

# Ethical Fairness and Human Rights: The Treatment of Employees with Psychiatric Disabilities

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**ABSTRACT.** Extant business research has not addressed the ethical treatment of individuals with psychiatric disabilities. This article will describe previous research on individuals with psychiatric disabilities drawn from rehabilitation, psychological, managerial, legal, as well as related business ethics writings before presenting a framework that illustrates the dynamics of (un)ethical behavior in relation to the employment of such individuals. Individuals with psychiatric disabilities often evoke negative reactions from those in their environment. Lastly, we provide recommendations for how employees and organizations can become more proactive in providing individuals with such disabilities equal employment opportunities for both access and accommodation in the workplace.

**KEY WORDS:** psychiatric disability, ethical fairness, accommodation, mitigation, moral disengagement

It is much easier to examine how people reason about hypothetical moral dilemmas than to study how they behave in difficult life predicaments. People suffer from the wrongs done to them, regardless of how perpetrators might justify their inhumane actions. (Bandura et al., 1996, p. 364)

Ethical<sup>1</sup> consciousness is the focus of increased attention in the business literature (Butterfield et al., 2000; Treviño et al., 2006). In part, this interest is in response to the public scandals involving Enron, WorldCom, and Tyco. As a result, society increasingly views business schools as bearing some responsibility for training future employees to be more ethical (Godson, 2007; Merritt, 2003). Associated with this thrust, the impact of ethics on decision-making is becoming a focal point for organizational research. One relatively ignored research area in

ethical decision-making is how organizations treat individuals with disabilities during their employment. Published research has examined other facets of the employment of individuals with disabilities. There has been work in the area of disparate treatment in organizational selection (Jackson et al., 2000) as well as a large amount of research on the impact of disability-related legislation (e.g., the Americans with Disabilities Act of 1990) within the workplace (Percy, 2000). However, there is little research on organizational behaviors and decisions that influence the day-to-day experience of employed disabled individuals.

This article will describe the previous research conducted in rehabilitation studies, psychology, management, legal as well as related business ethics writings before presenting a framework that illustrates the dynamics of how individuals decide to behave (un)ethically in relation to the employment of individuals with psychiatric disabilities. This literature review is important in providing the background information necessary to understand the legal and social context that shapes (un)ethical behavior. It focuses on individuals with psychiatric disabilities because of the unique social and emotional reactions generated from those in their environment. Lastly, we provide recommendations on how employees and organizations can become more ethically responsible toward individuals with psychiatric disabilities.

## **The Americans with disabilities act implementation issues**

### *Mitigation and accommodation*

According to Keaty et al. (2005), the Americans with Disabilities Act of 1990 (ADA) defines

disability using a three-pronged definition. There must be: “(1) A physical or *mental impairment* that *substantially limits* one or more of the *major life activities* of the individual; (2) a record of such impairment; or (3) being regarded as having such impairment.” (pp. 43–44). While the ADA has had a positive impact on the employment of individuals with disabilities, Keaty et al. (2005) indicate that there is still an employment gap between those with and without disabilities. They state that this gap could, in part, be related to court interpretation of the ADA; similarly, Thompson (2005) reports that the courts often handle disability claims inconsistently. Some courts do not recognize hostile work environments as a “cause of action for disability harassment under the ADA” (Thompson, p. 715). She suggests that it is appropriate for Circuit courts to recognize “hostile work environment disability harassment claims under the ADA” (p. 716) in order to be consistent with the application of harassment under Title VII. Without consistent court interpretation, hostile work environments will continue to exist for persons with disabilities and in fact “foster” discriminatory practices.

Crampton and Hodge’s (2003) research supports this position. They indicate that 82% of ADA claims occur not at the point-of-hire, but after the implementation of a hiring decision. During the employment relationship, behaviors or actions on the part of employers precipitate feelings of exclusion or hostile treatment of employees with disabilities. Crampton and Hodge’s (2003) report that 23% of the employment problems faced by disabled workers are related to reasonable accommodation and 50% are related to discharge. Court interpretations of the act have led to confusion for employers regarding what is actually a disability, what is appropriate accommodation, and how mitigating circumstances might enter into any employment decision (Crampton and Hodge, 2003; LeVar, 2001; Massengill, 2004).

The ambiguity of the language and interpretation of the ADA has generated research on several issues related to the treatment of disabled individuals in relation to work organizations. The first issue is mitigation (Crampton and Hodge, 2003; Massengill, 2004; Sheffield, 2005). According to Sheffield (2005), “The US Supreme Court has concluded that a person’s impairment is to be judged based on

mitigating, or corrective measures (p. 6).” If the corrective measure controls the disability, the person would not be “substantially impaired in the performance of one or more major life activities (p. 6)” and hence would not be considered disabled under the ADA. However, there are several court decisions that seem contradictory. In *Denney v. Mosey*, the court indicated that an employer should allow an employee who was diabetic to snack to control his insulin levels. However, in *Orr v. Wal-Mart Stores, Inc.* the court found for an employer who fired a diabetic for trying to eat during a break (Massengill, 2004). Mitigation could be considered to eliminate a disability, but may also lead to denials of requests for reasonable accommodation that could continue to alleviate problems. This is a confusing area for employers and individuals with disabilities. The symptoms of many illnesses are managed through medication. Psychotropic drugs, which affect mental activity, can alleviate symptoms; however, in some cases can precipitate performance problems (U.S. Congress, Office of Technology Assessment, 1994).

The issue of mitigation leads us to consider another issue that frames the dynamics of perceived discrimination, the area of help seeking (Tessler and Schwartz, 1972; Williams and Williams, 1983). This research indicates that in many cases individuals, who need help, do not ask for it. It may be that individuals are hesitant to ask for accommodation for fear of negative perceptions relating to their work behavior or performance. In some cases, they may be pursuing avenues of mitigation that they hope may “hide” their need for assistance. As a result, if an employer does not know that an individual has a disability that may interfere with work performance, there could be negative attributions about poor performance (the person is perceived as incompetent rather than the person needs accommodation) that could lead to termination (Sheffield, 2005). Such individuals might file an ADA claim of wrongful discharge; however, the employer may not even have known about the disability. This is especially relevant for the psychiatrically disabled as will be discussed later. Mechanic et al. (2002) note that fear of discrimination can lead those with psychiatric disabilities to hide their mental history and not ask for accommodation.

In addition to the social psychological attributions of seeking workplace accommodation, there is also

research that examines the social consequences of repeatedly asking for accommodation. Baldrige and Veiga's (2006) research indicates if an employee repeatedly asks for accommodation, he or she may be viewed as imposing on the organization, coworkers may exert pressures to stop a request, and supervisors may hold negative opinions because of repeated (small) monetary costs. This dynamic suggests that an organizational culture can develop that leads to exclusion or an unsupportive environment based on any occurrence of an accommodation requests. Some psychiatric disabilities, such as bipolar disorder, can have a cyclical component that could lead to repeated accommodation requests.

The evidence discussed suggests that there is not a clear legal precedent regarding how the issues of either asking for accommodation or the use of mitigation are addressed by the ADA. Due to this inconsistency and ambiguity, employers are unclear as to what is a 'reasonable' accommodation under the law as well as how to move toward a supportive culture for individuals with disabilities.

### **How are psychiatric disabilities different from other disabilities?**

A report by the Office of Technology Assessment (OTA) (U.S. Congress, Office of Technology Assessment, 1994) indicates that psychiatric disabilities raise the most challenging issues under the ADA employment provisions (p. iii, 1994). Mechanic et al. (2002) report that, "While 76% of persons without mental illness were employed, and almost 70% of persons with only a physical condition were employed, persons with mental illness were less likely to be employed, varying from more than half of those with a mental illness not classified as serious to 22.5% among persons classified as schizophrenic" (pp. 245–246). Attitudes toward the psychiatrically disabled are extremely negative (U.S. Congress, Office of Technology Assessment, 1994, p. 32). The OTA report indicates that images of the psychiatrically disabled are regarded as incompetent, ineffectual, or violent. Such characterizations may be stereotypes based on irrational perception of risk (Laden and Schwartz, 2000). That is, an individual may overinflate the risk to him or herself if he or she is near others with psychiatric illnesses. Recent tragic

events, such as the 2007 shootings at Virginia Tech, have also focused attention on mental illness and its assumed relationship to violence (Duckworth, 2007). Images of incompetence and violent behavior in the media make it difficult for those with psychiatric disabilities to function within organizations. Stefan (2002) reports that many employers and colleagues assume that individuals with severe mental illness are incapable of employment.

Fears about the psychiatrically disabled employee's potential behavior can have an impact on the work environment. These fears affect the performance of the disabled employee as well as others in the organization. An individual with an 'invisible' disability might be reluctant to request the accommodation that could help him or her with the job because of the negative perceptions associated with that request. To some extent, this impact may occur through the process of the stigmatization of the psychiatrically disabled. This is a key point because Stefan (2001) states that mental illness is one of the most stigmatized of social conditions. Goffman (1963) relates stigma to "virtual" social identity or an individual's imputed character. He refers to stigma as "an attribute that is deeply discrediting (p. 3)." A stigma can be evident or it may need to be discovered. Psychiatric illnesses are typically "invisible." An individual with a psychiatric disability at first glance looks the same as other individuals. In addition, symptoms are often managed by medication. Once the illness is discovered by others, the person with the condition is subject to negative attributions. For example, Laden and Schwartz (2000) report on a court case (*Cody v. Cigna Healthcare*) involving a nurse with a psychiatric illness (depression and anxiety disorder). The authors indicate that the supervisors and co-workers "did not respond well to news of her disability" (p. 264). An unknown individual left a cup on her desk labeled "alms for the sick," and she [the nurse] was warned not to complain about such treatment. After she filed a claim under the ADA, the Eighth Circuit Court, found that she was not covered by ADA; she was a threat but not disabled.

Hafen (2006) indicates that there is a connection between the stigma of mental illness and concealing such illnesses at work. Therefore, any examination of employees with psychiatric disabilities should consider the interaction of organizational culture and the treatment of such individuals since the process of stigmatization may generate ethical disengagement.

The cognitive process of ethical disengagement involves individuals behaving contrary to their own ethical standards. Through disengagement, individuals may treat the psychiatrically disabled unethically despite their own ethical standards. The ethical framework describes this process in more detail.

While the employment of individuals with disabilities, in general, has been discussed at length (e.g., Stone and Colella 1996), as we noted earlier, there is a paucity of business research focused on psychiatric disabilities. Research related to the employment of the psychiatrically disabled has been traditionally found in mental health and rehabilitation publications. Individuals with such disabilities generally do not need physical accommodation. Mental disorders can have an impact on social interaction and concentration (U.S. Congress, Office of Technology Assessment, 1994). These disorders can cover a wide range of conditions including, but not limited to, severe depression, bi-polar disorder, and panic disorder. Individuals with mental illnesses want to work and may be able to hold a job that requires a high level of functioning (Mechanic et al., 2002). Under the ADA, a psychiatric disability has to involve a substantial limitation of a major life activity. The affected individual would be required to have a history of impairment or be perceived as being impaired (U.S. Congress, Office of Technology Assessment, 1994, p. 44) in order to qualify for legal protection. Therefore, if someone were depressed about a divorce, this may not be a psychiatric disability under ADA because it could be relatively short-lived and any impact on the employee's ability to work could be mitigated by short-term medication or therapy.

Similarly, Hafen (2006) states that the courts do not consider attention deficit hyperactivity disorder a qualifying disability if the condition is treatable by medication. On the other hand, the U.S. Congress, Office of Technology Assessment notes that medication itself can cause disabling side effects. For example, an individual diagnosed with schizophrenia would be considered disabled because of the life impact of this particular disease. The individual with this diagnosis would probably receive medication as part of a treatment plan. The U.S. Congress, Office of Technology Assessment states that at standard doses such anti-psychotic medication can have positive outcomes vis-à-vis a work environment; however, at higher doses, there might be poor work outcomes

(p. 59). Hence, the mitigation process itself could lead to performance problems at work. If the organization were unaware of the disability, the employee could be evaluated as having poor performance without any intervention via accommodation. While, the EEOC does not use a particular diagnostic framework (U.S. Congress, Office of Technology Assessment, 1994) for psychiatric disability identification, the Diagnostic and Statistical Manual (DSM) is the most widely used classification system. Keaty et al. (2005) also indicate that there is no "definitive" list of psychiatric impairments and that the DSM-IV is relevant; however, they do indicate that the EEOC is on record that not everything in the DSM-IV is an impairment.

There is also evidence that employers have a hierarchy of responses to various types of disabilities. Employers have more positive workplace attitudes toward workers with physical or sensory disabilities than those with intellectual or psychiatric disabilities (Greenwood and Johnson, 1987; Johnson et al., 1988). Employers perceive workers with physical disabilities as more desirable than those with psychiatric conditions (Jones et al., 1991). There is more comfort with workers with physical disabilities than those with intellectual or psychiatric disabilities (Scheid, 1999). As employers do not react similarly to all types of disabilities, and psychiatric conditions are viewed negatively, further investigation into the treatment of the psychiatrically disabled is necessary.

### **Accommodations for individuals with psychiatric disabilities**

Many practitioner journals have published articles concerning the accommodation of the disabled under the ADA. However, these articles generally speak of physical disabilities. Many of the articles in rehabilitation journals address the vocational assistance warranted by individuals with psychiatric disabilities (e.g., Ellison et al., 2003; Hergenrather and Rhodes, 2004). In some cases, these disabilities have interfered with the individual's educational opportunities. It is interesting to note that the Individuals with Disabilities Education Act (IDEA) does not define disability in the same way as the ADA. Unlike the ADA, the definition of a disability varies from state-to-state under IDEA. While within the educational context, students may qualify for help under IDEA, similar conditions (e.g.,

Attention Deficit Hyperactivity Disorder) would not qualify individuals for accommodation under the ADA. The thrust of this distinction may be that for children and students, help under IDEA allows them to develop a skill set. Within the work environment, and under the ADA, individuals are supposed to have already acquired the requisite skills or qualifications and may only need accommodation to perform in that particular environment.

MacDonald-Wilson et al. (2002) report that the following accommodations for psychiatric disabilities have been suggested in the literature: flexible scheduling, job modification, facilitation of communication on the job, modification of employee training, training of staff/supervisors, modification of supervision, modification of the physical environment, and changing work procedures (pp. 36–37). Similarly, Hafen (2006) lists other “reasonable accommodations” for the psychiatrically disabled. The list includes leaves of absence, job reassignment, shift changes, job restructuring, modified work schedules, and modified policies, procedures and standards (p. 13). Towns and Moore (2005) report on court cases related to reasonable accommodation of the psychiatrically disabled. They report on a 2002 EEOC case where an individual with bipolar disorder was terminated rather than given additional leave. The employer said the person was not able to perform “essential aspects of the job” (p. 33) at the time of termination. The Court found that the employee had been entitled to “reasonable medical leave” as recommended by medical professionals in order to recover and be able to perform as a productive employee. Hence, defining *when* someone can perform the essential aspects of a job may be more difficult in the case of psychiatric disability. The disability is often cyclical, difficult to predict an onset, and in some cases, mitigation is confusing.

While there are suggested forms of accommodation, Stefan (2002) reports that some employers are unwilling to grant accommodation such as transfer. She suggests that these refusals are not economically based, but based on the existence of abusive work environments.

### **Business-related research on psychiatric disabilities**

There have only been a few noteworthy publications in the business-related research on psychiatric

disabilities. A recent publication title “Who is Running the Asylum?” (Towns and Moore, 2005) on psychiatric disabilities in the workplace supports our position that the stigmatization of individuals with psychiatric disabilities exists within the organizational context. The thrust of Towns and Moore (2005) is to provide employers with guidelines for the management of “mental” disabilities. While the article does provide sound advice about privacy rights of someone with a psychiatric disability, the title itself is stigmatizing and may color the decision-making processes of an employer who reads it. Persson and Hansson (2003) have explored the ethical criteria for determining under what conditions an individual’s privacy could be overridden. While their article is not focused on psychiatric illness per se, their position is relevant to situations in which the psychiatric illness is linked to perceived threat. They argue that privacy should only be violated if it is in best interest of the employer or employee for a work-related reason and that the intrusion should be as minimal as possible.

In another recent, business-related publication, Weber et al. (2002) conducted a focus group with human resource practitioners on the ADA and mental health. The authors reported that the participants identified four major issues: underreporting of mental health disabilities, misreporting of mental health disabilities, demographic differences and environmental impact. This article reemphasizes the complexities of dealing with psychiatric disabilities in a business setting.

### **A framework of ethical behavior toward individuals with psychiatric disabilities**

In a review of the organizational ethics research, Treviño and her colleagues developed a framework for understanding ethical behavior using both an individual and social context (Treviño et al., 2006). This article uses the Treviño et al. (2006) framework as a starting point for understanding ethical behavior in relation to the treatment of individuals with psychiatric disabilities. Treviño et al. (2006), as well as in her earlier work in this area (e.g., Butterfield et al., 2000; Treviño, 1986, 1992) suggest that the interaction of the individual’s own moral framework, as well as the social environment in which

they are operating, can be used to predict individual [ethical] behavior. Treviño argues that the individual cognitive, affective and identity-based factors interact with the contextual factors in the organization and those relevant to the issue to shape individual (un)ethical behavior.

While the synthesis of previous research presented in Treviño et al.'s (2006) review is not necessary to develop the current thesis, some discussion of the major components of their framework is important to understand the treatment of individuals with disabilities in organizations. In addition, it is important to recognize that Treviño et al.'s intent was to synthesize previous research on ethical behavior in organizations; the intent of this article is to establish a framework for understanding the ethical treatment of individuals with psychiatric disabilities by employers and their agents. The agent is likely to be a human resource representative (during the recruitment and retention process) and a coworker or supervisor subsequent to organizational entry.

Treviño et al.'s (2006) discuss the role of an individual's cognitive processing on his or her ethical behavior using Rest's four-component analysis that distinguishes among moral awareness, moral judgment, moral motivation, and moral behavior (Rest, 1986; Rest et al., 1999). However, Treviño et al. suggest that it is not just moral motivation, but disengagement and other biases that contribute to the individual influences on ethical behavior. The initial step for both Treviño et al. and Rest is the notion that an individual must first become aware that a moral problem exists in a situation. This also implies that a moral standard exists to which behavior can be compared. Once an individual becomes aware of a moral issue, Treviño et al. hypothesize that they then begin to judge what is right based on Kohlberg's six stages of moral judgment (Kohlberg, 1969).

Using Bandura's (1999) theory of moral disengagement, Treviño et al. also suggest that disengagement is central to understanding individual ethical behavior. Bandura (1999) proposed that people regulate their own ethical behavior against their own set of personal standards and self-sanctions to keep that behavior in line with those criteria. The disengagement process occurs when individuals are able to disengage their ethical standards in order to

behave unethically. For example, if a human resource manager is interviewing a qualified employee who is using a wheelchair, but has no other apparent disability, the manager may decide to screen out that employee simply because the manager does not want the disabled person or their wheelchair on-site. This could occur regardless of their general attitudes toward supporting the employment of qualified workers or stated adherence to professional codes of ethics (Society for Human Resource Management, 2007). However, an individual with a psychiatric or invisible disability does not invoke such disengagement on the part of the manager so clearly.

Disengagement might also occur more regularly in a culture that promotes the unethical or unfair treatment of individuals with disabilities in general. In the same example, the human resources representative might remove any individual they interview with disabilities (regardless of their ability to perform the core responsibilities of the job) if the culture is one that would not accept any individuals with an obvious disability. The removal would be based on "other" qualifications rather than a stated problem with the applicant's disability. This dilemma raises the issue of when an individual with a disability should discuss any limitations or accommodation required in relation to performing the essential duties of the job. For an individual with a psychiatric disability, this concern also extends to the unique stigmatization associated with those types of conditions.

The last component included in Treviño et al.'s construct of individual cognitive influences is other biases. These include problems in individual application of their own moral frameworks, for example, the ability to gather and sort relevant information without bias or moral compromise over time. Other types of biases that interfere in making accurate decisions are related to the limitations of individuals' cognitive processes in gathering and sorting information. These biases often cause problems in making decisions without mistakes (Hitt et al., 2006). For example, confirmation bias influences the type of information gathered when making a decision. This bias leads individuals to seek information that supports his or her first impression and to neglect relevant information presented if that information does not support the initial impression. People use

standards developed through their moral awareness and judgment on which they base decisions. This standard could be the guideline for their perspective on employing individuals with psychiatric disabilities. If that perspective or standard is negative, which it usually is in the case of psychiatric disabilities, the individual with a disability is already at a disadvantage in decisions that may pertain to their hiring or treatment within the organization.

Moral awareness, judgment, and disengagement are generally considered cognitive processes that serve as precursors to ethical intentions and behavior (Treviño et al., 2006). Moral motivation has been described as a person's "degree of commitment to taking the moral course of action, valuing moral values over other values, and taking personal responsibility for moral outcomes" (Rest et al., 1999, p. 101). Moral motivation has been shown to mediate the relationship of moral attitudes (in our framework, the cognitive processes discussed previously) and judgments to behavior (Eisenberg, 1986). Nevertheless, according to Treviño et al. (2006), the research supports a disconnect between moral behavior, moral motivation, and the moral reasoning process behind it. "Conscious moral reasoning is not always sufficient for understanding moral behavior, but neither is conscious moral reasoning always necessary for moral behavior (p. 960)." In some instances, an individual's moral behavior is an instant reaction that works apart from the moral reasoning process. At the individual level, we propose that the cognitive processes (awareness, judgment, disengagement, and other biases), in conjunction with motivation, impact behavior. While some individuals may have an instant response to certain ethical dilemmas, in the case of the organizational behavior toward individuals with disabilities, we suggest that the cognitive precursors are more likely to occur due to the uniqueness of the issues discussed.

Treviño et al. (2006) also describe literature that has examined how the contextual influence has an impact on (un)ethical behavior. For example, some research investigates the presence of rewards or sanctions on moral behavior. However, research has not given clear support for how rewards/sanctions work in relation to eliciting desired behavior. The organization's ethical climate or culture can also affect individual behavior. "Ethical climate is a shared perception among organizational members

regarding the criteria (e.g., egoism, benevolence, and principle) and focus (e.g., individual, group, society) of ethical reasoning within an organization (Treviño et al., 2006, p. 966)." Hence, according to Treviño (1990), an organization's ethical culture influences employees' behavior through formal and informal organizational structures and systems. Both the climate and culture socialize organizational members as to the standards of the organization. An individual can then compare his or her own moral judgments to the system's prescriptions. Ideally, the organizational culture provides clear systems to elicit desired behavior. Contributing to the ethical culture and climate are the role of organizational leaders. They set the example for organizational members to follow in terms of ethical behavior (Graham, 1995). If the climate and culture of the organization support an environment that embraces diversity, individuals with disabilities are likely to be treated fairly and ethically within an organization. In the case of individuals with psychiatric disabilities, their conditions may or may not be known; therefore, the culture may not be specifically supportive of this type of disability. If the culture is one that embraces diversity on many dimensions, including disability in general then hopefully hiring and selection will happen without biased judgment. Therefore, an accommodation needed by an individual with a disability will not be judged negatively.

The organization's culture, climate, and leadership play important roles in setting the ethical context. Social norms are also central to the ethical context. Just as women were not considered appropriate for certain jobs before the women's movement (e.g., executive positions), there are still strongly held beliefs in society that individuals with disabilities might not be appropriately placed in many business settings. In addition, while someone in a protected category may possess requisite skills, the organizational culture may make it more comfortable for him or her to function in isolated "out" groups (Reskin and Padavic, 1994).

An organization's ethical policies, programs, and structures are shaped by relevant legislation. In the case of individuals with disabilities, the most relevant legislation is the ADA. As discussed previously, the ADA is intended to eliminate employee discrimination based on disability and provide reasonable accommodation and minimal hardship on

organizations that employ workers with disabilities. However, this environment is not always achieved, and organizations and their agents do not always act ethically toward individuals with disabilities despite the legislation. The ADA is also subject to the interpretation of the legal system; there remains a great deal of subjectivity in interpreting the law.

Alder and Gilbert (2006) argue that making ethical or fair hiring decisions is not only good for organizations, but also good for society. They state, "It [Ethical hiring] provides managers with guidance in determining the right things to do when the law is silent... it allows managers to identify their values and those of the organization, and to use these values as guides for making more ethical and effective employment decisions (p. 462)." Hence, we extend Alder and Gilbert to the treatment of individuals with psychiatric disabilities, a group that is likely to be treated unethically.

### **Illustrating the framework: the case of individuals with psychiatric disabilities**

In order to understand how the proposed model applies to individuals with psychiatric disabilities, this article will provide an example. In this example, a woman with severe depression (often managed or mitigated by medication) applies for a job as a front desk receptionist with a large organization. She had worked as a receptionist off and on for the last 10 years, and typically the only gaps in her employment history have been when her illness could not be mitigated through medication and counseling. For the purposes of this example, it is important to note that the ethical behavior in question is from the vantage point of the organizational agent (i.e., human resource representative, coworker or manager).

#### *Background*

The organization hiring the new receptionist does not have a history of employing individuals with any types of disabilities. There has been minimal experience with the accommodation of individuals with disabilities in the work environment; only a few employees have requested accommodation. One

employee required a special computer monitor to magnify the screen display. Another employee requested a flexible work schedule to receive a series of medical treatments to manage a short-term medical condition. Lastly, an employee who uses canes to walk requested a special desk chair to assist them in easily sitting and standing in the office environment. To the organization's knowledge, no employee has requested or needed accommodation for a psychiatric disability.

The human resource representative responsible for hiring the new receptionist had worked for the organization for three years. On a personal note, he has a background in social work and believes that society should foster an environment that includes all members of society, regardless of their protected group status. However, the representative is also aware that there is an initiative in the organization to minimize recruiting costs by making better hiring decisions, in other words, the organization wants less turnover. There has been a great deal of turnover in the receptionist position in the last year. Three individuals have held the job and quit. The organization incurs costs both in the recruitment of new receptionists as well as possible indirect costs if the receptionist alienates clients by inappropriate behavior.

The human resources representative, who is responsible for screening job applicants for the vacant receptionist position, determines that the job applicant with the psychiatric disability meets the minimum job requirements for the job and schedules an interview. At this point in the screening process, the job applicant has been treated ethically. The human resource representative has cognitively processed the information and likely, his personal standards for behavior in regards to the treatment of individuals with disabilities in the employment context have not been accessed because there is no knowledge of an existing condition. At this point-in-time, the human resource representative is likely unable to determine that any gaps in employment are due to her bouts with depression.

#### *The interview*

The human resource representative asks the applicant a series of questions relating to her ability to



perform the job (e.g., previous experience, knowledge of technology, interpersonal skills) and then asks questions regarding employment history. At this point in the interview, the job applicant, without direct questioning, reveals that the gaps in the employment history are due to the treatment with depression. She indicates that the condition has been controlled well for the past 6 months, and does not expect that this will be a problem at work, nor ask for any accommodation (none is really needed in order to perform the core functions of the job). The human resource representative conducts interviews with several other job applicants and determines that the individual with depression is the best fit for the position based on skills and experience. However, several other job applicants could probably do an adequate job as well.

#### *The hiring decision*

The human resource representative must now make a decision about who to hire for the receptionist job. Although the human resource representative may not be aware that there is even a moral dilemma in relation to the hiring decision (behavior), this awareness may become salient if the information surrounding the candidate's disability becomes relevant to the decision-making process. In other words, does the hiring of a worker with a psychiatric condition create an ethical dilemma in the representative's cognitive processing of the information relevant to the hiring decision? The representative uses their own standards of moral behavior (i.e., fair and equitable society) as well as their understanding of the contextual organizational environment (e.g., minimize the turnover, knowledge and experience with the ADA) to determine how they will behave, in other words, decide who to hire. The representative is faced with using their own cognitive processes (e.g., moral awareness, moral motivation, disengagement, information processing) in conjunction with the relevant contextual factors (e.g., culture, climate, leadership, and legislation) to determine who to hire. For the sake of example, the representative makes the decision to behave ethically, in light of their standard as well the contextual factors (specifically, the ADA), and hires the individual with depression for the position of front desk

receptionist. We view this as the ethical decision because as discussed in the case, the individual decided to employ the individual with psychiatric disabilities. If the human resource representative used the information regarding the candidate's psychiatric disability to sway the hiring decision away from the most qualified candidate, then the decision would have been not only illegal, but also immoral within the proposed model.

#### *Organizational entry*

Once employed as the front desk receptionist, her treatment in the organization should be like that of any other employee in the organization. However, depending on the disclosure of her own psychiatric condition or requests for accommodation, the degree of ethical treatment by the organization could shift over time. In addition, if disclosure occurs, there may be pressures on the Human Resource Manager as well as the receptionist if the culture is not welcoming. Unlike other disabilities, a psychiatric disability is typically invisible, and other organizational members would only become aware of the disability if they were informed. This information should only be made available by the individual with that condition. It is imperative for both legal and ethical reasons that privacy is maintained. As discussed by Alder and Gilbert (2006), the ethical nature of organizational decisions is guided by each employee's value system as well as those provided by their position (e.g., hiring manager, coworker). Hence, the experience of any individual, with or without a psychiatric condition, is shaped by the ethical frameworks of organizational members in their environment.

#### **Conclusion**

This research has described how organizational members' make decisions about ethical behavior toward the treatment of individuals with psychiatric disabilities. By detailing the existing research and presenting a framework for understanding how ethical behavior is determined, both organizational members and scholars should have a better understanding of the relation between ethics and behavior

in this context. Individuals with disabilities often require a variety of accommodations to perform the core responsibilities of the job, but in many instances, disabilities are mitigated entirely through medication, especially in the case of psychiatric conditions.

Individuals with disabilities, in general, are traditionally underemployed in our society. Clearly, the legal environment has not done enough to support the fair treatment of all employees, regardless of disability status in the employment process. A large proportion of ADA claims relate to accommodation and wrongful discharge. For example, between 1993 and 2003, there were 179,073 wrongful discharge cases and 79,986 accommodation charges compared with 149,766 and 8,946 similar charges, respectively, from the Age Discrimination in Employment Act (Bruyère et al., 2007). Some employer-focused publications suggest that “good faith” helps employers avoid disability discrimination lawsuits (Bee and Maatman, 2003). We agree with Alder and Gilbert (2006) that the avoidance of lawsuits is not the only measure of organizational or societal success in terms of employing workers with disabilities within an ethical framework. By outlining the factors that shape the ethical treatment of individuals with disabilities in organizations, practitioners can develop human resource practices that promote fair treatment. As employees act more ethically toward individuals with disabilities, and these actions are supported by norms in the organizational environment, it is our hope that those with disabilities will be treated more fairly.

Our belief is that society has a responsibility to employ qualified individuals with disabilities, regardless of legal mandate. As Alder and Gilbert (2006) argue, the law and ethics are not necessarily synonymous. If hiring or employment practices result in seriously skewed workforce demographics (i.e., the underemployment of equally qualified individuals with disabilities), these practices need to be changed to become both legal and fair. If societal or organizational norms support the equal employment of individuals with disabilities, without legal mandate, behavior in support of these norms is ethical. Individuals with disabilities are often capable of performing the core responsibilities of a job with minimal accommodation. If society works to reshape the negative beliefs about individuals with

psychiatric disabilities, these individuals will have more success in gaining and maintaining successful employment. Society will benefit by the decrease in underemployed individuals. Organizations can also reinforce this belief by proactively employing qualified workers, regardless of disability status, and readily accommodating any needs surrounding disabilities. For example, Walgreens has recently built several warehouses and is actively recruiting employees with autism or other disabilities to staff those facilities (Wilson, 2006). In addition, organizations can benefit by such practices. By increasing the potential labor pool and developing a committed workforce, competitive advantage could be gained by private sector employers. A recent article speaks to this advantage. Finkel (2005) reports on the reduction of turnover in a hospital system that proactively recruited the employees with disabilities.

The lack of business related research on psychiatric disabilities at work suggests that this area is one that can provide research opportunities for scholars. Not only can one research the climate and culture of organizations from a theoretical perspective, but the area also suggests a framework for more applied research. Researchers could examine exemplary organizational practices in the employment of these individuals. For example, employee handbooks that contain policies on how to apply for accommodation or resources in managing and working with employees with disabilities can assist in overcoming negative perceptions. Similarly, Lovisky et al. (2007) have recently developed a measure of managerial moral judgment. They indicate that this scale could be used by human resource managers to measure managers' moral judgments. It would be interesting to see how this measure dovetails with organizational cultures that are supportive of individuals with psychiatric disabilities given the stigmatization of those so classified. Lastly, cross-discipline work involving ethical decision-making with regard to the employment of individuals with psychiatric disabilities could provide for the development of more effective integration of such individuals within the workplace. Individuals with psychiatric disabilities may not reveal their conditions during the screening process, especially if no accommodation is necessary for them to perform the essential duties of the job. Research should begin to examine how the revealing of a ‘hidden’ disability

alters organizational member decision-making. Insights gained from this research could inform employing and rehabilitation organizations as well as individuals with these disabilities as to how best to navigate the employment relationship.

## Note

<sup>1</sup> In this article, we use the terms ‘ethics’ and ‘morals’ synonymously.

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