Differences in Well-being among People with Disabilities in Paid Employment: Level of Restriction, Gender and Labour Market Context

Christina Cregan^a, Carol T. Kulik^b and Hugh T. J. Bainbridge^c

^aUniversity of Melbourne, Melbourne, Australia

^bUniversity of South Australia Business School, Adelaide, Australia

^cSchool of Management, University of New South Wales, Sydney, Australia

Author Emails: ccregan@unimelb.edu.au; carol.kulik@unisa.edu.au;

h.bainbridge@unsw.edu.au

Abstract

This study investigates the variability in well-being of people with disabilities in paid employment in two different labour market contexts: the beginning (1998) and end (2009) of a period of growth in non-standard hours and work intensification. It focuses on the well-being constraints that arise from three influences: a person's disability, a person's gender, and the labour market context. Hypotheses are developed using the social model of disability and social identity theory. Hierarchical moderator regression is employed to examine two national samples of nearly 4,000 people with disabilities in paid employment. Individuals who are most limited by their disabilities, particularly women, reported lower well-being in 2009 than in 1998. Welfare-to-work policies affecting these disadvantaged groups are discussed in relation to the labour market and national regulatory environments.

Keywords

People with disabilities; Well-being; Gender; Disability-related restriction; Disability policy; Employer-driven flexible practices

Introduction

The social exclusion experienced by people with disabilities in contemporary society has been well-documented in a series of major international reports by the Organisation for Economic Co-operation and Development (OECD 2010). The term 'people with disabilities' is used by the World Health Organization (WHO) to refer to persons with a disability or long-term health condition that has lasted, or is expected to last, for six months or more. Social exclusion refers to processes by which people are systematically blocked from rights, opportunities and resources (Barnes and Mercer 2001, 2005; Oliver and Barnes 1998) and

This is the author manuscript accepted for publication and has undergone full peer review but has not been through the copyediting, typesetting, pagination and proofreading process, which may lead to differences between this version and the Version of Record. Please cite this article as doi: 10.1111/spol.12263

prevented from pursuing the normal activities of citizens in society (Percy-Smith 2000). There 'has been a remarkable consensus' across academic research, government policy and interest groups 'that paid employment is central to social inclusion' (Barnes and Mercer 2005: 541). Much research has been conducted into the occupations and work experience of people with disabilities (e.g. Jahoda *et al.* 2008; Ren *et al.* 2008). In general, findings demonstrate that working increases a person's well-being and quality of life. The employment of people with disabilities, therefore, has become the cornerstone of contemporary disability strategy in many developed nations (Lindsay *et al.* 2015).

Yet, questions have been raised as to whether pro-work policies are achieving *equal* levels of social inclusion for *all* people with disabilities who take up paid work (Kulik *et al.* 2013). A 20-year review of empirical studies found evidence that some employed people with disabilities experienced a low sense of accomplishment (Jahoda *et al.* 2008). While paid employment may offer greater opportunities for social inclusion than a state of joblessness, it is likely that the level of inclusion is influenced by the characteristics of people with disabilities. For example, work may be a more problematic experience for persons with high levels of restrictions – or restrictive impairments – that arise from their disability (Abberley 1996; Barnes and Mercer 2005; Shakespeare 2006). A person has a restriction if he or she has difficulty participating in life situations, needs assistance from another person or uses an aid (WHO 2001). Further, although women constitute around half the total number of people with disabilities, they are likely to gain fewer benefits from work than males with disabilities because their employment opportunities may be restricted to gender-typed low-pay jobs and occupations (Young 2013).

Moreover, opportunities for social inclusion may also depend on context. Deregulatory labour market contexts have been shown to constrain workplace opportunities for people with disabilities (Patrick 2012), and it may be that contextual limitations to social inclusion are also unequally experienced across different groups of people with disabilities. In many western-type democracies, government policies of market deregulation have developed rapidly since the 1980s (Swarts 2013). Their impact on the workplace has been manifest in the development of flexible work practices across a range of OECD countries (Green *et al.* 2010). These flexible practices often take the form of employer-driven work scheduling, especially in the development of non-standard work hours (i.e. irregular and unpredictable

hours), work intensification, and the casualization of jobs (De Ruyter and Burgess 2003; Green *et al.* 2010; Lansbury 2004; Pocock 2005).

Two important questions need to be addressed. Is social inclusion equally available to all people with disabilities who take up paid work? Does labour market context influence the level of social inclusion for different groups of people with disabilities? Existing research has focused on a comparison of the experience of people with disabilities who are employed relative to those who do not work. In contrast, the contribution of this study is to examine whether working in paid employment is *equally* beneficial for *all* people with disabilities and in *different* labour market contexts. The key issues probed are the variability in well-being of individuals with different levels of disability-related restrictions, and the influence of gender on well-being. This is an important study because, if work does not provide equal opportunities for all people with disabilities, then employment *per se* is an incomplete strategy and further policies need to be developed.

Well-being is a measure of an individual's 'psychological functioning and experience' (Ryan and Deci 2001: 142). It is a very broad concept that has been used over time in various disciplines to describe diverse aspects of a person's feelings of wellness. It has been presented as an overall measure of the pleasure and happiness – or the absence of pain or stress – arising from a person's physical, emotional, mental and social wellness (McNulty and Fincham 2012).

We integrated two theoretical approaches. We employed the social model of disability as a framework for the investigation. Within this framework, we used social identity theory to develop a model from which we derived hypotheses. We investigated two large-scale national surveys of people with disabilities, conducted in 1998 and 2009. These surveys were chosen as they were conducted at the beginning and end of a period in which a sustained acceleration of growth in employer-driven flexible practices took place in Australia. Hierarchical moderator regression was used to examine two national samples of nearly 4,000 people with disabilities in paid employment.

Social Inclusion and Social Identity

The social model views disability as a socially created phenomenon and not as an attribute of the person. Disadvantage arises, not from an individual's biological restriction, but from the social and economic environment within which the individual operates (e.g. Barnes 2000; Barnes and Mercer 2005; Oliver and Barnes 1998). People with disabilities encounter

prejudice in the form of negative attitudes held by mainstream society. Prejudice towards a group, or members of a group, is based on stereotypes: the characteristics that immediately come to mind when we think of groups (Stanger 2009). Stereotypes are influential even though they are inaccurate, exaggerated and over-generalized (Allport 1954). They 'pigeonhole group members and leave the perceiver unreceptive to contrary evidence' (Jackman 1994: 302). Stereotypes of people with disabilities elicit stigmatization in the form of disrespect for perceived lack of competence (Fiske *et al.* 2002). Stigmatization is the demonstration of social disapproval and exclusion (Kulik *et al.* 2008; Crocker *et al.* 1998). Disadvantage is caused when people with disabilities are isolated and excluded from full participation in society by the stereotypical attitudes and resultant behaviours of people without disabilities (Barnes 2000). The social model focuses attention on how to improve the environment to allow people with disabilities to experience social inclusion.

The benefits of social inclusion for people with disabilities can be explained by social identity theory (Guimond *et al.* 2002). Social identity theory proposes that individuals are motivated to associate with positively-evaluated groups to raise their self-esteem (Tajfel and Turner 1986). Self-esteem is a central aspect of well-being (Crocker *et al.* 1994). It is an element of core self-evaluation (Judge and Bono 2001) that reflects the quality of a person's social relations. People feel good about themselves when they socially identify and associate with groups that also accept them (Tajfel and Turner 1986). Social inclusion allows individuals to position themselves within the larger community and socially identify with mainstream society (Ravaud and Stiker 2002). In the terminology of the social model, it allows people with disability to identify as citizens (Abberley 1996; Barnes 2000). Paid employment is expected to boost the self-esteem of people with disabilities (Cancian 2001). Work raises the self-esteem of the individual by creating opportunities to socialize, providing a sense of purpose, and encouraging activity (Jahoda 1982). It offers several distinct benefits, such as opportunity for skill use and access to money (Warr 1987). As a result, work should allow people with disabilities to demonstrate their competence and help break down stereotypes, reducing stigmatization.

However, the social model also emphasizes that the workplace erects barriers and that work does not necessarily lead to equal levels of social inclusion for all people with disabilities (Barnes and Mercer 2005). Barriers to inclusion consist of persistent negative or disinterested attitudes and behaviour of co-workers and supervisors, and related lack of workplace

accommodation such as employer-dictated hours of work and overtime (Shier *et al.* 2009). The existence of barriers to inclusion can also be explained by social identity theory. In-group members reinforce each other's attitudes. Through a combination of in-group bias and prejudice, they favour their own group and denigrate out-group members (Brewer 1993), devaluing an out-group member's social identity (Kurzban and Leary 2001). In the workplace, stereotypical attitudes mean that some people with disabilities may constitute a low status out-group (Guimond *et al.* 2002). In consequence, work schedules may take little account of the needs of out-group members (Colella 2001; Colella *et al.* 2004; Ravaud and Stiker 2002). Where people with disabilities are not provided with sufficient workplace support, they are particularly constrained in demonstrating their competence, and stereotypes are weakly challenged. Some people with disabilities are likely to face greater barriers to social inclusion than others by dint of their personal characteristics.

Level of restriction

Particular concern has been voiced with regard to the workplace barriers to inclusion faced by persons with high levels of restriction because such people are most likely to experience the effects of a disabling environment (Abberley 1996; Shakespeare 2006). They face the strongest stereotyping and stigmatization because their disability may be most clearly discernible (Tregaskis 2002). Even if they are reluctant to disclose their condition to others, they are less able to conceal it. Stigmatization is greatest when stereotypes remain weakly challenged following the poor performance of an out-group member. Work may be a particularly problematic experience for persons with high levels of restriction because they are most affected by barriers related to work structures (Barnes and Mercer 2005). Any negative performance effects due to these barriers may be incorrectly attributed by in-group members to the person's disability, rather than the environment, and may serve to mistakenly reinforce and strengthen group-based stereotypes. Those who perform poorly may feel a sense of failure and perceive that they are set apart (Jahoda *et al.* 2008). For the person with a restriction, this can heighten the experience of social exclusion, of feeling different from others (Shore *et al.* 2011). Social exclusion lowers self-esteem (Leary *et al.* 1995; Stets and Burke 2000). As self-esteem is a central aspect of well-being (Crocker *et al.* 1994), social exclusion negatively affects an individual's well-being. Low self-esteem is associated with feeling foolish, ashamed, inadequate, lacking in confidence, and having a low sense of accomplishment (Scheff *et al.* 1989). 'Over time, people who experience real or imagined

rejection repeatedly will have lower trait self-esteem than people who feel warmly included' (Leary *et al.* 1995: 520):

<ex>Hypothesis 1: The higher the level of restriction of people with disabilities in paid employment, the lower the well-being.</ex>

<hb>Gender</hb>

Women with disabilities in paid employment face greater barriers to social inclusion than men with disabilities in paid employment and, in consequence, experience lower well-being (Thomas 1999). They face a double disadvantage in the form of dual discrimination: in relation to being a woman *per se*; and also to being a woman with disabilities (Deegan and Brooks 1985; Harlan and Robert 1998; O'Hara 2004; OuYang 1990).

First, they experience the same forms of gender discrimination in the labour market as women without disabilities (Young 2013). Government statistics for the period 1993–2009 (ABS 2012) demonstrated that gender-based segregation in occupations and industries in which people with disabilities were employed in Australia was similar to that of workers generally. The kinds of occupations in which many women, with and without disability, participate offer fewer rewards than 'male' occupations (O'Reilly 2007; Young 2013). A government report found that the gender wage gap in Australia persisted at fairly consistent levels for the period 1990–2009, fluctuating between 15 per cent and 17 per cent, and that the two major determinants of the gap were gender-based job segregation and the disadvantage associated with 'being female' for example, through discrimination (Cassells *et al.* 2009). Second, women with disabilities have more difficulty finding well-paid jobs and careers than their male counterparts because negative stereotypes of disability are more pronounced for women (Harlan and Robert 1998; O'Hara 2004). Unlike men with disabilities, women with disabilities may be viewed as 'childlike, helpless and victimised' (Sheldon 2004: 72), passive and dependent (O'Reilly 2007), and 'particularly economically inadequate' (Fine and Asch 1985: 6).

As a result of these influences, in comparison to men with disabilities, women with disabilities experience 'unequal hiring and promotion standards, unequal access to training and retraining ... and ... unequal pay for equal work and occupational segregation' (O'Reilly 2003: 32):

<ex>Hypothesis 2. Women with disabilities in paid employment will experience lower well-being than men with disabilities in paid employment.</ex>

<hb>Labour market context</hb>

Labour market context also influences an individual's level of social inclusion at work. In Australia, the development of flexible practices, in the form of casualization and non-standard hours of work, took place in the last decades of the 20th century. While the casualization of jobs grew slowly and steadily over a long period of time (ABS 2010) and has received considerable attention (e.g. Green *et al.* 2010; Wooden and Warren 2004), there have been few studies of the growth of non-standard hours of work. Rigid working hours that take little account of the needs of people with disabilities may act as barriers to inclusion. Research demonstrates that *employee* choice about flexibility in working hours can have a positive effect on individual well-being, especially in the form of achieving work and family life balance (e.g. Hill *et al.* 2001). Employment strategies for people with disabilities, therefore, have often focused on the importance of employee choice about hours of work (OECD 2010). However, at the end of the 20th century, market deregulation allowed *employers* to take the initiative in the development of flexible practices and employees increasingly lost control over their work schedules. Employers were driven by the cost imperatives of globalized competitive pressures and the advent of new technologies. In Australia, the development of employer-induced work scheduling increased sharply from the late 1990s (De Ruyter and Burgess 2003; Lansbury 2004). At this time, employers continually adjusted working hours to suit organizational needs, bringing about an increase in unpredictable, irregular hours of work (Pocock 2005). The growth in non-standard hours facilitated the development of work intensification as employees responded to constant demands to meet higher targets with reduced staffing levels (Australian Council of Trade Unions 2003). Over a decade later, around one in five Australians reported working unpredictable hours, with many experiencing a considerable increase in work pressures (Denniss and Baker 2012).

If schedules are set by employers with little regard for worker preferences, variations in work hours are detrimental to workers, bringing instability rather than flexibility into their lives (Henly *et al.* 2006; Lambert and Waxman 2005). Employer-induced non-standard hours with accompanying work intensification increased barriers to social inclusion at the workplace for people with disabilities. This resulted in greater stress and lower levels of well-being for workers (Denniss and Baker 2012; Lansbury 2004; Pocock 2005).

In Australia, however, these years were also characterized by an acceleration of economic growth and, during the period 1998–2009, wages increased by over 20 per cent (ABS 2010).

Higher wages are generally associated with greater employee well-being (Warr 1987). During this period, therefore, wages and flexible practices had conflicting influences on the benefits of social inclusion in the world of work. Yet while there is no reason to expect that the different labour market contexts of 1998 and 2009 influenced the overall well-being of people with disabilities, the growth in flexible practices was more likely to affect certain groups. The stress experienced in 2009 relative to 1998 as a result of higher levels of flexible practices was likely to be greatest for people with high levels of restriction. They had the most need to make their own decisions about attendance, work intensity, and leaving times for respite or medication (Abberley 1996; Shakespeare 2006). Further, any underperformance that resulted from a more disabling environment for such people meant that stereotypes were weakly challenged and social inclusion further inhibited:

<ex>Hypothesis 3. Labour market context will affect the impact of level of restriction such that people with high levels of restriction will experience lower well-being in 2009 than in 1998.</ex>

Lastly, women with high levels of restriction were likely to experience lower well-being than comparative men in 2009 relative to 1998. In the situation of higher stress induced by the impact of a higher level of flexible practices for people with high levels of restriction, females continued to receive fewer benefits of social inclusion than males (Cassells *et al.* 2009). Put simply, both men and women became more inconvenienced with regard to their work schedules, but women continued to receive lower employment rewards than men in return for this inconvenience. Further, any lower performance by women induced by a more disabling environment likely triggered gender-based negative stereotypes which are more pronounced for women with high levels of restriction than their male counterparts (O'Reilly 2007; Sheldon 2004):

<ex>Hypothesis 4. There will be a greater negative impact on well-being for women with high levels of restriction than for their male counterparts in 2009 relative to 1998.</ex>

<ha>Method</ha>

The data were derived from two large-scale government national surveys that form part of a series of surveys conducted about every five years by the Australian Bureau of Statistics (ABS): the *Disability, Ageing and Carers Survey* (ABS 1998, 2009). Each survey comprises a stratified sample of people with a long-term health condition in urban and rural areas in all

Australian states and territories. Persons are categorized as having a disability if they have one or more restrictive impairments that have lasted, or are likely to last, for more than six months. For each survey, the ABS reports a very low probability of resampling from the previous Census (less than 5 per cent) and regards the samples as effectively independent (personal communication from C. Etherington, Canberra, 9 May 2012). Persons contacted are legally obliged to respond. A User Advisory Group (UAG) was established for each survey, consisting of 50 members who were representatives of interested government departments at state and federal levels, service providers to people with disabilities, people with disabilities, and academic researchers. The UAGs were responsible for developing survey questions based on the research literature, similar surveys from other countries, the needs and knowledge of their constituency groups, and the results of pilot testing (Bainbridge *et al.* 2006).

The survey dates (1998 and 2009) marked two important points in time: the onset and the climax of over a decade of a politically-induced rise in flexible practices. Over a lengthy period of right-wing government (1996–2007), controversial industrial relations legislation was passed in Australia introducing individual employment contracts to override collectively-bargained agreements (Workplace Relations Act 1996¹) and weaken trade unions (Workplace Relations Amendment [Work Choices] Act 2005²). Individual contracts received strong support from employer groups and were promoted on the basis that they gave greater flexibility for the negotiation of arrangements that suited workplace and individual preferences; in practice, however, they encouraged irregular, non-standard work hours and work intensification (Isaac 2007). Most of the provisions of the first piece of legislation were not passed into law until 1997 and their subsequent effect at the workplace, in the form of the rise of flexible practices, began to be reported in the following years (De Ruyter and Burgess 2003; Lansbury 2004; Pocock 2005). In 2009, individual contracts were abolished by the Labor government under new legislation (Fair Work Act 2009³). Survey collections in 1998 and 2009, therefore, allowed us to compare employee well-being in contexts with different levels of flexible practices.

In 1998, an initial survey was sent to 15,715 dwellings and elicited a household response rate of 93 per cent. All those individuals in the households who identified themselves as possessing a long-term health condition were sent a personal questionnaire. This was completed by 94.4 per cent of those contacted. In 2009, the initial questionnaire was sent to 28,474 dwellings with a response rate of 90 per cent. The second personal survey was

completed by 94.4 per cent of those individuals who were contacted. The sample investigated in this study consisted of people with disabilities from both surveys who were employed in paid work. The sample size was 3,892: 1,824 (46 per cent) from the 1998 survey and 2,168 (54 per cent) from the 2009 survey. Ages ranged from 16 to 60, with an average of 42 years. Fifty-two per cent were male. There were no significant differences between the representation of genders or levels of restriction in each survey, or across the two surveys. The same variables and measures were drawn from each survey.

Outcome variable

Well-being. Respondents were asked about the frequency of the following issues over the previous four weeks (*1 = none of the time, 2 = a little of the time, 3 = some of the time, 4 = a good bit of the time, 5 = most of the time, 6 = all of the time*): How often have you felt calm and peaceful? Had a lot of energy? Felt down (reverse-scored)? These items have been used in a previous study of problems in the health and well-being of people with disabilities (Kulik *et al.* 2013). Researchers have used similar questions about the frequency of physical or psychological difficulties associated with a disability (e.g. Ipsen 2006; Ravestloot *et al.* 1997). Principal components analysis was employed and the three items loaded on one factor ($\alpha = .80$). A continuous measure of well-being was constructed by taking the mean of the factor's item responses.

Predictor variables

Level of restriction. ABS surveys employ the International Classification of Impairments, Disabilities and Handicaps (ICIDH) that is used worldwide (WHO 1980). The ICIDH defines a restriction or restrictive impairment as a limitation that arises from disabilities, illnesses or injuries that restrict everyday activities, is current at the time of the survey, and has lasted (or is expected to last) at least six months. Survey respondents reported their limitations in three major core activity areas (communication, mobility and self-care). They provided detailed information on need for assistance, difficulty experienced and use of aids and equipment with regard to 16 specific tasks across the activity areas. Survey administrators used this information and WHO international guidelines to sort respondents into a series of restriction categories. A continuous variable was constructed with values representing the following categories (*1 = Has disability and profoundly limited in core activities, 2 = Has disability and severely limited in core activities, 3 = Has disability and moderately limited in core activities, 4 = Has disability and mildly limited in core*

activities, 5 = *Has disability and not limited in core activities but restricted in schooling or employment*, 6 = *Has disability and not limited in core activities or restricted in schooling or employment*, 7 = *Has long-term condition but no disability*). We reverse-coded the responses and constructed a continuous measure, ranging from 1 (lowest level of restriction) to 7 (highest level of restriction).

Gender. A dichotomous measure was constructed (1 = *male*, 0 = *female*).

Context. A dichotomous variable was constructed (1 = *respondent from the 2009 survey*, 0 = *respondent from 1998 survey*).

Control variables

The following are likely to experience high levels of well-being in paid employment: younger people, skilled and professional workers, those individuals who work a greater number of hours (ABS 2009). Control variables were included, therefore, to reduce the chance that unmeasured variables could explain the results. Measures were constructed as follows: *age* of the person with disabilities (aged 16–60); *occupation* (based on official Australian and New Zealand Standard Classification of Occupations categories whereby 1 = unskilled, comprising labourers and elementary clerical, sales and service workers, and 0 = all other occupations, comprising managers, administrators and professionals, tradespersons and related, and intermediate/skilled clerical, sales and service workers); *hours of work* (8–55 hours per week).

Results

The means, standard deviations and zero-order correlations for all variables are shown in table 1.

[Insert table 1 here]

The data were examined using hierarchical moderator regression. In order to test Hypotheses 3 and 4, the continuous variable, restriction, was centred (Aiken and West 1991). Three two-way interaction terms (restriction x context, restriction x gender, gender x context) and a three-way interaction term (restriction x gender x context) were created. The centred continuous variable, the dichotomous variables and the resulting interaction terms were used in the hierarchical regression analysis (table 2).

[Insert table 2 here]

Control variables were entered in the first step of the regression. Greater well-being was reported by younger workers ($b = -.01, p < .01$) and those with more hours of work ($b = .01, p < .01$); lower well-being was reported by those in unskilled occupations ($b = -.11, p < .05$).

To test Hypotheses 1 and 2, predictor variables were entered in the second step. Lower well-being was reported by people with high levels of restriction ($b = -.21, p < .01$) and by women ($b = .28, p < .01$). Hypotheses 1 and 2 were supported. As expected, the context variable was non-significant ($b = -.01, p = ns$).

To test Hypothesis 3, the two-way interaction term (restriction $\times$ gender) was entered in the third step of the regression (alongside the two other interaction terms associated with the following three-way interaction). Hypothesis 3 was supported: the restriction $\times$ context coefficient was significant ($b = -.05, p < .05$). To better understand the significant finding (restriction $\times$ context), simple slope coefficients for 1998 and 2009 were calculated and plotted using the macros supplied by Dawson (2013). The plots are shown in figure 1. An inspection of the simple slope coefficients demonstrates that both slopes are significant and negatively inclined (1998: $b = -.16, p < .01$; 2009: $b = -.25, p < .01$), but the slope for 2009 is steeper. Taken together, these results support Hypothesis 3.

[Insert figure 1 here]

In order to test Hypothesis 4, the three-way interaction term was entered in the final step of the model and the resulting coefficient was significant ($b = .09, p < .05$). Relative to 1998, employment in 2009 was associated with lower well-being for women with high levels of restriction compared to the other three groups (men in 2009; both women and men in 1998). Simple slope coefficients for men in 1998 and 2009, and for women in 1998 and 2009, were calculated and plotted using the macros supplied by Dawson (2013). The simple slope coefficients show that, while all the slopes are significant and negatively inclined – men in 1998 ($b = -.21, p < .01$), men in 2009 ($b = -.22, p < .01$), women in 1998 ($b = -.16, p < .01$), and women in 2009 ($b = -.26, p < .01$) – the slope for women in 2009 is steepest. The plots are shown in figure 2. Taken together, these results support Hypothesis 4.

[Insert figure 2 here]

Discussion

The empirical results from this study provided support for all four hypotheses. People with high levels of restriction reported lower well-being than people with low levels; women reported lower well-being than men; people with high levels of restriction, particularly

women with high levels of restriction, reported lower well-being in 2009 than in 1998. These findings answer our research questions. They demonstrate that work is not equally beneficial for all people with disabilities in paid employment, and its impact may vary for some groups according to context. People with high levels of restriction, especially women with high levels of restriction, were further disadvantaged in the more disabling environment of 2009.

Our theoretical framework integrated two approaches. We used social identity theory within the framework of the social model of disability to explain the well-being of people with disabilities who worked for a living. Social identity theory helps explain the mechanisms that enforce the in-group out-group divide in the workplace. In-group members erect barriers to inclusion for those considered inadequate in order to retain the exclusive character of in-group identity and resulting self-esteem. Thus, low performance due to the level of an individual's restriction may be attributed to the person's restriction rather than to the disabling environment. This means that negative stereotypes are weakly challenged. From the perspective of the social model, the results suggest that the well-being associated with social inclusion will only eventuate for people with high levels of restriction, particularly women, when the level of support for these groups is adjusted to match labour market context.

Our findings have global implications. Internationally, the labour force displays a rising percentage of older female employees who are vulnerable to age-related disabilities (Kulik *et al.* 2014). Simultaneously, most high-income countries have experienced a growth in employer-induced flexible practices (Green *et al.* 2010). Our analysis demonstrates that these practices are likely to have particularly deleterious effects on women with high levels of restriction. Therefore, society needs to reflect carefully on policies designed to engage people with disabilities in paid employment.

Many countries have struggled to engage people with disabilities in employment. Significant numbers of working age people in high income countries already claim welfare benefits on the basis of disability-related impairments (Baumberg 2015) and governments are highly motivated to reduce costs by adopting welfare-to-work policies (Barnes 2012; OECD 2010). There are, however, two distinct types of welfare-to-work policies, categorized in terms of compulsion or activation. In the UK, the USA and – until the last decade – Australia, welfare-to-work policies have been characterized as policies of compulsion. They consist of regulations requiring benefit claimants to undertake programmes to improve their employability or to participate in community service in return for benefits (Hoefer and

Midgley 2012). The UK's recent 'Work Programme' (2011) is an example of compulsion policies (Deeming 2015). Such policies require people to get a job rather than gain and retain suitable employment. Our findings, however, encourage policies of activation. Activation policies pursue the well-being of people with disabilities so individuals remain in employment. In Europe, several countries that adopt activation policies have introduced major incentives for organizations to take measures to promote employee well-being and health. A recent analysis of OECD indicators of disability policies, from 1990 to 2007, clustered countries in terms of workplace integration and compensation level for people with disabilities in the labour market (Böheim and Leoni 2016). The highest achieving group of countries consisted of the Netherlands, Germany, Switzerland and the Northern Europe social democracies. During this time, the Netherlands had introduced the most radical activation policies (Böheim and Leoni 2015). For example, the Gatekeeper Protocol (2002) mandates employers to pay for the first two years of an employee's sickness absence, to make workplace accommodations, and to find the employee a new job if necessary. Legal regulations introduced in Germany in 2004, and Denmark in 2009 also require employers to contact sick employees and provide assistance to find suitable work (Böheim and Leoni 2016).

Although it is too soon to fully evaluate the effectiveness of its new policy (Hemphill and Kulik 2016), Australia may be joining the ranks of the leading activation policymaker group given the increasing emphasis on offering people with disabilities the ability to choose what sort of care and support they need (Bainbridge *et al.* 2016, forthcoming). Social inclusion became the focus of Australian social policy when the Labor Party was elected to government in 2007 (Saunders 2013). Following our survey period, the National Disability Strategy was introduced in Australia. It aims to promote the workforce participation of people with disabilities in order to create a more inclusive society as well as reduce dependence on welfare (Commonwealth of Australia 2011). To support this strategy, an innovative, far-reaching national disability insurance programme, DisabilityCare, was launched in several Australian states in 2013 (DisabilityCare Australia 2013). This programme offers individualized lifetime comprehensive support to all persons under 65 who are permanently impaired, and whose restrictions have significant effects on their lives. It provides practical assistance, for example, financial and non-financial support for transport, household tasks, home modification, mobility equipment, and vehicle modifications. For those in the labour

market, therefore, it provides a lifetime supportive background but also specific assistance to allow a participant to successfully gain or keep suitable employment.

While employer and government strategies apply to all people with disabilities, our results specifically demonstrate that paid employment does not deliver equal levels of well-being to all people with disabilities. They imply that certain groups of people with disabilities should receive most support, especially in the current context of employer-induced work-scheduling: people with high levels of restriction and women. Activation-based policies are likely to be particularly beneficial for those with high levels of restriction in paid employment. Over time, greater social inclusion via rewarding employment provides a pathway by which stereotypical views of people with high restrictions may be challenged by more accurate information. However, it is difficult to see how the extra disadvantage faced by women with disabilities can be addressed by legislation. As long as female employees remain largely confined to certain jobs, occupations and industries, information about the positive performance outcomes of females will be restricted to those sectors. Thus, prevailing negative stereotypes will persist. Until gender-based labour market segmentation is broken down, in comparison to their male counterparts, disadvantage at the workplace will also be experienced by women with disabilities.

The study we have carried out has considerable strengths. We were fortunate that there were two existing national government datasets that provided information, during the onset of the sharp rise in flexible practices and at the end of over a decade of their accelerated growth. Further, the data comprised responses from persons who were legally obliged to provide information so the response rates were extremely high. Thus we had access to a very large representative sample of people with disabilities in paid employment – males and females, with differing levels of restriction – that also allowed us to make a comparison of different labour market contexts.

However, there are also limitations imposed by the use of secondary data. We were unable to directly measure social inclusion/exclusion or social identity, stigma and stereotypes. Further investigations should examine issues such as the person's socialization with colleagues, income and career progression, and perceived discrimination. Other important workplace influences on the well-being of people with disabilities, such as the built environment (e.g. physical access and methods of communication) were also not captured in our study. Moreover, labour market context was discussed primarily in terms of the two major

workplace issues that were characterized by growth acceleration in the period: flexible practices and wages. Yet there were also other labour market differences between the two periods and context may also have captured their impact. For example, although most of the increase in casual jobs occurred prior to 1998, casualization continued to rise, though it grew more slowly (ABS 2006); over the same period, stress related to job insecurity was likely tempered by a decline in unemployment from 7.7 per cent in 1998 to 5.4 per cent in 2009 (ABS 2010). In terms of our findings, self-report data may artificially inflate the size of relevant relationships. Yet, two of our predictor variables are objective and therefore less vulnerable to common method bias (Crampton and Wagner 1994).

An extension of this study would be useful in order to investigate whether, in comparison to those who did not take up paid work, employment had any negative effects on people as a result of the reinforcement of stereotypes in disabling environments, especially for those with high levels of restriction. If the work environment *creates* social exclusion, the consequences of work may be negative rather than positive and even foster social exclusion (Alaszewski *et al.* 2007; Jahoda *et al.* 2008). Although we included an occupational variable as a control, a focus on the impact of particular occupations on the well-being of people with disabilities would also be valuable, especially to identify jobs that provide enabling environments in those workplaces where flexible practices have developed. Lastly, the dataset did not allow us to adequately investigate the impact of household duties on the well-being of women with disabilities who take up paid employment. A study conducted during the survey period found that, in dual income households, Australian working women still carried out the major share of domestic tasks (Pocock 2003). This ‘double shift’ (Hochschild and Machung 1997), whereby women carry out unpaid housework for part of the day and also participate in paid employment for another part of the day, means that the benefits of social inclusion are likely offset for working women by their higher workload than working men. However, little is known about the domestic responsibilities of women with disabilities. Although it seems highly probable that they carry out more unpaid household labour than their male counterparts, it may be, for example, that other family members, especially those without restrictions, are compelled to take a greater share of household tasks when wives, daughters, mothers and sisters take up paid employment. This is an important issue and we strongly recommend investigation of this under-researched area. Yet, overall, despite these limitations,

this is a valuable study that identifies groups of people with disabilities in paid employment in different labour market contexts who do not experience equal well-being.

<ha>Notes</ha>

1. Workplace Relations Act 1996, http://www.austlii.edu.au/au/legis/cth/repealed_act/wra1996220/ (accessed 6 August 2015).
2. Workplace Relations Amendment (Work Choices) Act 2005, <https://www.legislation.gov.au/Details/C2005A00153> (accessed 6 August 2015).
3. Fair Work Act 2009, http://www.austlii.edu.au/au/legis/cth/num_act/fwa2009114/ (accessed 6 August 2015).</not>

<ha>References</ha>

- <ref>Abberley, P. (1996), Work, utopia and impairment. In L. Barton (ed.), *Disability and Society: Emerging Issues and Insights*, Harlow: Longman, pp. 61–79.
- Aiken, L. S. and West, S. G. (1991), *Multiple Regression: Testing and Interpreting Interactions*, Thousand Oaks, CA: Sage.
- Alaszewski, A., Alaszewski, H., Potter, J. and Penhale, B. (2007), Working after a stroke: Survivors' experiences and perceptions of barriers to and facilitators of the return to paid employment, *Disability and Rehabilitation*, 29, 24: 1858–69.
- Allport, G. W. (1954), *The Nature of Prejudice*, New York, NY: Basic Books.
- Australian Bureau of Statistics (ABS) (1998), *Disability, Ageing and Carers Survey, Australia: Summary of Findings* (cat. no. 4430.0), Canberra: Australian Bureau of Statistics.
- Australian Bureau of Statistics (ABS) (2006), *Trends in Casual Employment* (cat. no. 1301.0), Canberra: Australian Bureau of Statistics.
- Australian Bureau of Statistics (ABS) (2009), *Disability, Ageing and Carers Survey, Australia: Summary of Findings* (cat. no. 4430.0), Canberra: Australian Bureau of Statistics.
- Australian Bureau of Statistics (ABS) (2010), *Measures of Australia's Progress* (cat. no. 1370.0), Canberra: Australian Bureau of Statistics.
- Australian Bureau of Statistics (ABS) (2012), *Australian Social Trends, March Quarter 2012* (cat. no. 4102.0), Canberra: Australian Bureau of Statistics.

- Australian Council of Trade Unions (2003), *The Future of Work: Working Hours and Work Intensification Policy*, Melbourne: ACTU Congress.
- Bainbridge, H. T. J., Broady, T. R. and Fong, M. (2016, forthcoming), Addressing social exclusion: The role of individualized funding in facilitating employment, *Journal of Business and Management*.
- Bainbridge, H. T. J., Cregan, C. and Kulik, C. T. (2006), The effect of multiple roles on caregiver stress outcomes, *Journal of Applied Psychology*, 91, 2: 490–7.
- Barnes, C. (2000), A working social model? Disability, work and disability politics in the 21st century, *Critical Social Policy*, 20, 4: 441–57.
- Barnes, C. (2012), Re-thinking disability, work and welfare, *Sociology Compass*, 6, 6: 472–84.
- Barnes, C. and Mercer, G. (2001), Disability culture: Assimilation or inclusion? In G. L. Albrecht, K. D. Seelman and M. Bury (eds), *Handbook of Disability Studies*, Thousand Oaks, CA: Sage, pp. 515–34.
- Barnes, C. and Mercer, G. (2005), Disability, work and welfare: Challenging the social exclusion of disabled people, *Work, Employment and Society*, 19, 3: 527–45.
- Baumberg, B. (2015), From impairment to incapacity – Educational inequalities in disabled people’s ability to work, *Social Policy & Administration*, 49, 2: 182–98.
- Böheim, R. and Leoni, T. (2015), *Disability policies across Europe: Reforms and employment outcomes for workers aged 50+*, National Bureau of Economic Research Disability Research Center Paper No. NB 15-08B, September, <http://www.nber.org/aging/drc/papers/odrc15-08a.pdf> (accessed 11 June 2016).
- Böheim, R. and Leoni, T. (2016), *Disability policies: Reform strategies in a comparative perspective*, National Bureau of Economic Research Working Paper No. 22206, April, <http://www.nber.org/papers/w22206> (accessed 11 June 2016).
- Brewer, M. B. (1993), Social identity, distinctiveness, and ingroup homogeneity, *Social Cognition*, 11, 1: 150–64.
- Cancian, M. (2001), Rhetoric and reality of work-based welfare reform, *Social Work*, 46, 4: 309–14.
- Cassells, R., Vidyattama, Y., Miranti, T. and McNamara, J. (2009), *The impact of a sustained gender wage gap on the economy*, Report to the Office for Women, Department of

- Families, Community Services, Housing and Indigenous Affairs, Canberra: NATSEM, University of Canberra.
- Colella, A. (2001), Coworker distributive fairness judgments of the workplace accommodation of employees with disabilities, *Academy of Management Review*, 26, 1: 100–16.
- Colella, A., Paetzold, R. L. and Belliveau, M. A. (2004), Factors affecting coworkers' procedural justice inferences of the workplace accommodations of employees with disabilities, *Personnel Psychology*, 57, 1: 1–23.
- Commonwealth of Australia (2011), *2010–2020 National Disability Strategy: An Initiative of the Council of Australian Governments*, Canberra: Commonwealth of Australia.
- Crampton, S. M. and Wagner, J. A. (1994), Percept-percept inflation in micro organizational research: An investigation of prevalence and effect, *Journal of Applied Psychology*, 79, 1: 67–76.
- Crocker, J., Luhtanen, R., Blaine, B. and Broadnax, S. (1994), Collective self-esteem and psychological well-being among white, black and Asian college students, *Personality and Social Psychology Bulletin*, 20, 5: 503–13.
- Crocker, J., Major, B. and Steele, C. (1998), Social stigma. In S. T. Fiske, G. Lindzey and D. T. Gilbert (eds), *The Handbook of Social Psychology*, Vol. 2, Boston, MA: McGraw-Hill, pp. 504–53.
- Dawson, J. (2013), Interpreting interaction effects, <http://www.jeremydawson.co.uk/slopes.htm> (accessed 6 August 2015).
- Deegan, M. J. and Brooks, M. A. (1985), *Women and Disability: The Double Handicap*, New Brunswick, NJ: Transaction Books.
- Deeming, C. (2015), Foundations of the workfare state – Reflections on the political transformation of the welfare state in Britain, *Social Policy & Administration*, 49, 7: 862–86.
- Denniss, R. and Baker, D. (2012), *An Unhealthy Obsession: The Impact of Work Hours and Workplace Culture on Australia's Health*, Report from the Australian Institute, 21 November, <http://www.hcamag.com/hr-news/unpredictable-work-hours-take-their-toll-147020.aspx> (accessed 6 August 2015).

- De Ruyter, A. and Burgess, J. (2003), Growing labour insecurity in Australia and the UK in the midst of job growth: Beware the Anglo-Saxon model, *European Journal of Industrial Relations*, 9, 2: 223–43.
- DisabilityCare Australia (2013), *DisabilityCare Australia*, http://www.budget.gov.au/2013-14/content/glossy/ndis_policy/download/ndis.pdf (accessed 5 August 2016)..
- Fine, M. and Asch, A. (1985), Disabled women: Sexism without the pedestal. In M. J. Deegan and N. A. Brooks (eds), *Women and Disability: The Double Handicap*, New Brunswick, NJ: Transaction Books, pp. 6–22.
- Fiske, S. T., Cuddy, A. J. C. and Glick, P. (2002), A model of (often mixed) stereotype content competence and warmth respectively, *Journal of Personality and Social Behavior*, 82, 6: 878–902.
- Green, C., Kler, P. and Leeves, G. (2010), Flexible contract workers in inferior jobs: Reappraising the evidence, *British Journal of Industrial Relations*, 48, 3: 605–29.
- Guimond, S., Dif, S. and Aupy, A. (2002), Social identity, relative group status and intergroup attitudes: When favourable outcomes change intergroup relations ... for the worse, *European Journal of Social Psychology*, 32, 6: 739–60.
- Harlan, S. L. and Robert, P. M. (1998), The social construction of disability in organizations: Why employers resist reasonable accommodation, *Work and Occupations*, 25, 4: 397–435.
- Hemphill, E. and Kulik, C. T. (2016), Shaping attitudes to disability employment with a National Disability Insurance Scheme, *Australian Journal of Social Issues*, 51, 3: 301–18.
- Henly, J. R., Schaefer, H. L. and Waxman, E. (2006), Nonstandard work schedules: Employer- and employee-driven flexibility in retail jobs, *Social Service Review*, 80, 4: 609–34.
- Hill, E. J., Hawkins, A. J., Ferris, M. and Weitzman, M. (2001), Finding an extra day in the week: The positive effects of perceived job flexibility on work and family life balance, *Family Relations*, 50, 1: 49–58.
- Hochschild, A. and Machung, A. (1997), *The Second Shift: Working Parents and the Revolution at Home*, New York, NY: Viking.
- Hoefer, R. and Midgley, J. (2012), *International Perspectives on Welfare to Work Policy*, New York, NY: Routledge.

- Ipsen, C. (2006), Health, secondary conditions, and employment outcomes for adults with disabilities, *Journal of Disability Policy Studies*, 17, 2: 77–87.
- Isaac, J. E. (2007), Reforming Australian industrial relations? *Journal of Industrial Relations*, 49, 3: 410–35.
- Jackman, M. R. (1994), *The Velvet Glove: Paternalism and Conflict in Gender, Class And Race Relations*, Berkeley, CA: University of California Press.
- Jahoda, A., Kemp, J., Riddell, S. and Banks, P. (2008), Feelings about work: A review of the socio-emotional impact of supported employment on people with intellectual disabilities, *Journal of Applied Research in Intellectual Disabilities*, 21, 1: 1–18.
- Jahoda, M. (1982), *Employment and Unemployment: A Social Psychological Analysis*, New York, NY: Cambridge University Press.
- Judge, T. A. and Bono, J. E. (2001), Relationship of core self-evaluations traits – self-esteem, generalized self-efficacy, locus of control, and emotional stability – with job satisfaction and job performance: A meta-analysis, *Journal of Applied Psychology*, 86, 1: 80–92.
- Kulik, C. T., Bainbridge, H. T. J. and Cregan, C. (2008), Known by the company we keep: Stigma by association effects in the workplace, *Academy of Management Review*, 33, 1: 231–51.
- Kulik, C. T., Cregan, C. and Bainbridge H. T. J. (2013), I feel your pain: The moderating effect of care recipient health on the relationship between work hours and care recipient and caregiver psychological outcomes, *Analyses of Social Issues and Public Policy*, 13, 1: 114–36.
- Kulik, C. T., Ryan, S., Harper, S. and George, G. (2014), Aging populations and management, *Academy of Management Journal*, 57, 4: 929–35.
- Kurzban, R. and Leary, M. R. (2001), Evolutionary origins of stigmatisation: The functions of social exclusion, *Psychological Bulletin*, 127, 2: 187–208.
- Lambert, S. J. and Waxman, E. (2005), Organizational stratification: Distributing opportunities for balancing work and personal life. In E. E. Kossek and S. J. Lambert (eds), *Work and Life Integration: Organizational, Cultural, And Individual Perspectives*, Mahwah, NJ: Erlbaum, pp. 103–26.
- Lansbury, R. (2004), Work, people and globalization: Toward a new social contract, *Journal of Industrial Relations*, 46, 1: 102–15.

- Leary, M. R., Terdal, S. K., Tambor, E. S. and Downs, D. L. (1995), Self-esteem as an interpersonal monitor: The sociometer hypothesis, *Journal of Personality and Social Psychology*, 68, 3: 518–30.
- Lindsay, C., Greve, B., Cabras, I., Ellison, N., and Kellet, S. (2015), Special Issue: New perspectives on health, disability, welfare and the labour market, *Social Policy & Administration*, 49, 2: 139–298.
- McNulty, J. and Fincham, F. D. (2012), Beyond positive psychology? Toward a contextual view of psychological processes and well-being, *American Psychologist*, 67, 2: 101–10.
- O'Hara, B. (2004), Twice penalized: Employment discrimination against women with disabilities, *Journal of Disability Policy Studies*, 15, 1: 27–34.
- Oliver, M. and Barnes, C. (1998), *Disabled People and Social Policy: From Exclusion to Inclusion*, London: Addison Wesley Longman.
- O'Reilly, A. (2003), *Employment Barriers for Women with Disabilities*, IFP/skills Working Paper No. 14, Geneva: ILO.
- O'Reilly, A. (2007), *The Right to Work of People with Disabilities*, Ithaca, NY: Cornell University ILR.
- Organisation for Economic Co-operation and Development (OECD) (2010), *Sickness, Disability and Work: Breaking the Barriers*, Paris: OECD Publishing.
- OuYang, E. R. (1990), Women with disabilities in the work force: Outlook for the 1990s, *Harvard Women's Law Journal*, vol. 13: 13–34.
- Patrick, R. (2012), All in it together? Disabled people, the Coalition and welfare to work, *Journal of Poverty and Social Justice*, 20, 3: 307–22.
- Percy-Smith, J. (2000), *Policy Responses to Social Exclusion*, Philadelphia, PA: Open University Press.
- Pocock, B. (2003), *The Work/Life Collision: What Work Is Doing to Australians and What to Do About It*, Annandale: Federation Press.
- Pocock, B. (2005), Work-life 'balance' in Australia: Limited progress, dim prospects, *Asia Pacific Journal of Human Resources*, 43, 2: 198–209.
- Ravaud, J. F. and Stiker, H. J. (2002), Inclusion/exclusion: An analysis of historical and cultural meanings. In G. L. Albrecht, K. D. Seelman, and M. Bury (eds), *Handbook of Disability Studies*, Thousand Oaks, CA: Sage, pp. 490–514.

- Ravesloot, C., Seekins, T. and Walsh, J. (1997), A structural analysis of secondary conditions experienced by people with physical disabilities, *Rehabilitation Psychology*, 42, 1: 3–16.
- Ren, L. R., Paetzold, R. L. and Colella, A. (2008), A meta-analysis of experimental studies on the effects of disability on human resource judgments, *Human Resource Management Review*, 18, 3: 191–203
- Ryan, R. M. and Deci, E. L. (2001), On happiness and human potentials: A review of research on hedonic and eudaimonic well-being, *Annual Review of Psychology*, vol. 52: 141–66.
- Saunders, P. (2013), Reflections on the concept of social exclusion and the Australian social inclusion agenda, *Social Policy & Administration*, 47, 6: 692–708.
- Scheff, T., Retzinger, S. and Ryan, M. (1989), Crime, violence and self-esteem: Review and proposals. In A. Mecca, N. Smelser and J. Vasconcellos (eds), *The Social Importance of Self-Esteem*, Berkeley, CA: University of California, pp. 165–99.
- Shakespeare, T. (2006), *Disability Rights and Wrongs*, London: Routledge.
- Sheldon, A. (2004), Women and disability. In C. Thomas, J. Swain, S. French and C. Barnes (eds), *Disabling Barriers, Enabling Environments*, London: Sage, pp. 69–74.
- Shier, M., Graham, J. R. and Jones, M. E. (2009), Barriers to employment as experienced by disabled people: A qualitative analysis in Calgary and Regina, Canada, *Disability and Society*, 24, 1: 63–75.
- Shore, L. M., Randel, A. E., Chung, B. G., Dean, M. A., Ehrhart, K. H. and Singh, G. (2011), Inclusion and diversity in work groups: A review and model for future research, *Journal of Management*, 37, 4: 1262–89.
- Stanger, C. (2009), The study of stereotyping, prejudice, and discrimination within social psychology. In T. D. Nelson (ed.), *Handbook of Prejudice, Stereotyping, and Discrimination*, New York, NY: Taylor & Francis, pp. 2–12.
- Stets, J. E. and Burke, P. J. (2000), Identity theory and social identity theory, *Social Psychology Quarterly*, 63, 3: 224–37.
- Swarts, J. (2013), *Constructing Neoliberalism: Economic Transformation in Anglo-American Democracies*, Toronto: University of Toronto Press.

- Tajfel, H. and Turner, J. C. (1986), The social identity theory of inter-group behavior. In S. Worchel and L. W. Austin (eds), *Psychology of Intergroup Relations*, Chicago, IL: Nelson-Hall, pp. 7–24.
- Thomas, C. (1999), *Female Forms: Experiencing and Understanding Disability*, Buckingham: Open University Press.
- Tregaskis, C. (2002), Social model theory: The story so far ..., *Disability and Society*, 17, 4: 457–70.
- Warr, P. B. (1987), *Work, Unemployment, and Mental Health*, Oxford: Oxford University Press.
- Wooden, M. and Warren, D. (2004), Non-standard employment and job satisfaction: Evidence from the HILDA Survey, *The Journal of Industrial Relations*, 46, 3: 275–97.
- World Health Organization (WHO) (1980), *International Classification of Impairments, Disabilities, and Handicaps: A Manual of Classification Relating to the Consequences of Disease*, Geneva: WHO.
- World Health Organization (WHO) (2001), *ICF: International Classification of Functioning, Disability and Health*, Geneva: WHO.
- Young, S. (2013), The politics of exclusion. In J. Caro (ed.), *Destroying the Joint: Why Women Have to Change the World*, Brisbane: University of Queensland Press, pp. 246–56. </ref>

[TYPESETTER: FIGURES IN COLUMNS HEADED 1 TO 6 SHOULD BE ALIGNED ON THE DECIMAL POINTS; THE ALIGNMENT OF THE FIRST THREE COLUMNS IS AS SET OUT IN THE TABLE]

<t1><cap>Table 1
Descriptives and correlation matrix</cap>

	Mean	SD	1	2	3	4	5	6
1. Age	42.33	11.00	----					
2. Occupation	0.18	0.38	-.04**	----				
3. Hours of work	34.17	15.30	.06**	.06**	----			
4. Restriction	3.75	1.38	.07**	.03*	.07**	----		
5. Gender	0.52	0.50	-.04**	-.04**	.20**	-.09**	----	
6. Survey year	0.54	0.49	.08**	-.16**	.04**	.02*	-.06**	----
7. Well-being	4.09	1.08	-.04**	-.04**	.08**	-.29**	.16**	-.01

</t1>

<tn>Notes: N = 3982. * p < .05. ** p < .01.</tn>

[TYPESETTER: FIGURES IN COLUMNS HEADED STEP 1 TO STEP 5 SHOULD BE ALIGNED ON THE DECIMAL POINTS; THE ALIGNMENT OF THE FIRST COLUMN IS AS SET OUT IN THE TABLE]

Table 2

Hierarchical moderator regression: Well-being

	Step 1	Step 2	Step 3	Step 4
Constant	4.10** (0.08)	3.95** (0.08)	3.92** (0.08)	3.92** (0.08)
Controls				
Age	– 0.01** (0.01)	– 0.01 (0.01)	– 0.01 (0.01)	– 0.01 (0.01)
Occupation	– 0.11* (0.05)	– 0.08 (0.04)	– 0.08 (0.04)	– 0.08 (0.04)
Hours of work	0.01** (0.01)	0.01* (0.01)	0.01* (0.01)	0.01* (0.01)
Predictors				
Restriction		–0.21** (0.01)	– 0.19** (0.02)	– 0.16** (0.02)
Gender	(0.03)	0.28** (0.03)	0.32** (0.05)	0.32** (0.05)
Context		–0.01 (0.03)	0.03 (0.05)	0.04 (0.05)
Two-way interactions				
Restriction x context			– 0.05* (0.02)	– 0.09** (0.03)
Restriction x gender			– 0.01 (0.02)	– 0.06 (0.03)
Gender x context			– 0.09 (0.07)	– 0.08 (0.07)
Three-way interaction				
Restriction x gender x context				0.09* (0.05)
R-square	0.01	0.104	0.106	0.106
R-square change		0.094**	0.002	0.001*

Notes: $N = 3982$. * $p < .05$. ** $p < .01$. Table entries are unstandardized regression coefficients, with standard errors in parentheses.

Figure 1

Profile plots for restriction x context

Figure 2

Profile plots for restriction x gender x context

Minerva Access is the Institutional Repository of The University of Melbourne

Author/s:

Cregan, C;Kulik, CT;Bainbridge, HTJ

Title:

Differences in Well-being among People with Disabilities in Paid Employment: Level of Restriction, Gender and Labour Market Context

Date:

2017-12-01

Citation:

Cregan, C., Kulik, C. T. & Bainbridge, H. T. J. (2017). Differences in Well-being among People with Disabilities in Paid Employment: Level of Restriction, Gender and Labour Market Context. SOCIAL POLICY & ADMINISTRATION, 51 (7), pp.1210-1230. <https://doi.org/10.1111/spol.12263>.

Persistent Link:

<http://hdl.handle.net/11343/291848>