

## Employer Acceptance of the Hansen's Disease Patient and Other Handicapped Persons<sup>1</sup>

Thomas F. Frist<sup>2</sup>

The Hansen's disease patient is often denied access to integrated vocational rehabilitation services. Providers of such services sometimes defend this position on the grounds that employer prejudice to leprosy is too great, and therefore the rehabilitated Hansen's disease patient would be difficult to place. The following study was partially designed to test this hypothesis.

### MATERIALS AND METHODS

The study was organized with two objectives in mind. One was to research employers' attitudes toward hiring the handicapped person in general and the leprosy patient<sup>3</sup> in particular. The second was to lay the groundwork for establishing an integrated vocational rehabilitation center in Bauru, São Paulo, Brazil<sup>4</sup>, by investigating training, employment, and sub-contract possibilities in local industries and other establishments. This paper deals with only questions concerning the first objective.

Ten interviewers were selected and trained for the study, the majority of whom were third year social work students at a

local college. The interviewing tool used was a pre-tested questionnaire. Two months were allotted for the research, and an attempt was made to interview those responsible for hiring in as many of the larger organizations as possible in the municipality of Bauru. Only those establishments with more than ten employees were part of the target group.

### RESULTS

**Type of establishments in the target group.** One hundred and four interviews were undertaken at 47 industries, ten farms, and 47 other establishments. Table 1 shows a breakdown of these organizations by number of employees.

**Handicapped persons employed by the establishments.** Seventy-four percent of the establishments reported having no handicapped employees. Of the 25% which said that they had handicapped workers, they listed employees with the following conditions: 15 employees with the loss of one or more members (including fingers), seven with psychiatric problems, three with tuberculosis, two with Hansen's disease, and one each with heart problems, lung problems, deafness, blindness, epilepsy, or the loss of one eye.

**Attitudes toward hiring the handicapped.** Each employer interviewed was presented with a hypothetical situation in which the organization he represented was in the process of selecting employees for certain jobs. Among the candidates for the positions were six persons, each with a different type of handicap as follows:

- 1) a person under treatment for tuberculosis
- 2) a person recently discharged from a psychiatric hospital
- 3) a person under treatment for leprosy but without deformities
- 4) a person who had lost his left arm and leg in an accident

<sup>1</sup> Received for publication on 15 February 1980; accepted for publication on 10 April 1980.

<sup>2</sup> T. F. Frist, M.P.H., Rehabilitation Consultant, American Leprosy Missions (A.L.M.), Executive Director, "Sociedade para a Reabilitação e Reintegração do Incapacitado" (SORRI), Consultant, Hospital Lauro de Souza Lima, Bauru, S. P., Brasil; all correspondence to SORRI, Caixa Postal 322, 17.100 Bauru, S. P., Brasil.

<sup>3</sup> In an attempt to reduce stigmatization, Brazil has officially adopted the term "Hanseníase" to replace the word "lepra." The latter word was used in the interviews, however, because the term "Hanseníase" is not yet widely recognized by the general population. Furthermore, the author was interested in measuring "leprosy" stigma, not the "Hansen's disease" stigma.

<sup>4</sup> Bauru, São Paulo (population 175,000) is the main center of a region of 38 municipalities. At the time of this research, approximately 1200 Hansen's disease patients were registered with local health centers, 550 of these in the city of Bauru. Another 500 patients were interned in the Hospital Lauro de Souza Lima, a state dermatological hospital.

TABLE 1. *Distribution by size of the establishment where interviews took place.*

No. of employees	No. of establishments	Percentage
10-24	24	23
25-49	20	19
50-99	29	28
100-199	17	16
200-499	10	10
500+	4	4
Total	104	100

- 5) a person with deep burn scars on his face
- 6) a person who was totally blind

The interviewee was then told that despite their handicaps, each of the six candidates was physically able to do the job for which he was being considered and had all the other necessary qualifications for the job. Furthermore, each had a medical certificate which gave the assurance that he could perform the job in question and in the cases of tuberculosis and leprosy patients represented no contagion risk to others. The person being interviewed was then asked to give his opinion about how each of the six conditions would affect the candidate's job opportunities in his organization. The results are shown in Table 2.

In order perhaps better to compare the employers' attitudes to the six handicapping conditions, an arbitrary scale was constructed. A value of +2 was assigned for every response that the handicapping condition would not hurt the applicant's job prospects; a value of +1 was assigned for each reply that the condition would negatively influence the decision of the employ-

TABLE 3. *Reasons offered by employers for their negative attitudes toward hiring the handicapped in general and leprosy patients in particular.*

Reasons	Frequency	
	Leprosy patients	All conditions
Unable to do job	5	139
Company policy (preference for nonhandicapped)	10	103
Other employees or customers not like	15	39
Contagion risk	5	14
Accident risk (insurance problems)	1	12
Other	—	9

er but not exclude the candidate; and a value of 0 was assigned for those responses that the handicap would definitely exclude the candidate from consideration. Adding the totals for each of the conditions yields the relationships shown in The Figure.

If the respondent replied that the handicapping condition would either hurt the candidate's chances or exclude him from employment, he was later asked to explain why in each case. These responses were then grouped into six categories as shown in Table 3.

Finally, the employer was asked to choose from several alternatives the one that would closest reflect his organization's policy toward retaining an employee who was discovered to have tuberculosis but who was under treatment and represented no risk to other employees. He was then asked the same question in regard to an employee discovered to have leprosy. The results are shown in Table 4.

TABLE 2. *Employers' attitudes toward the effect of six handicapping conditions on job prospects in their organizations.<sup>a</sup>*

Reaction to condition	Conditions					
	Leprosy	Tuberculosis	Psychiatric	Amputee	Scars	Blindness
Definitely exclude from employment	22 (21)	17 (16)	34 (33)	57 (55)	12 (12)	76 (73)
Hurt chances but not exclude	6 (6)	4 (4)	11 (11)	10 (10)	6 (6)	4 (4)
Not hurt chances for employment	74 (71)	81 (78)	57 (55)	36 (35)	84 (81)	24 (24)
Other	2 (2)	2 (2)	2 (2)	1 (1)	2 (2)	—

<sup>a</sup> Data presented as frequency of responses (percent of the 104 total responses).

TABLE 4. A comparison of employer attitudes toward retaining employees discovered to have tuberculosis or leprosy.<sup>a</sup>

Reaction	Tuber- culosis	Leprosy
Employee definitely could stay	61 (58)	55 (53)
Employee probably could stay	25 (24)	23 (21)
Employee would probably have to leave	9 (9)	9 (9)
Employee would definitely have to leave	5 (5)	12 (11)
Other	4 (4)	5 (5)

<sup>a</sup> Data presented as frequency of responses (percent of the 104 total responses).

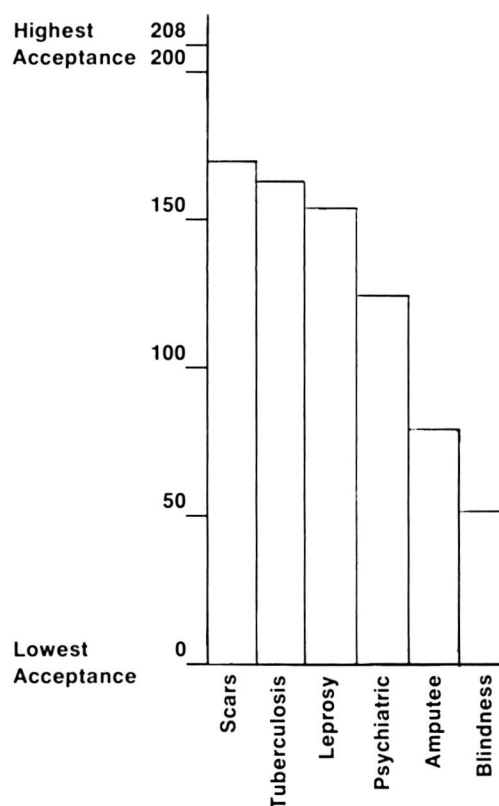
$\chi^2_3 = 3.28$ , not significant at the 5% level.

## DISCUSSION

**Handicapped persons presently employed by the establishments studied.** Seventy-four percent of the employers interviewed reported that their organizations had no handicapped workers. It is probable, however, that the actual number of employees with problems generally viewed as handicapping is greater than reported. Many handicaps such as Hansen's disease can be hidden and often are. In a parallel unpublished study by the author in the Bauru Region, approximately 500 Hansen's disease patients were extensively interviewed. It was discovered that 37% of those who held integrated jobs (outside of Hansen's disease institutions) hid their disease from employers and fellow employees.

Despite the presence of these hidden handicapped persons (whose handicaps therefore are probably minimal), the study indicated that employers are not fulfilling Brazilian law regarding the employment of the handicapped. Article 55 of the "Lei Orgânica da Previdência Social" (Law 3807) states in part that establishments connected with the social security system with 20 or more employees are required to reserve from 2% to 5% (depending on size) of their available jobs for rehabilitated persons. The law, however, is not enforced because at the moment there are still comparatively few vocational rehabilitation centers in Brazil to prepare the handicapped for employment.

### Attitudes toward hiring the handicapped



THE FIGURE. Comparative ranking of employer acceptance of six handicapping conditions.

**in general.** In considering the possibilities of employing a handicapped person in his organization, the employer's chief concern seems to be functional. Can the handicapped person *really* do the job for which he is being considered? It is interesting to note that the two conditions which show the least acceptance, blindness and the loss of two limbs, are the two conditions of the six which would seem to be the most physically limiting. One could also make a case that the third least accepted handicap, past psychiatric disorders, is also viewed as a handicap which could strongly affect function and therefore production and profits. This primary concern with function is clearly underlined in Table 3. The most cited reason for not hiring a handicapped person is that he could be "unable to do the job."

This leads us to another observation. Many employers obviously did not believe the interviewer when they were told that all of the candidates could physically do the

job for which they were being considered and presented no contagion risk to others. Two of the justifications most often given to explain these negative attitudes were that medical certificates could not always be trusted and that the employer "knew" that the handicapped person in question could not do any job in his organization. Because vocational rehabilitation concepts are not widespread as yet in Brazil, there does not seem to be much awareness of the possibilities of adapting the job to the employee.

"Against company policy" was the second most cited reason for the negative views which some employers expressed toward hiring handicapped persons. This rather vague category includes such replies as "the company directors wouldn't permit it" or "we prefer healthy employees." Indeed, in a country with high unemployment, it is hard for an employer to understand why he should accept a qualified handicapped person as an employee when he could easily get a qualified nonhandicapped person for the same task.

**Attitudes toward hiring the leprosy patient.** Our chief concern in this paper, however, is the attitude of the employer toward hiring the leprosy patient. How does the employer's acceptance of the leprosy patient compare with his acceptance of persons with other handicapping conditions?

This particular study demonstrates that employer attitudes toward hiring the leprosy patient are relatively good, at least if he is noncontagious and nondeformed. Of the six handicapping conditions, leprosy was the third best accepted and a strong third at that. In The Figure, one may note that there is less of a point spread separating the leprosy patient from the best accepted condition, the facially scarred person, than from the condition in fourth place, the former psychiatric case.

When negative views toward hiring the leprosy patient were voiced, the principal reason given for them was that "other employees or customers wouldn't like it" (also the most cited reason for refusing the candidate with facial scars).

This particular employer argument against employing the leprosy patient receives only partial support from the results of another study which the author undertook to mea-

sure general attitudes toward leprosy in the region of Bauru (1). As part of this study, a hypothetical situation was presented in which the person being interviewed was assigned by his employer to work alongside a leprosy patient and was told by the employer that the new employee was "in treatment and medically and physically able to do the job for which he was hired." Each of the 440 persons interviewed was then asked to choose the one of three possible responses which best fit his own attitude toward working alongside the leprosy patient. The results were that 56% were "not against working with the patient," 22% were "somewhat against," and 20% were "very against." (Of those who were against working closely with the patient, 82% cited "contagion risks" as a reason for their negative attitude.)

As with employer attitudes toward hiring the leprosy patient, attitudes toward retaining an employee discovered to have leprosy are also relatively good. Seventy-four percent of employers interviewed stated that if one of their employees were discovered to have leprosy but were under treatment and of no risk to other employees, he could "definitely" or "probably" stay. This rate of acceptance was not significantly different from that for the employee discovered to have tuberculosis. At the time of the interview, in 1974, the national social security agency, to which most of the establishments belonged, gave almost automatic pensions to employees discovered to have Hansen's disease, thus encouraging both the employer and the employee with Hansen's disease to terminate their relationship. Since then, these guidelines have been changed and now favor the noncontagious patient staying in his job.

#### CONCLUSION

What we have found therefore is that while there certainly exists employer prejudice towards the leprosy patient in the Bauru Region of Brazil, this prejudice is neither unique nor by any means insurmountable. Other handicapping conditions are also the object of employer prejudice and some of these more so than leprosy. The study shows that the majority of employers are ready to accept the rehabilitated leprosy patient if he can do the job for

which he is being hired and if the employer can be convinced that he presents no contagion risk to others.

This theoretical information has been confirmed by practical experience. Since this study was completed, a vocational rehabilitation center for the handicapped has been established in Bauru. The "Sociedade para a Reabilitação e Reintegração do Incapacitado" (SORRI) is an integrated center offering its services to the physically, mentally, or socially handicapped with the Hansen's disease patient receiving priority. SORRI's handicapped clients, both Hansen's disease patients and others (paraplegics, amputees, tuberculosis patients, epileptics, the mentally retarded, the deaf, the blind, etc.), work together in harmony. There is also good community acceptance of SORRI's achievements by industries with which SORRI maintains subcontracts and by stores to which it sells its own manufactured goods. Most important perhaps as an indicator of acceptance, the Hansen's disease patient rehabilitated by SORRI has been well received by employers. In fact, SORRI's rate of placement has been higher for the Hansen's disease patient than for other handicapped clients.

This theoretical and practical experience, limited as it is by size and time, nevertheless is encouraging for those attempting to help the Hansen's disease patient return to an integrated and useful life in society. It leads us strongly to believe that the vocational rehabilitation of the Hansen's disease patient is certainly possible and desirable, and attempts should be made to create many more integrated rehabilitation opportunities for the Hansen's disease patient throughout the world.

#### SUMMARY

One hundred and four employers were interviewed in Bauru, São Paulo, Brazil, in order to compare their attitudes toward hiring the leprosy patient and persons with five other handicapping conditions (deep facial scars, the loss of two limbs, blindness, tuberculosis, and past psychiatric disorders). It was discovered that the noncontagious, nondeformed leprosy patient was the third best accepted of the six handicapped persons, slightly behind the job candidates with facial scars and tuberculosis.

It was also found that 74% of the employers who were interviewed stated that they would either "probably" or "definitely" keep one of their workers if it were discovered that he had leprosy but was under treatment and represented no risk for other employees. A total of 82% said the same thing regarding a worker discovered to have tuberculosis. The single most cited reason by employers for having a negative attitude toward hiring handicapped candidates as a group was functional—the candidate would be "unable to do the job." The most cited justification for not hiring the leprosy patient was that "customers and other employees wouldn't like it." The author concludes that while there certainly exists employer prejudice towards the leprosy patient in the Bauru area, the study shows that this prejudice is neither unique nor insurmountable by any means. Later practical experience in rehabilitating and placing the leprosy patient in integrated jobs confirms this impression of the study. He urges that attention be given to creating many more integrated vocational rehabilitation opportunities for the Hansen's disease patient.

#### RESUMEN

Se entrevistaron 104 patrones en Bauru, São Paulo, Brasil, para conocer y comparar su actitud en la contratación de pacientes con lepra y de personas con otras cinco "desventajas" (cicatrices faciales profundas, pérdida de los dos brazos, ceguera, tuberculosis y desórdenes psiquiátricos pasados). Se descubrió que el paciente con lepra no contagioso y no deformado fue el tercer mejor aceptado del grupo de personas con desventajas, ligeramente después de los candidatos al trabajo con cicatrices faciales y de los pacientes con tuberculosis. También se encontró que el 74% de los patrones entrevistados declararon que "probablemente" o "definitivamente" retendrían a uno de sus empleados si se descubriera que tiene lepra pero que está en tratamiento y no representa ningún riesgo para los otros empleados. Lo mismo dijeron el 82% de los patrones en relación al descubrimiento de un paciente con tuberculosis. La razón única más citada por los patrones para asumir una actitud negativa en la contratación de los candidatos "con desventajas," como grupo, fue funcional—el candidato "sería incapaz de realizar su trabajo." La justificación más citada para no contratar al paciente con lepra fue que "a los clientes y a los otros empleados no les iba a gustar eso." El autor concluye que mientras ciertamente existe el prejuicio del patrón hacia el paciente con lepra en el área de Bauru, éste no es de ninguna manera único ni

insuperable. La experiencia práctica posterior en rehabilitación y colocación del paciente con lepra en trabajos integrados, confirma esta impresión obtenida del estudio. Por otro lado, el autor considera urgente la necesidad de crear y ofrecer muchas más oportunidades de rehabilitación vocacional integrada para los pacientes con la enfermedad de Hansen.

### RÉSUMÉ

A Bauru, dans l'Etat de São Paulo, au Brésil, on a interrogé 104 employeurs, afin de comparer leur attitude en ce qui concerne l'engagement de malades de la lèpre et de personnes présentant d'autres invalidités telles que des cicatrices faciales profondes, la perte des deux membres, la cécité, la tuberculose, ou des antécédents de troubles psychiatriques. On a observé que dans les six catégories de personnes handicapées mentionnées ci-dessus, le malade atteint de lèpre non contagieuse et ne présentant pas de déformations venaient en troisième place, légèrement avant les candidats présentant des cicatrices faciales ou une tuberculose. On a également observé que 74% des employeurs interrogés ont déclaré qu'ils garderaient "probablement", ou "sûrement", un de leurs travailleurs, si l'on venait à découvrir qu'il était atteint de lèpre, à condition qu'il soit en traitement et ne représente pas de risques pour les autres employés. Un

total de 82% des employeurs a fait la même déclaration concernant le cas où un travailleur viendrait à être découvert atteint de tuberculose. La raison citée le plus souvent par les employeurs pour justifier une attitude négative en ce qui concerne l'engagement de candidats handicapés, en tant que groupe, était fonctionnelle, c'est-à-dire que le candidat serait "incapable d'accomplir le travail". La justification qu'on a le plus souvent mentionnée pour ne pas engager un malade atteint de lèpre était que "les clients et les autres employés n'aimeraient pas cela". L'auteur conclut qu'alors qu'il existe certainement un préjugé des employeurs envers les malades de la lèpre dans la région de Bauru, l'étude montre cependant que ce préjugé n'est pas unique, ni insurmontable. L'expérience pratique acquise ultérieurement dans le cas de la réhabilitation et du placement des malades atteints de lèpre dans des emplois intégrés, confirme cette impression. On insiste pour que soient créées beaucoup plus d'occasions de réhabilitation intégrée pour les malades atteints de maladie de Hansen.

### REFERENCE

1. FRIST, T. F. A study of community attitudes and knowledge in relation to leprosy. *Hansenologia Int.* 1 (1976) 184-190.