A person with an impairment develop skills to overcome day-to day barriers at work (Workskills)

Q.28.- People with impairments are less capable than me, therefore they should make different working tasks (Incapable)

Q.29.- People with an impairment cannot do all tasks within the workplace as any other non-disabled person. (Unproductive)

Q.30.- Our organization should be prepared to offer a friendly and accessible environment for people with impairments (Accessibility)

Q.31.- Physical Barriers faced by people with impairment cannot be fully eliminated, thus they need to adapt themselves to the workplace (Removing)

Q.32.- People with impairments should have equal right to work like me (Workright)

Q.33.- I consider that people with impairments are as normal as non-disabled people (Normality)

Q.34.- People with impairment should be assisted by someone who facilitate their day-to-day activities at work (Assistance)

Q.35.- People with impairments should work in a special place where they may be more protected (Shelteredjob)

Q.36.- Someone is born or acquire an impairment depend more on the family support (Support)

Q.37.- I have friends who have an impairment (Friendship)

Q.38.- Non-disabled people tend to protect and care people with impairments (Protection)

Q.39.- We must prevent that people either acquire or are born with impairments (Prevention)

Q.40.- Governments or other organizations should ensure that people with impairment can be cured (Cure)

Appendix: 3

Q.41.- If people with impairments have access to rehabilitation, they will be able to have a better adaptation to the real world. (Rehabilitation)

Q.42.- Non-disabled people do not know how to act with someone who has an impairment (Ignorance)

3.- People with impairments are more isolated than non-disabled people (Isolation)

Q.44.- How do you think people tend to feel about people with disabilities? (nondfeel)

- ❍ As getting in the way (1)
- ❍ With discomfort and awkwardness (2)
- ❍ As needing to be cared for (3)
- ❍ As the same as everyone else (4)
- ❍ As not as productive as non-disabled people (5)

Q.45.- Thinking about people with disabilities in the workplaces, how much of the time, if at all, do you think they can lead as full working tasks as non-disabled people? (cappercep)

Q.46.- If answered 'Most of the time', 'Some of the time', 'Rarely' or 'Never'. You have said that in general people with disabilities cannot always lead as full working tasks as non-disabled people. Why do you think this is? (cappercep1)

Q.47.- How do you think you would feel if your Manager or boss had a sensory impairment such as:

1: Extremely happy – 7 : Extremely unhappy

	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Being partially or fully blind (work_pwvisim_hp)	❍	❍	❍	❍	❍	❍	❍

Appendix: 3

Being partially or fully deaf (work_pwaudim_hp)	❍	❍	❍	❍	❍	❍	❍
A person with a physical disability such as difficulty using his/ her arms or someone who uses a wheelchair (work_pwphyim_hp)	❍	❍	❍	❍	❍	❍	❍
A person with a mental health condition such as: depression or a personality disorder (work_pwmencon_hp)	❍	❍	❍	❍	❍	❍	❍
A person with a learning disability such as: Down's syndrome or autism (work_pwleadis_hp)	❍	❍	❍	❍	❍	❍	❍

Q.48.- Thinking now of a different situation, how do you think you would feel if your teamwork is a person with an impairment such as:

1: extremely happy to 7: extremely unhappy

	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Being partially or fully blind (work_pwvisim_sp)	❍	❍	❍	❍	❍	❍	❍
Being partially or fully deaf (work_pwaudim_sp)	❍	❍	❍	❍	❍	❍	❍
A person with a physical disability such as difficulty using his/ her arms or Someone who uses a wheelchair (work_pwphyim_sp)	❍	❍	❍	❍	❍	❍	❍
A person with a mental health condition such as: depression or a personality disorder (work_pwmencon_sp)	❍	❍	❍	❍	❍	❍	❍

Appendix: 3

A person with a learning disability such as: Down's syndrome or autism (work_pwleadis_sp)	❍	❍	❍	❍	❍	❍	❍

Q.49.- And, how do you think you would feel if your subordinate is a person with an impairment such as:

1: extremely happy to 7: extremely unhappy

	(1)	(2)	3)	(4)	(5)	(6)	(7)
Being partially or fully blind (work_pwvisim_lp)	❍	❍	❍	❍	❍	❍	❍
Being partially or fully deaf (work_pwaudim_lp)	❍	❍	❍	❍	❍	❍	❍
A person with a physical disability such as difficulty using his/ her arms or someone who uses a wheelchair (work_pwphyim_lp)	❍	❍	❍	❍	❍	❍	❍
A person with a mental health condition such as: depression or a personality disorder (work_pwmencon_lp)	❍	❍	❍	❍	❍	❍	❍
A person with a learning disability such as: Down's syndrome or autism (work_depwleadis_lp)	❍	❍	❍	❍	❍	❍	❍

Appendix 4: Descriptive analysis Phase 2

Section I: dependent variables

1.1 Productivity and independence

This item was measured by using a categorical variable named ‘nondfeel’ in which respondents had to choose between five alternatives that attempt to evaluate if abled-bodied workers have negative or positive beliefs about working with someone with an impairment. The five categories provided to respondents were summarized into two categories of interest. These categories were to identify respondents that thought of employees with impairments as someone independent and productive, and those, who perceived employees with impairments as someone dependent and unproductive. In this way, as confirmed in Figure I, frequencies in T_0 were similar for the total sample (N=112), United Kingdom sample (N=30) and Chile sample (N=82). As a result, 66.54% of respondents thought of employees with impairments as dependent and unproductive, compared to 33.46% independent and productive. This tendency was similar in both countries studied where 66.16% of British participants considered employees with impairments to be dependent and unproductive, compared to 61.06% of Chilean respondents.

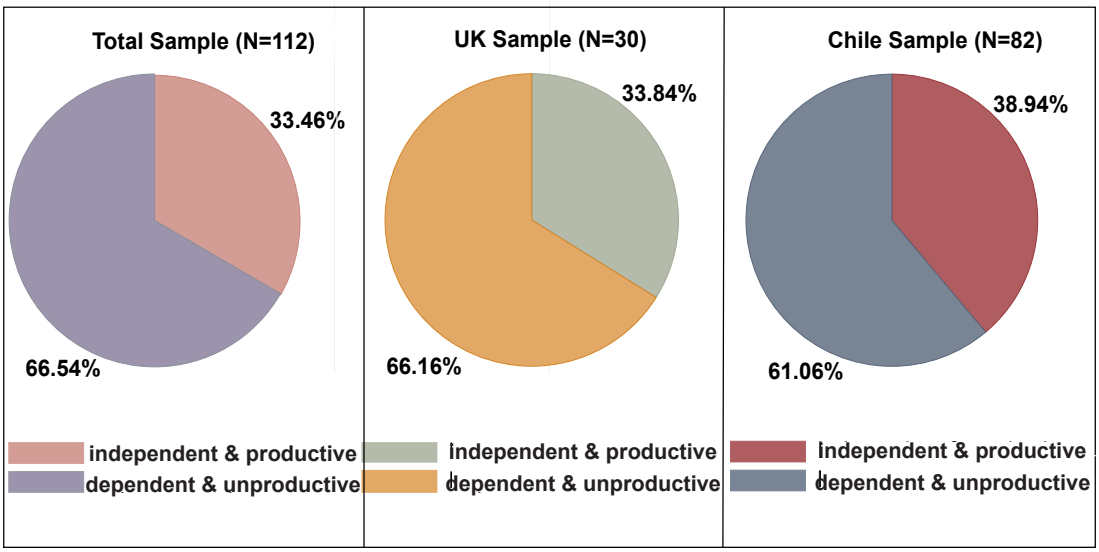

Figure I: Productivity and independence by sample
Stata outcome. Author's elaboration

Likewise, as shown in Figure II, 69.98% of participants who were allocated to the control group see employees with disabilities as dependent and unproductive, compared to 68.60% of participants in the treated group.

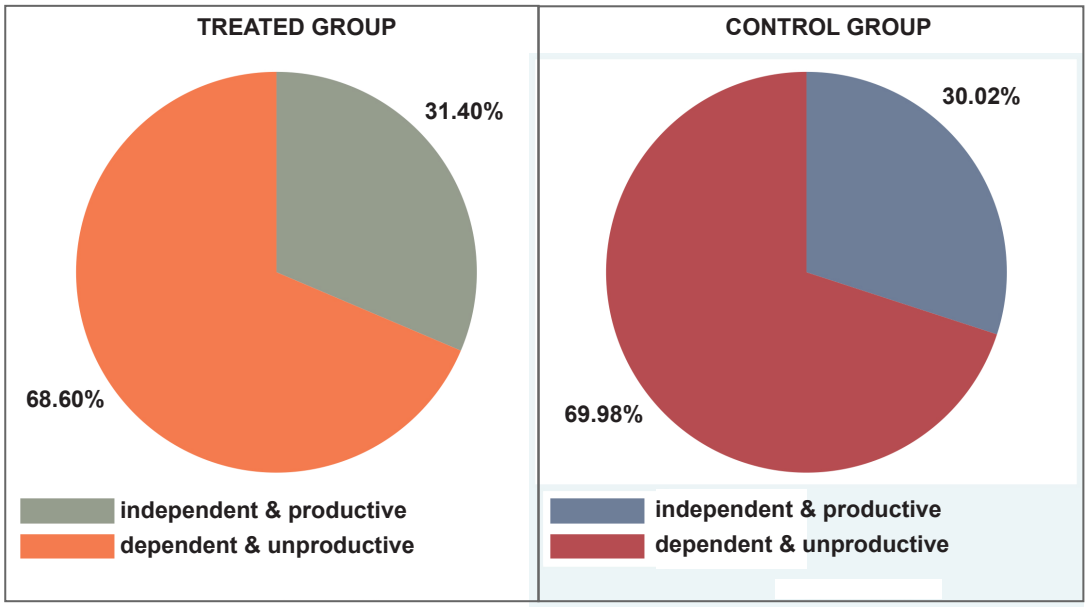

Figure II: Productivity and independence by group.
Source: Stata outcome. Author's elaboration

1.2. Functional ability

The categorical variable 'capperc1' was measured by providing four categories that evaluate employees' attitudes in terms of functional ability. That is, if participants believe that employees with impairments are less able to fully comply with their working tasks in the workplace. Frequencies reported that respondents had a major tendency to perceive employees with impairments as being able to carry out their daily tasks at work. As shown in Figure III, 33.28% of respondents believed that people with impairments can comply with work activities all the time, 49.86% most of the time, and 14.29% some of the time. Equally, a comparison between countries studied showed that a higher number of Chilean bank employees (35,11%) see workers with impairments as able to fully comply with their activities at work all of the time compared with 23.53% of British respondents. In addition, 46.68 of Chilean

respondents and 53.16% of British respondents thought of people with impairments as someone who can carry out their work activities most of the time.

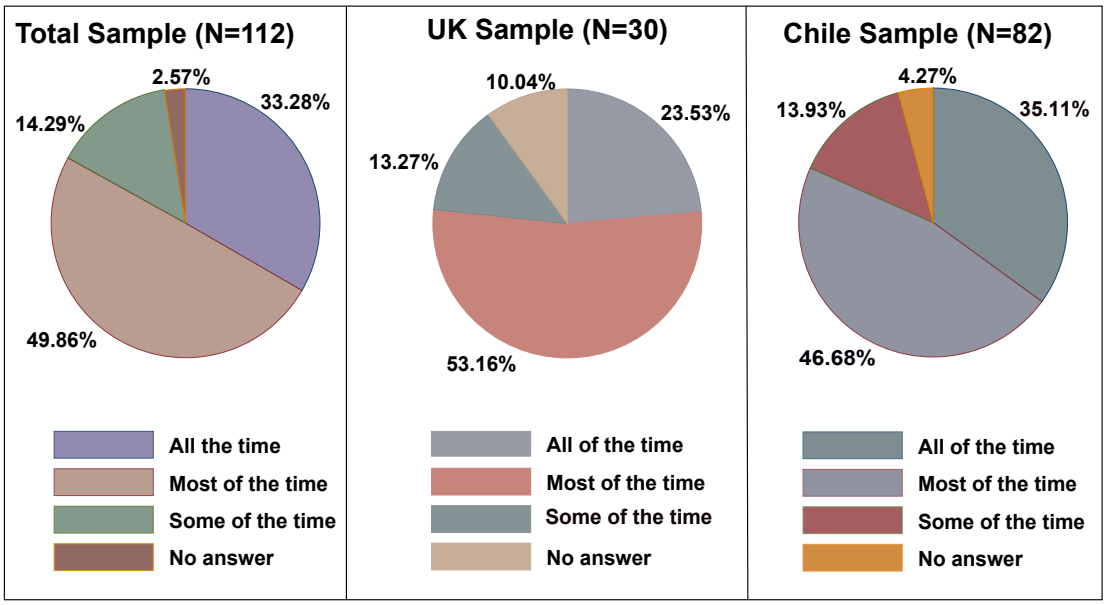

Figure III: Functional ability by sample
Source: Stata outcome

On the other hand, as depicted in figures IV, analysing across the control group and the treated group, 26.71% of respondents from the treated group believed that people with impairments are able to comply with their work activities all of the time compared to 31.78% of respondents from the control group. Similarly, 17.73% of treated respondents and 22.84% of control group respondents thought of people with impairments can comply with their work tasks most of the time.

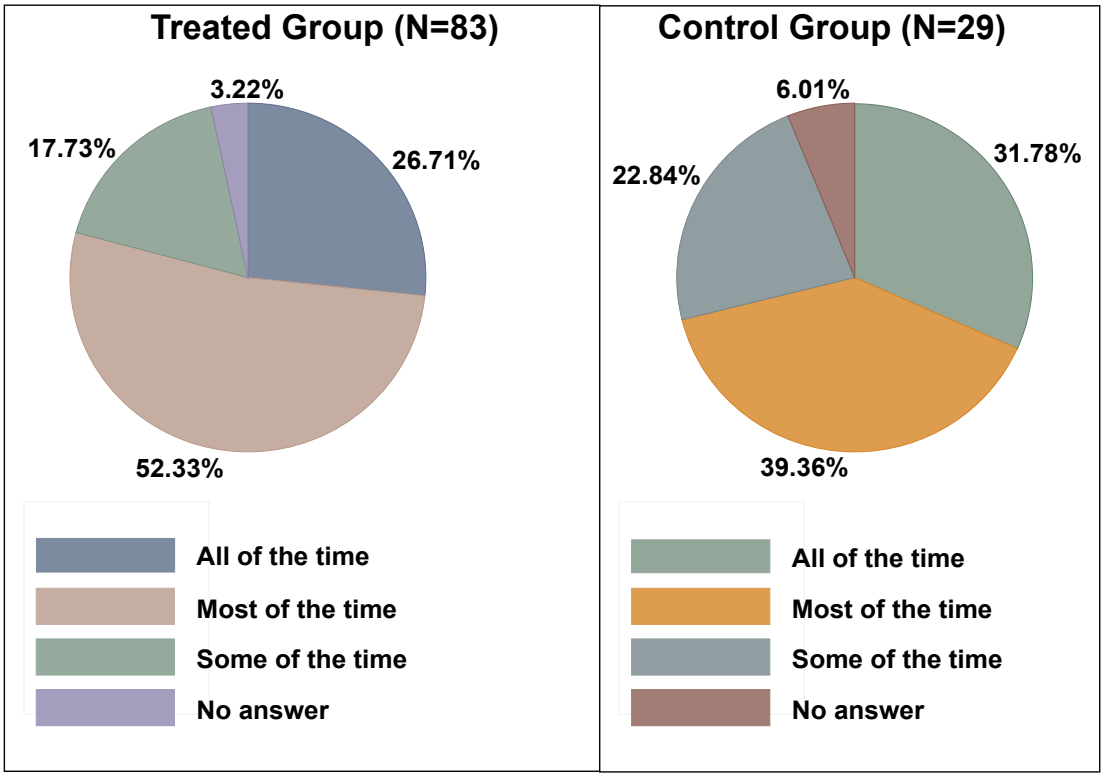

Figure IV: Functional ability by group.
Source: Stata outcome

1.3. Disability: An individual or a social problem?

This question attempts to evaluate whether respondents see disability as an individual problem as described by the medical model or a social problem as described by the social model. As depicted in Figure V, approximately 30% of Chilean participants saw disability as a social or a biosocial (medical and social) problem compared to 10.67% of Chilean participants who thought of disability as only a medical problem. In contrast, 32.63% of British participants considered that disability is a combination of a social and a medical problem. Likewise, 20.61% think that disability results from a medical condition and only 9.94% of British participants saw disability as a social issue.

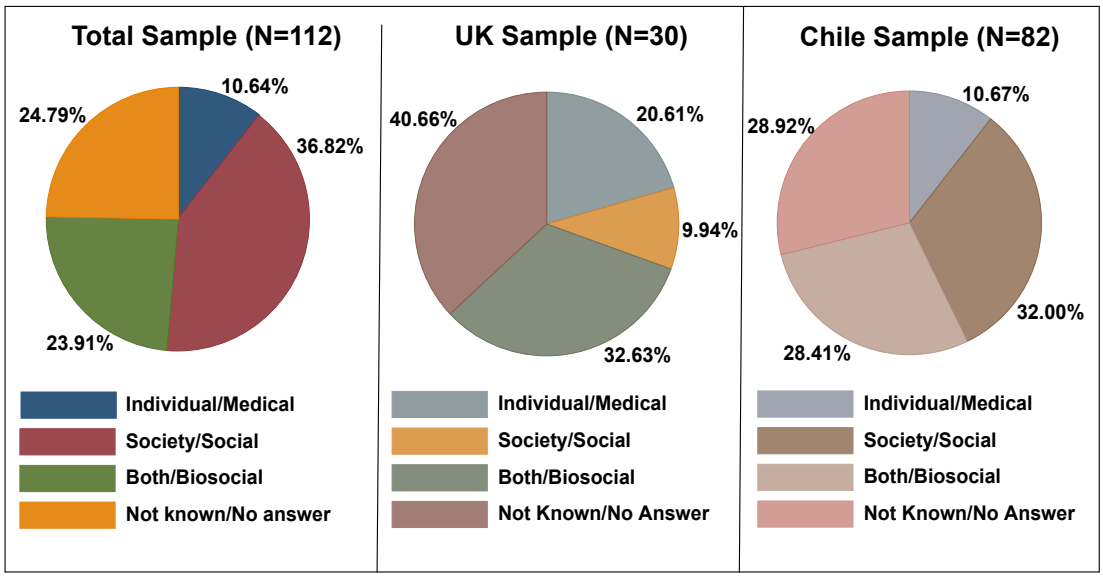

Figure V: Perception of barriers by sample.
Source: Stata outcome. Author's elaboration

On the other hand, as seen in Figure VI, frequencies in the control group demonstrated that 17.34% of respondents believed that disability is the result of a medical condition, compared to 29.81% and 29.05% who thought of disability as a social issue or a combination of both. Similarly, frequencies from the treated group showed that only 5.79% of participants believed that disability is a medical problem and more than 60% consider that disability is a social problem or a combination of social and medical issues.

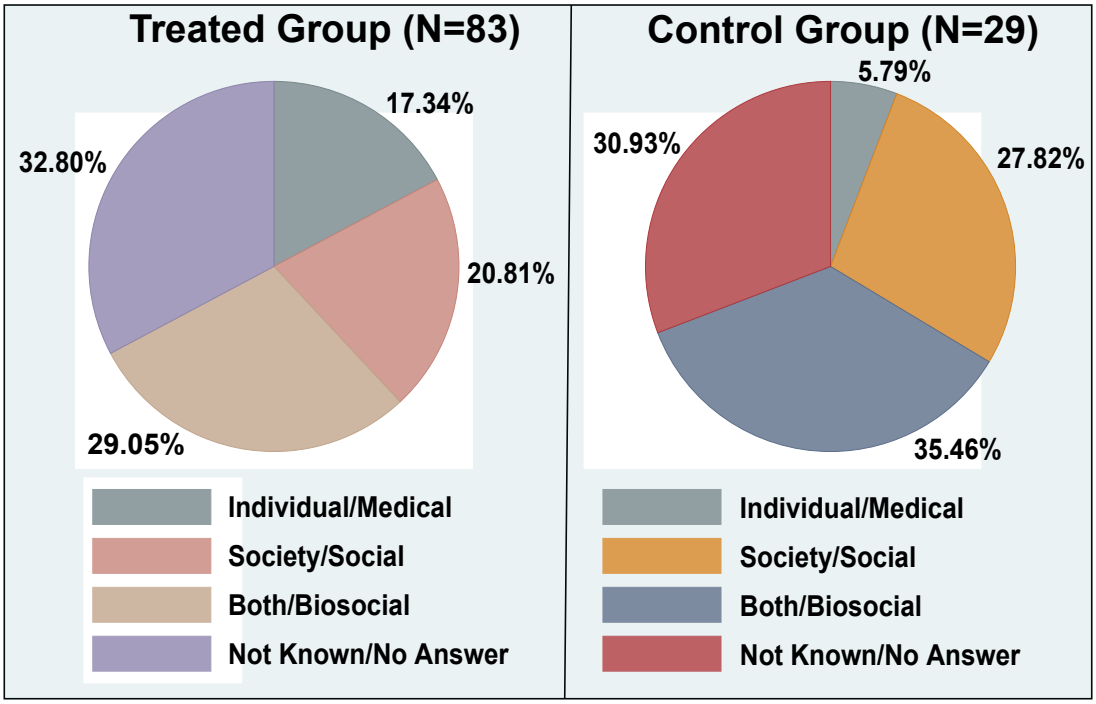

Figure VI: Perception of barriers by group.
Source: Stata outcome. Author's elaboration

1.4. Acceptance or rejection of workers with disability

These items were measured using a set of questions that attempted to evaluate bank employees' willingness to work with a boss, a team worker, and/or a subordinate with a visual, hearing, physical, mental, or learning impairment. This variable was measured by using a 5-point Likert scale from 1=strongly agree to 5= strongly disagree. As seen in Figure VII, higher scores represent more favourable attitudes (acceptance) of working with people with impairments, while lower scores describe more unfavourable attitudes of working with people with impairments (rejection).

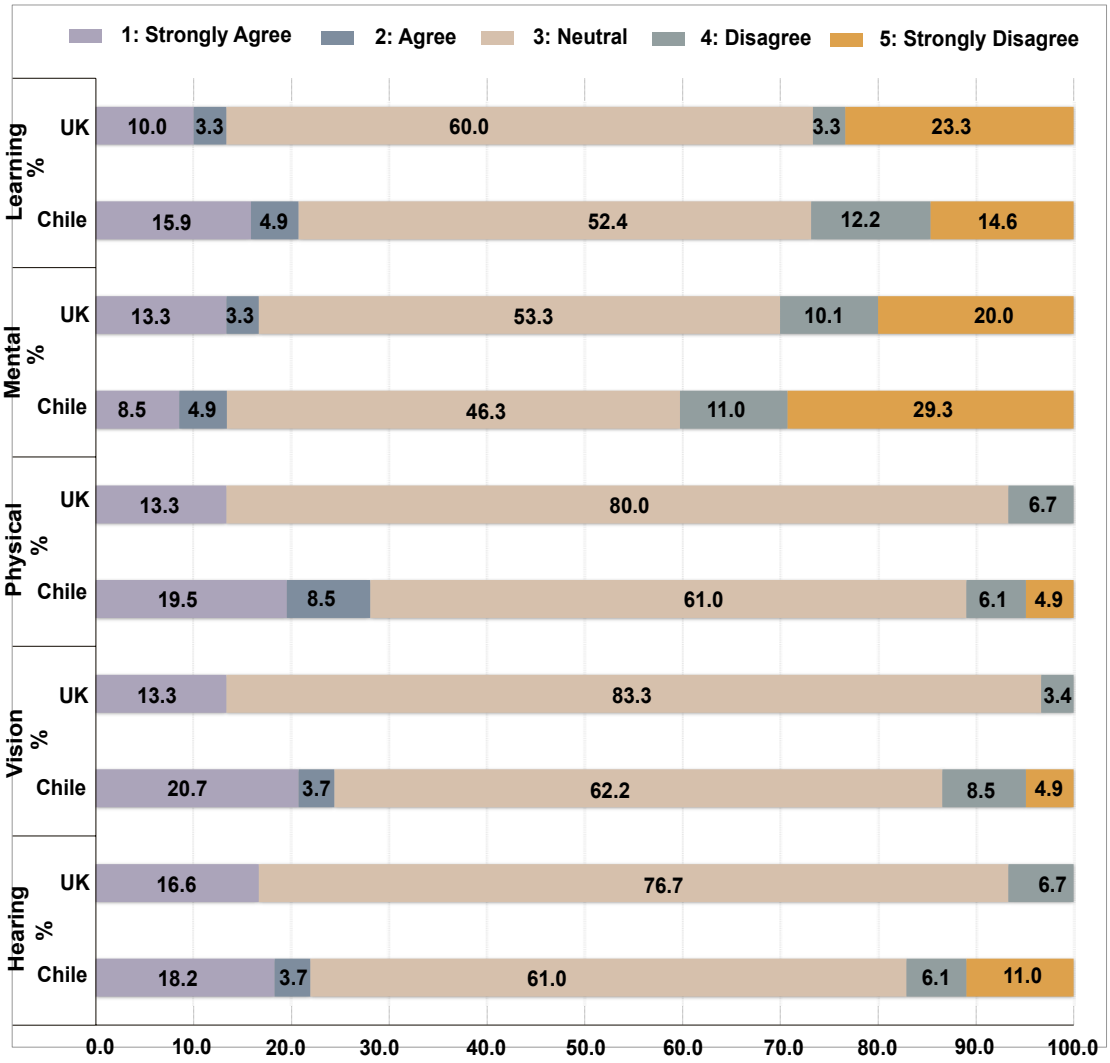

Figure VII: Acceptance of people with disabilities by country. Source: Stata outcome. Author's elaboration

In general, as shown in Figure VII, a greater number of participants were neutral with respect to the idea of working with people with disabilities (65.18% auditory, 67.86% visual, 66.07% physical, 48.21% mental, and 54.46% learning). Frequencies reported that there were more negative than positive feelings about working with people with disabilities in both countries studied. Likewise, the frequency indicated that there was a higher tendency to reject people with mental disabilities (37.5%) than a person with a physical

disability (9.8%). As a result, 26.8% of participants also feel uncomfortable working with a person with a learning disability, 14.3% with people with visual impairments, and 10.7% with a person who is hard of hearing. On the other hand, comparing outcomes between the UK and Chile in Figure VIII. UK participants have a major tendency to be neutral compared to Chilean participants. In addition, participants from both countries placed people with mental disabilities in the most unfavourable position. 30% of UK participants and 40.3% of Chilean rejected the idea of working with a person with a mental disability.

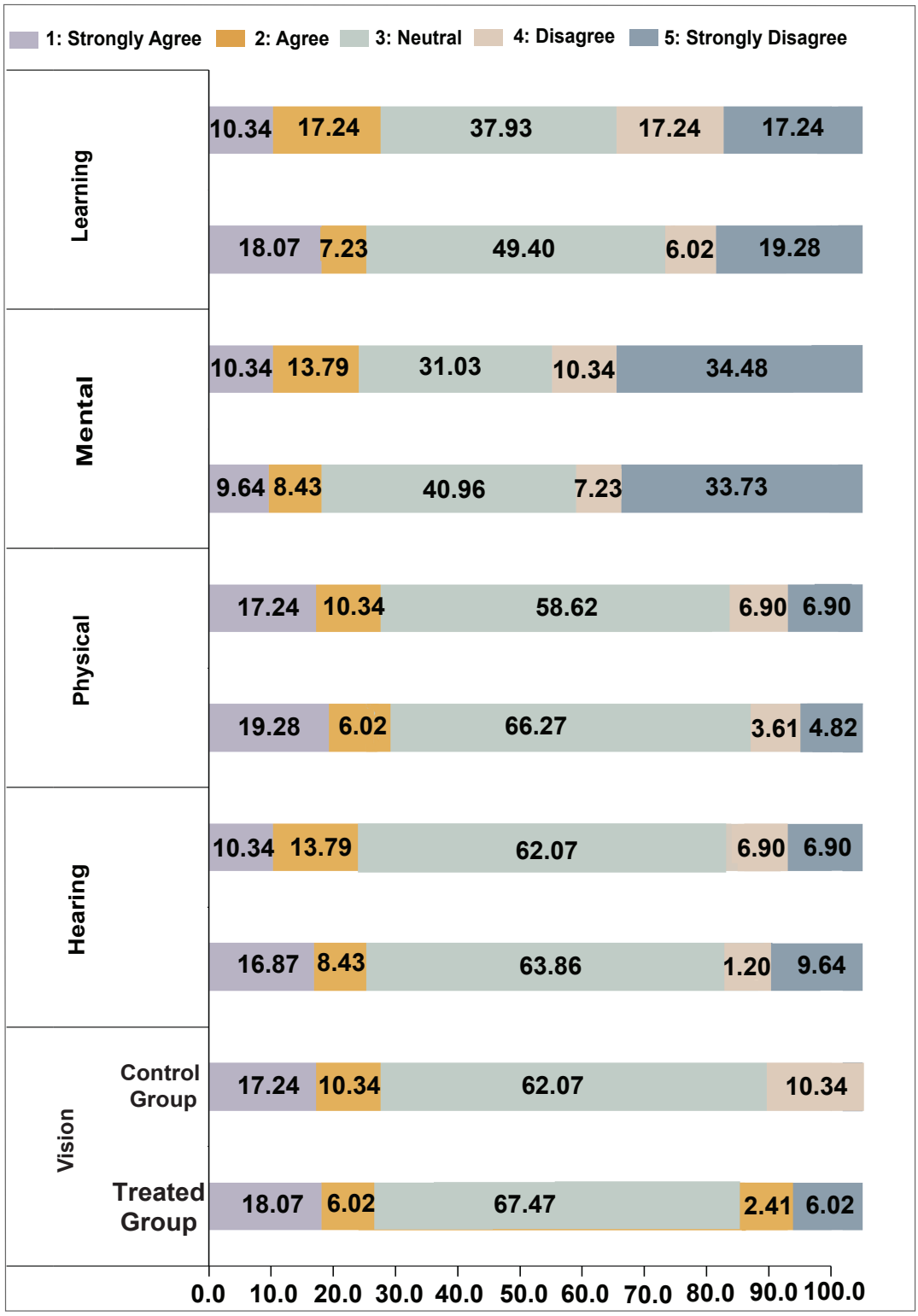

Figure VIII: Acceptance of people with disability, control group.
Source: Stata outcome. Author's elaboration

Frequencies reported that outcomes from UK participants are quite similar through all types of disabilities. As a result, 13.3% are willing to work with a person with a visual, physical, or learning disability and 16.7% with a person with an auditory or mental disability. In contrast, Chilean participants have more positive feelings about a person with a physical disability (28.73%) as opposed to any other type of disability (24.39% visual disability, 21.95% auditory, 20.73% learning, and 13.42% mental). Moreover, three variables were created by grouping those items that measure participants" willingness to work with a person with a disability who is in a higher, lower, or same job status. The new 5 Likert scale variables (from 1: very comfortable to 5: very uncomfortable) were recoded to report acceptance or rejection of a person with a disability, without making a distinction between types of disability. As shown in Figure IX, comparing participants' feelings about working with a boss, subordinate, or a team worker with a disability. They feel more uncomfortable working with a boss with a disability (38.4%) than a subordinate (19.7%). In addition, across the UK and Chile outcomes demonstrate a similar tendency. 30% and 41.5% of UK and Chilean participants respectively reject having a boss with a disability.

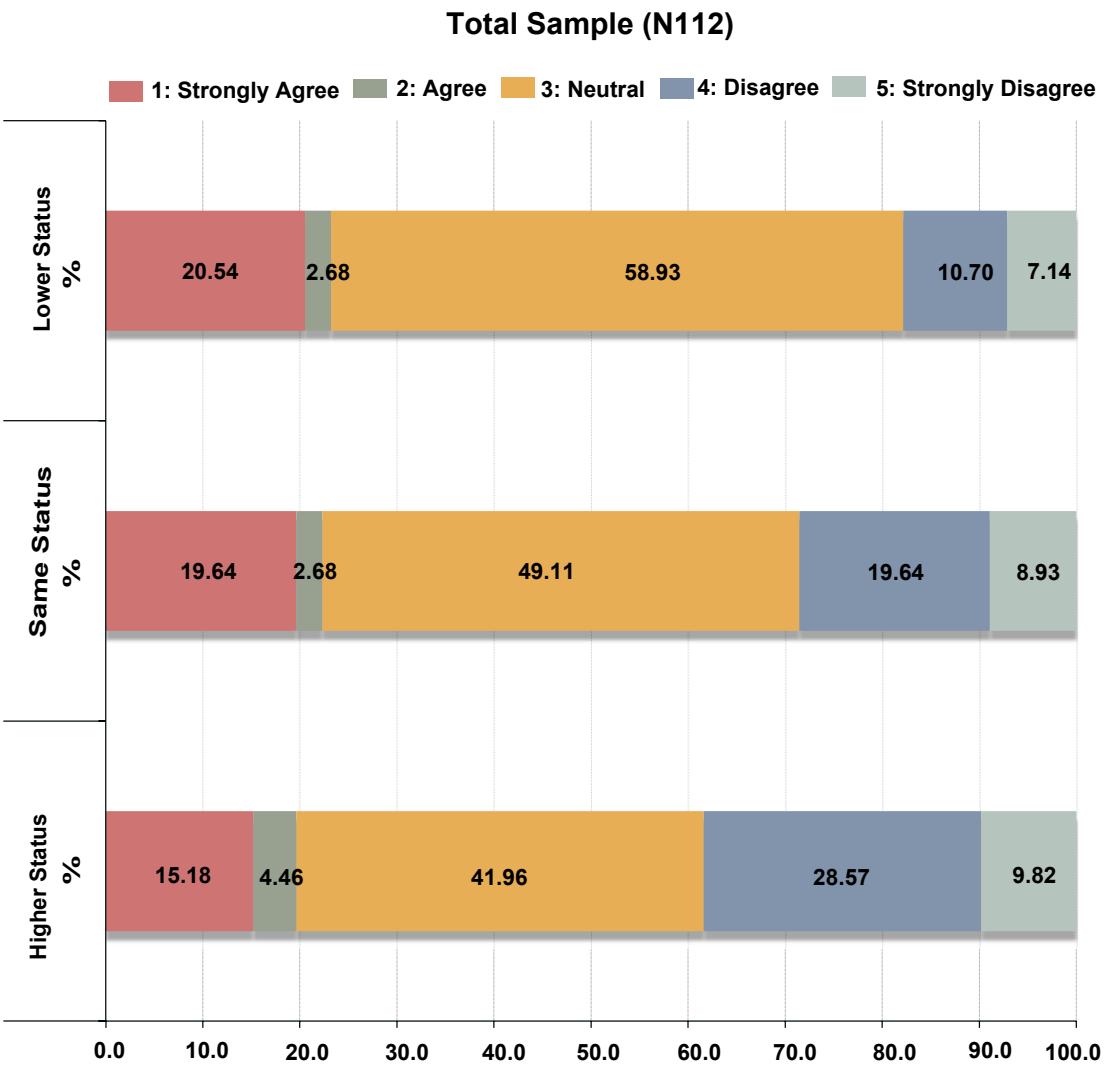

Figure IX: Acceptance of people with disability by job status
Source: Stata outcome. Author's elaboration

1.- Section II: activators of the FIC model

1.1.- Dimension 1: functional prejudices, FP

Ten items with a 7-point Likert scale where 1 corresponds to strongly agree and 7 to strongly disagree were used to test if this component of the FIC model has an influence on shaping disabling attitudes. Frequency of variables included in the functional prejudice confirmed that 92.0% of participants perceived people with disabilities as someone who is not different from able-bodied people. In addition, 91.1% of participants believed that employees with disabilities struggle with barriers that make their working lives more difficult. On the other hand, participants did not agree with the perception of abnormality. They did not feel that a person with a disability has a defect (60.7%) or is not capable of doing the same tasks as non-disabled people (83.0%). Likewise, 67.9% of participants agree that employees with disabilities can undertake the same activities as non-disabled people, 96.4% thought that employees with disabilities develop skills to overcome their difficulties at work, and 89.3% felt that people with disabilities are as normal as non-disabled people.

Likewise, all participants reported that people with disabilities should have an equal right to work and 97.3% of them agreed that organizations should be more friendly and accessible. However, 61.6% of participants believed that barriers in the workplace cannot be fully eliminated, thus employees with disabilities should adapt to the workplace.

1.2.- Dimension II: institutional discrimination, ID

This factor was tested by using a set of 10 items that were measured with a 7- point Likert scale in which 1 represented strongly agree and 7 strongly disagree. In addition, only 25.9% of participants agreed that employees with disabilities should be assisted within the workplace. However, the majority thought that employees with disabilities should be supported for their families (78.6%) and a similar percentage agreed that society tends to protect and care for people with disabilities. On the other hand, a greater number of participants believed that disability should be cured where it is possible (88.4%) and saw rehabilitation as necessary to offer better adaptation to the real world (90.2%). In contrast, only 36.6% of participants felt that governments or other institutions should prevent disability. Furthermore, 84.4% of participants indicated that they would have a friend with a disability, but 79.5% felt that non-disabled people do not know how to act with someone who has a disability.

1.3.- Dimension IV: Cultural stereotypes

This factor comprises a set of ten variables that were tested by using a seven 7-point Likert scale in which 1 was strongly agree and 7 was strongly disagree. In time 0 there were 112 observations with no missing values. Looking at the frequencies of each variable, it is observed that a higher number of participants (33.0%) disagree with the perception of people with disabilities as angels than those who agree with this perception (20.5%). Likewise, 96.4% of participants disagreed with the idea that people with

disabilities are paying for the sins of their previous lives, compared to 77.7% of participants who disagree that disability is a reward for good karma from previous life.

Moreover, the majority of participants had a negative perception of disability. As such, 47.3% of participants agreed that disability is a tragedy, which changes individuals and their family life, along with 48.2% who feel that people with disabilities suffer throughout their lives. Likewise, 53.6% of participants are scared of sharing with people with disabilities, 33.0% believe that disability is a permanent threat, and, 37.5% believed that people should not admire people with disabilities because they carry out their daily activities. Moreover, a higher number of participants reported that they did not feel that people with disabilities need the charity of non-disabled people (60.7%) and 50% of them did not see disability as a matter of compassion, sadness, or pity.

1.4.- Section III: an overview of participant

Disabling attitudes are influenced by many factors including socio-economic status, religious affiliation, and people's relationship to disability. Hence it is relevant to have a general description of participants' profiles and characteristics that may affect the results of this study. In both countries studied, the ages of participants ranged between 22 and 50 years old, however the greater range of participants was between 35 and 50 years old (60.6%). Likewise, there were slightly more female participants (52.97%) than male (47.03%). The majority of participants had Hispanic or Latino backgrounds (51.73%), compared with 37.06% of white background, and 11.21% of other backgrounds. In relation to their level of education, 47.37% had a postgraduate degree (higher level), 30.79% had an undergraduate

degree (medium level), and 21.84% had technical or college educations (lower level). On the other hand, 40.31% of participants were married, 40.44% were single, and 19.25% lived with their partners. Finally, it was also found that 62.74% of participants had children compared to 37.26% who did not have children.

In addition, 77.98% of participants reported that they were affiliated to a religion. From which, 37.2% were Catholic and 40.8% practiced other religions. In addition, only 5.77% of participants indicated that they were very religious and 34.11% said that they were somewhat religious. In contrast, 26.64% were not religious at all and 33.4% were indifferent about religion. Finally, 53.59% of participants said that they had met a person with a disability. Likewise, 27.04% of participants reported that they had a degree of disability.

Appendix 5: Visual disability

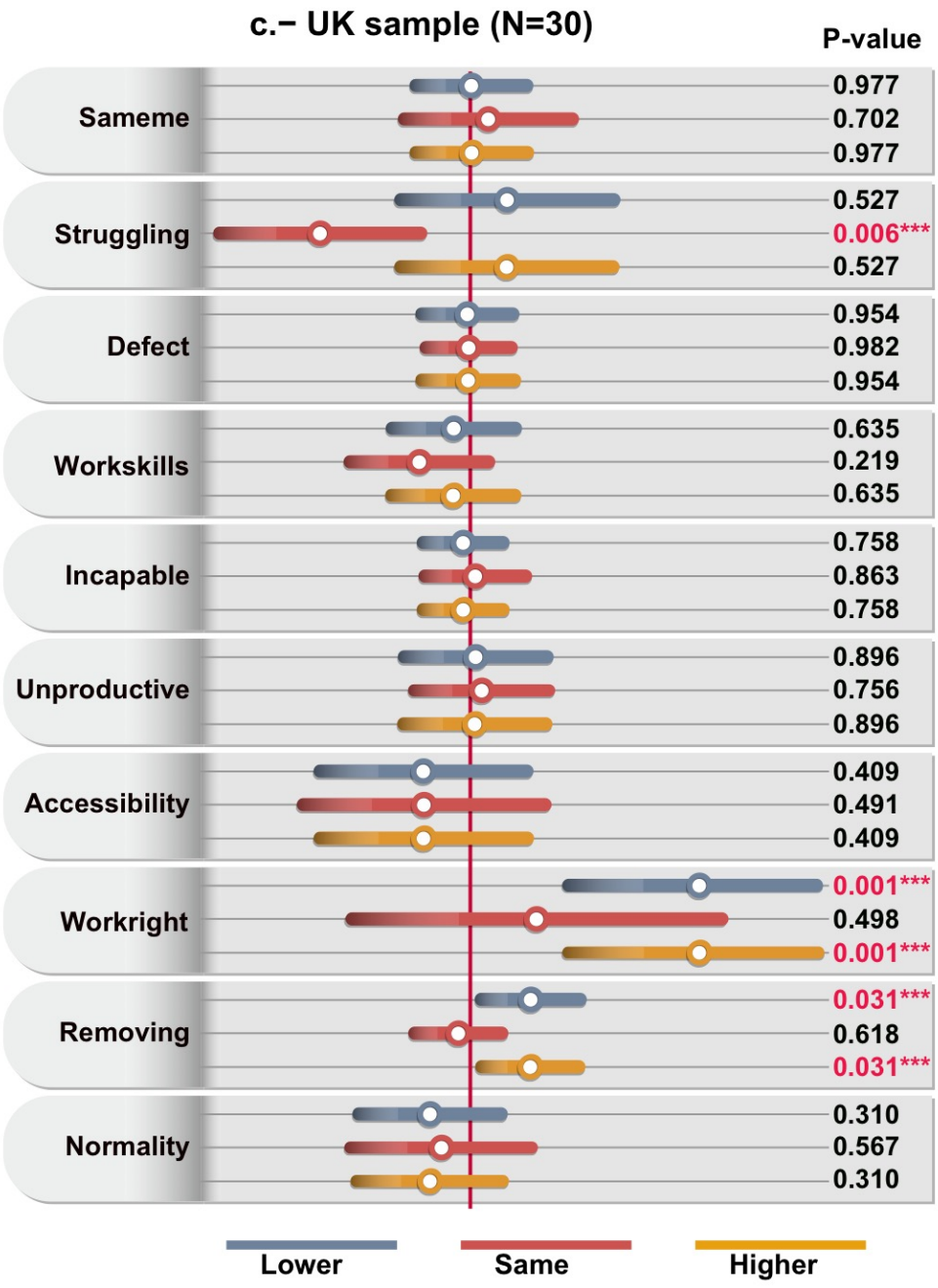

Figure X: Functional prejudices – UK

Source: author's elaboration (Stata 14)

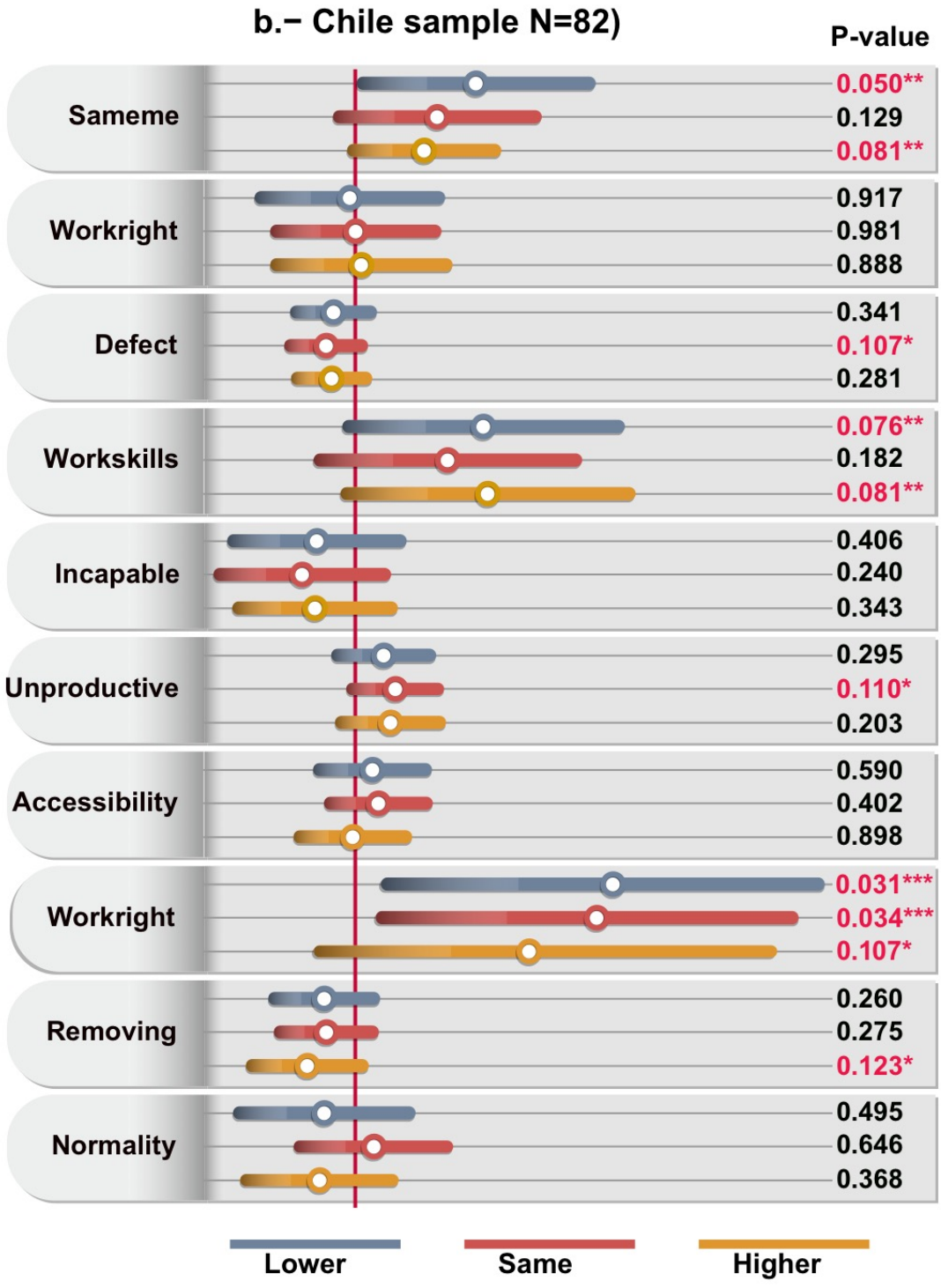

Figure XI: Functional prejudices – Chile

Source: author's elaboration (Stata 14)

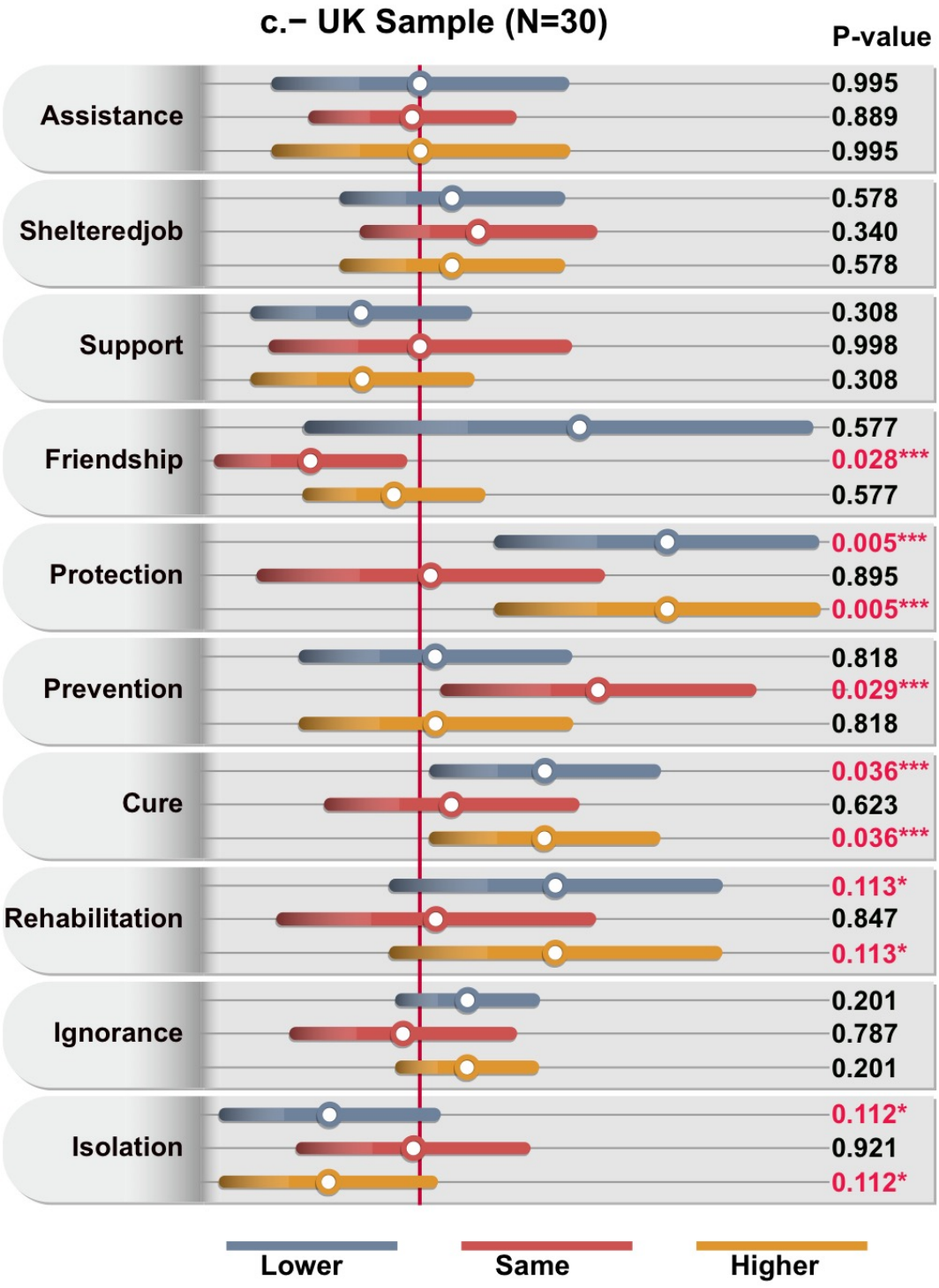

Figure XII: Institutional discrimination – UK

Source: author's elaboration (Stata 14)

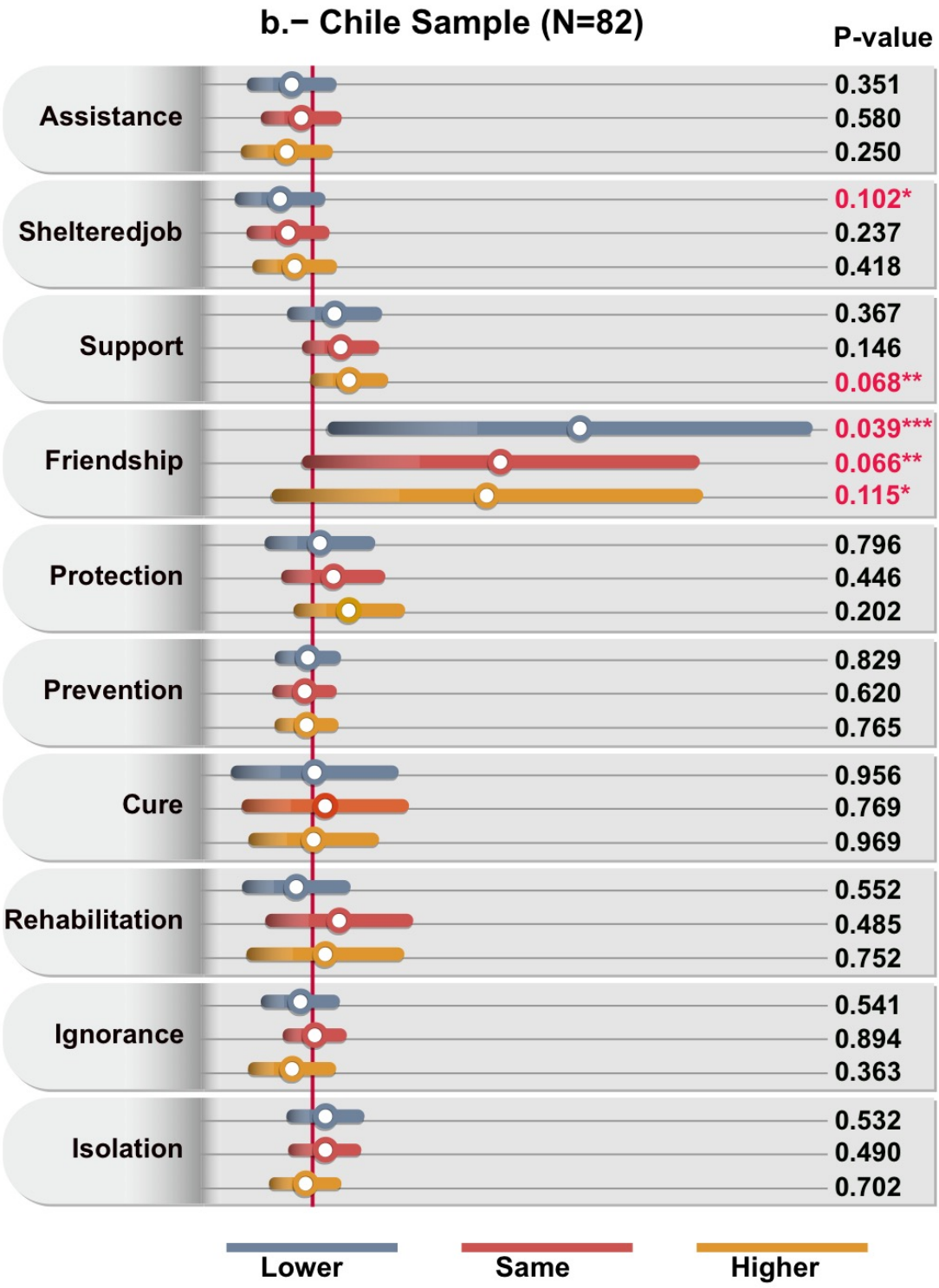

Figure XIII: Institutional discrimination – Chile

Source: author's elaboration (Stata 14)

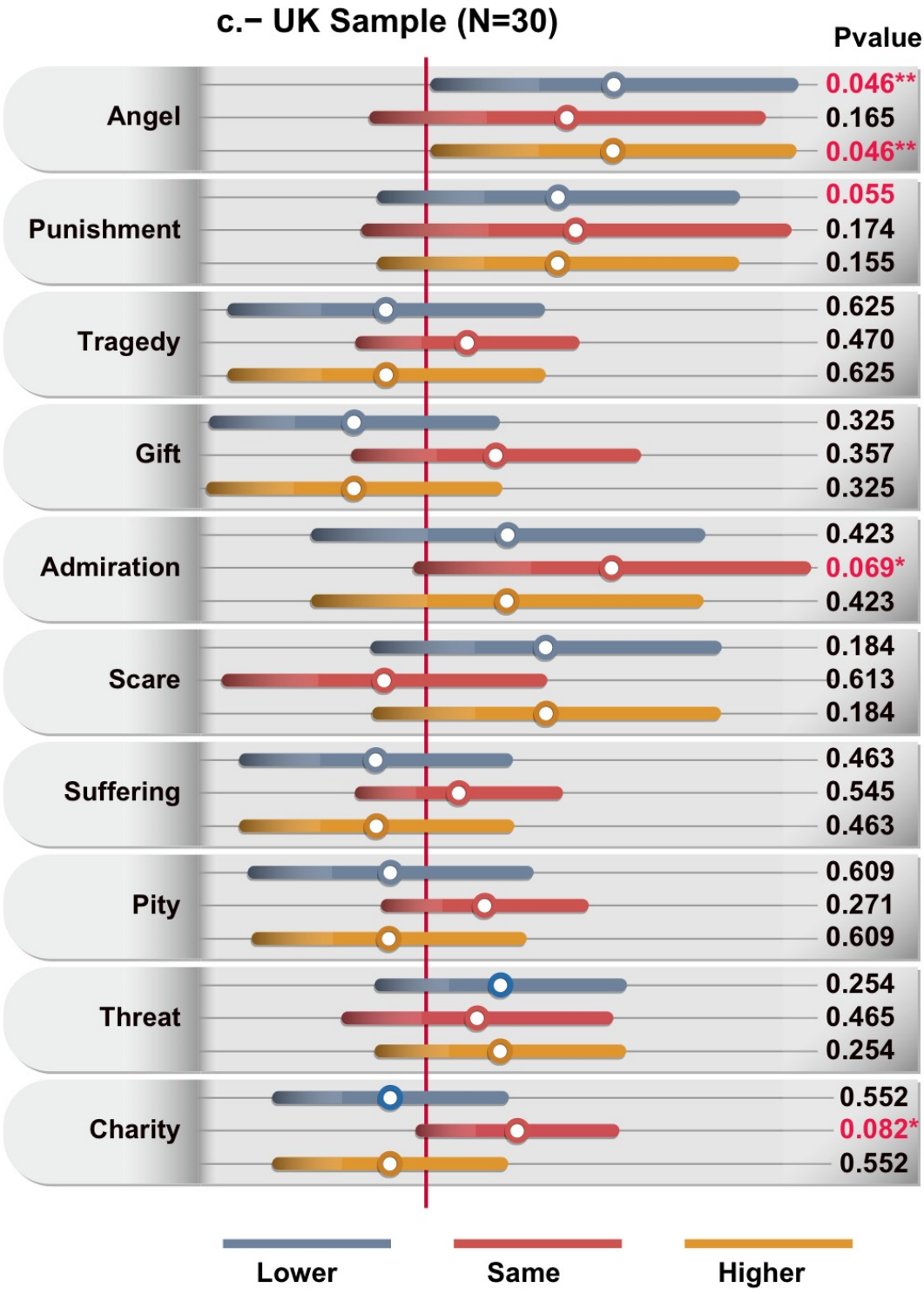

Figure XIV: Cultural stereotypes – UK

Source: author's elaboration (Stata 14)

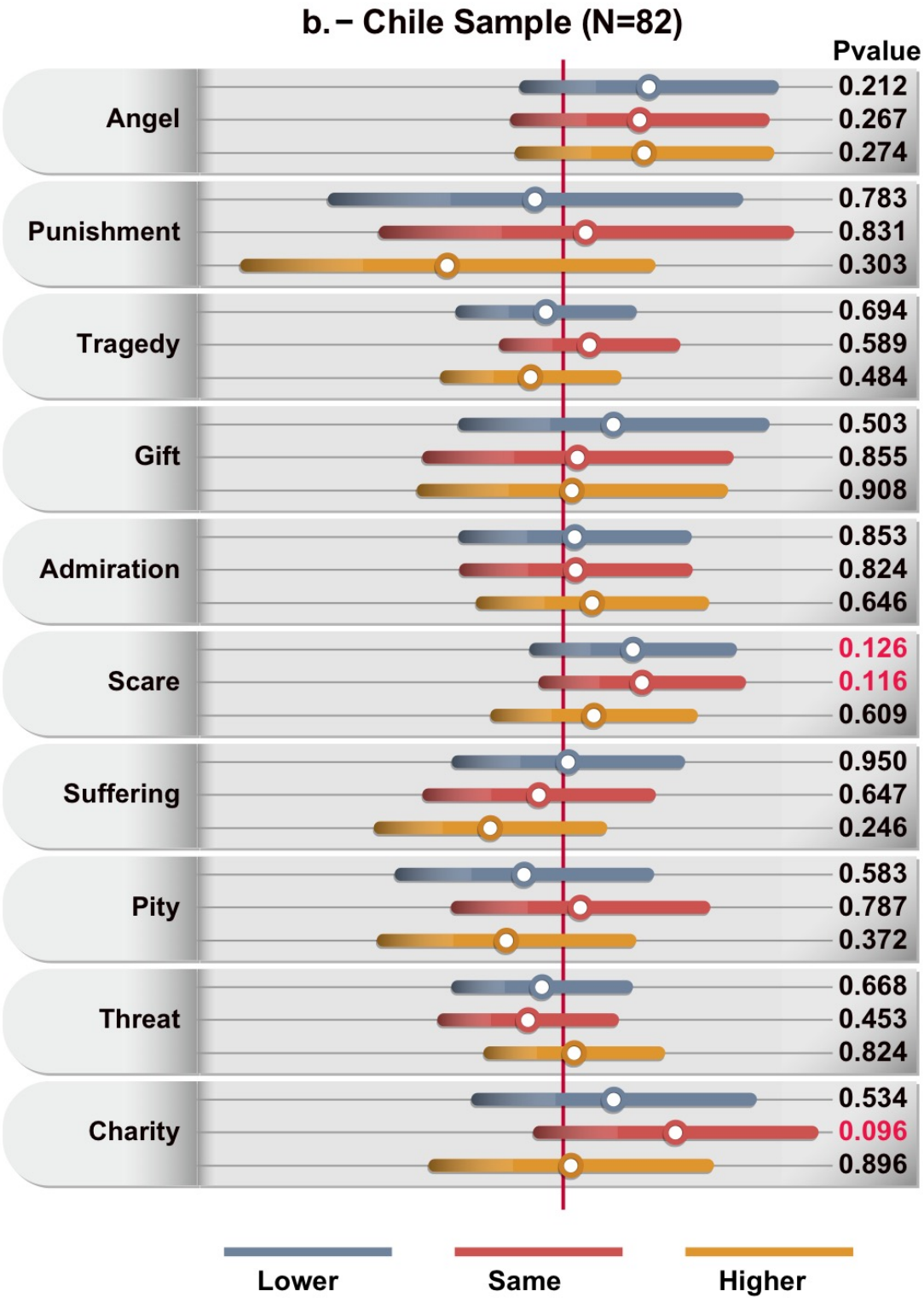

Figure XV: Cultural stereotypes – Chile

Source: author's elaboration (Stata 14)

Appendix 6: Hearing disability

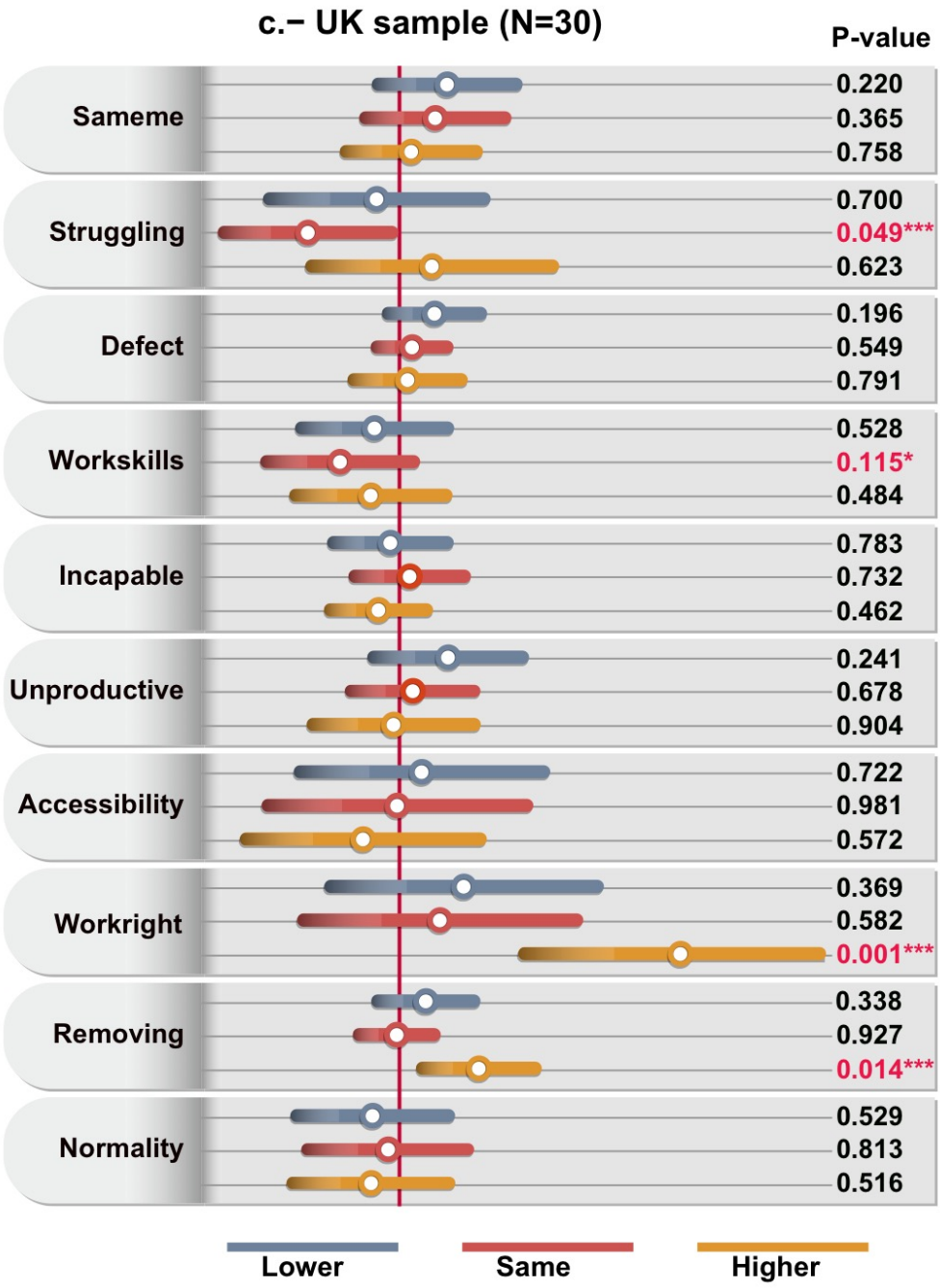

Figure XVI: Functional prejudices – UK

Source: author's elaboration (Stata 14)

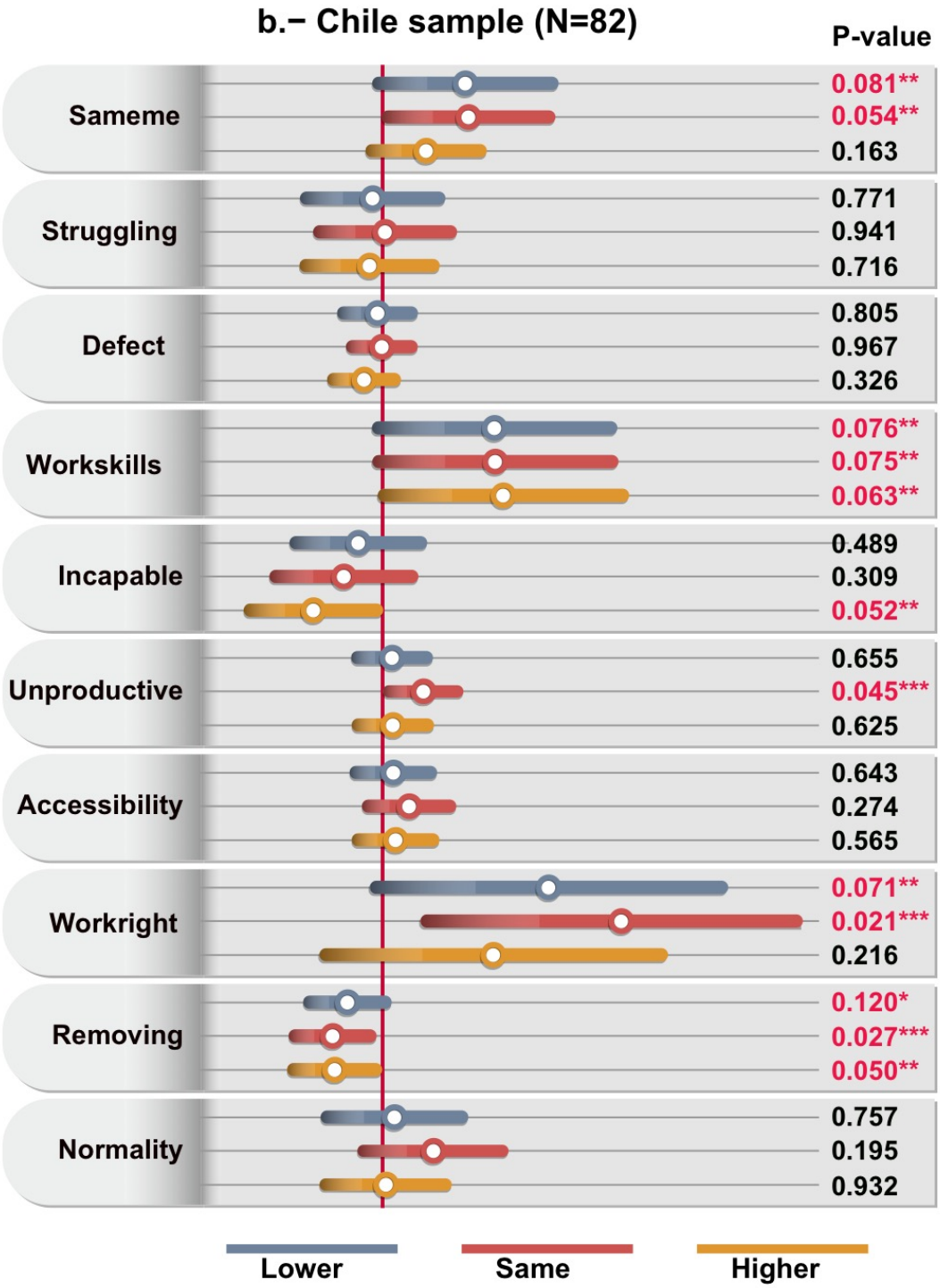

Figure XVII: Functional prejudices – Chile

Source: author's elaboration (Stata 14)

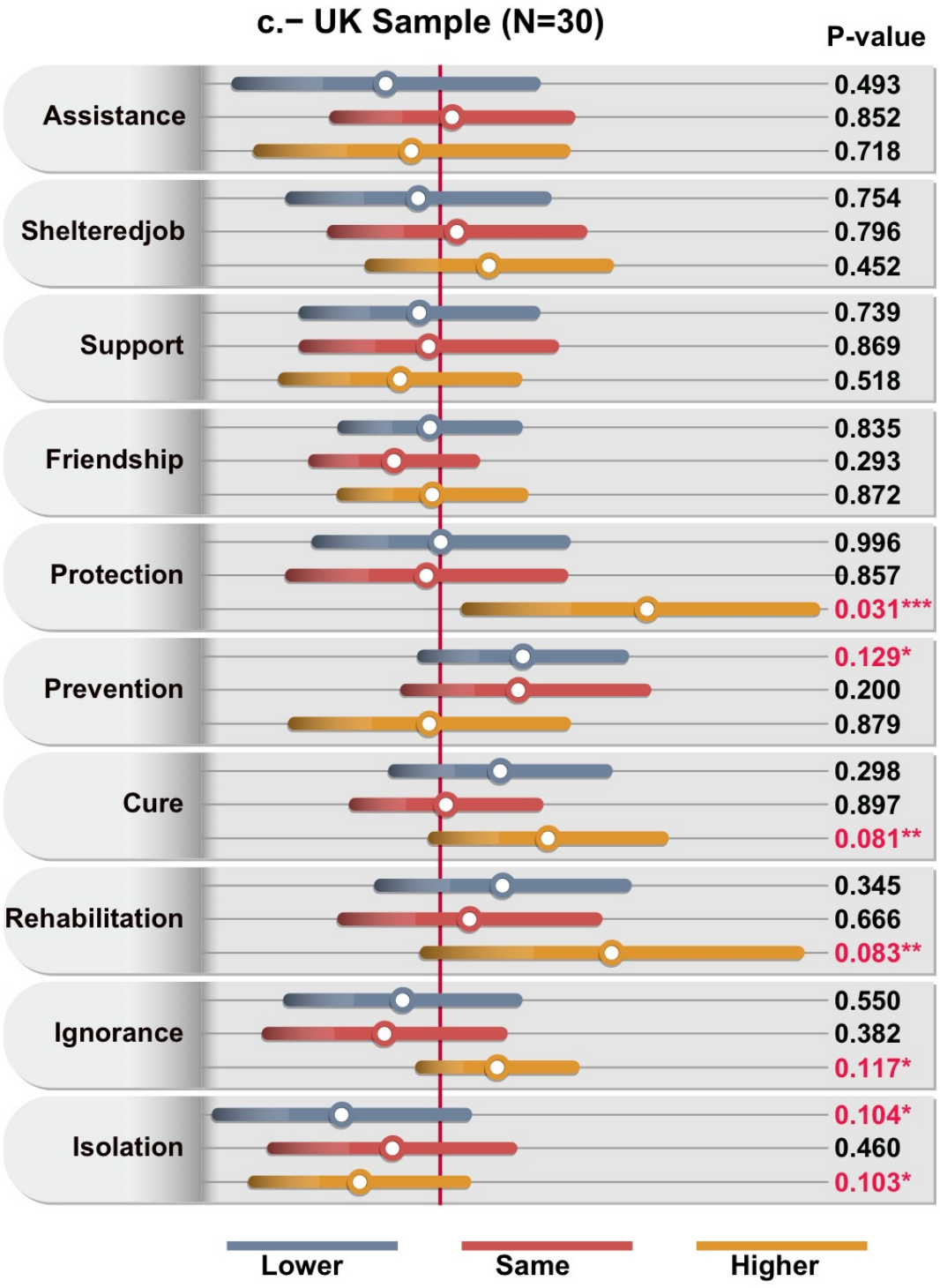

Figure XVIII: Institutional discrimination – UK

Source: author's elaboration (Stata 14)

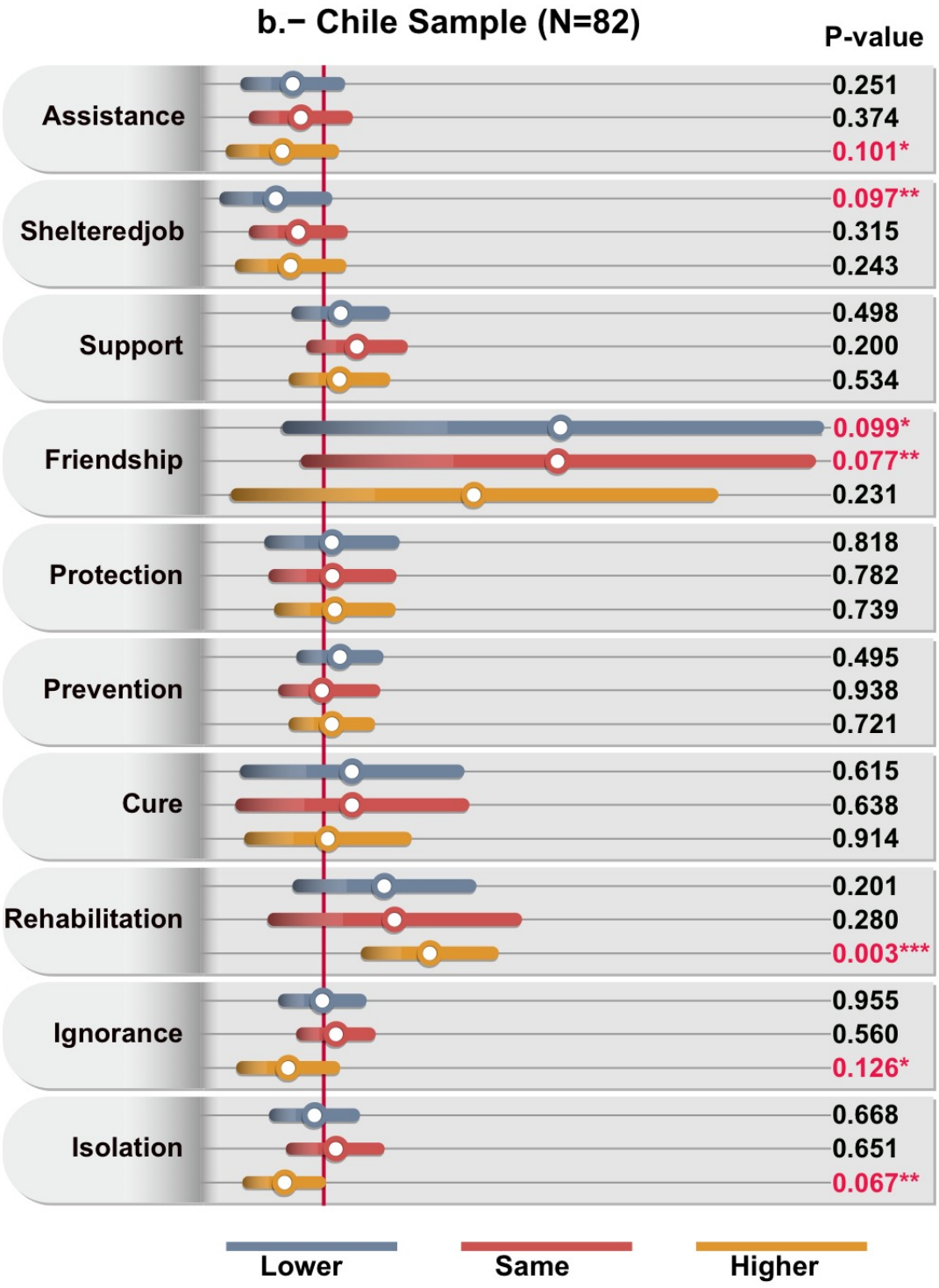

Figure XIX: Institutional discrimination – Chile

Source: author's elaboration (Stata 14)

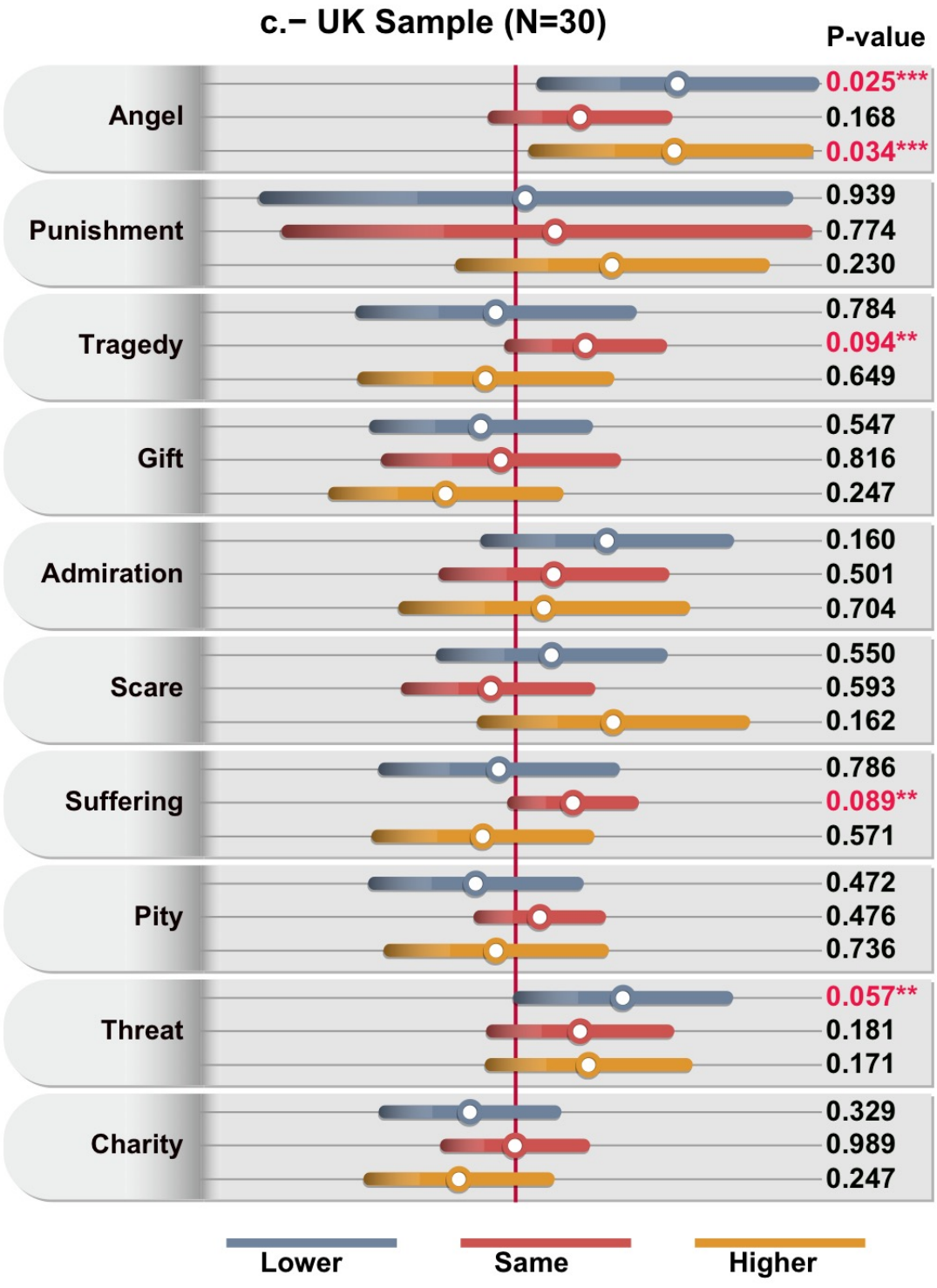

Figure XX: Cultural stereotypes – UK

Source: author's elaboration (Stata 14)

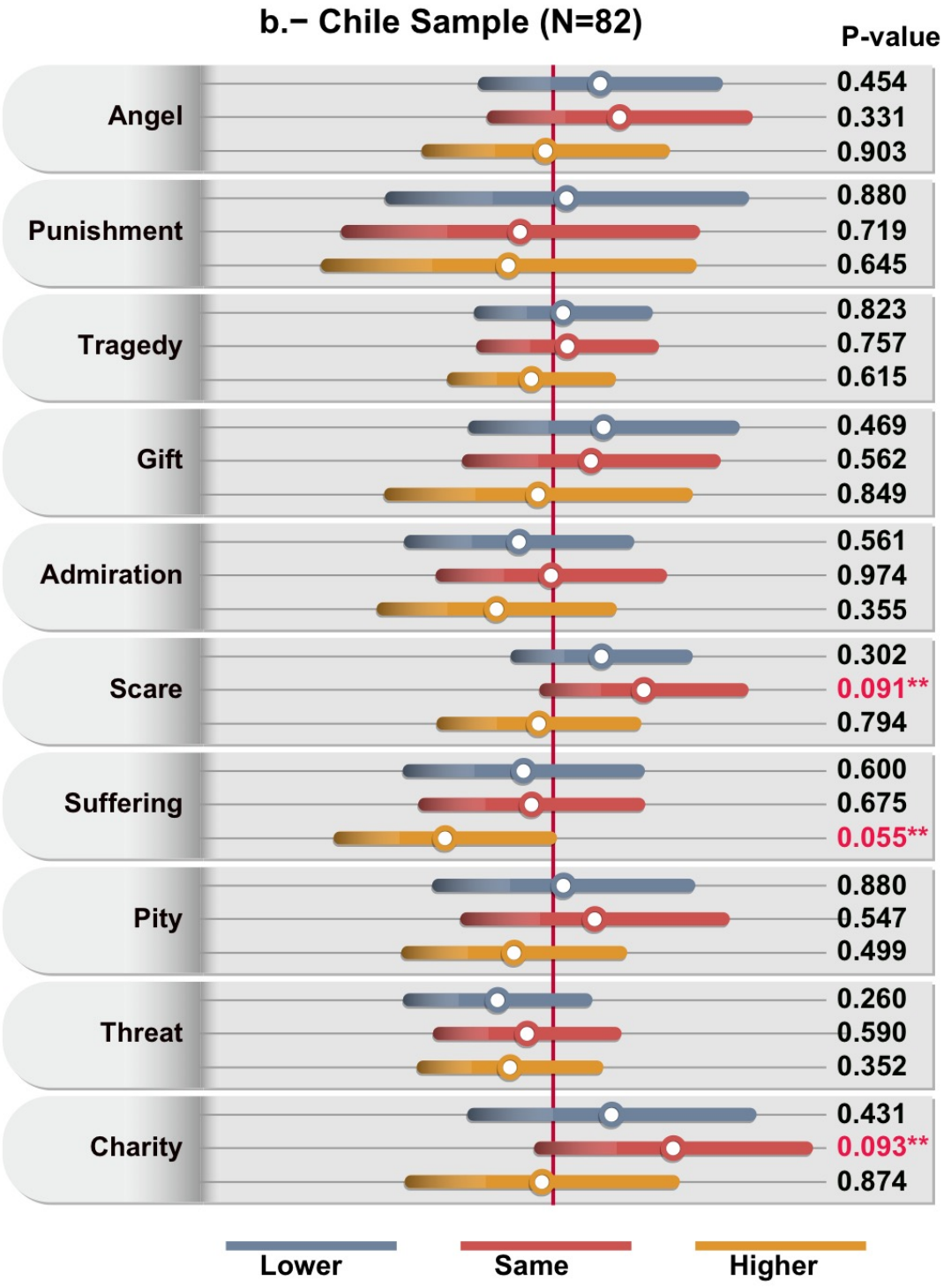

Figure XXI: Cultural stereotypes– Chile

Source: author's elaboration (Stata

Appendix 7: Physical disability

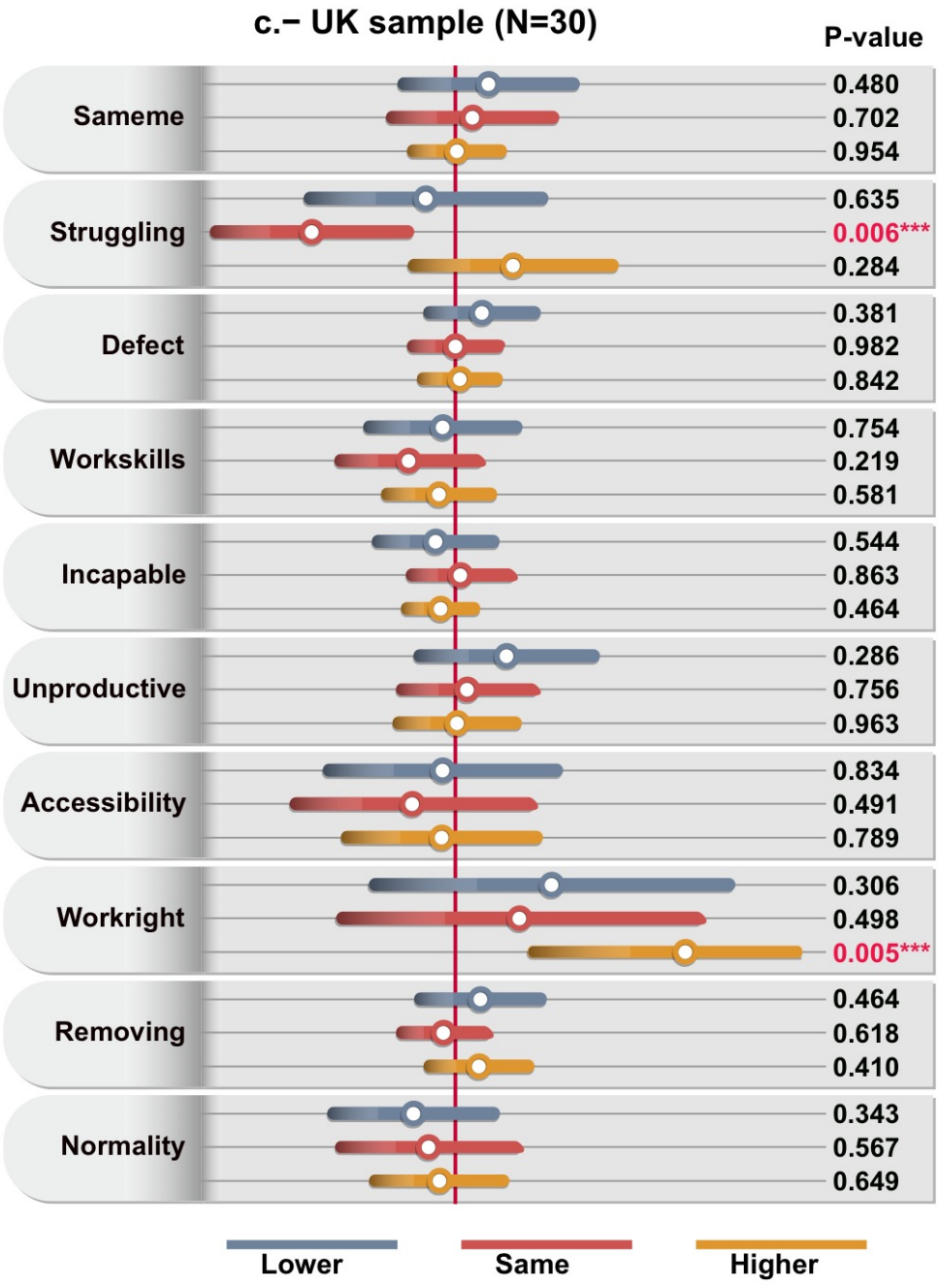

Figure XXII: Functional prejudices – UK

Source: author's elaboration (Stata 14)

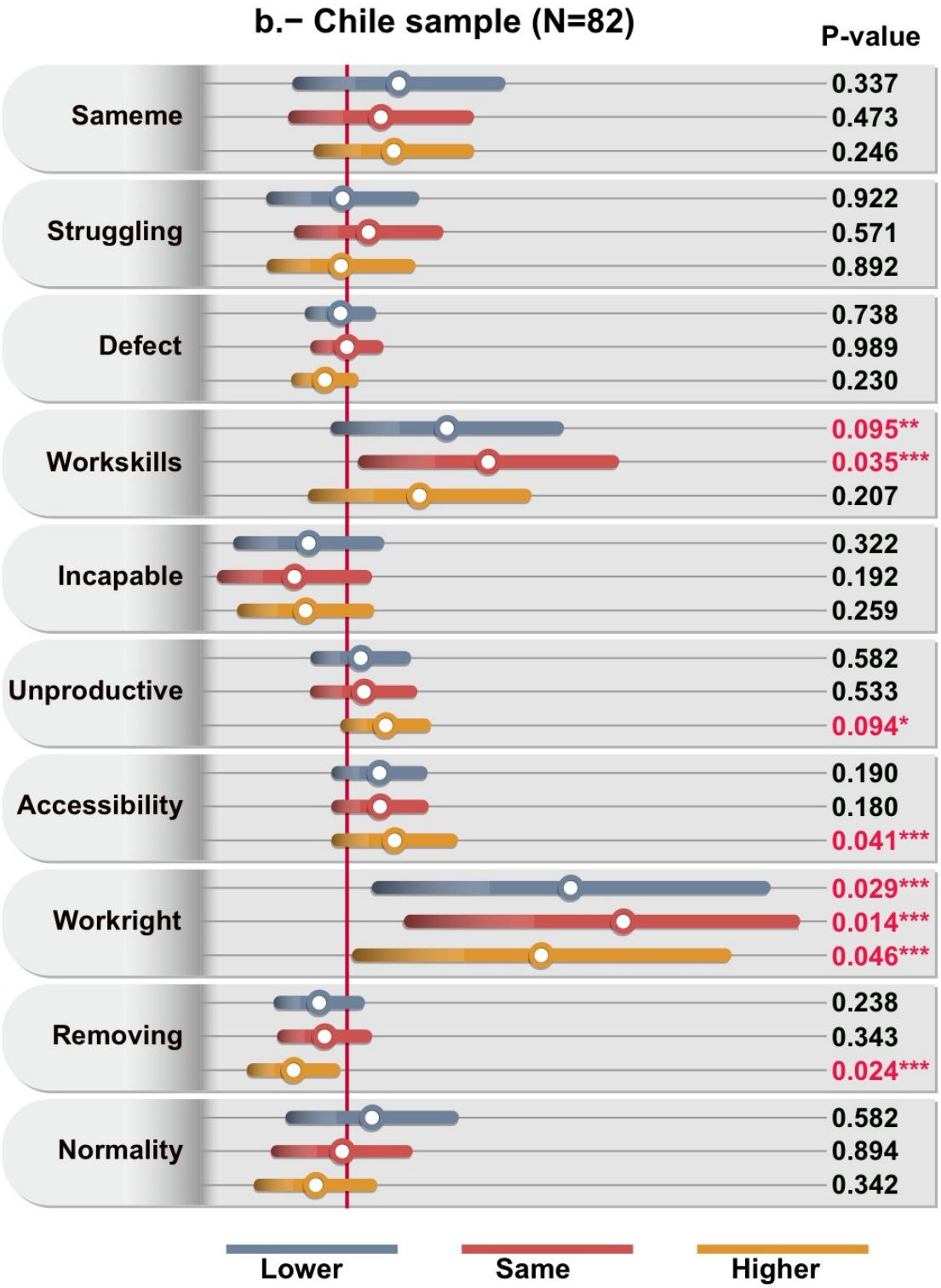

Figure XXIII: Functional prejudices – Chile

Source: author's elaboration (Stata 14)

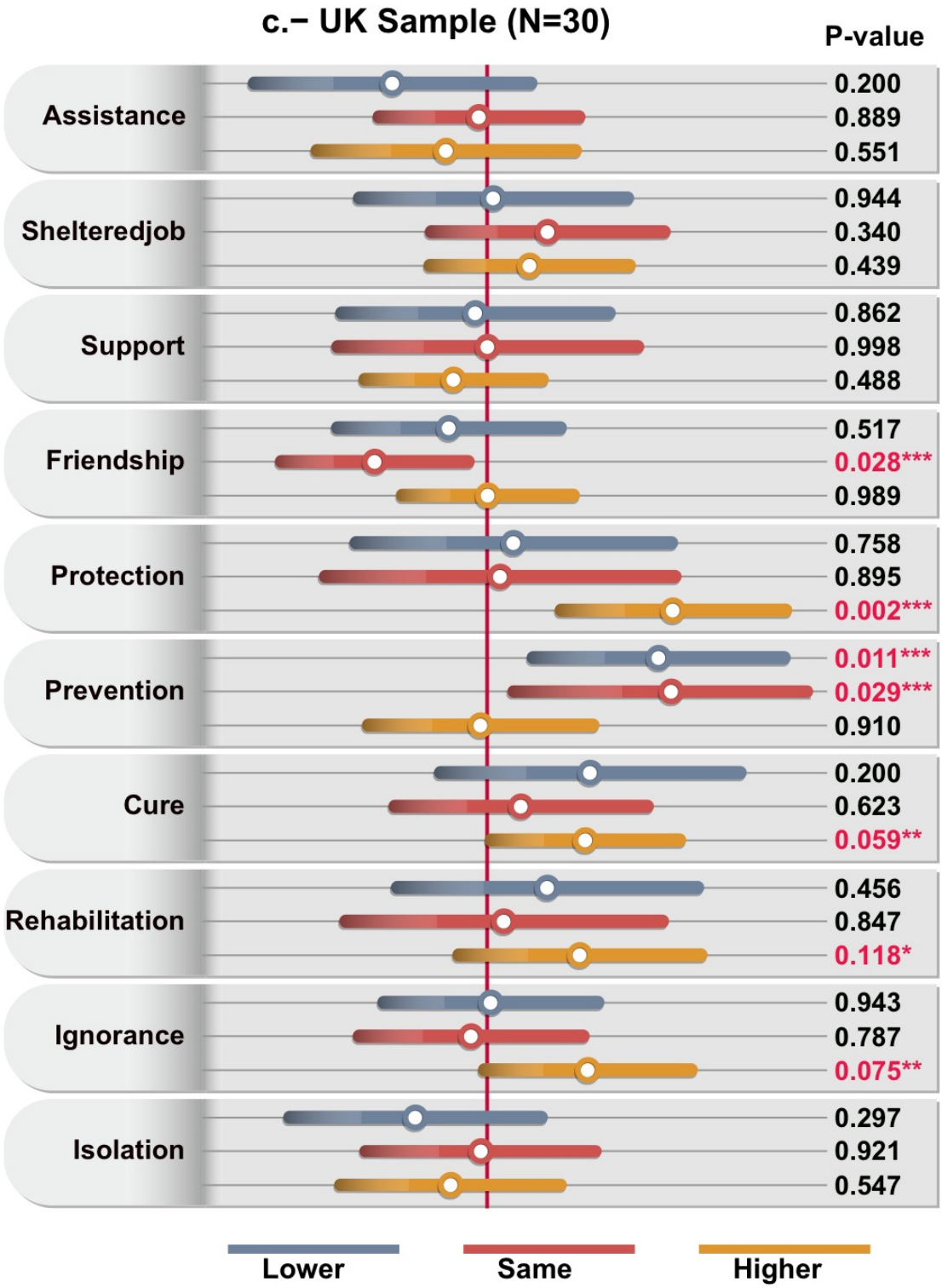

Figure XXIV: Institutional discrimination – UK

Source: author's elaboration (Stata 14)

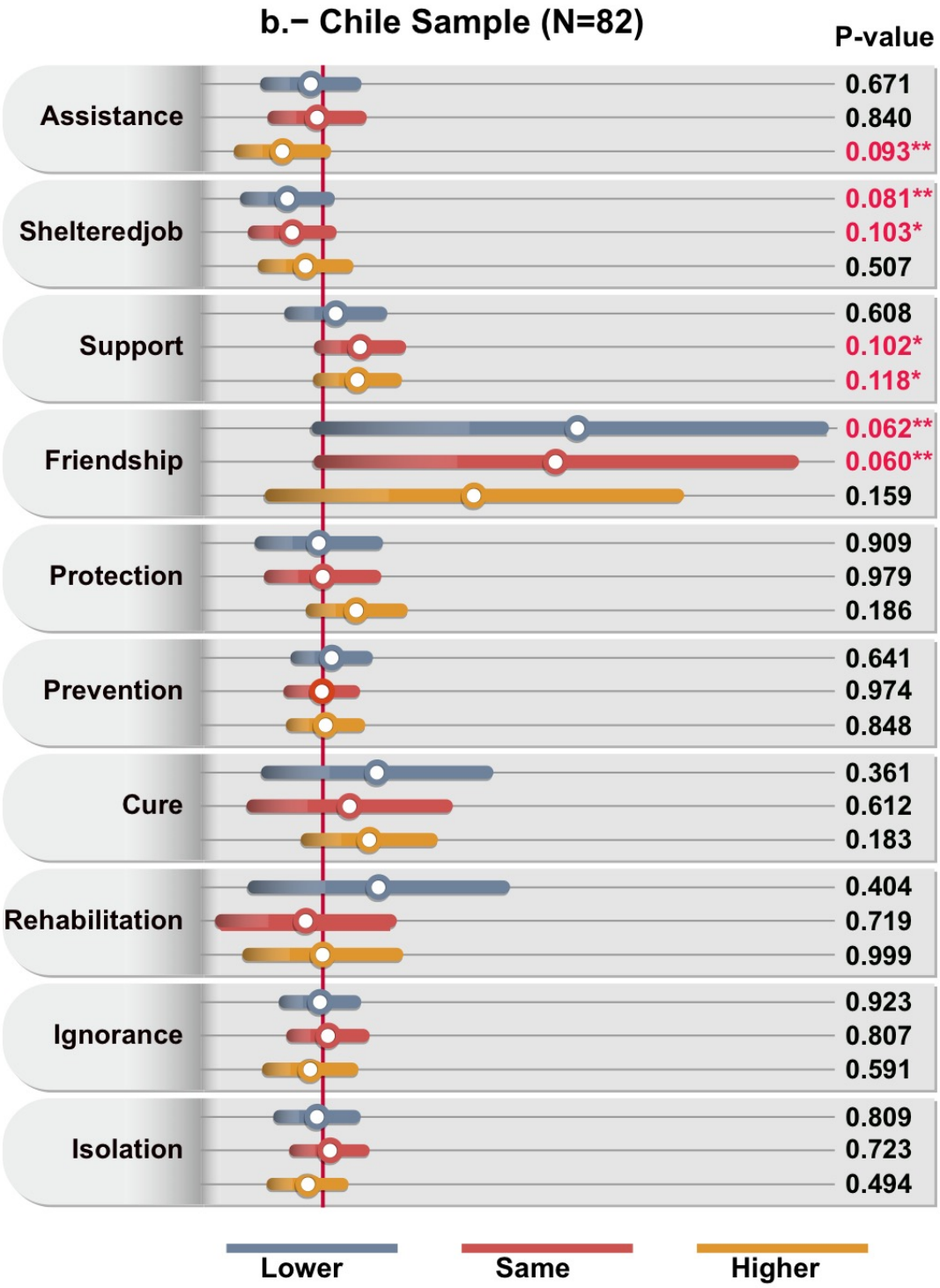

Figure XXV: Institutional discrimination – Chile

Source: author's elaboration (Stata 14)

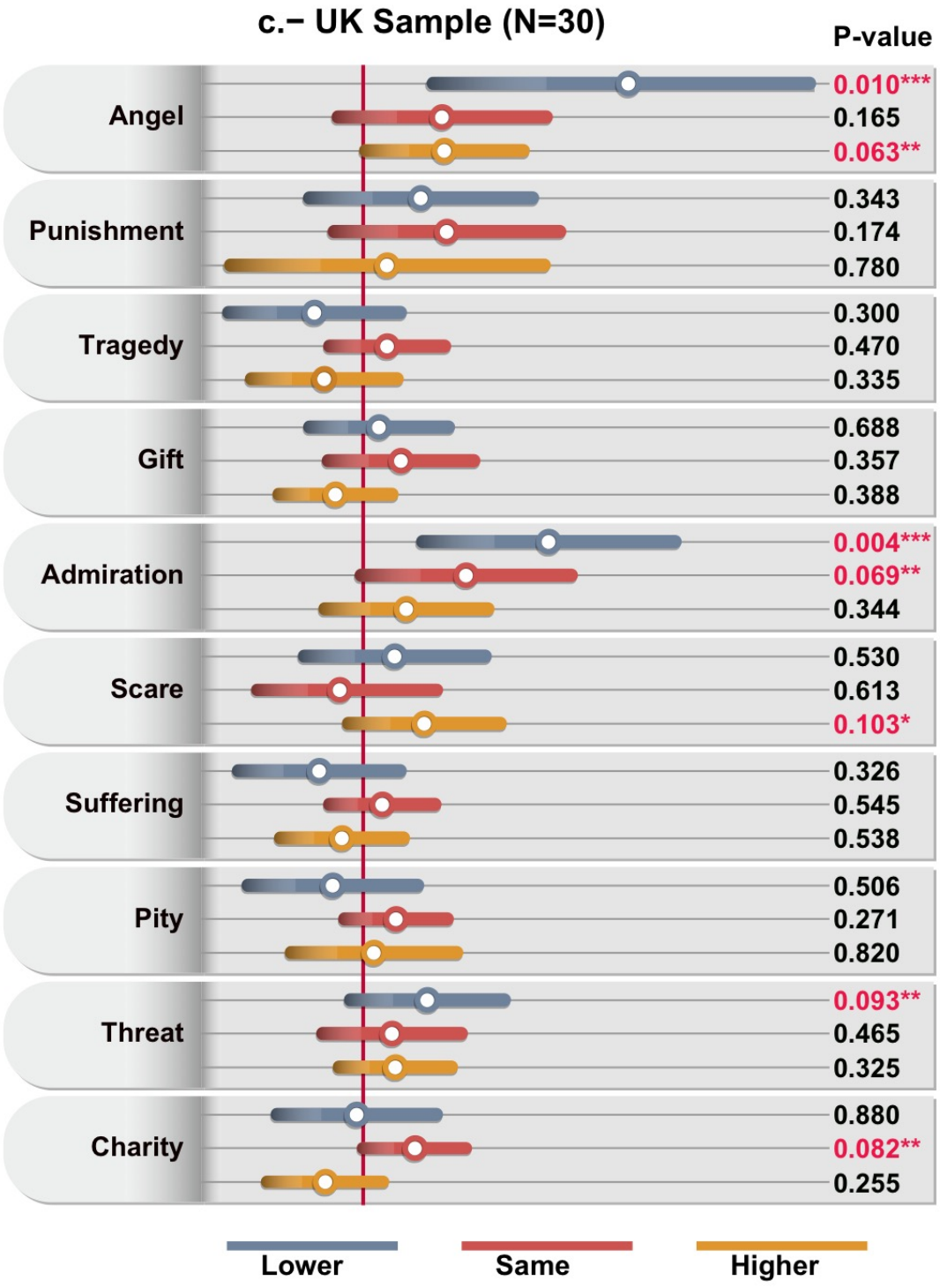

Figure XXVI: Cultural stereotypes – UK

Source: author's elaboration (Stata 14)

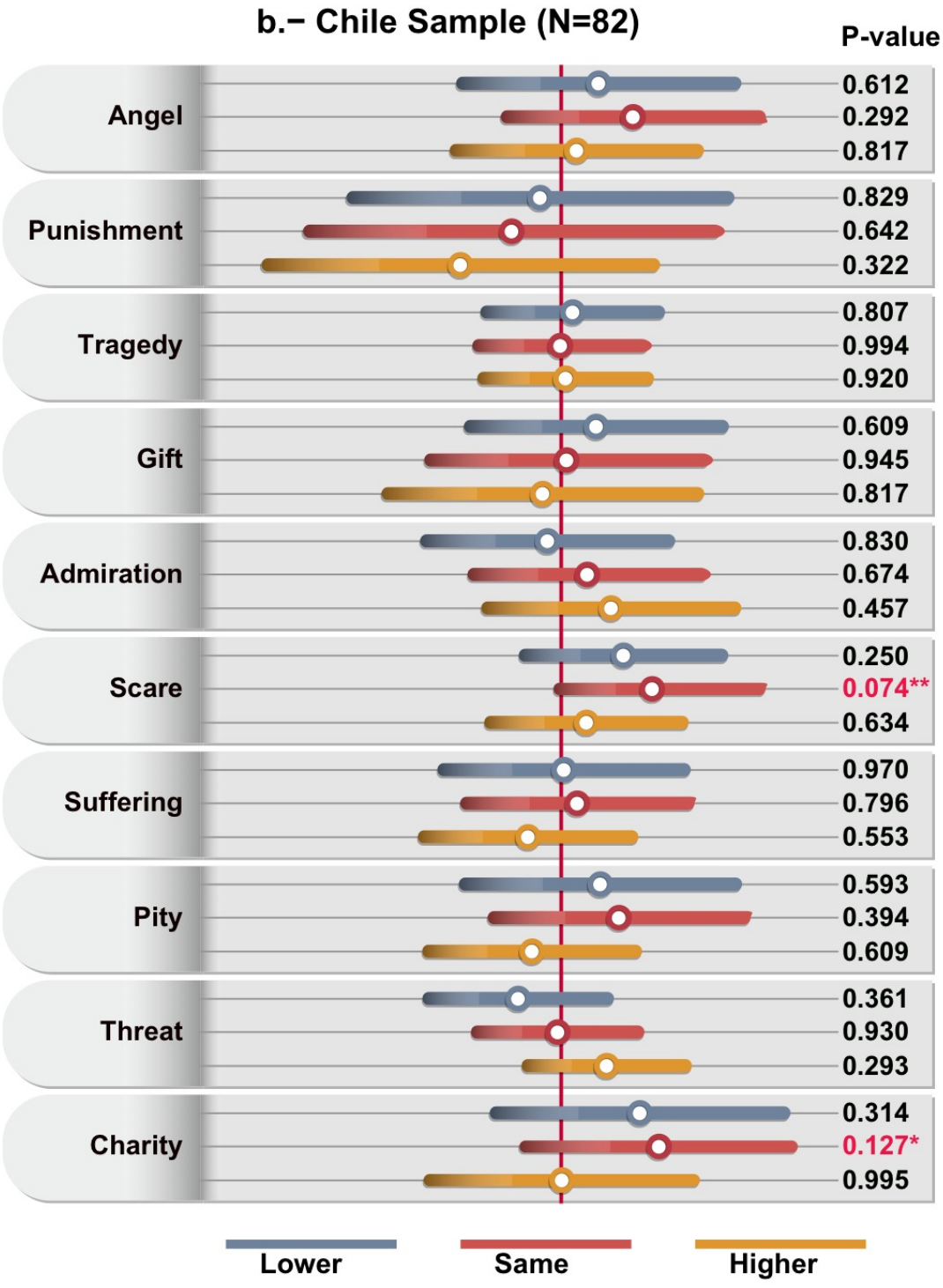

Figure XXVII: Cultural stereotypes– Chile

Source: author's elaboration (Stata 14)

Appendix 8: Mental disability

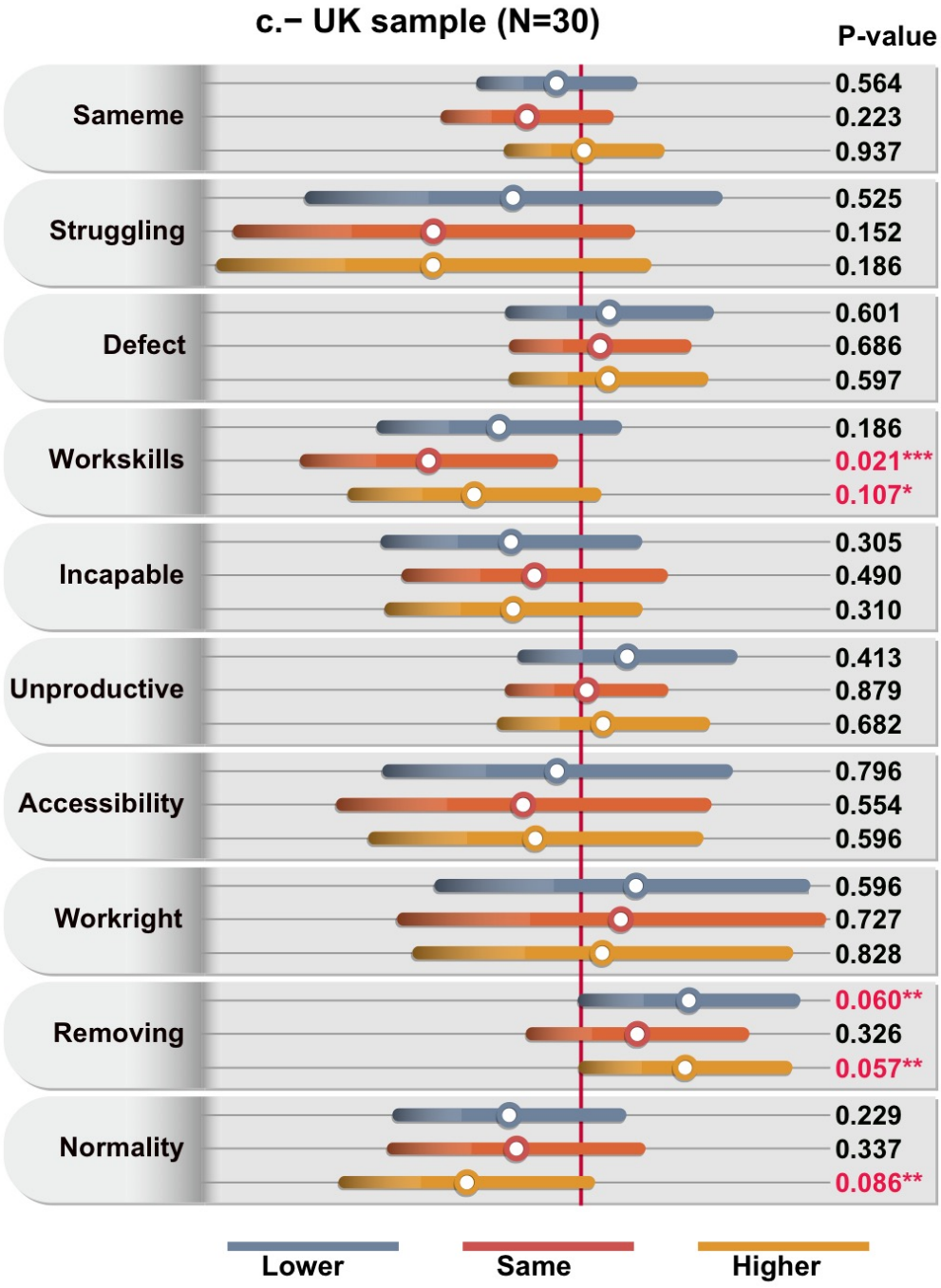

Figure XXVIII: Functional prejudices – UK

Source: author's elaboration (Stata 14)

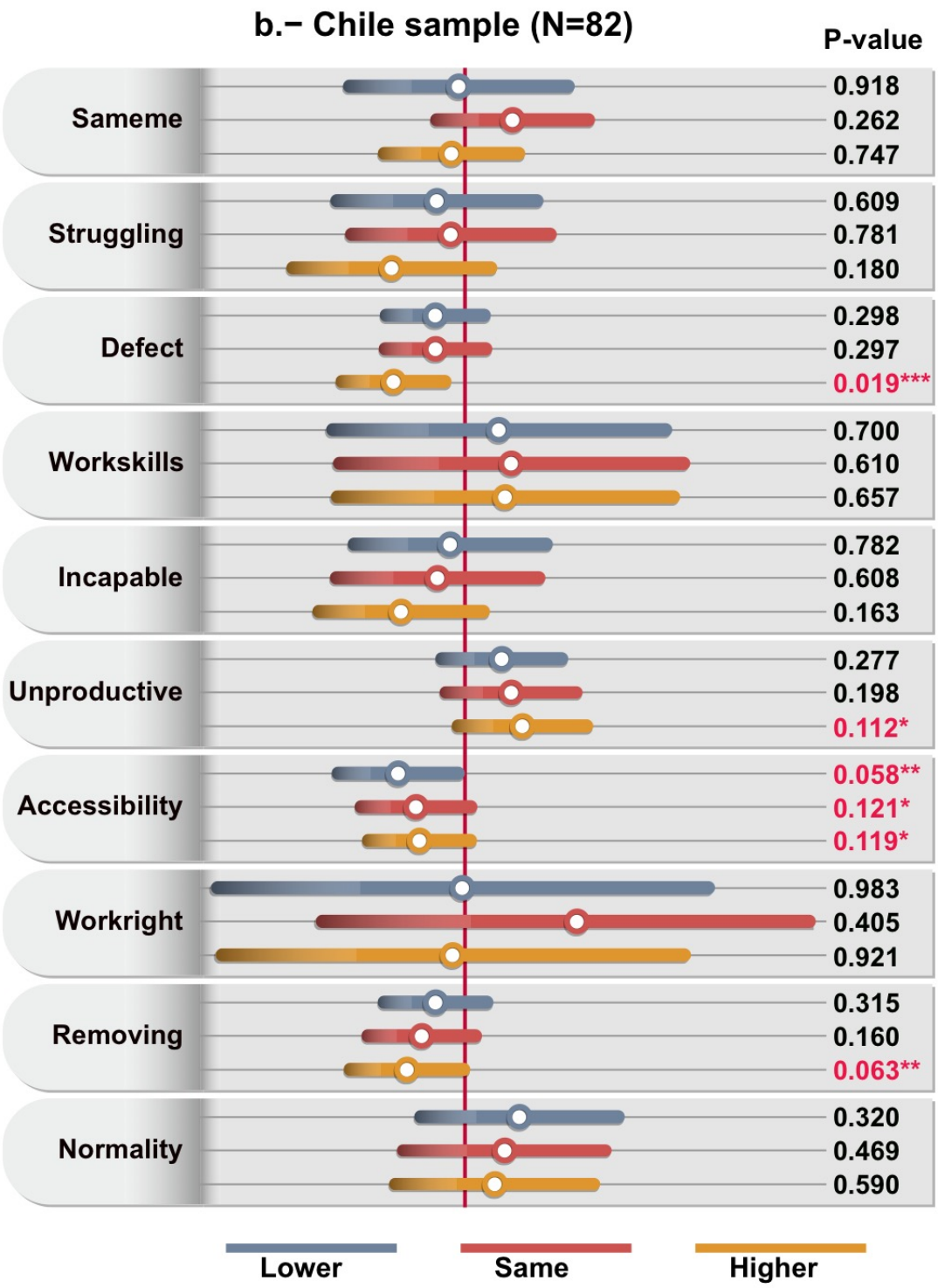

Figure XXIX: Functional prejudices – Chile

Source: author's elaboration (Stata 14)

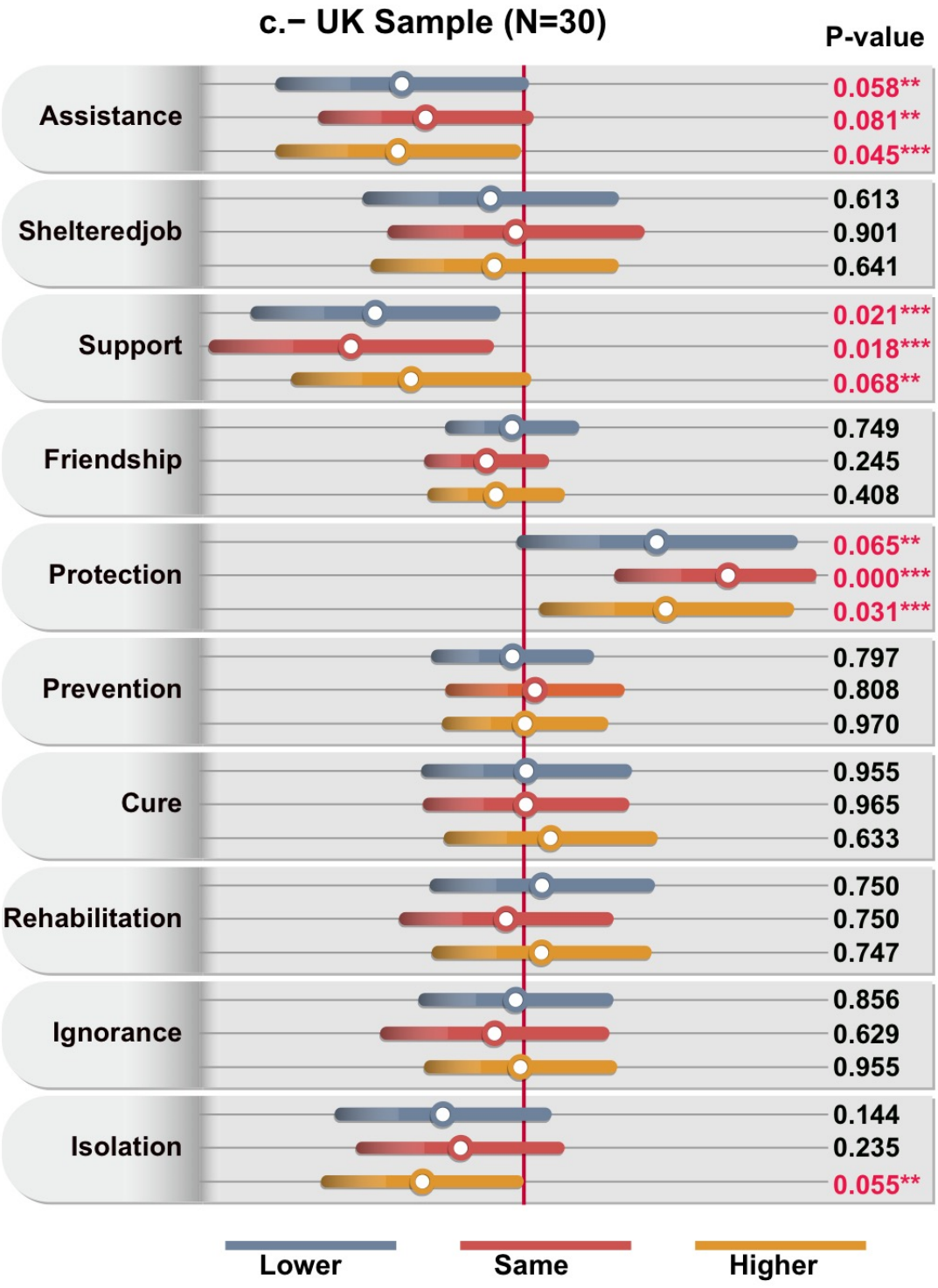

Figure XXX: Institutional discrimination – UK

Source: author's elaboration (Stata 14)

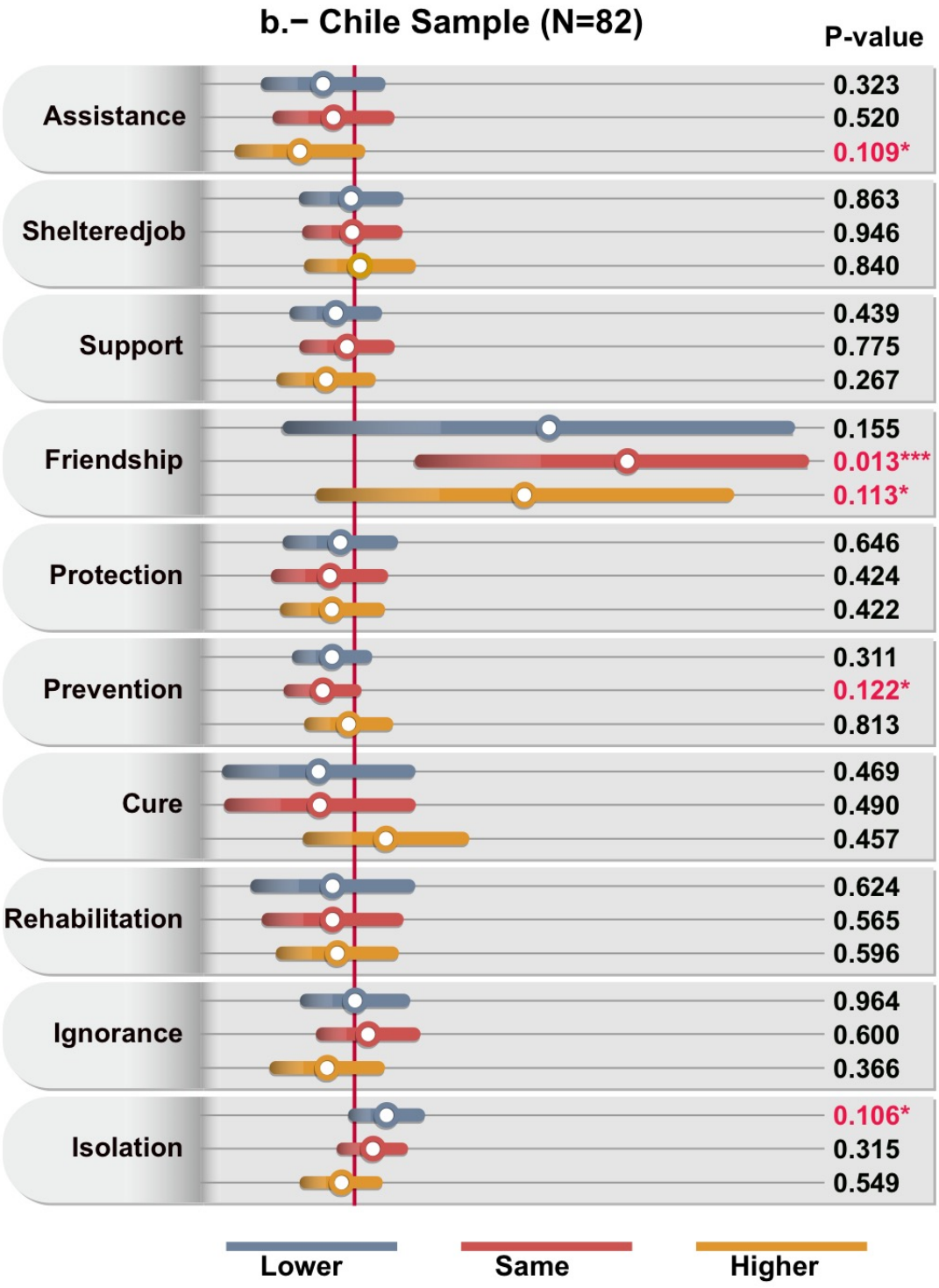

Figure XXXI: Institutional discrimination – Chile

Source: author's elaboration (Stata 14)

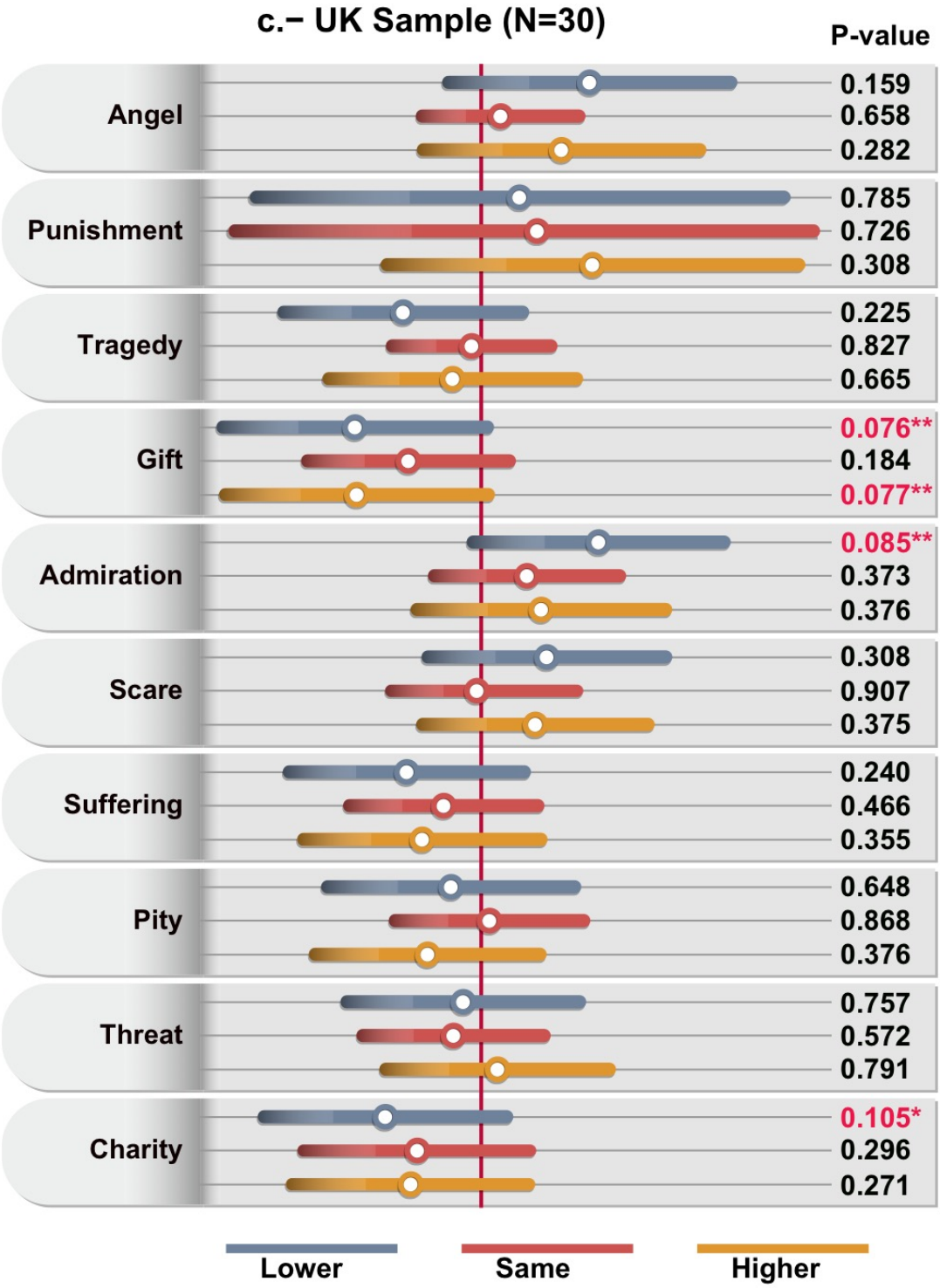

Figure XXXII: Cultural stereotypes – UK

Source: author's elaboration (Stata 14)

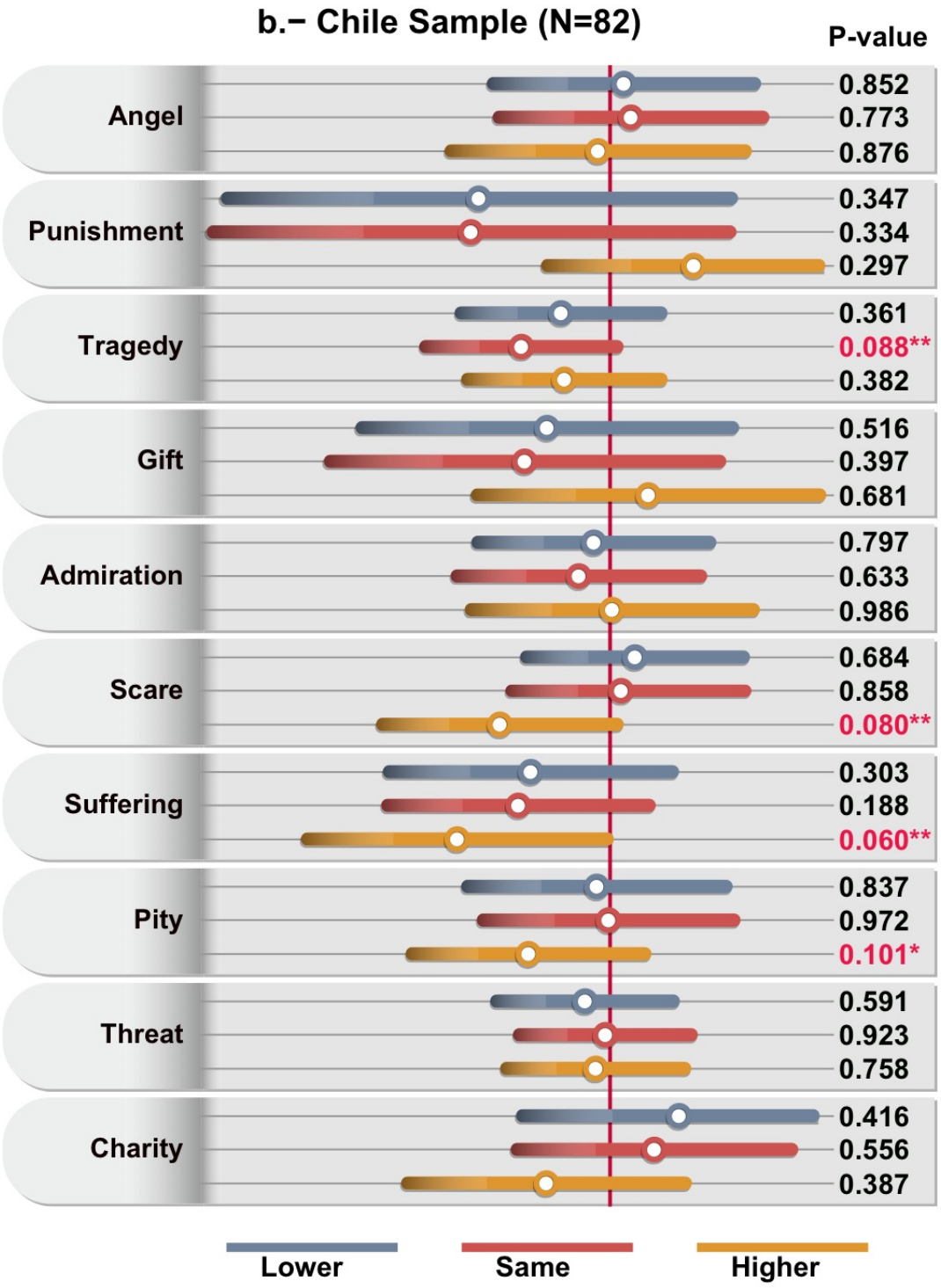

Figure XXXIII: Cultural stereotypes– Chile

Source: author's elaboration (Stata 14)

Appendix 9: Learning disability

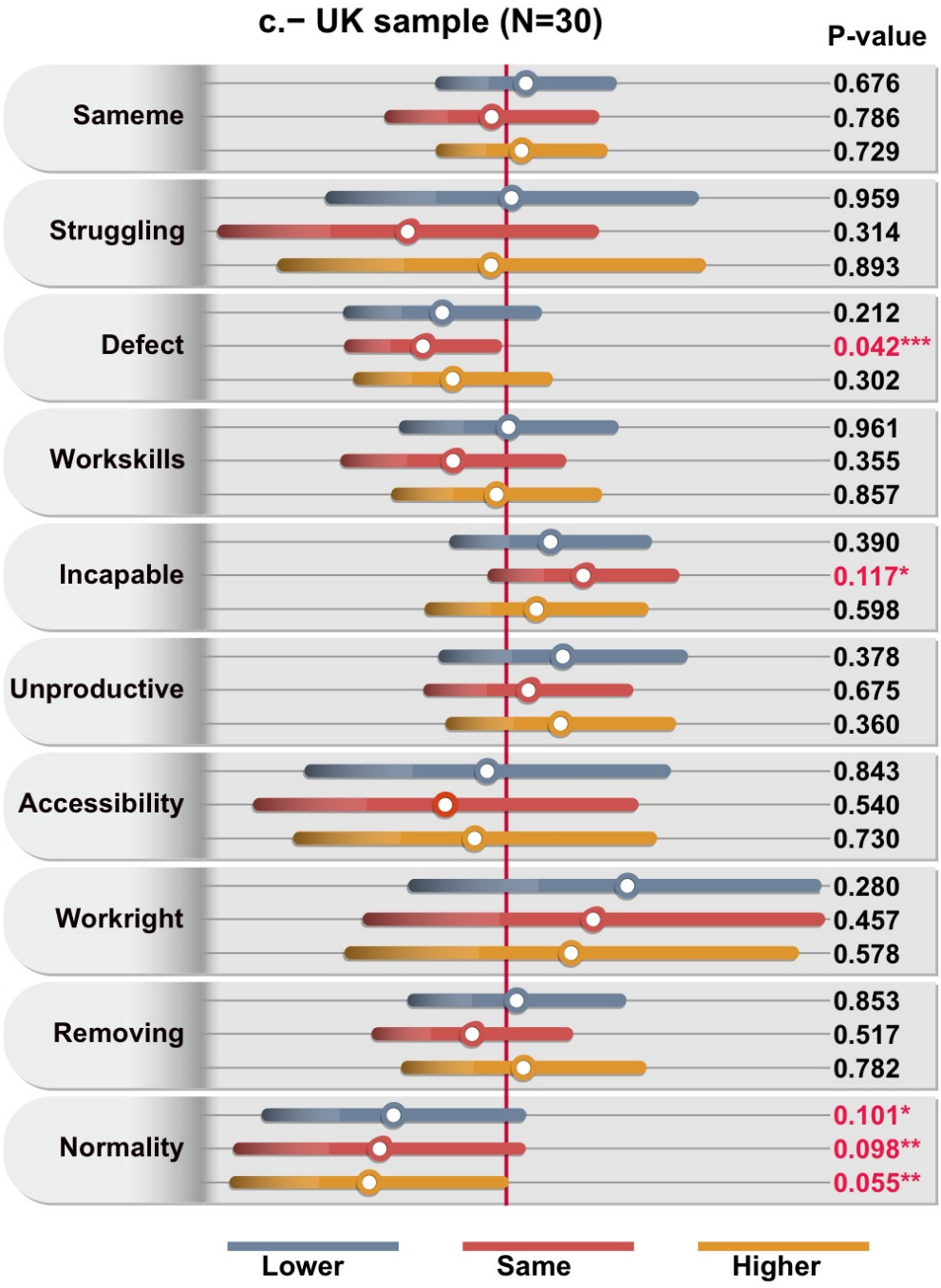

Figure XXXIV: Functional prejudices – UK

Source: author's elaboration (Stata 14)

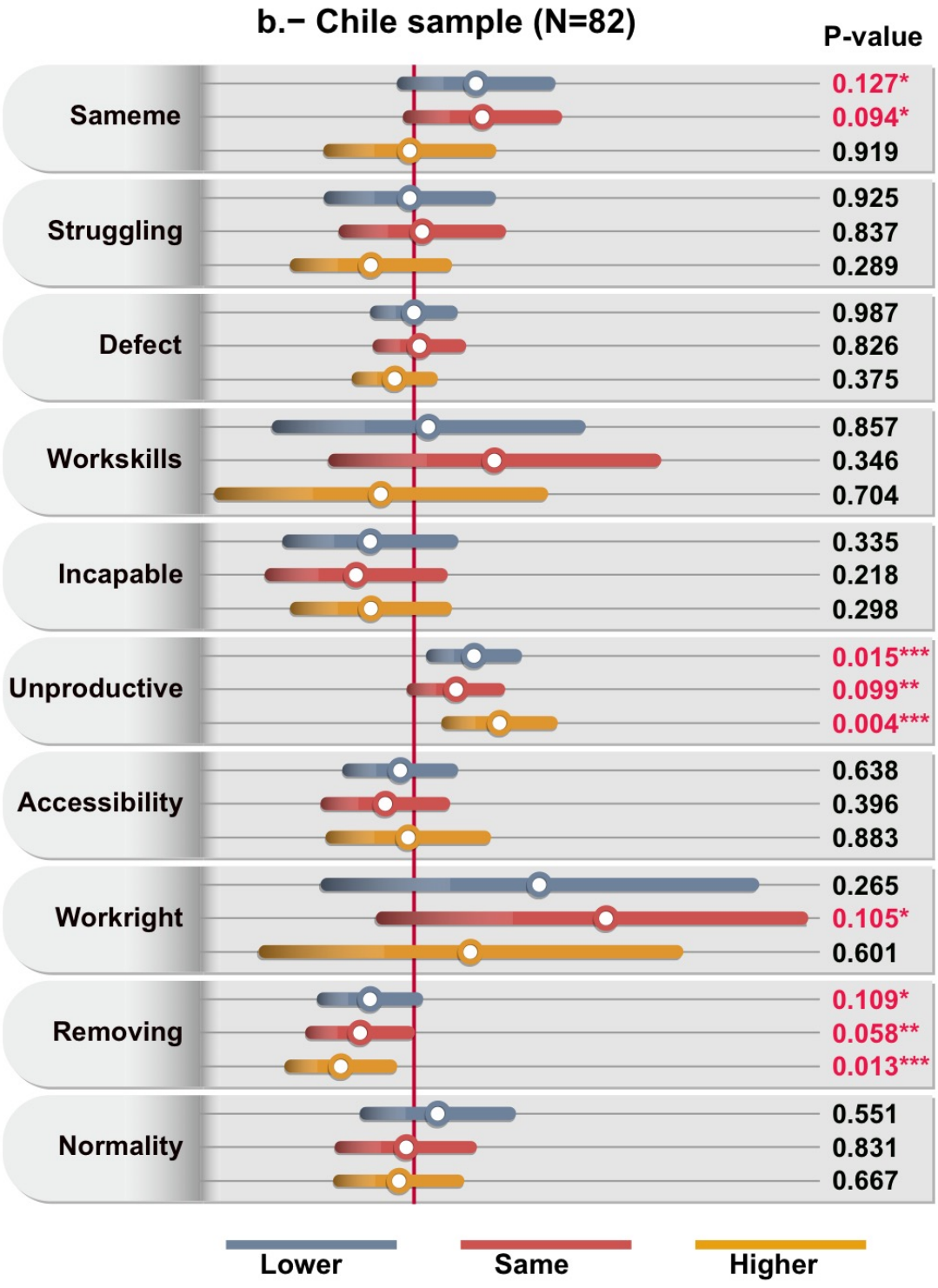

Figure XXXV: Functional prejudices – Chile

Source: author's elaboration (Stata 14)

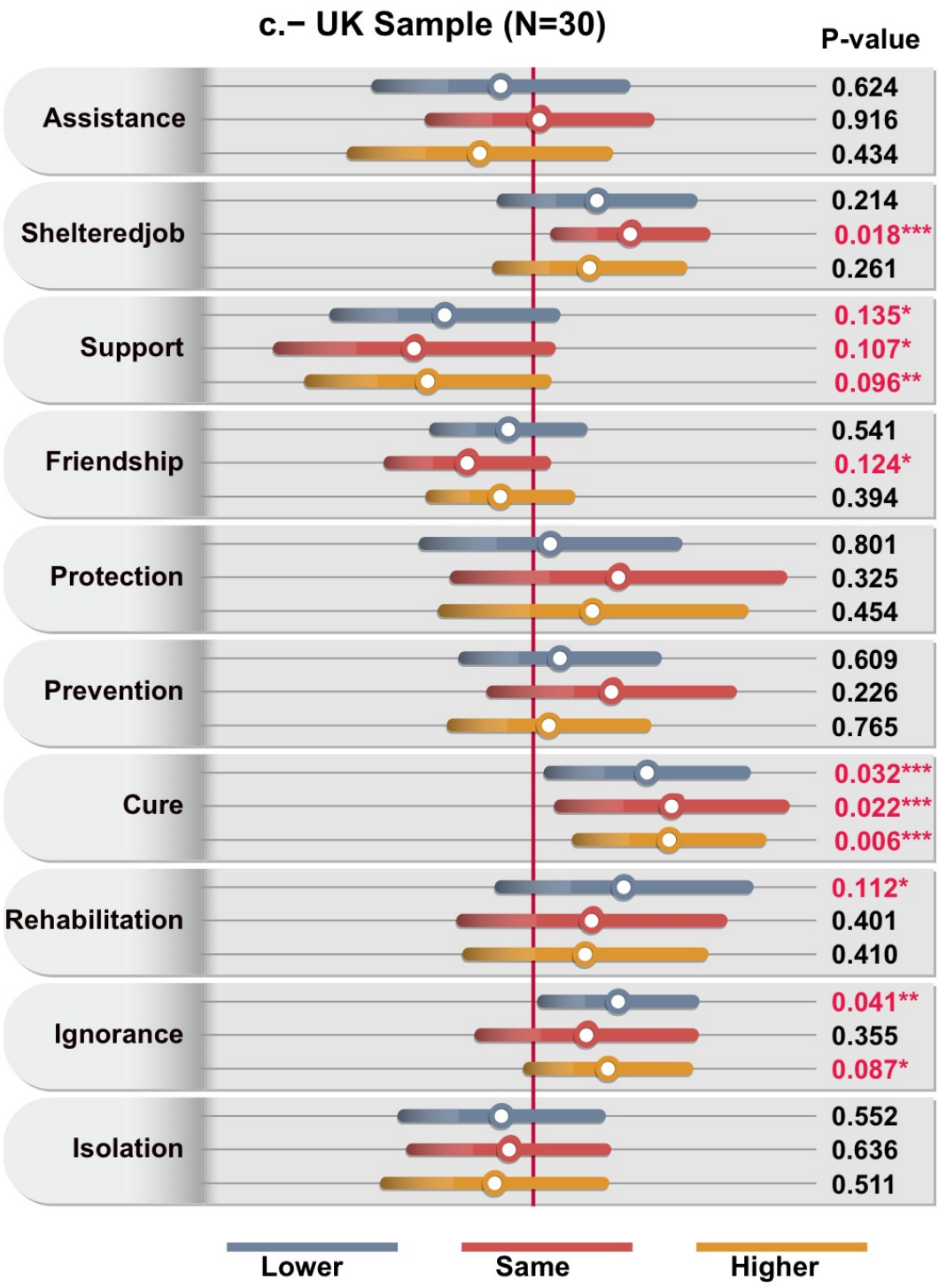

Figure XXXVI: Institutional discrimination – UK

Source: author's elaboration (Stata 14)

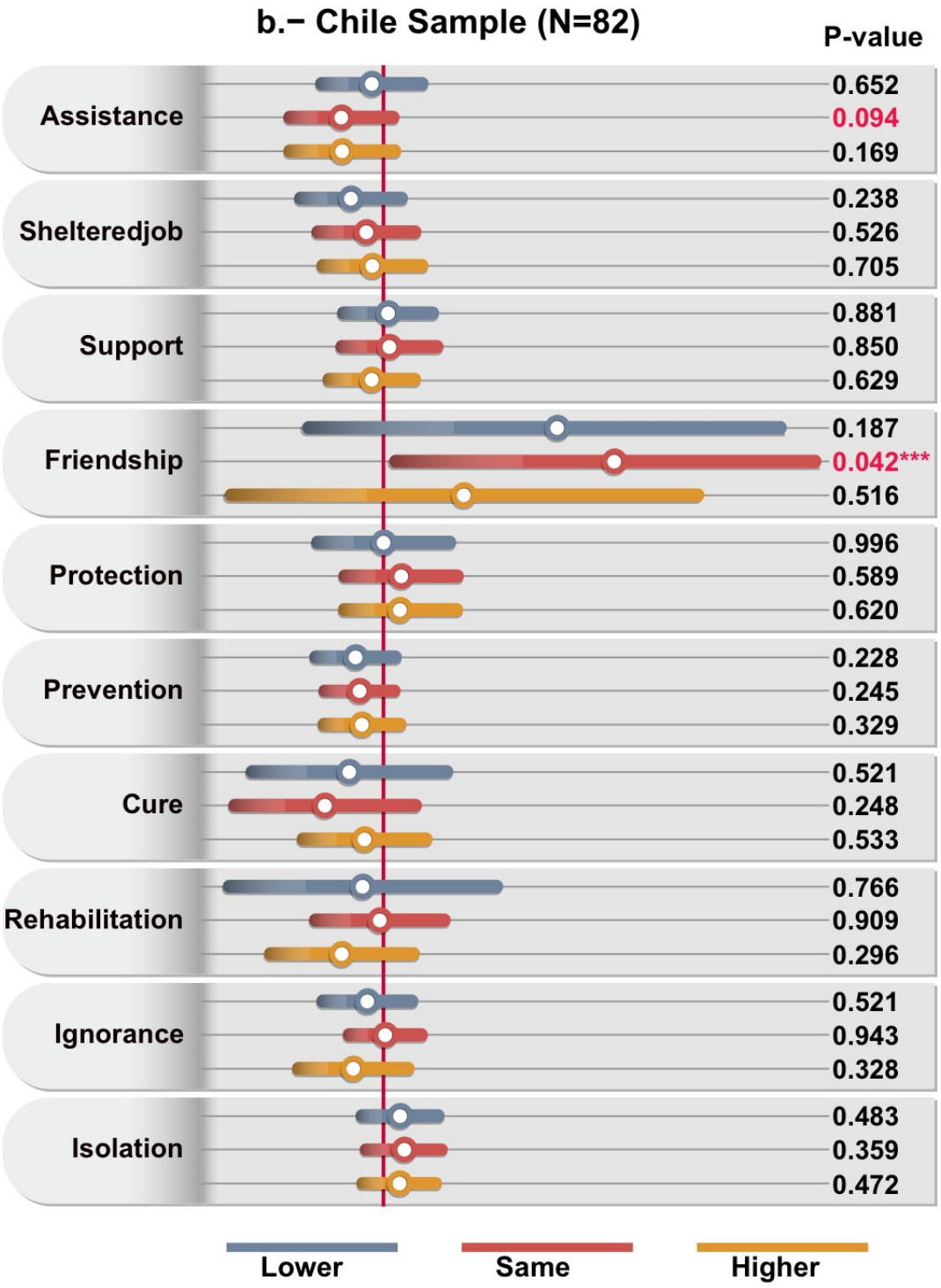

Figure XXXVII: Institutional discrimination – Chile

Source: author's elaboration (Stata 14)

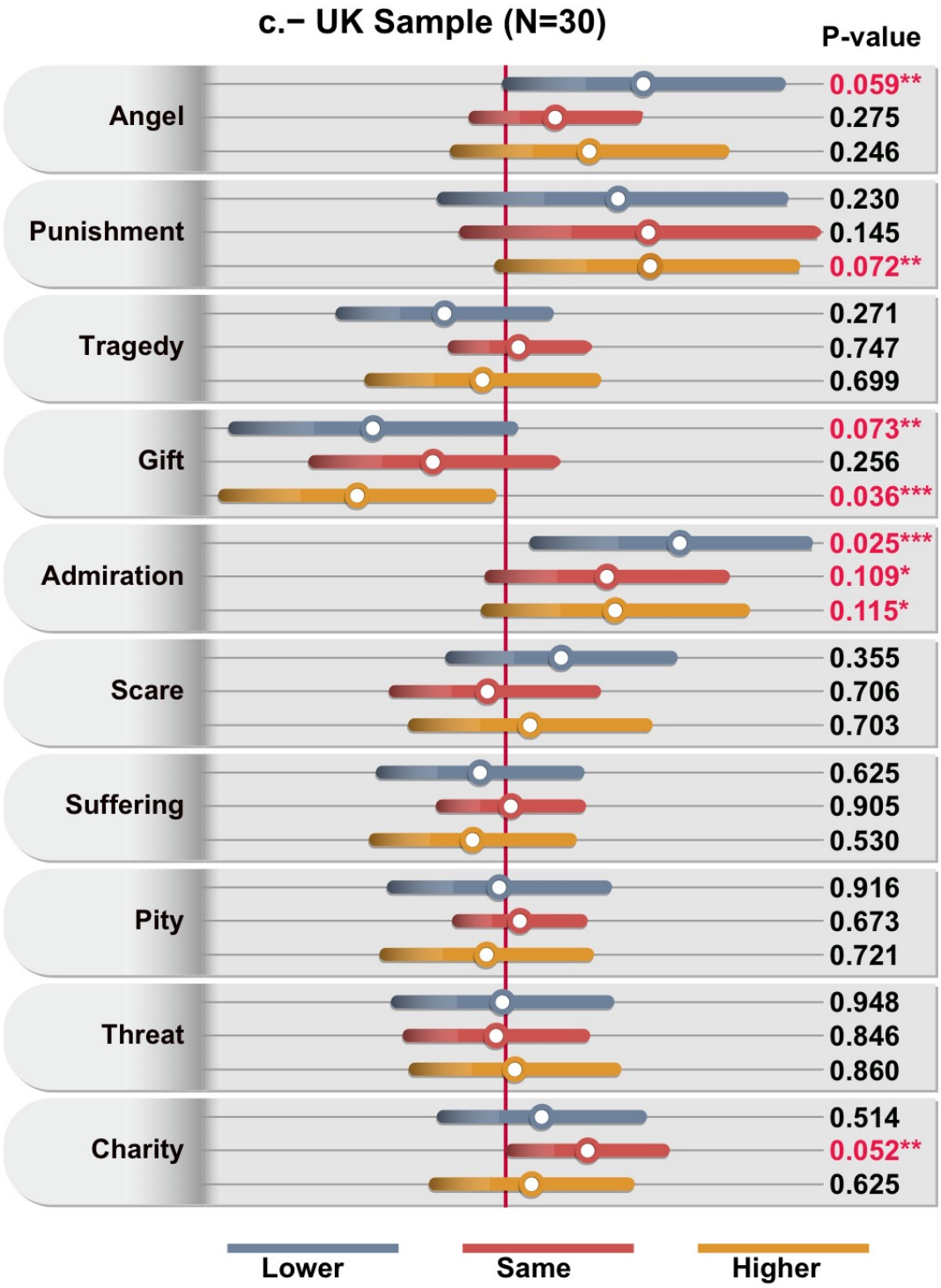

Figure XXXVIII: Cultural stereotypes – UK

Source: author's elaboration (Stata 14)

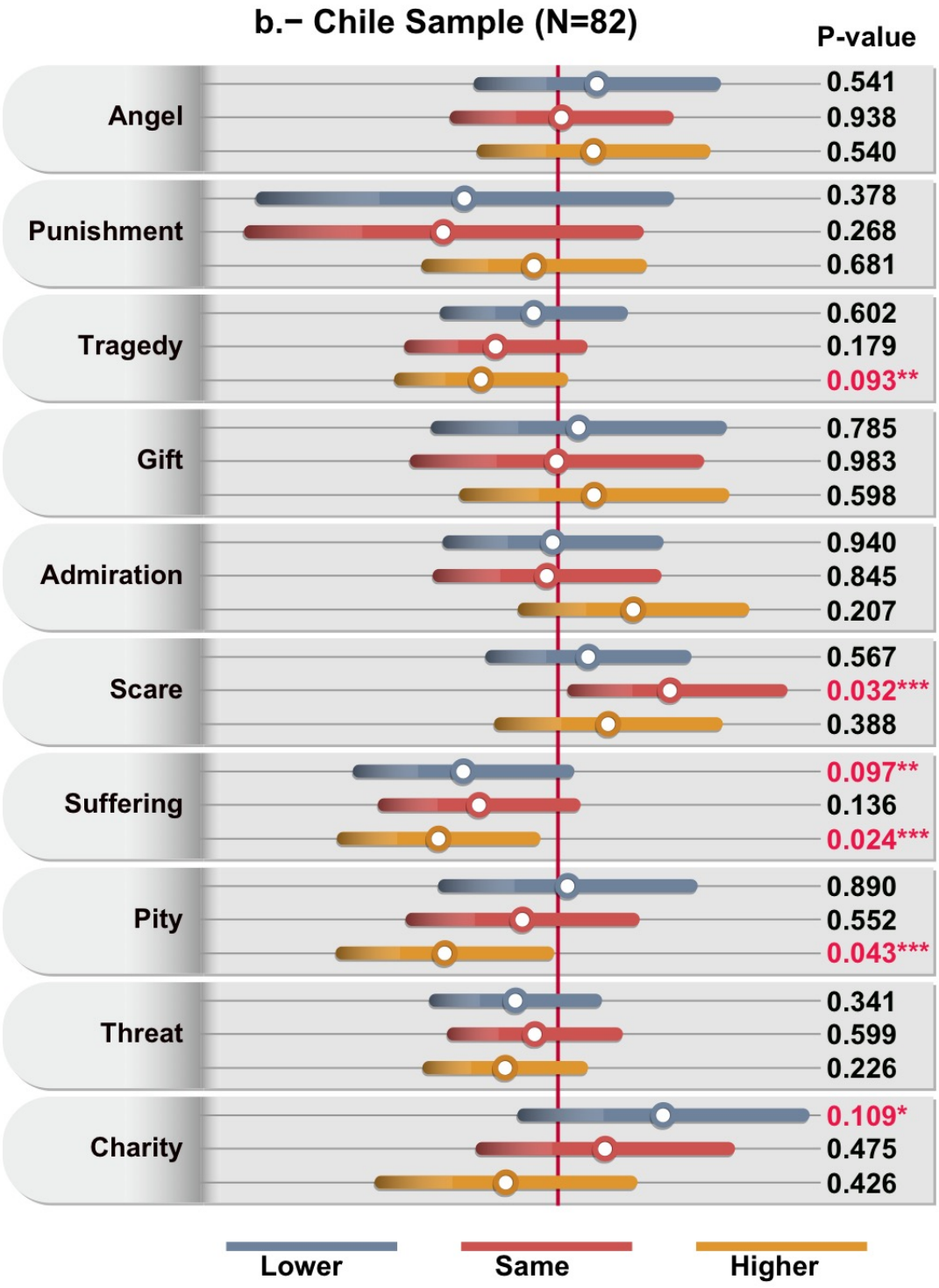

Figure XXXIX: Cultural stereotypes– Chile

Source: author's elaboration (Stata 14)

References

Abdel-Aty, M. A., & Radwan, A. E. (2000). Modeling traffic accident occurrence and involvement. *Accident Analysis & Prevention, 32*(5), 633-642.

ABIF, A. d. B. e. I. F. d. C. A. G. (2011). *La banca chilena 2011: un activo país*. Santiago, Chile Retrieved from https://www.abif.cl/wp-content/uploads/2015/02/Banca-2011.pdf

Abrams, D., & Hogg, M. A. (2006). Social identifications: A social psychology of intergroup relations and group processes: Routledge.

Abrams, D. E., & Hogg, M. A. (1990). *Social identity theory: Constructive and critical advances*: Springer-Verlag Publishing.

Ajzen, I. (2001). Nature and operation of attitudes. *Annual Review of Psychology, 52*(1), 27-58.

Al Ramiah, A., Hewstone, M., Dovidio, J. F., & Penner, L. A. (2010). The social psychology of discrimination: theory, measurement and consequences. *Making Equality Count: Irish and International Research Measuring Equality and Discrimination. Dublin, Ireland, The Equality Authority*.

Allport, G. W. (1954). *The nature of prejudice*. Cambridge, Mass.: Addison-Wesley Pub. Co.

Altman, I., & Chemers, M. M. (1980). Cultural aspects of environment-behavior relationships. *Handbook of cross-cultural psychology, 5*, 355-395.

Amoako, S., Opoku, M. P., Nketsia, W., Edusei, A. K., Afriyie, S. A., Badu, E. J. D., & Rehabilitation. (2019). Inclusivity in neo-liberal policy environment: preparedness of mass media to support disability awareness campaigns in Ghana. 1-9.

Antonak, R. F. J. J. o. A. R. C. (1982). Development and psychometric analysis of the Scale of Attitudes Toward Disabled Persons. *13*(2), 22-29.

Atkins, A. L., Deaux, K. K., & Bieri, J. (1967). Latitude of acceptance and attitude change: Empirical evidence for a reformulation. *Journal of personality and social psychology, 6*(1), 47.

Badia-Miró, M. J. E. d. E. (2015). The evolution of the location of economic activity in Chile in the long run: a paradox of extreme concentration in absence of agglomeration economies. *42*(2).

Barnes, C. (2003). What a Difference a Decade Makes: Reflections on doing 'emancipatory' disability research. *Disability & Society, 18*(1), 3-17. doi:10.1080/713662197

Barnes, C. (2007). disability activism and the struggle for change. *Education, Citizenship and Social Justice, 2*(3), 203-221. doi:10.1177/1746197907081259

Barnes, C. (2011). Understanding Disability and Importance of Design for All. *Journal of Accessibility and Design for All, 1*(1).

Barnes, C., & Mercer, G. (2005). Disability, work, and welfare. *Work, employment and society, 19*(3), 527-545. doi:10.1177/0950017005055669

Barrera, P., & Fritz, M. (2009). Integración laboral de personas con discapacidad física pertenecientes a agrupaciones de la red provincial de y

para la discapacidad de Concepción que se encontraban trabajando durante el año 2008 [Analysis of the inclusion process of persons with physical disabilities who were working in 2008 in the province of Concepción](Undergraduate thesis, Universidad de Concepción, Chile). In.

Barton, L. (1989). *Disability and dependency*: Psychology Press.

Bassili, J. N., & Roy, J. P. (1998). On the representation of strong and weak attitudes about policy in memory. *Political Psychology, 19*(4), 669-681.

Bazna, M. S., & Hatab, T. A. (2005). Disability in the Qur'an: The Islamic alternative to defining, viewing, and relating to disability. *Journal of Religion, Disability & Health, 9*(1), 5-27.

Beckett, A. E., Campbell, T. J. D., & Society. (2015). The social model of disability as an oppositional device. *30*(2), 270-283.

Bell, D., & Heitmueller, A. (2009). The Disability Discrimination Act in the UK: Helping or hindering employment among the disabled? *Journal of health economics, 28*(2), 465-480.

Bem, D. J. (1970). Beliefs, attitudes, and human affairs.

Berg, C. R. (2002). *Latino images in film : stereotypes, subversion, and resistance*. Austin, Tex.; Chesham: University of Texas Press ; Combined Academic.

Berman, B. R. (2005). *Desarrollo Inclusivo: un aporte universal desde la discapacidad.* Paper presented at the Discurso pronunciado durante el Primer Congreso Interamericano y Tercer Seminario Nacional sobre Discapacidad y Derechos Humanos: Desafío para el Desarrollo Social Inclusivo, en la Ciudad de Panamá, del.

Bernabe-Ortiz, A., Diez-Canseco, F., Vasquez, A., Kuper, H., Walsham, M., & Blanchet, K. J. B. o. (2016). Inclusion of persons with disabilities in systems of social protection: a population-based survey and case–control study in Peru. *6*(8).

Berry, J. W. (2002). Cross-cultural psychology: Research and applications: Cambridge University Press.

Bichard, J., Langdon, P., & Coleman, R. (2007). Does My Stigma Look big in this? Considering the Acceptability and Desirability in the Inclusive Design of Technology Products. In *Universal Access In Human Computer Interaction. Coping with Diversity* (pp. 622-631). Berlin: Heidleberg: Springer.

Bichard, J.-A., Coleman, R., & Langdon, P. (2007). Does my stigma look big in this? Considering acceptability and desirability in the inclusive design of technology products. *Universal Acess in Human Computer Interaction. Coping with Diversity*, 622-631.

Bielby, W. T. (2000). Minimizing workplace gender and racial bias. *Contemporary sociology, 29*(1), 120-129.

Blanck, P., & Flynn, E. (2016). Routledge handbook of disability law and human rights: Routledge.

Blessing, L. T., & Chakrabarti, A. (2009). *DRM, a design research methodology*: Springer Science & Business Media.

Bonett, D. G. (2002). Sample size requirements for testing and estimating coefficient alpha. *Journal of educational and behavioral statistics, 27*(4), 335-340.

Bowen, & A., G. (2008). Naturalistic inquiry and the saturation concept: A research note. *Qualitative Research, 8*(1), 137-152.

Boyatzis, R. E. (1998). Transforming qualitative information: Thematic analysis and code development: sage.

Braddock, D. L., & Parish, S. L. J. H. o. d. s. (2001). History of disability. 11.

Brady, H. E., Collier, D., & Seawright, J. (2004). Refocusing the discussion of methodology. *Rethinking social inquiry: Diverse tools, shared standards*, 3-20.

Braithwaite, J., Carroll, R., Mont, D., & Peffley, K. (2008). *Disability and development in the World Bank: FY2000-2007*. Retrieved from

Breckler, S. J., & Wiggins, E. C. (1989). Affect versus evaluation in the structure of attitudes. *Journal of Experimental Social Psychology, 25*(3), 253-271.

Breslow, N. E., Day, N. E., & World Health, O. (1987). *Statistical methood in cancer research*. Lyon.

Brislin, R. (1973). Questionnaire working and translation. Cultural Research Methods (Edited by: Lonner WJ, Thorndike RM) John Wiley, New York, 32-58.

Brown, L. B. (1966). The Structure of Religious Belief. *Journal for the Scientific Study of Religion, 5*(2), 259-272. doi:10.2307/1384850

Brown, R. (2011). *Prejudice: Its Social Psychology*: John Wiley & Sons.

Bryman, A. (2008). Why do researchers integrate/combine/mesh/blend/mix/merge/fuse quantitative and qualitative research. *Advances in mixed methods research*, 87-100.

Bull, S. B. (1993). Sample Size and Power Determination for a Binary Outcome and an Ordinal Exposure when Logistic Regression Analysis Is Planned. *American Journal of Epidemiology, 137*(6), 676-684. doi:10.1093/oxfordjournals.aje.a116725

Cameron, R. (2009). A sequential mixed model research design: Design, analytical and display issues. *International Journal of Multiple Research Approaches, 3*(2), 140-152.

Cardwell, M. (1996). *Dictionary of psychology*. Chicago IL: Fitzroy Dearborn.

Chan, F., Livneh, H., Pruett, S. R., Wang, C.-C., & Zheng, L. X. (2009). Societal attitudes toward disability: Concepts, measurements, and interventions.

Charlton, J. I. (1998). Nothing about us without us: Disability oppression and empowerment: Univ of California Press.

Chilisa, B., & Kawulich, B. (2012). Selecting a research approach: paradigm, methodology, and methods. *C. Wagner, B. Kawulich, & M. Garner, Doing social research: A global context*, 51-61.

Cisternas, M. (2016). Desafíos y avances en los derechos de las personas con discapacidad: una perspectiva global. Retrieved from http://repositoriocdpd.net:8080/handle/123456789/1239

Clapton, J., & Fitzgerald, J. (1997). The History of Disability: A History of Otherness. *New Renaissance Magazine 7(1)*.

Clapton, J., & Fitzgerald, J. (1997). The history of disability: A history of'otherness'. *New Renaissance Magazine, 7*(1), 1-3.

Correa Mautz, F. J. E. t. e. (2016). El pensamiento económico en los estudiantes de economía de Chile. *83*(330), 405-427.

Corrigan, P. W., & Watson, A. C. (2002). Understanding the impact of stigma on people with mental illness. *World psychiatry, 1*(1), 16.

Creswell, J. W. (2013). Research design: Qualitative, quantitative, and mixed methods approaches: Sage publications.

Creswell, J. W., & Clark, V. L. P. (2007). Designing and conducting mixed methods research.

Crisp, R. J. (2008). Recognising complexity in intergroup relations. *The psychologist, 21*(3), 206-209.

Crisp, R. J., & Hewstone, M. (2007). Multiple social categorization. *Advances in experimental social psychology, 39*, 163-254.

Crocker, J., Major, B., & Steele, C. (1998). Social stigma. In S. Fiske, D. Gilbert, & G. Lindzey (Eds.), *Handbook of Social Psychology* (Vol. 2, pp. 504–553.). Boston, MA: McGraw-Hill.

Crocker, J., & Quinn, D. M. (2000). Social stigma and the self: Meanings, situations, and self-esteem. *The social psychology of stigma*, 153-183.

Crouch, Mira, & McKenzie. (2006). .The logic of small samples in interview based qualitative research. *Social Science Information, 45*(4), 483-499.

Cunningham, W. A., & Johnson, M. K. (2007). Attitudes and evaluation: Toward a component process framework. *Social neuroscience: Integrating biological and psychological explanations of social behavior*, 227-245.

Cushman, F., & Young, L. (2011). Patterns of moral judgment derive from nonmoral psychological representations. *Cognitive Science, 35*(6), 1052-1075.

De Vaus, D. A., & de Vaus, D. (2001). *Research design in social research*: Sage.

Delice, A. (2010). The Sampling Issues in Quantitative Research. *Educational Sciences: Theory and Practice, 10*(4), 2001-2018.

Devlin, R., & Pothier, D. (2006). Introduction: Toward a critical theory of dis-citizenship. *Critical disability theory: Essays in philosophy, politics, policy, and law*, 1-22.

Dictionary, C. (2015). Cambridge dictionaries online. In: Cambridge University Press, Cambridge, UK.

Dovidio, J. F. (2010). The SAGE handbook of prejudice, stereotyping and discrimination. London; Thousand Oaks, CA: SAGE.

Dovidio, J. F., Glick, P. E., & Rudman, L. A. (2005). *On the nature of prejudice: Fifty years after Allport*: Blackwell Publishing.

DWP, O. f. D. I. (2012). *Disability Equality Indicators: Comparing the life chances of disabled people to non-disabled people*. United Kingdom Retrieved from

http://webarchive.nationalarchives.gov.uk/20131128110838/http:/odi.dwp.gov.uk/disability-statistics-and-research/disability-equality-indicators.php

Eagly, A. H., & Chaiken, S. (1993). *The psychology of attitudes*: Harcourt Brace Jovanovich College Publishers.

Eagly, A. H., & Chaiken, S. (1998). Attitude structure and function.

EC, E. C. (2010). European Disability Strategy 2010–2020 – Frequently asked questions. Retrieved from http://europa.eu/rapid/press-release_MEMO-10-578_en.htm. Retrieved March 2012 http://europa.eu/rapid/press-release_MEMO-10-578_en.htm

Eiesland, N. L. (1994). The disabled God: Toward a liberatory theology of disability: Abingdon Press.

Enable, U. (2006). Rights and dignity of persons with disabilities.

Fazio, R. H., Sanbonmatsu, D. M., Powell, M. C., & Kardes, F. R. (1986). On the automatic activation of attitudes. *Journal of Personality and social Psychology, 50*(2), 229.

Feinberg, L. (1967). Social desirability and attitudes toward the disabled. *The Personnel and Guidance Journal, 46*(4), 375-381.

Festinger, L. (1962). *A theory of cognitive dissonance* (Vol. 2): Stanford university press.

Festinger, L. (1964). Conflict, decision, and dissonance.

Finkelstein, V. (1990). A tale of two cities *Therapy Weekly*, 6-7.

Finkelstein, V. (1993). The commonality of disability. *Disabling barriers-Enabling environments, 12*, 12-14.

Fishbein, M., & Ajzen, I. (1974). Attitudes towards objects as predictors of single and multiple behavioral criteria. *Psychological review, 81*(1), 59.

Fiske, S. T., & Neuberg, S. L. (1990). A continuum of impression formation, from category-based to individuating processes: Influences of information and motivation on attention and interpretation. *Advances in experimental social psychology, 23*, 1-74.

Forsyth, D. R. (1995). *Our social world*: Brooks/Cole Publishing Company.

Fowler Jr, F. J., & Fowler, F. J. (1995). *Improving survey questions: Design and evaluation*: Sage.

French-Davis, R. J. F. D. t. D. (2002). Economic reforms in Chile.

Frymier, A., & Nadler, M. (2007). The relationship between attitudes and behaviors. Persuasion: Integrating Theory, Research, and Practice, 4th ed.; Kendall Hunt Publishing: Dubuque, IA, USA, 42-58.

Gabel, S., & Peters, S. (2004). Presage of a paradigm shift? Beyond the social model of disability toward resistance theories of disability. *Disability & Society, 19*(6), 585-600.

Galvin, R. D. (2005). Researching the disabled identity: Contextualising the identity transformations which accompany the onset of impairment. *Sociology of Health & Illness, 27*(3), 393-413.

Garbat, M. J. E. t. (2016). PROTECTIVE CAPITALISM AND DISABILITY. (2), 9-15.

Glaser, B. G., Strauss, A. L., & Paul, A. T. (2010). *Grounded theory: strategien qualitativer forschung*: Huber.

Gleeson, B. (1999). *Geographies of disability*: Psychology Press.

Gleeson, B. J. (1997). Disability studies: A historical materialist view. *Disability & Society, 12*(2), 179-202.

Glock, C. Y., & Stark, R. (1965). *Religion and society in tension*: Chicago: Rand McNally.

Goering, S. (2010). Revisiting the relevance of the social model of disability. *The American Journal of Bioethics, 10*(1), 54-55.

Goffman, E. (1963). *Stigma; notes on the management of spoiled identity*. Englewood Cliffs, N.J.: Prentice-Hall.

Greenwald, A. G., Nosek, B. A., & Banaji, M. R. (2003). Understanding and using the implicit association test: I. An improved scoring algorithm. *Journal of Personality and social Psychology, 85*(2), 197.

Grewal, I., Joy, S., Lewis, J., Swales, K., & Woodfield, K. (2002). *'Disabled for Life?': Attitudes Towards, and Experiences Of, Disability in Britain*: Corporate Document Services Leeds.

Groves, R. M. (2004). *Survey errors and survey costs* (Vol. 536): John Wiley & Sons.

Guarte, J. M., & Barrios, E. B. (2006). Estimation under purposive sampling. *Communications in Statistics—Simulation and Computation®, 35*(2), 277-284.

Guest, G., Bunce, A., & Johnson, L. (2006). How Many Interviews Are Enough? An Experiment with Data Saturation and Variability. *Field Methods, 18*(1), 59-82.

Guinote, A., & Fiske, S. (2003). Being in the out group territory increases stereotypic perceptions of outgroups: Situational sources of category activation. *.Group process and intergroup relations, 6*(4), 323-332.

Gutman, J. (1980). Equivalence range in categorization. *ACR North American Advances*.

Haidt, J. (2001). The emotional dog and its rational tail: a social intuitionist approach to moral judgment. *Psychological review, 108*(4), 814.

Hannon, F. (2007). Literature review on attitudes towards disability (Disability Research Series No. 9). Dublin, Ireland: National Disability Authority. In.

Harkness, J. A., Van de Vijver, F. J., & Mohler, P. P. (2003). *Cross-cultural survey methods* (Vol. 325): Wiley-Interscience Hoboken, NJ.

Harpur, P. (2012). Embracing the new disability rights paradigm: the importance of the Convention on the Rights of Persons with Disabilities. *Disability & Society, 27*(1), 1-14. doi:10.1080/09687599.2012.631794

Heider, F. (1958). The psychology of interpersonal relations New York Wiley, 1958.

Henriquez, V. (2016). FOCUS-La realidad del derecho y la historia. Estudios comparados en discapacidad entre Argentina, Brasil y Chile. *AMMENTU-Bollettino Storico e Archivistico del Mediterraneo e delle Americhe, 1*(8), 97-123.

Hernandez, B., Keys, C., & Balcazar, F. (2000). Employer attitudes toward workers with disabilities and their ADA employment rights: A literature review. *Journal of rehabilitation, 66*(4), 4.

Hogg, M. A., & Turner, J. C. (1987). Intergroup behaviour, self‐stereotyping and the salience of social categories. *British Journal of Social Psychology, 26*(4), 325-340.

Hogg, M. A., & Vaughan, G. M. (2005). Social psychology. Harlow. *Englang: Person*.

Hojman, D. E. J. J. o. I. S., & Affairs, W. (1996). Poverty and inequality in Chile: are democratic politics and neoliberal economics good for you? *, 38*(2/3), 73-96.

HRC, E. H. R. C. (2018). Progress on Disability Rights in the United Kingdom. Retrieved from https://www.equalityhumanrights.com/sites/default/files/progress-on-disability-rights-in-the-uk-crpd-shadow-report-2018.pdf

IJsselsteijn, W., De Kort, Y., Midden, C., Eggen, B., & Van Den Hoven, E. (2006). *Persuasive technology for human well-being: setting the scene.* Paper presented at the International conference on persuasive technology.

Ilesanmi, O. O. (2009). What is cross-cultural research? *International Journal of Psychological Studies, 1*(2), 82.

INE, I. N. d. E. (2015). *IEncuesta CASEN 2015*. Chile: SENADI

Issacharoff, S., & Nelson, J. (2000). Discrimination with a Difference: Can Employment Discrimination Law Accomodate the Americans with Disabilities Act. *NCL Rev., 79*, 307.

Jackman, S. (2003). Models for unordered outcomes. *Polit Sci, 150*.

Jain, V. (2014). 3D Model of Attitude.

Joachim, G., & Acorn, S. (2000). Stigma of visible and invisible chronic conditions. *Journal of Advanced Nursing, 32*, 243-248.

Judd, C. M., & Park, B. (1993). Definition and assessment of accuracy in social stereotypes. *Psychological review, 100*(1), 109.

Kail, R. V. (Ed.) (2006). *Advances in Child Development and Behavior: Volume 34*. London, UK; Burlington, MA: Elsevier Science & Technology.

Katz, D. (1960). The functional approach to the study of attitudes. *Public opinion quarterly, 24*(2), 163-204.

Katz, D., & Stotland, E. (1959). A preliminary statement to a theory of attitude structure and change. *Psychology: A study of a science, 3*, 423-475.

Kelman, H. C. (1958). Compliance, identification, and internalization three processes of attitude change. *Journal of conflict resolution, 2*(1), 51-60.

Krahé, B., & Altwasser, C. (2006). Changing negative attitudes towards persons with physical disabilities: An experimental intervention. *Journal of Community & Applied Social Psychology, 16*(1), 59-69.

Krech, D., & Crutchfield, R. S. (1948). Theory and problems of social psychology.

Kroeber, A. L., & Kluckhohn, C. (1952). Culture: A critical review of concepts and definitions. *Papers. Peabody Museum of Archaeology & Ethnology, Harvard University*.

Krugman, P. J. N. Y. R. o. B. (2007). Who Was Milton Friedman? *, 54*(2), 27.

Krumpal, I. (2013). Determinants of social desirability bias in sensitive surveys: a literature review. *Quality & Quality, 47*(4), 2025-2047.

Kuhn, T. S. (1974). Second thoughts on paradigms. *The structure of scientific theories, 2*, 459-482.

Labbé, D., & Freixas, M. (2016). ONU acusa a Teletón chilena de mostrar a personas con discapacidad como “objetos de caridad” y no como “sujetos de derecho”. *El ciudadano*. Retrieved from http://www.elciudadano.cl/salud/onu-acusa-a-teleton-chilena-de-mostrar-a-personas-con-discapacidad-como-objetos-de-caridad-y-no-como-sujetos-de-derecho/12/02/

LaPiere, R. T. (1934). Attitudes vs. actions. *Social forces, 13*(2), 230-237.

Lefort, F., & Walker, E. J. A. (2000). The effects of economic and political shocks on corporate governance systems in Chile. *2*(2), 183-206.

Levitas, R., Pantazis, C., Fahmy, E., Gordon, D., Lloyd, E., & Patsios, D. (2007). *The multi-dimensional analysis of social exclusion*. Retrieved from

Lindsay, P. H., & Norman, D. A. (2013). Human information processing: An introduction to psychology: Academic press.

Loy, B., & Carter, L. (2007). Improving the workplace one accommodation at a time. *Job Accommodation Network, US Google Scholar*.

Loy, B., & Carter, L. (2007). *Improving the workplace one accommodation at a time*. Retrieved from United State:

Mackie, D. M., Hamilton, D. L., Susskind, J., & Rosselli, F. (1996). Social psychological foundations of stereotype formation. *Stereotypes and stereotyping*, 41-78.

Macrae, C. N., Bodenhausen, G. V., Milne, A. B., & Jetten, J. (1994). Out of mind but back in sight: Stereotypes on the rebound. *Journal of Personality and social Psychology, 67*(5), 808.

Madans, J. H., Loeb, M. E., & Altman, B. M. (2011). Measuring disability and monitoring the UN Convention on the Rights of Persons with Disabilities: the work of the Washington Group on Disability Statistics. *BMC public health, 11*(4), S4.

Maio, G. R., & Olson, J. M. (1995). Relations between values, attitudes, and behavioral intentions: The moderating role of attitude function. *Journal of Experimental Social Psychology, 31*(3), 266-285.

Marfull-Jensen, M., & Flanagan, T. D. J. J. o. D. P. S. (2015). The 2010 Chilean national disability law: Self-determination in a collectivistic society. *26*(3), 144-152.

McCaughey, T. J., & Strohmer, D. C. J. R. C. B. (2005). Prototypes as an indirect measure of attitudes toward disability groups. *48*(2), 89-99.

McCauley, C. R., Jussim, L. J., & Lee, Y.-T. (1995). *Stereotype accuracy: Toward appreciating group differences*: American Psychological Association.

McFadden, D. (2001). Economic choices. *American economic review, 91*(3), 351-378.

McLeod, S. (2014). Attitudes and behavior. *Retrieved on March, 10*, 2015.

Mertens, D. M., & Hesse-Biber, S. (2012). Triangulation and mixed methods research: Provocative positions. In: SAGE Publications Sage CA: Los Angeles, CA.

Merton, R. K. (1973). The Sociology of Science: Theoretical and Empirical Investigations. Chicago: University of Chicago Press.

Metzler, I. (2006). Disability in medieval Europe: Thinking about physical impairment in the High Middle Ages, c. 1100–c. 1400: Routledge.

Miles, M. (1995). Disability in an Eastern religious context: Historical perspectives. *Disability & Society, 10*(1), 49-70.

Miller, C. T., & Major, B. (2000). Coping with stigma and prejudice. *The social psychology of stigma*, 243-272.

Mitra, S. (2006). The capability approach and disability. *Journal of Disability Policy Studies, 16*(4), 236-247.

Morris, J. (2011). *Rethinking Disability Policy*. Retrieved from York, United Kingdom: http://www.jrf.org.uk/sites/files/jrf/disability-policy-equality-summary.pdf

Moss, B. (2005). *Religion and spirituality*: Russell House Publishing Lyme Regis.

mostrador, E. (2014). La ONU acusa a la Teletón de promover estereotipo de discapacitados como sujetos de caridad y no de derechos. *El mostrador*. Retrieved from http://www.elmostrador.cl/noticias/pais/2014/10/28/la-onu-acusa-a-la-teleton-de-promover-estereotipo-de-discapacitados-como-sujetos-de-caridad-y-no-de-derechos/

Munk, N., & Harrison, A. (2010). Integrating the international classification of functioning, disability, and health model into massage therapy research, education, and practice. *International journal of therapeutic massage & bodywork, 3*(4), 29.

Naff, K. C., & Kellough, J. E. (2003). Ensuring employment equity: Are federal diversity programs making a difference? *International Journal of Public Administration, 26*(12), 1307-1336.

Näher, A.-F., Krumpal, I. J. Q., & Quantity. (2012). Asking sensitive questions: the impact of forgiving wording and question context on social desirability bias. *46*(5), 1601-1616.

Neuman, W. L. (2006). Social research methods: Qualitative and quantitative approaches. US: Pearson Education. *Inc. 連結*.

Newcomb, T. M. (1961). The acquaintance process.

Nicolaisen, J., Blichfeldt, B. S., & Sonnenschein, F. (2012). Medical and social models of disability: a tourism providers' perspective. *World Leisure Journal, 54*(3), 201-214.

O'keefe, D. J. (2002). *Persuasion: Theory and research* (Vol. 2): Sage.

Oakes, P. J., Haslam, S. A., & Turner, J. C. (1994). *Stereotyping and social reality*: Blackwell Publishing.

ODI, O. f. D. I. (2014). *A summary of the main statistics on disability in Great Britain*. Retrieved from England: https://www.gov.uk/government/statistics/disability-facts-and-figures

OECD. (2011). *Chile: Review of the financial system*. Retrieved from https://www-oecd-org.ezp.lib.cam.ac.uk/finance/financial-markets/49497488.pdf

Oliver, M. (1989). Disability and dependency: A creation of industrial societies. *Disability and dependency*, 6-22.

Oliver, M. (1990). *The individual and social models of disability.* Paper presented at the Joint workshop of the living options Group and the Research Unit of the Royal College of Physicians.

Oliver, M. (1996). Understanding disability: From theory to practice: St Martin's Press.

Oliver, M. (1996). Understanding disability. From Theory to Practice. Basingstoke: MacMillan.

Oliver, P., & Jupp, V. (2006). Purposive sampling. In: Sage.

Oliver, R. L. (1980). A cognitive model of the antecedents and consequences of satisfaction decisions. *Journal of marketing research*, 460-469.

Olson, J. M., & Zanna, M. P. (1993). Attitudes and attitude change. *Annual Review of Psychology, 44*(1), 117-154.

ONS, O. f. N. S. (2015). *Population Estimates for UK, England and Wales, Scotland and Northern Ireland: mid-2015*. London, UK Retrieved from https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/annualmidyearpopulationestimates/mid2015

Orlikowski, W. J. (1993). CASE tools as organizational change: Investigating incremental and radical changes in systems development. *MIS quarterly*, 309-340.

Otieno, P. A. (2009). Biblical and theological perspectives on disability: Implications on the rights of persons with disability in Kenya. *Disability Studies Quarterly, 29*(4).

Oxford, P. U. (2014). Oxford Dictionary. Retrieved from http://www.oxforddictionaries.com

Parahoo, K. (2006). *Nursing research: principles, process and issues*. Houndsmill: Palgrave Macmillan.

Patton, M. (2002). *Qualitative research and evaluation methods* (3 edition ed.). Thousand Oaks: California: SAGE.

Patton, M. Q. (1990). *Qualitative evaluation and research methods*: SAGE Publications, inc.

Phelan, J. C., Link, B. G., & Dovidio, J. F. (2008). Stigma and prejudice: One animal or two? *Social Science & Medicine Social Science & Medicine, 67*(3), 358-367.

Phonphitakchai, T. (2011). Modelling the usage rate of a DRT service: a discrete choice model with latent variables. University of Aberdeen,

Pluye, P., Gagnon, M.-P., Griffiths, F., & Johnson-Lafleur, J. (2009). A scoring system for appraising mixed methods research, and concomitantly

appraising qualitative, quantitative and mixed methods primary studies in Mixed Studies Reviews. *International journal of nursing studies, 46*(4), 529-546.

Polit, D. F., & Beck, C. T. (2010). Essentials of nursing research: Appraising evidence for nursing practice: Lippincott Williams & Wilkins.

Politowski, B. (2016). The UN Inquiry into the Rights of Persons with Disabilities in the UK.

Pratkanis, A. R., Breckler, S. J., & Greenwald, A. G. (1989). *Structure of attitude and function* (A. R. Pratkanis, S. J. Breckler, & A. G. Greenwald Eds.). Hillsdale, New Jersey lLawrence Eribaum Associate, Publishers

PUBI.ISHERS

Pratkanis, A. R., Breckler, S. J., & Greenwald, A. G. (2014). *Attitude structure and function*: Psychology Press.

Pring, J. (2014). UK 'is first country to face UN inquiry into disability rights violations'. In J. Pring (Ed.), *DNS Disability News Service* (Vol. 10 September 2014). United Kingdom.

Pring, J. (2016). UN's conclusion that UK violated disability rights is 'vindication' for activists *Disability News Service.* Retrieved from https://www.disabilitynewsservice.com/uns-conclusion-that-uk-violated-disability-rights-is-vindication-for-activists/

Proctor, S., Allan, T., & Lacey, A. (2010). The research process in nursing. *Sampling, 6*, 142-152.

Prospects, G. P. (2014). Overview of the finance sector in the UK. In G. Prospect (Ed.), *Prospect* (Vol. 2014). United Kingdom.

Quinn, P. M. (2002). Qualitative research and evaluation methods. *California EU: Sage Publications Inc*.

Ray, J. J. (1973). Factor analysis and attitude scales. *The Australian and New Zealand Journal of Sociology, 9*(3), 11-13.

Ribet, B. (2011). Emergent Disability and the Limits of Equality: A Critical Reading of the UN Convention on the Rights of Persons with Disabilities. *Yale Human Rights and Development Journal, 14*(1). Retrieved from http://digitalcommons.law.yale.edu/yhrdlj/vol14/iss1/4

Rieser, R. (2000). Disability discrimination: the final frontier. Education, Equality and Human Rights: Issues of Gender, Race, Sexuality, Disability and Social Class, 118-140.

Rights, S. P. H. (2015). Persons with disabilities.

Robson, C. (2002). Real world research: A resource for social scientists and practitioner-researchers. In: Oxford: Blackwell.

Rosenbaum, P., & Stewart, D. (2004). The World Health Organization International Classification of Functioning, Disability, and Health: a model to guide clinical thinking, practice and research in the field of cerebral palsy. Paper presented at the Seminars in pediatric neurology.

Rosenberg, M. J. (1956). Cognitive structure and attitudinal affect. *The Journal of abnormal and social psychology, 53*(3), 367.

Rosenberg, M. J., & Abelson, R. P. (2017). Symbolic psycho-logic: A model of attitudinal cognition. In *Attitude Change* (pp. 86-115): Routledge.

Rudman, L. A., & Glick, P. (2012). The social psychology of gender: How power and intimacy shape gender relations: Guilford Press.

Russell, M., & Malhotra, R. (2002). The political economy of disablement: advances and contradictions. *Socialist Register*.

Russell, M., & Malhotra, R. (2009). Capitalism and disability. *Socialist Register, 38*(38).

Ryan, G. W., & Bernard, H. R. (2000). Data management and analysis methods.

Sanbonmatsu, D. M., & Fazio, R. H. (1990). The role of attitudes in memory-based decision making. *Journal of Personality and social Psychology, 59*(4), 614.

Schillmeier, M. (2012). Rethinking disability: Bodies, senses, and things: Routledge.

Schuelka, M. J. (2013). A faith in humanness: disability, religion and development. *Disability & Society, 28*(4), 500-513.

Schwartz, N., & Bohner, G. (2001). Theconstructionofattitudes. *Blackwellhandbookofsocialpsychology: Intraindividualprocesses*, 436-457.

Scullion, P. A. (2010). Models of disability: their influence in nursing and potential role in challenging discrimination. *Journal of Advanced Nursing, 66*(3), 697-707.

Selway, D., & Ashman, A. F. (1998). Disability, religion and health: A literature review in search of the spiritual dimensions of disability. *Disability & Society, 13*(3), 429-439.

Shakespeare, T., & Watson, N. (2001). The social model of disability: an outdated ideology? In *Exploring theories and expanding methodologies: Where we are and where we need to go* (pp. 9-28): Emerald Group Publishing Limited.

Sharpe, D. (2004). Beyond significance testing: Reforming data analysis methods in behavioral research.

Shavitt, S., & Nelson, M. R. (2002). The role of attitude functions in persuasion and social judgment. *The persuasion handbook: Developments in theory and practice*, 137-153.

Sherif, M., & Hovland, C. I. (1961). Social judgment: Assimilation and contrast effects in communication and attitude change.

Siebers, T. (2008). Disability Theory (Corporealities: Discourse of Disability): University of Michigan Press.

Smith, E. R. (1999). Affective and cognitive implications of a group becoming a part of the self: New models of prejudice and of the self-concept.

Smith, M. B., Bruner, J. S., & White, R. W. (1956). Opinions and personality.

Stangor, C. (2000). *Stereotypes and prejudice : essential readings*. Philadelphia, PA: Psychology Press.

Stangor, C. (2009). The study of stereotyping, prejudice, and discrimination within social psychology: A quick history of theory and research. *Handbook of prejudice, stereotyping, and discrimination*, 1-22.

Stets, J. E., & Burke, P. J. (2000). Identity theory and social identity theory. *Social psychology quarterly*, 224-237.

Stiker, H.-J. (2019). *A history of disability*: University of Michigan Press.

SUBDERE, S. d. D. R. y. A. (2015). *Gobierno Regional Metropolitano de Santiago*. Santiago, Chile Retrieved from http://www.subdere.cl/divisi%C3%B3n-administrativa-de-chile/gobierno-regional-metropolitano-de-santiago

Sudman, S., & Bradburn, N. M. (1982). Asking questions San Francisco. In: Jossey-Bass.

Sullivan, G. M., & Artino, A. R. (2013). Analyzing and Interpreting Data From Likert-Type Scales. *Journal of Graduate Medical Education, 5*(4), 541-542. doi:10.4300/JGME-5-4-18

Swain, J., & French, S. (2000). Towards an affirmation model of disability. *Disability & Society, 15*(4), 569-582.

Swain, J., & French, S. (2008). *Disability on equal terms*: Sage.

Swerdlik, M. E., & Cohen, R. J. (2005). Psychological testing and assessment: An introduction to tests and measurement. In: Boston: McGraw-Hill.

Swim, J. K. (1994). Perceived versus meta-analytic effect sizes: An assessment of the accuracy of gender stereotypes. In: American Psychological Association.

Tabachnik, B., & Fidel, L. (2001). Using Multivariate Statistics,(4th eds). In: Allyn & Bacon, Needham Hights, MA.

Tajfel, H. (2010). *Social identity and intergroup relations*: Cambridge University Press.

Terry, D. J., Hogg, M. A., & White, K. M. (1999). The theory of planned behaviour: self‐identity, social identity and group norms. *British journal of social psychology, 38*(3), 225-244.

Terzi, L. (2004). The social model of disability: A philosophical critique. *Journal of applied philosophy, 21*(2), 141-157.

Tian, T. S. (2011). WILCOX, RR (2010) Fundamentals of Modern Statistical Methods: Substantially Improving Power and Accuracy. *Psychometrika, 76*(1), 153-154.

Turner, J., Oakes, P., & Paulus, P. (1989). The psychology of group influence.

Turner, J. C. (1982). Towards a cognitive redefinition of the social group. *Social identity and intergroup relations*, 15-40.

Turner, J. C. (1991). *Social influence*: Thomson Brooks/Cole Publishing Co.

UN Enable, D. f. S. P. a. D. D. (2016). Convention on the Rights of Persons with Disabilities (CRPD) | United Nations Enable. Retrieved from https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html

UN-Enable. (n.d.). Convention on the rights of persons with disabilities Retrieved from www.un.org/disabilities/default.asp?id=150

UNCSBRP. (n.d). London's Economic Plan, Finance Industry. Retrieved from http://www.uncsbrp.org/finance.htm

Van den Berg, H., Manstead, A. S., van der Pligt, J., & Wigboldus, D. H. (2006). The impact of affective and cognitive focus on attitude formation. *Journal of Experimental Social Psychology, 42*(3), 373-379.

van Kampen, M., van Zijverden, I. M., & Emmett, T. DEVELOPMENTAL ARTICLES REFLECTIONS ON POVERTY AND DISABILITY: A REVIEW OF LITERATURE.

VanVoorhis, C. W., & Morgan, B. L. (2007). Understanding power and rules of thumb for determining sample sizes. *Tutorials in Quantitative Methods for Psychology, 3*(2), 43-50.

Vidal, R., Cornejo, C., & Arroyo, L. (2013). *LA INSERCIÓN LABORAL DE PERSONAS CON DISCAPACIDAD INTELECTUAL EN CHILE*. Retrieved from Chillan, Chile:

Vivian, J., & Brown, R. (1995). Prejudice and intergroup conflict. *Social psychology. London: Longman*.

Walliman, N. (2006). Research strategies and design. *N. Walliman (Ed.), Social Research Methods*, 37-50.

Walsham, G., & Sahay, S. (1999). GIS for district-level administration in India: problems and opportunities. *MIS quarterly*, 39-65.

Watson, N., & Shakespeare, T. (2001). The social model of disability: An outdated ideology? In *Exploring Theories and Expanding Methodologies: Where we are and where we need to go* (pp. 9-28).

Watters, E. (2010). Crazy like us: The globalization of the American psyche: Simon and Schuster.

Welch, S., & Comer, J. (1988). Quantitative Methods for Public Administration: Pacific Grove: Brooks. In: Cole Publishing Company.

Whitley, E., & Ball, J. (2002). Statistics review 4: sample size calculations. *Critical care, 6*(4), 335.

Whitman, S. M. (2007). Pain and suffering as viewed by the Hindu religion. *The Journal of Pain, 8*(8), 607-613.

WHO, W. H. O. (2001). International Classification of Functioning, Disability and Health: ICF: World Health Organization.

WHO, W. H. O. (2011). The World Bank. World report on disability. 2011. *WHO Library Cataloguing-in-Publication Data*.

Wicker, A. W. (1969). Attitudes versus actions: The relationship of verbal and overt behavioral responses to attitude objects. *Journal of social issues, 25*(4), 41-78.

Wilcox, R. R. (2010). Fundamentals of modern statistical methods: Substantially improving power and accuracy: Springer Science & Business Media.

Williams, V., & Heslop, P. (2005). Mental health support needs of people with a learning difficulty: A medical or a social model? *Disability & Society, 20*(3), 231-245.

Wohlin, C., Runeson, P., Höst, M., Ohlsson, M. C., Regnell, B., & Wesslén, A. (2012). Experiment process. In *Experimentation in software engineering* (pp. 73-81): Springer Science & Business Media.

Wood, W. (2000). Attitude change: Persuasion and social influence. *Annual Review of Psychology, 51*(1), 539-570.

Woodhams, C., & Corby, S. (2003). Defining disability in theory and practice: a critique of the British Disability Discrimination Act 1995. *Journal of Social Policy, 32*(2), 159-178.

Yeo, R. (2001). Chronic poverty and disability.

Yuker, H. E. (1970). The measurement of attitudes toward disabled persons.

Zoellick, R. (2007). An inclusive and sustainable globalization. *Speech delivered at the National Press Club, October, 10*.