

# Prejudice about Stroke Survivors in the Workplace

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## Introduction

### Young stroke population

- According to U.S National Center for Disease Control and Prevention, there are about **795,000 people who have a stroke every year** ("Stroke Facts", n.d.).
- According to National Center for Health Statistics, the trend of **working-aged** hospitalized stroke patients is increasing from **24% in 1989** to **34% in 2009** of all hospitalized stroke patients (Hall, Levant & DeFrances, 2012).

### Why help stroke survivors return to work?

#### •They are still competent:

From the perspective of employers, with experience interviewing applicants with or without different types of disability, they expected interviewees to meet the essential job requirement, no matter what their disabilities are. (Culler, Wang, Byers & Trierweiler, 2011).

#### •Help increase stroke survivors self-esteem and regain hope:

When stroke survivors, especially younger ones, took an active part in their rehabilitation process, they expressed pride in their capacity (Vestling, Ramel & Iwarsson, 2013).

### Big picture of our study

- This is a replication and extension of Martinez, White, Shapiro, & Hebl, (2015). They found that **cancer survivors are stereotyped as higher in warmth than competence.**
- We expected that stroke survivors will be seen as the same way because of the deadly experience both cancer and stroke survivors have experienced.

## Hypotheses

### •Hypothesis 1:

Stroke survivors will be perceived as **less competent** and **warm** than cancer survivors.

➤Because of the explicit syndrome after stroke, like speech difficulties and difficulty walking, stroke survivors could be viewed as less competent than the general population.

### •Hypothesis 2:

Stroke survivors will be perceived as **less competent** than white and Asian, but **warmer** than them. Stroke survivors will be rated **more competent and warmer** than poor.

## Method

### Materials

- We conducted an anonymous online survey, using items from the **stereotype content model** (Fiske, Cuddy, Glick & Xu, 2002), which has been used successfully in the past to identify shared stereotypes.
- In the survey, the instructions are: "**We are not interested in your personal beliefs, but in how you think members of each group are viewed by others**" to avoid social desirability effects.
- Participants were asked to evaluate how members from the following groups are viewed:
  - Stroke survivors, cancer survivors, White, Asian and Poor.**
- We chose these groups because they consistently represent high-warmth/high-competence, low-warmth/high-competence and low-warmth/low-competence (Martinez et al., 2015).

### Participants

- We had a total of **53** responses to the survey; **41** were usable due to missing data.
- Participants were 64% female, 64% White/Caucasian, average age = 27.6.

### Method:

- Pairwise t-test

## Results-continued

### •Pairwise t-tests (p-value) – Competence

	Mean Rating	Stroke Survivor	Cancer Survivor	Asian	White	Poor
Stroke Survivor	2.72	--				
Cancer Survivor	3.52	<0.00	--			
Asian	4.03	<0.00	0.01	--		
White	3.99	<0.00	0.06	1.00	--	
Poor	2.03	0.13	<0.00	<0.00	<0.00	--

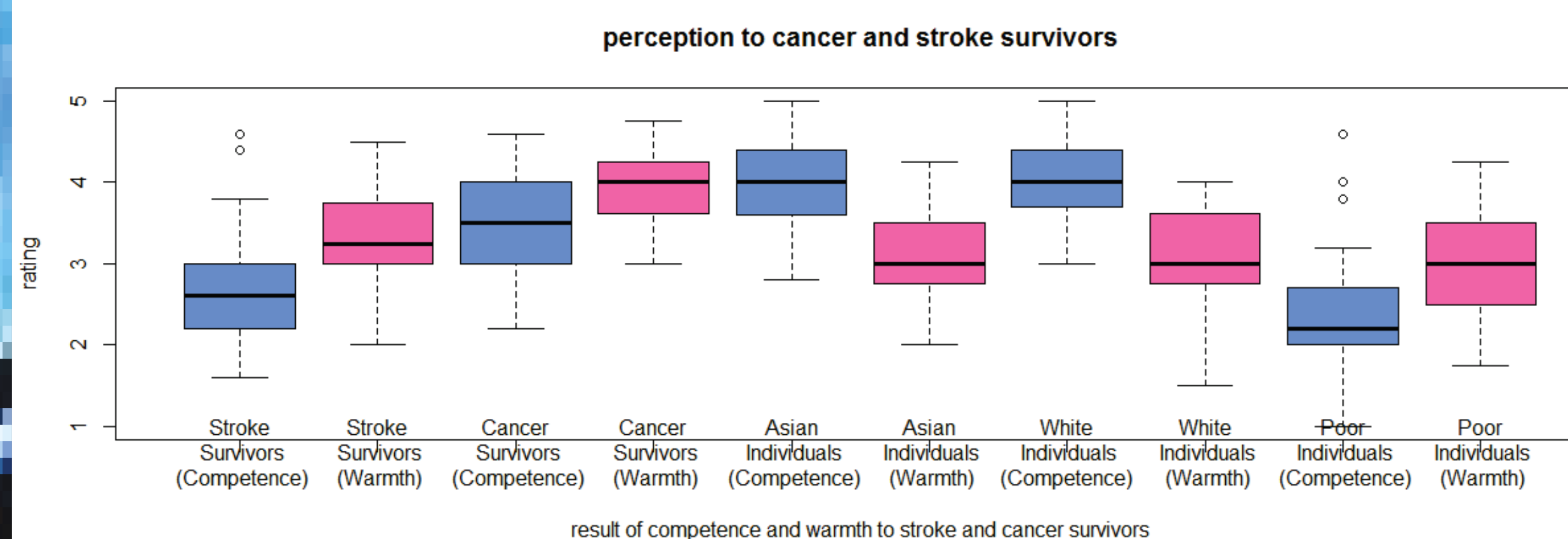
### •Pairwise t-tests (p-value) – Warmth

	Mean Rating	Stroke Survivor	Cancer Survivor	Asian	White	Poor
Stroke Survivor	3.33	--				
Cancer Survivor	3.92	<0.05	--			
Asian	3.07	0.67	<0.00	--		
White	3.10	1.00	<0.00	1.00	--	
Poor	3.05	0.50	<0.00	1.00	1.00	--

\*adjustment: Bonferroni

- Competence:** at  $\alpha = 0.05$ , Stroke Survivors' competence is rated **significantly lower** than Cancer Survivors, Asian and White groups; the competence is rated no difference with the poor group.
- Warmth:** Stroke Survivors' warmth is rated **significantly lower** than Cancer survivors; but no difference with Asian, White and Poor groups.

## Results



- Based on box-plot: **stroke survivors' competence is rated lower** than groups of **cancer survivors, White and Asian; higher than poor group.**
- Stroke survivors' warmth is rated slightly higher than Asian, White and Poor; lower than cancer survivors.**

## Conclusion

- Hypothesis 1 is supported.** Stroke Survivors is perceived less competent and warm than Cancer Survivors.
- Hypothesis 2 is only partially supported.** Although Stroke Survivors is perceived more competent and warm than the poor, and less competent than Asian and White, there is no difference in warmth between Stroke Survivors & Asian, Stroke Survivors & White.

## References

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