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Doctoral School of Management and Business Administration Sciences

**Employers' Attitudes towards Employees with Disabilities in the Hospitality
Sector in Hungary**

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ABBREVIATIONS

ANOVA	Analysis of Variance
EC	European Commission
EWD	Employees with disabilities
HR	Human Resources
ICF	International Classification of Functioning, Disability and Health
ICF-CY	ICF- Children and Youth
ICIDH	International Classification of Impairments, Disabilities and Handicaps
ILO	International Labour Organisation
NORSA	National Office for Rehabilitation and Social Affairs
UN	United Nations
PWD	People with Disabilities
PWND	People with no Disabilities
SMEs	Small and Medium Enterprises
SPSS	Statistical Package for Social Science
UNCRPD	United Nation Convention on the Rights of Persons with Disabilities
WHO	World Health Organisation

1. INTRODUCTION

1.1. Relevance of the Topic: An Overview of Different Dimensions of Disability

The World Bank and World Health Organization in their reports have provided alarming statistical figures in the context to people with disabilities and it is believed that individuals with disabilities equate to approximately 15% of world's total population (WORLD BANK, 2017). Majority of them are the victims of poverty, social exclusion and do not have access to basic education, labour market and health related services (WHO, 2011).

We have stepped in to the 21st century and progressing towards a better future, rather a world where all the people from different parts of the world live in harmony, peace and equality. The concept of disability has also managed to start a movement like other sensitive topics such as race, gender, etc, but there is still a lot to do in spreading awareness about the concept of disability. Disability is a complex, dynamic, diverse, still evolving and multi-dimensional reality resulting from health conditions, personal and environmental factors. Few examples of disability would be a child born with speech disabilities, a young woman loses her both legs in a car accident, or an old person suffering from dementia (WHO, 2011). The historical and social mindset e.g. less awareness of various disabilities, derogatory language, negative attitudes, assumed stereotypes and social stigma continue to hold back people with disabilities from other people and society (INGSTAD and WHYTE, 1995).

Although there is nothing in common between many persons with disabilities, they have certain degree or level of impairment in their body which differentiates one from another but still they all belong to a common hierarchy, i.e. 'disabled', this may be because their body does not function and perform in a similar manner like that of other people with disabilities (BRISENDEN, 1986). A complex scenario can be witnessed with people with disabilities based on their gender, social, cultural and religious beliefs, race, color, language and geographical locations. In this case, barriers (having historic deep-roots) creates even more problems for individuals with disabilities to lead a lifestyle free from stigma and social prejudices (WHO, 2011; UNITED NATIONS, 2010).

Negative attitudes, stereotypes and forms of behaviour tend to have an adverse effect on people with disabilities, for example, children's bullying attitude towards children with disabilities, peers perception towards employees with disabilities, people mocking at people with disabilities at social gatherings and public events (WHO, 2011). Stereotyped beliefs and labeling can encourage stigmatized feelings, lower self esteem, and uncomfortable relationships with family members, friends and colleagues, and limited social exposure (WHO, 2011; COLELLA et al., 1998). Religion and cultural beliefs also influence the thought process of people for example there mention of discrimination, prejudice and social stigma in religious scriptures; how the disabled people were not allowed to enter holy temples and cannot offer bread to the Gods (SCHUELKA, 2012; STIKER, 1999).

There are approximately 150 million children in the world with some kind of disability (WHO, 2011) and childhood is the time when every child is in early development phase which moulds his/her personality for future, therefore, good or bad exposures and experiences have a permanent impact on their life (UNITED NATIONS, 2010). The children are the worst example of

discrimination where they are not allowed to go to school, discouraged to participate in family gatherings, constrained to their house environment and treated in a badly by family (WHO, 2011). The disabled students in case of education and development do not get a chance to enrol their names in schools, not finish education if they start education, kept aloof from other students of same gender & age and are not allowed to participate in specialized skilled tasks such as, laboratory work and sports & extra-curricular activities (BJORVATNA and TUNGODDEN, 2015). To overcome these barriers, the concept of 'special' schools with 'specialized and professional' teachers was introduced but again it brings us back to same notion of exclusion i.e. alienates students with disabilities from other students (UNITED NATIONS, 2014). The children with disabilities are also social beings, rather human beings like other adults and they have right to be included in the society like other children. The World Health Organisation in their report establishes the existence of children with disabilities as part of society, "The functioning of a child should be seen not in isolation but in the context of the family and the social environment" (WHO, 2011, p.34). It is the duty of every government to provide full assistance in creating a healthy atmosphere for children with disabilities and this vision can be attained by providing non-discriminatory care, education options, balanced diet, better healthcare and flexible policies (UNITED NATIONS, 2010).

The woman with a disability has double disadvantages i.e. experiences 'two minority identities' and face 'double dose of stereotyping' in society which is dominated by men ; first, she is a 'woman' and second, she inherits some kind of 'disability' (BLACK, 2013 citing in GARLAND-THOMPSON, 2001; OLYAN, 2008). The women with disabilities are subject to rough and unimaginable life from the moment they are born until they die (SHARMA and DUNAY, 2016 c). They are discriminated in every possible way known to mankind for example, no balanced diet, worst living conditions, no access to education & health care, discarded by family & friends and no marriage prospects (YOSHIDA et al., 2011; PARNES et al., 2009; RAO, 2004). The United Nation has pointed out that one-third of individuals within disabled population globally are vulnerable to physical violence, sexual abuse and rape especially women and children (UNITED NATIONS, 2014).

There are socio-cultural myths about disability which are exposed through books, media, journals and other media and the author, as an individual with disabilities, is trying to paint a picture of the world which is dominated by people with no disabilities and where individuals with disabilities are struggling every minute to survive in the competitive scenario. BARNES (1992) in his article holds media, press, television shows, books and movies responsible for misrepresenting disability and influencing negative stereotypes. Examples include books (Tiny Tim in Charles Dickens's 'Christmas Carol', Shakespeare's 'Richard III'), movies ('Dr Jekyll and Mr Hyde', 'The Good, The Bad and The Ugly', 'Children of a Lesser God').

SPENCER (1864) in his 'Principles of Biology' wrote: "This survival of the fittest, which I have here sought to express in mechanical terms, is that which Mr. Darwin has called 'natural selection', or the preservation of favoured races in the struggle for life" (p.444). The majority of corporations irrespective of size or geographical location and also the employees are also in a constant dilemma of 'survival of the fittest'. In this era of technological innovation and competitive corporate race, employers main objectives are to motivate and retain employees to be able to withstand the unpredictable economic crisis, but at the same time, employees also have to make sure that they

are equally up to date in context to their professional and technical skills and are focused more to avoid the axe of layover. It is a ‘double task’ for employees with disabilities (in Hungarian terminology: people with a changed working capacity) to work harder, being motivated all the time and prove their worth to retain the jobs (GERGELY and VARADOVICS, 2014).

Individual with disabilities are less active in the job market as compared to people with no disabilities for many reasons and this directly affects their employment accomplishments and earning capabilities (WHO, 2011; MITRA and SAMBAMOORTHI, 2006). The reasons could be from lack of education, physical and aesthetic requirements, less awareness of job market, no training skills, geographical locations, working conditions, access to public and private transportation, negative attitude and perception of employers and other employees (SCHUELKA, 2012; WHO, 2011; SHIER et al., 2009; ROBERTS and BABINARD, 2004). The upliftment and job promotion mechanisms can help in improving the employment opportunities in any given country, for example introducing employment quotas, anti-discrimination laws, effective rehabilitation and training courses, awareness about self employment programs, monetary and tax benefits to employers and changing the perception of people towards employees with disabilities (OPINI, 2010; WALDSCHMIDT and LINGNAU, 2007; MONT, 2004).

1.2. Problem Formulation

The researcher would also like to highlight personal interest and concern in context to disability in this study. The researcher himself, an individual who was born without a limitation, impairment or a disability, but the same individual who sustained an injury at work, and as a result became a person with a physical disability and could not resume with his previous job function. The author initially found himself in a position where he cannot maintain the same lifestyle, personally and professionally, and experienced barriers to integrate (post trauma) in work force due to his acquired disability status. It is a strong belief of researcher that professional and financial independence of individuals with disabilities is very important for themselves and for their community. This independence, although they may have bodily impairments and limitations, boost their self esteem and further strengthens the foundation of inclusive society for all members. It is an avid observation of the researcher that there have been laws to eradicate social stigma and prejudices which work as barriers for people with disabilities to be an active player in labor market, they still encounter many problems in the place of work, for example attitudes of employers.

The problem to be studied here the challenges faced by employees with disabilities and the attitudes of employer which persists in any economy. Reporting Macro-economic trends in Hungary, the gross domestic product of Hungary rose by 2.0% in 2016 compared to a year earlier, with which Hungary is in the middle of the ranking of EU member countries (KSH, 2017). 486 billion forints of gross value added were produced at current prices in accommodation and food service activities based on data for 2015, 1.7% of the total performance of the national economy (KSH, 2017). Table 1, provides information on the industry-wise participation of people with disabilities in Hungarian labour market. This information is based on the data of 2011 of Hungarian Central Statistical Office (HSCO; Hungarian: Központi Statisztikai Hivatal (KSH)) which provides an overview of access to the labour market in regards to individuals with disabilities. The highest participation were reported for manufacturing industry with 15,241 people with disabilities within working age population, followed by wholesale and retail trade (including motor

vehicles and motor cycles with 7,852 and agriculture, forestry and fishing with 3,081. Surprisingly, food and accommodation industry reported total participation of 2,416 which reported one of the lowest employment engagement by people with disabilities (KSH, 2011 a). Importantly, figure 1 further elaborates disability-wise breakdown of labour participation by people with disabilities in accommodation and food service activities. It can be visualised that individuals with physical (854), low vision and unobtrusive vision related disabilities (447) show more prominent participation in the labour market than other disabilities (KSH, 2011 b).

Based on 2015 data, the accommodation and food service industry accounts for 1.7% of the total performance of the Hungarian economy and only 4.4% of employed people worked in this industry, the staff size of 193 thousand in the branch was 9.5 thousand higher than in 2015 (KSH, 2017). In terms of hospitality and tourism industry, “the services provided by domestic accommodation establishments were used by a total 11.1 million guests for 27.7 million tourism nights in 2016, both 7.0% more than one year earlier. The growth in tourism substantially exceeded that in capacity. Foreign guests arriving in Hungary spent 13.9 million and domestic ones 13.8 million nights at accommodation establishments in Hungary, 6.9% and 7.1% more, respectively, than a year earlier” (KSH, 2017, p.18). Importantly, the sales turnover of catering units – including the catering units of accommodation establishments – was 1,001 billion forints in 2016 as a whole, 6.2% more in volume than in 2015. The volume of commercial catering, accounting for 89% of the turnover, was 9.1% higher in 2016 than a year earlier, while that of workplace catering fell by 13%. Compared with 2010, the turnover of commercial catering units grew one and a half times higher and that of workplace catering units was practically unchanged” (KSH, 2017, p. 18).

However, there has been a transition in the employability of labour force from agriculture to service industry. The employability of individuals reported to decrease in agriculture and construction, but showed significant rise in service-type industries (trade, accommodation and catering services, transportation). In an economic report by LAKATOS (2014) on changes on labour market, it was reported that each branch of national economy showed progressive results in terms of labour participation, for example, agriculture and forestry (4.5%), construction (28.3%), and other (service) industries (67.2%). In Hungary, individuals with disabilities do not focus on specific kinds of work or specific types of jobs. However, there are not enough unique examples in context to the integration of people with disabilities in Hungary in mining, financial brokerages and the hotel and restaurant industry (KÖNCZEI, 2009). Having brought this realistic fact, persons with Down syndrome are employed in some service industry jobs as cleaners. Since there is a big research gap in opportunities and challenges of employing people with disabilities in the hospitality industry in Hungary. This economical and human resources perspective provide ample opportunity to the author to unearth the various professional possibilities to append in existing international literature. The attitudinal and operational constraints faced by employees with disabilities in hospitality industry which might either be known to the employer and not addressed, or even not known to the employer in any circumstances.

Given the service-oriented characteristics of the hospitality industry, it has been confirmed in international literature that when compared with companies in other industries, the hospitality industry will have more concerns about the attitudes of employers than other factors, for example concerns over aesthetic skills and customers’ perception. The author does not have direct evidence,

mainly due to non-availability of data in context to Hungary, to compare the integration of people with disabilities between hospitality and other industries, for example manufacturing, banking, etc. Based on existing international literature, service-related industries are more likely to recruit and induct people with disabilities than good producing sectors (DOMZAL et al., 2008). Thus, the author feels that after considering above gaps in research could uncover prudent scenarios and add diverse facet to existing international literature from the Hungarian narrative.

Table 1: Industry-wise Participation of People with Disabilities in the Labour Market

Industry-wise breakdown	15-30 years	40-59 years	60 years and above	Total
Agriculture, forestry and fishing	616	1,881	584	3,081
Mining and quarrying	11	51	15	77
Manufacturing	4,909	9,226	1,066	15,241
Electricity, gas, steam and air conditioning supply	99	257	28	384
Water supply, sewerage, waste management	245	636	37	918
Construction	972	1,928	380	3,280
Wholesale and retail trade; repair of motor vehicles and motorcycles	2517	4,381	954	7,852
Transportation and storage	702	1,786	184	2,672
Accommodation and food service activities	855	1,271	290	2,416
Information and communication	696	643	147	1,486
Financial and insurance activities	392	693	152	1,237
Real estate activities	163	432	198	793
Professional, scientific and technical activities	813	1,391	796	3,000
Administrative and support service activities	960	2,189	386	3,535
Public administration and defence; compulsory social security	1,370	2,742	317	4,429
Education	878	2,876	562	4,316
Human health and social work activities	2,145	3,957	813	6,915
Arts, entertainment and recreation	323	660	212	1,915
Other service activities	923	1,298	385	2,609
Activities of households as employers; undifferentiated goods- and services-producing activities of households for own use	28	58	17	103
Activities of extraterritorial organizations and bodies	12	28	2	42

Source: KSH (2011 a)

There is one more reason for selecting hospitality industry for this PhD thesis. Hungary like other European countries, is facing record high labor shortage. Due to the lack of qualified and skilled individuals, the number of vacancies has been raised to unprecedented figures in this struggling economy and thousands of qualified personnel are under-represented in trade-vehicle repair, transportation-warehousing, and hospitality-providing services (HORNYÁK, 2017). In such labour shortage scenario in Hungary, individuals with disabilities could represent an important under-utilised workforce source for hospitality sector. The author also could not find any published academic studies in Hungary that explored inclusion of individuals with disabilities in Hungary's hospitality industry.

Hospitality industry like many other service industries is very dynamic and employment laws are constantly changing. With the active participation of international bodies such as United Nations and with changes in Hungarian employment regulations (i.e. employment quota system), professional upliftment of individual with disabilities has become progressive norm in labor market. To sideline the existence of people with disabilities not being anymore an optional window for employers as business entities have deeper social responsibilities, beyond just being a commercial and branded entity which focuses on, profit, is the basic prerequisite for their survival.

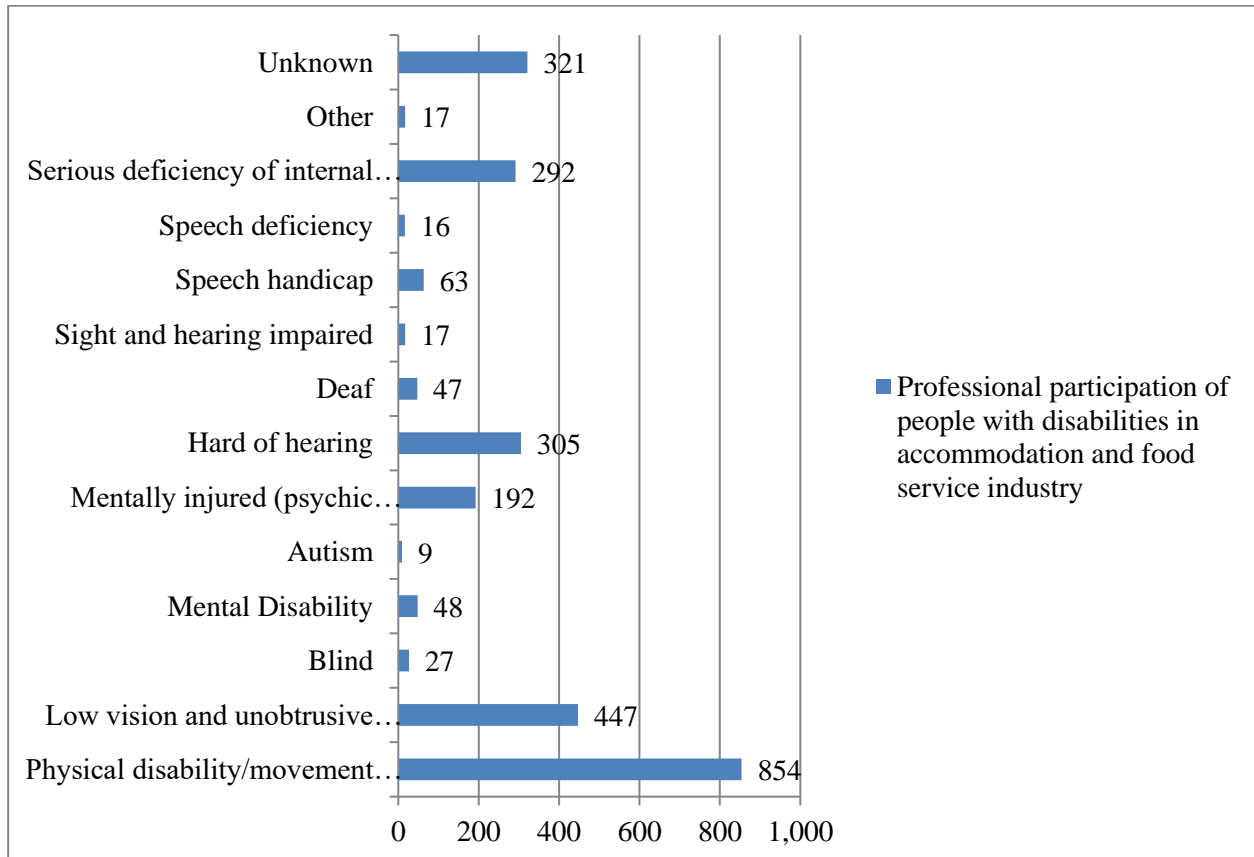


Figure 1: Disability-wise Breakdown of Participation of People with Disabilities in Accomodation and Food Service Industrty

Source: KSH (2011 b)

1.3. Purpose of the Study

The literature on attitudes of employers suggests that employers hold positive, negative or neutral attitudes towards people with disabilities which directly or indirectly impact their survival at the work place. The purpose of this survey- based research is to evaluate the attitudes of employers with disabilities in the work place. International literature is full of examples where type and severity of an individual can be a deciding factor in inclusion (acceptance) or exclusion (rejection) of employee with a disability within the company's labor force (LEGNICK-HALL et al., 2005; HERNANDEZ et al., 2000). Findings from many studies and further investigation from this study will also help in understanding how professional credentials, social prejudice, one-dimensional discrimination, and disability status may have affect the participation of people with disabilities in labour market.

The researcher also wants to emphasize here that there is lack of quantitative and qualitative research carried out in Hungary on the needs and challenges faced by employees with disabilities in hospitality sector especially in hotels and restaurants. This may be one of the reasons why employers (present and potential employers) are not aware of needs of individuals with disabilities and also does not have enough scientifically proven information on such dilemma in order to make the integration process smoother. Since there is limited information about the attitudes of employers toward people with disabilities and gap in available research, an evaluation of employers' attitudes toward disability is prudent in Hungarian context. An additional purpose of this study would be to explore if aesthetic and physical appearance is an utmost criterion for hospitality industry despite different business context (i.e., fast food joints, fine dining, cafeteria, ethnic restaurants, etc) and a different sample (i.e., employers).

This study examines for factors that may influence the employers' attitudes toward people with disabilities. These include the employers understanding of definition of disability, type of disability and personality traits in context to people with disabilities in hotels, café, bars and restaurants. A search of the literature failed to identify prior research in Hungary addressing these characteristics and personality traits. The first factor to be evaluated relates to defining and understanding of three different types disability, i.e. physical, mental and sensory disability in context to employees with disabilities and their professional suitability in professional environment.

Importantly, another purpose would be to examine the relationship between employers' attitudes toward professional integration of individuals with disabilities and different demographic variables (the relationship between gender, age, years of working experience, size of organisation represented, and prior contact with disability). The researcher feels that visualization of demographic information will help in detecting some inter-related relationships which can provide additional insights to this study.

Overall, the purpose of this research add knowledge to the existing literature about employers attitudes toward people with disabilities with an examination of the relationship between attitudes to disability, type and severity of disability, personal and professional beliefs of employers, human resource practices and mandatory legislative protocols. In addition, identification of factors such as aesthetic and self-presentation skills, and People First Language may show relationship to the employers' attitudes toward people with disabilities. Person-first language emphasizes on the indentifying someone first as a person and second, by descriptive word (ST. LOUIS, 1999).

1.4. The Research Questions

The aim of researcher in this study is to investigate attitudes of employers in hospitality industry towards the inclusion of people with disabilities. The author feels that there is clarity in concepts of disability and people attitudes toward people with disabilities after in-depth literature exploration. Another exploration is about the definition regarding 'disability' and 'attitudes' as there is no single definition to define both terms and also the people views points are multi-dimensional when it comes the understanding of concept of disability.

The results would also provide wide spectrum of relationships, if any, between attitudes of employers towards employees with disabilities in general and the participation of people with disabilities in hospitality sector, but also following scenarios in context to type and severity of disability, self presentation and aesthetic skills, people first language and departmental participation variables will be discussed. Therefore, the questions considered in this study are:

1. What are the attitudes (positive, negative or neutral) of employers toward people with disabilities actively engaged in the labour market?
2. How are the attitudes of the employers toward inclusion of employees with disabilities influenced by demographic variables (including employers and business), for example, years of experience in hospitality industry, gender, age and experiences with people with disabilities, etc?
3. Do employers perceive people first language as an important step in revolutionizing the way people with disabilities are being addressed in corporate world?
4. Do employers in Hungary perceive that aesthetic and self-presentation skills are pre-requisite requirement to apply for a position in hospitality industry?
5. Do all employees with disabilities often require some sort of job accommodations (e.g., specialized equipment, facility modifications, adjustments to work schedules or job duties) to perform their professional tasks?
6. Do customers favor companies that hire and accommodate employees with disabilities in their workforce?

1.5. The Study Hypotheses

Research questions and hypotheses are the starting point of any research and the most important point here to remember that the a good hypothesis must be based on a good research question at the start of a trial and, indeed, drive data collection for the study (FARRUGIA, et al., 2010).

Research Question 1: What are the attitudes (positive, negative or neutral) of employers' toward people with disabilities actively engaged in the labour market?

Hypothesis 1: Neutral attitudes remain prevalent among employers' in context to professional integration of people with disabilities in the labour market.

Research Question 2: How are the attitudes of the employers' toward inclusion of employees with disabilities influenced by demographic variables (including employers and business), for example, years of experience in hospitality industry, gender, age and professional experiences with people with disabilities?

Hypothesis 2a: There is a statistically significant difference between employers' gender and the attitudes towards individuals with disabilities.

Hypothesis 2b: There is a statistically significant difference between employers' age and attitudes towards employees with disabilities.

Hypothesis 3: There is a significant difference between the employers' attitudes toward employees with disabilities and the number of professional years' of experience in hospitality industry.

Hypothesis 4: There is a statistically significant difference between employers' attitudes and professional experience and exposure towards employees with disabilities.

Hypothesis 5: There is a statistically significant difference between the employers' attitudes towards employees with disabilities and the size of the firm.

Research Question 3: Do employers' perceive 'people first language' as an important step in revolutionizing the way people with disabilities are being addressed in corporate world?

Hypothesis 6: There is a statistically significant difference between employers' gender and the use of people first language.

'Gender' and 'age' have been grouped together under one hypothesis as hypothesis 2a and hypothesis 2b as both variables are segmented demographics. Since there is a major deficiency in research in Hungarian context about the attitudes of employers. Assessing the attitudes of employers in hospitality industry as well as co-linking demographics to this study can be used to improve corporate culture and influence positive perception toward people with disabilities. Therefore, this translucent situation calls for further study into the attitudes of employers toward individual with disabilities in the work place, how employers perceive the concept of disability, and any interdependence between variables, such training and development issues, personality traits, recruitment challenges.

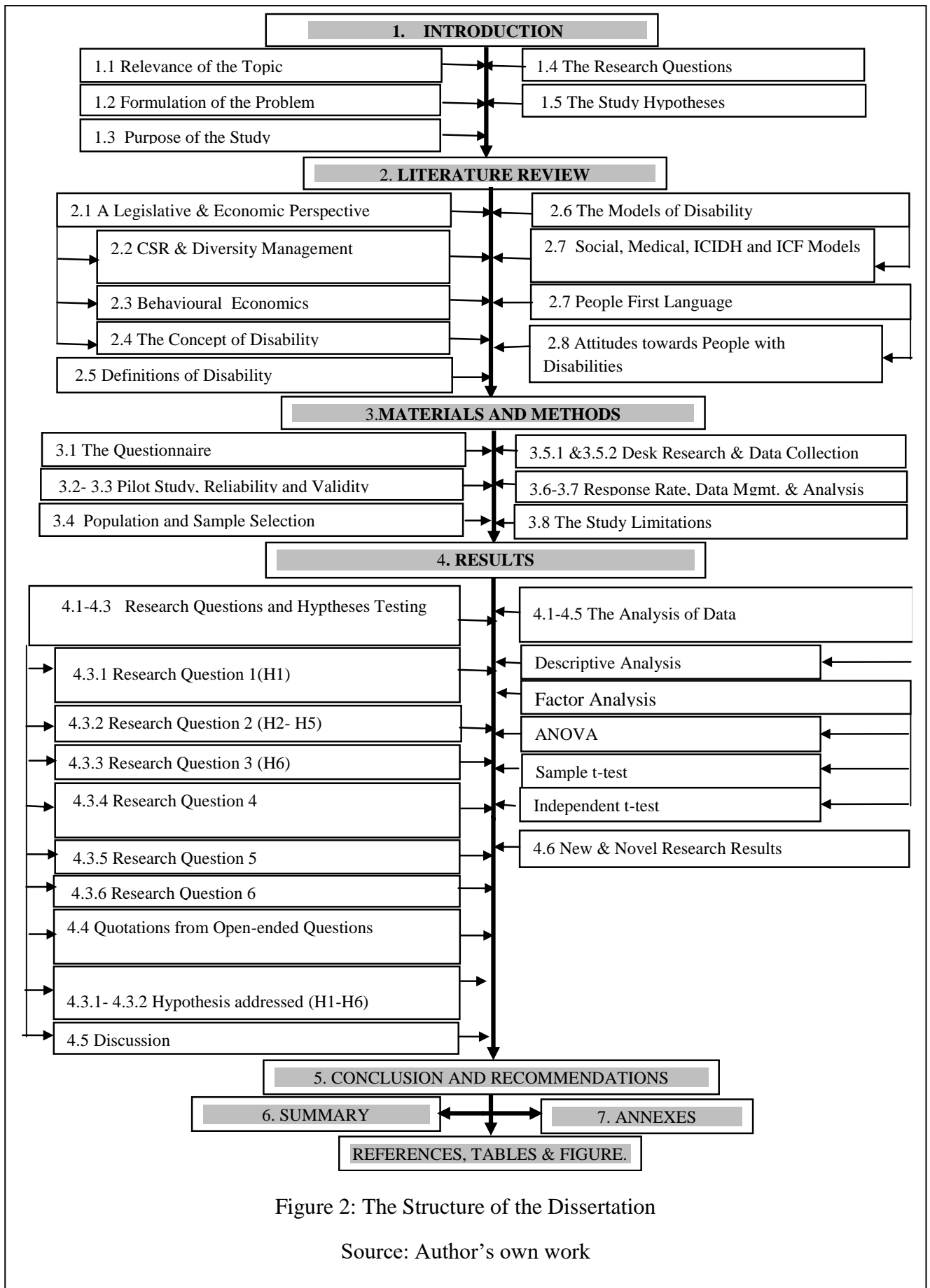


Figure 2: The Structure of the Dissertation

Source: Author's own work

2. LITERATURE REVIEW

This chapter reviews concepts related to disability, models of disability, and describes the structural framework. In addition, it defines attitude and explores attitudes towards employees with disabilities and the importance of people first language to address world largest minority. The question every researcher asks, why do we review literature? There is no answer, but there are following valid reasons, (a) to see what has and has not been investigated, (b) to identify data sources that other researchers have used, (c) to learn how others have defined and measured key concepts, (d) to develop alternative research projects, (e) to put your work in perspective, (f) to contribute to the field by moving research forward. Reviewing the literature lets you see what came before, and what did and didn't work for other researchers, (g) to demonstrate your understanding, and your ability to critically evaluate research in the field, and (h) to provide evidence that may be used to support your own findings (AMERICAN UNIVERSITY, 2018). Therefore, a literature review can be defined as, "A literature review surveys books, scholarly articles, and any other sources relevant to a particular issue, area of research, or theory, and by so doing, provides a description, summary, and critical evaluation of these works in relation to the research problem being investigated. Literature reviews are designed to provide an overview of sources you have explored while researching a particular topic and to demonstrate to your readers how your research fits within a larger field of study" (USC, 2018 citing FINK, 2018).

2.1. United Nations, European Commission and Hungarian Strategies: A Legislative and Economic Perspective on Disability

Internationally, the Convention on the Rights of Persons with Disabilities (UNCRPD), a United Nations initiative to honor human rights, spirit and diversity of individuals with disabilities throughout the world. The main objective of this convention to bring equality among the people of the society and the core message of this convention that individual with disabilities have equal rights to express their freedom, integrate professionally without any discrimination and eligible for all facilities like other people. The convention was introduced to spread awareness about disability in the society and making inclusive environment. Hungary was one of the first countries to implement UNCRPD in the legislation. The primarily role of this convention is to educate people from different walks of life about the concept of disability and individual with disabilities, for instance governmental personals, judges, social workers, academicians, media representatives and even people with disabilities. There are eight general principles in UNCRPD manual, all the inter-linked and inter-woven and core of human rights movement. The convention recognizes that disability is an evolving concept where we have to change our perception about disability so that people can fully integrate, professionally and personally, in the society and have decent life style. The importance of convention to bring the awareness among people with disabilities about their existence & rights, obligation of the government towards this community, dismantling the social & environmental barriers and supervising domestic and international laws (UNITED NATIONS, 2014). Table 2, shows the list of few countries that have already ratified UNCRPD in their legislations.

Table 2 List of Few Countries who have Ratified UNCRPD into their Legislations

Name of the country	Convention Signature Date	Convention Ratification Date
Austria	30.03.2007	26.09.2008
Australia	30.03.2007	17.07.2008
Canada	30.03.2007	11.03.2010
Czech Republic	30.03.2007	28.09.2009
Hungary	30.03.2007	20.07.2007
India	30.03.2007	01.10.2007
Slovakia	26.09.2007	26.05.2010
Poland	30.03.2007	25.09.2012
Unites States of America	30.07.2009	N/A
United Kingdom	30.03.2007	08.06.2009

Source: Author's own work (information retrieved from <http://www.disabled-world.com/>)

In accordance with Article 27, work and employment, “States Parties recognize the right of persons with disabilities to work, on an equal basis with others; this includes the right to the opportunity to gain a living by work freely chosen or accepted in a labour market and work environment that is open, inclusive and accessible to persons with disabilities” (UNITED NATIONS, 2011, p. 114). To be more transparent, Article 27 of UNCRPD expects state parties to ‘respect’ the rights of individuals with disabilities to devise trade unions, ‘ensure’ the private sectors fully understand the rights of people with disabilities to work, and the state must ‘fulfil’ responsibility by providing technical and vocational training to people with disabilities (UNITED NATIONS, 2011).

On European Union level, the European Commission's inclusion instrument, European Disability Strategy 2010-2020 to promote social and professional inclusion and comprehensive engagement of people with disabilities in the job market. The model is based on eight priority elements, namely accessibility, participation, equality, employment, education and training, social protection, health, and external action (EUROPEAN COMMISSION, 2010). Figure 3, provides an overview on the guiding principles of European Disability Strategy 2010-2020 report. The overall intent of the proposed action is “empower people with disabilities so that they can enjoy their full rights, and benefit fully from participating in society and in the European economy, notably through the Single market. Achieving this and ensuring effective implementation of the UN Convention across the EU calls for consistency” (EUROPEAN COMMISSION, 2010, p.4).

A Progress Report on the implementation of the European Disability Strategy (2010 - 2020) projected that by 2020 there will be significant increase in Europeans with disabilities (approximately 120 million individuals with disabilities) living in European Union states (EUROPEAN COMMISSION, 2017). This report presents accomplishments, up to 2016, on the implementation of the strategy covering all the important eight areas of action, major progress was notably achieved in the area of accessibility. Importantly, it was also highlighted that the economic state of affairs of individuals with disabilities has subsided in terms education, employment and social education. The report featured main progress points since the inception of strategy (2010), for example, exemption of aid schemes, youth on the move policy, launch of the social business initiative, supported employment, etc.



Figure 3: European Disability Strategy 2010-2020

Source: European Commission (2010)

The Academic Network of Disability Experts (ANED) project was initiated European Commission to provide support and guidance to academic policy unit in terms of education employment, health and social protection and to prioritise the concerns of people of disabilities living in European Union states (ANED, 2009).

European Accessibility Act, highlights on a prominent and common definition for accessibility requirements for certain products and services by removing barriers created by divergent legislation. (EUROPEAN UNION, 2017). The European Accessibility Act could help million of persons with disabilities in the EU since number of challenges that impact day-to-day schedules, such as difficulties in accessing public transport and buildings or in using household appliances or e-commerce services. The European Accessibility Act could also transform the entire functioning of business, and in particular SMEs will benefit from the elimination of barriers caused by a fragmented market and easier cross-border trading (EUROPEAN COMMISSION, n. d.). Therefore, enumerate 'needs' which should be accessible in terms of functional requirements (e.g. computers, telephones, TV, media services, transport, banking services, e-books and e-commerce) without imposing detailed technical solutions and proposed directive should reduce barriers for people with disabilities in the EU as regards access to education, jobs and participation in society (LECERF, 2015).

The main acts promoting inclusion of people with disabilities in Hungary are; The Fundamental Law of Hungary, Act CXXV of 2003 on Equal Treatment and Promotion of Equal Opportunities (Equal Treatment Act), Act XXVI of 1998 on the Rights and Ensuring the Equal Opportunities of People with Disabilities (Disabled Persons Act), and Act CXXV of 2009 on Hungarian Sign Language. The Fundamental Law of Hungary (as in force on 1 July 2016), the article XV, “guarantee fundamental rights to everyone without discrimination and in particular without

discrimination on the grounds of race, colour, sex, disability, language, religion, political or other opinion, national or social origin, property, birth or any other status” (HUNGARY, 2017, p.14).

The economic activity according to gender in labour market has insightful statistics over the years. The extraordinary socio-economic conditions in labour market reported fluctuating growth in terms of participation of male and female workforce with disabilities. Figure 4 shows active participation of both genders from year 2005 to 2016, aged 15–64 by labour market status (self-categorised).

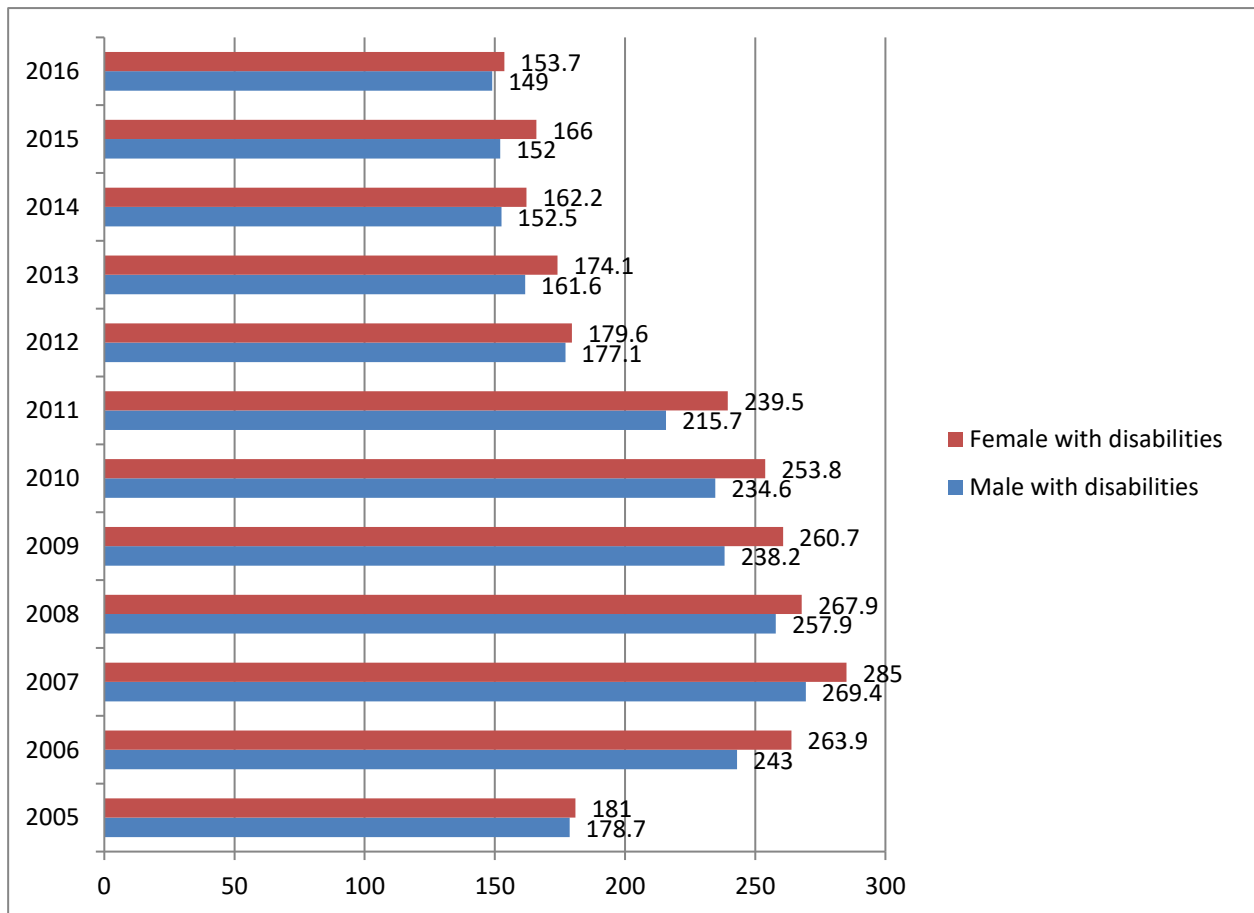


Figure 4: Hungarian population aged 15–64 by labour market status (self-categorised), in thousands.

Source: Köllő, Lakatos & Tajti (2018)

According to report by EUROSTAT (2017), the highest inactivity rate for persons with disabilities were observed in Hungary. A recent update on website of Hungarian Central Statistical office (KSH) shows that 140,086 people with disabilities are employed in Hungary (KSH, 2016). The participation of women with disabilities (72,403) in labour market is higher than the men with disabilities (67,683). Below table 3, shows latest in-depth labour market scenario of people with disabilities (population aged 19–64) in Hungary.

Table 3: Main Labour Market Indicators of Population of People with Disabilities (Aged 19-64 years, %)

Characteristics		People with disabilities			
		Employment rate (%)	Unemployment rate (%)	Participation rate (%)	Inactivity rate (%)
Total		20.8	18.0	25.4	74.6
Males (%)		21.6	19.4	26.8	73.2
Females (%)		20.2	16.6	24.2	75.8
Region	Highest (%)	Baranya (28.1)	Somogyi (30.6)	Baranya (31.6)	Nógrád and Zala (82.2)
	Lowest (%)	Nógrád (13.5)	Győr-Moson-Sopron (4.1)	Nógrád and Zala (17.8)	Vas (60.0)

Source: KSH (2016).

Demand and supply perspectives are the main instruments which play important role in the inclusion of jobseekers with disabilities in the labour market. Demand (anti-discrimination legislation, awareness-raising campaigns, employment quotas, wage subsidies and services for employers), and supply (healthcare reforms, improvement of prevention and rehabilitation, regulation of the level and conditions of disability benefits, etc.) (SCHARLE and CSILLAG, 2015).

Table 4: Country wise Quota System

Serial Number	Country	Quota system description
1	Spain	2% for firms with 50 or more workers (MALO AND PAGÁN, 2013).
2.	Poland	6% of the total number of full-time jobs, employers who hire at least 25 workers (KOZA, 2014).
3.	Austria	Employers with 25 or more employees are obliged to take on one registered disabled person receiving special support for every 25 employees (DOLLER AND NAGY, 2018).
4.	Slovakia	Every employer who employs more than 20 people is obliged to employ persons with disabilities at a rate of 3.2% of the total number of employees. If an employer employs a disabled person who has reduced earning capacity defined as in excess of 70% due to a long-term adverse health condition, this employee is calculated for such purposes as a total of three disabled persons (KOŘÁNOVÁ et al., 2015, p.53).
5.	Czech Republic	Public and private companies with more than 25 staff to employ people with disabilities at a rate of 4 % of the workforce (SAINSBURY AND COLEMAN-FOUNTAIN, 2014)

Source: Author's own work

Many European countries have introduced the concept ‘quota system’ in their legislation for firms to employ a minimum percentage of people with disabilities in their workforce. Table 4, shows mandatory fulfilment of a minimum percentage of workers with disabilities as per the legislation of few EU countries.

To motivate employers towards smoother inclusion, the Government of Hungary has ‘corporate tax allowances’ for businesses with employee strength less than 20 personnel for employing disabled people with minimum 50% altered disability. This can reduce the tax burden of such employers as less tax paid to the government against the salary paid to employed individuals with disabilities people but to a maximum of minimum wage bracket (KÖNCZEI, 2009).

The Hungarian government introduced a ‘5% quota-levy system’ from for corporations who have a personnel strength more than 25 employees (20 employees before 1 January 2012) to maintain 5% disabled manpower ratio (KIERZENKOWSKI, 2012). For example, corporates shall have minimum of 5 people with disabilities working in the organization if the total strength of the same organization is 100 personnel (SHARMA and DUNAY 2016 b). This ‘Non disabled- disabled employee’ ratio has to be maintained otherwise the organizations have to pay a ‘rehabilitation contribution’. Many employers opt for this contribution as an additional cost in their day to day functioning and the same penalty from the corporation is used to help other employers, service providers, etc or the development of basic infrastructure to improve the standards for individuals with disabilities (OECD, 2010). With an effective date of 1 January 2017 several points of the Act CXCI of 2011 on the supply of persons with reduced working capacity and on other law amendments have been amended, of which the most significant change is that the value of rehabilitation contribution specified by law shall align with the minimum wage. Accordingly, the amount of contribution changed to HUF 1,147,500/person/year from 964,500/person/year in 2017 (KIS, 2017).

Hungarian government in many ways contributing to the inclusion of jobseekers with disabilities by incorporating with the European Union. One of the important initiative is providing subsidies in form of training subsidies, subsidies for the employment of workers with disabilities, or subsidies compensating the additional costs of people with disabilities, and the various forms of grants offered to small and medium sized enterprises (CSERES-GERGELY and VARADOVICS, 2015). Human Resources Development Operational Programme (EFOP) projects will focus on the employability segments of the Roma and people with disabilities in the labour market, and financial assistance to be provided to the companies who aim at the professional upliftment of such disadvantaged group. Also, an additional HUF 7.39 billion will be made available for the following two schemes: ‘Helping the rehabilitation and employment of people with disabilities’ and ‘Improving the employability of disadvantaged people (decentralised labour market programmes in the ‘convergence’ regions)’ were the highlight of this labour market study.

Sheltered employment and vocational rehabilitation scheme designed to to reinforce the tasks and responsibilities of the National Office for Rehabilitation and Social Affairs (NORSA), “employ disabled people (in Hungarian terminology: people with a changed working capacity) to the level of 30% instead of 50% of their staff. Beyond that employers are entitled to receive the full amount of subsidy if the working time of their employees in rehabilitation employment reaches a minimum of 4 instead of 5 hours on average per day” (GERGELY and VARADOVICS, 2015, p.181).

In Hungary, the benefits for persons with changed working capacity, i.e. Rehabilitation benefit (rehabilitációs ellátás), and disability benefit (rokkantsági ellátás) are taken care by the government (EUROPEAN COMMISSION, 2018). Table 5, presents number of those receiving social annuities for people with damaged health, and the mean sum of the provisions they received after the increase, in January of the given years (2015-2016).

Table 5: Number of those Receiving Social Annuities for People with Damaged Health.

Support for persons with disabilities	Number of receipts (2015)	Average amount (HUF/month, 2015)	Number of receipts (2016)	Average amount (HUF/month, 2016)
Disability and rehabilitation provision	404,880	67,759	355,188	70,127
Disability provision for persons older than the mandatory retirement age	44,436	74,509	62,518	80,833
Disability provision for persons younger than the mandatory retirement	217,625	74,463	249,909	71,199
Rehabilitation provision	140,658	54,810	40,741	45,604

Source: Köllő, Lakatos & Tajti (2018)

According to preliminary data, the 2016 budget spent HUF 3,534 billion, 10.1% of the GDP on pensions, benefits, annuities and other provisions, 0.9% more than a year earlier (KSH, 2017). Similarly, Between 2010 and 2016, pensions, benefits, annuities and other provisions rose by 29% on average, and they increased by 14.9% in real terms along with a 112% pensioner consumer price index for the period (KSH, 2017). Though the figures for actual expenses in terms of disability benefits not available but this information provides an alarming concerns for the government. It is also recommended in international literature that governments should invest in education, skill upgrading and creating opportunities for individuals with disabilities to make them independent, instead of providing social benefits and paying disability support (CHIU, 2017).

Every country is dealing with socio-economic constraints in terms of unemployment, availability of skilled man power, labour migration and employment policies. The author feels that it is very important to include brief information on the ‘economics of disability’ in order to understand the larger context of disability and people with disabilities in terms expenditures and direct on the economy of the country. The economic analysis of disability can be understood in two ways, at the micro or individual level, and macro or economy-wide level. At the micro or individual level, causes losses to the person with disabilities and to the economy, but at the macro or economy-wide level, disability expenditures (cash transfers, medical care and direct services) while maximizing efficiency and preserving equity and adequacy (OSTERWEIS, KLEINMAN and MECHANIC, 2017).

In these turbulent times and to enhance the economic growth, people with disabilities can bring sustainable change by participating in mainstream employment labour market. People with disabilities in sheltered employment can earn little wages as compared to mainstream employment

options and are likely working well below their capabilities. Also, if they are privileged enough to secure jobs in mainstream jobs, are paid lower than market value (CHIU, 2017). According to DELOITTE ACCESS ECONOMICS report (2011) on the Australian Network on Disability which presents the importance of people with disabilities in the labour market, “the economic modelling presented in this report suggests that closing the gap between labour market participation rates and unemployment rates for people with and without disabilities by one-third would result in a cumulative \$43 billion increase in Australia’s GDP over the next decade in real dollar terms. The modelling also suggests that GDP will be around 0.85% higher over the longer term, which is equivalent to an increase in GDP in 2011 of \$12 billion” (p. ii).

There is also an economic perspective attached to the disability movement especially in context to developing countries. In developing countries, 80% to 90% of people with disability of working age are unemployed, whereas in industrialized countries the figure is between 50% and 70% (United Nations, 2007). These countries can have greater societies if people with disabilities are economically active, for example, lower costs on government budgets (pensions and benefits) and less dependency on families (UNITED NATIONS, 2014). By providing ample education, skill development avenues, entrepreneurial and employment options to people with disabilities, countries can have a better Gross Domestic Product (GDP) and fewer poverty issues (UNITED NATIONS, 2011; BUCKUP, 2009). The United Nations Economic and Social Commission for Asia and the Pacific estimates that if individuals with disabilities were paid the same as their colleagues with no disabilities, the GDP of these countries could increase by 1% to 7%. If we take even the most conservative estimate, that would be an increase in GDP-PPP of approximately \$80 billion for Association of Southeast Asian Nations (CHIU, 2017).

BUCKUP’s (2009) study showcased a new exploratory approach which was tested in ten countries (in Asia and Africa) highlighting the macro-economic costs of excluding people with disabilities from job market and emphasized the active participation of people with disabilities in the workforce. ILO (2015) document, ‘ILO and disability inclusion’, points out that developing countries lose up to 7 per cent of their gross domestic product due to the non-inclusion of persons with disabilities in the world of work.

2.2. A Broad Interpretation of Human Resources Paradigms: Association of Corporate Social Responsibility with Diversity Management

With the fluctuation in economy and labour force policies, personnel and line managers are expected to display supportive, inclusive and flexible behavior to motivate and retain talented workforce. Firms have divergent personnel in terms of age, race, gender, disability and the workforce diversity is a universal challenge for both public and private organisations of varying sizes, representing different industries and in different geographical locations. Diversity is another aspect of corporate social responsibility (CSR) and firms interpret this human resource instrument in serious way due the globalisation. Most of the companies worldwide value diversity but has different interpretation in their policies and hiring intentions. Corporate social responsibility (CSR) refers to companies taking responsibility for their impact on society.. According to United Nation instruments, the rights of people with disabilities should be seen as a human right, and integrated in CSR strategies of all firms regardless of geographical locations and size of the business entity (CORDERO, ORTIZ DE ZÚÑIGA and RUEDA, 2014). Similarly, EUROPEAN COMMISSION (2014) also endorses corporate social responsibility as a strategy to which focuses to reduce

corporate-related human rights abuses, and encourages enterprises to adhere to international guidelines and principles. The EU's policy is built on an agenda for action to support this approach. It includes: (1) Enhancing the visibility of CSR and disseminating good practices; (2) Improving and tracking levels of trust in business; (3) Improving self and co-regulation processes; (4) Enhancing market rewards for CSR, (5) Improving company disclosure of social and environmental information; (6) Further integrating CSR into education, training, and research; (7) Emphasising the importance of national and sub-national CSR policies; (8) Better aligning European and global approaches to CSR (p. 5). Recent trends show that firms are hiring people with disabilities not only to meet their moral and legal responsibilities, but business entities have realised the potential of people disabilities in terms of reliable, performance-oriented, creative, accurate, or attention to detailing (FASCIGLIONE, 2015).

According to the international literature, the greater importance on inclusion of women and individuals from different ethnic backgrounds, seemingly the inclusion of individuals with disabilities to sustain in labour market is pushed back in the background (DART, FRANCUZ and GRAZIOSI, 2013). Corporations existence depends on the profits and productivity made year by year to remain sustainable in the market. Diversity brings unique talent and traits in the corporate trait, and employers have this opportunity to demonstrate their resilience, creativity, and determination to succeed in the professional environment (DART, FRANCUZ and GRAZIOSI, 2013). Furthermore, it helps in transforming their brand image from being greedy profit tycoons to responsible corporate entities, and eventually help in gaining the respect amongst their customers and the local community. The advantages of having diverse force accessibility to a larger talent pool, productivity objectives achieved employees, job satisfaction and customer loyalty, less issues on retention of talent, and costs control (AHRC, 2015).

There are many firms with good execution in their responsibilities towards the society in facilitating and promoting the participation of people with disabilities in their workforce, for example in Hungary Magyar Telekom promotes use of electronic recruitment interface which help individuals with disabilities in the selection process (MAGYAR TELEKOM, 2016).

World labour force is experiencing domination by ageing workforce, especially in Hungary. The Hungarian labour market facing an ageing population, migration of the workforce to other European countries and as a consequence labour shortage in domestic market (BÁBEL and KISS, 2016).

Organisations need to prepare themselves to face the reality of shortage young and skilled manpower in near future. Therefore, inclusion of people with disabilities can provide life line to global economy, especially in Hungary in turbulent times. The concept of corporate social responsibility (CSR) work at different levels for all the stake holders: for individuals with disabilities, employers, across programs or system-wide, customers and policy makers.

2.3. An Overview on Behavioural Economics

In this rapidly changing workplace paradigms, it has become increasingly important for the employers to be more transparent and flexible in their leadership strategies. Since this thesis is about the attitudes of employers' towards employees with disabilities and the author does wonder the following, is there a relationship between attitudes and behavior?, or attitude guide behavior

of an individual, especially at the place of work? Many people assume that attitudes influence behaviour, “attitudes formed through direct experience are more predictive of a behavior than attitudes formed through indirect experience (FRYMIER and NADLER, 2017, p.55). The behavioural economics approach derived from multidisciplinary literature like psychology and neuroscience, but the focal point is to better predict and understand people’s actions, with the goal of devising more effective public policy (MATJASKO et al., 2016).

The behavioural economics is also a new mantra for human resources managers which help them in hiring of new talent and promotion of diversity at the work place. The science of Behavioural Economics (a relatively novel domain) looks at the cognitive biases and irrational ways of human decision-making process (MELICHAROVA, 2016). Also, this help the hiring decision makers to select the best of the best in terms of hiring the right candidate for the job, rather than the candidate that just looks best for the job (PWC, 2018). Behavioural economics can provide strategic human resource insights at different level of corporate platforms, for example, to help employees be productive, helping employees make the best hiring decisions, helping individuals to learn and develop, keeping them focused professionally, maintain two pay feedback strategy, creating/sustaining an organisational culture (BIRNBAUM, 2017). Leverage intrinsic motivation, a major theme of behavioural economics provide guidelines for personnel managers to improve business performance by recognizing that such traditional reward-based policies as incentive pay, goal-setting, performance ratings, and promotions have far less impact on actual performance and collaborative activity than traditionally thought (GUSZCZA, BERSIN and SCHWARTZ, 2016).

The application of behavioural economics provides a competitive advantage in the insurance industry, especially in disability insurance. This is very useful in the understanding the concept of disability management within the workplace, for example whether worker will be returning to work after a disability event, or the probability of continuing to work for the same employer after returning (PWC, 2018). Similarly, it guides individuals to rationally analyse their options and be practical in their decision making approach, and to take cognitive biases and tendencies into account when designing human resources procedures and policies, and also at the time of recruiting, thriving and inducting individuals in their work force (MELICHAROVA, 2016). The ‘nudge’ tactic of behavioral economy can help management to take right decision in form of plan designs, financial incentives, or to remove as many barriers as possible (financial, administrative) which will eventually leads to right decision making strategy (MOSES, 2018). Employers can incorporate the this strategy in many ways to have monumental consequences, for example an open-minded and rational approach in cost related decisions.

Coming to Individuals with disabilities, the timely and small ‘nudge’ can also trigger the inner-conscious of such people to contribute to the society by being professionally and economically involved in the labour market. To summarise, fundamentals of behavioural economics and individual decision-making can help in removing many obstacles as Dr. Small cited in employer engagement strategy report, “All behavior is a function of the person and the situation, and so to change behavior, you must change the person or change the situation. Situational influences are stronger than personal influences. When we change perceptions and stereotypes, we change attitudes. When we educate and inform, we change knowledge. When we use incentives, we are changing motivation. Each of those three is a change to the person. Only a nudge is a change to the situation” (CAPPELLI , 2015, p..12).

2.4. The Concept of Disability

We live in a world in denial, where people are discriminated against in all walks of life regardless of their race, religion, gender, disability, etc. The irony of life is that the world still denies the existence of such realistic facts. Unlike developed countries, disability has been neglected for a long time in many third world countries. People with disabilities are not the main ‘actors’ in real life, rather they are portrayed as ‘other’, ‘evil’ or an ‘issue’, whereby the word ‘disability’ is synonymous with the word ‘failure’ (MARKS, 1997). Ability and disability are complex and multi-factorial concepts which are difficult to explain and on a scale of fitness occupy a position between ‘illness’ and ‘being healthy’ (MARKS, 1997). “Although disability can be attributed to the impairment or physical/mental outcome caused by a medical condition, it is also a social construct that results from the social and physical environment in which a person lives their life” (ALTMAN, 2014, p.01).

ALTMAN (2014) in her paper explains the cycle of disability. It starts as a process, which can occur for many reasons such as by birth or accident. She further explains that the afflicted condition may or may not leave a physical, mental or emotional impairment on an individual (permanent or temporary), but that it becomes the personality trait of that individual (active or residual impairment due to disease, injury, congenital accident or from birth) (ALTMAN, 2014). On the basis of the same conceptual belief, BICKENBACH et al. (1999) explains that disability is not restricted to the ‘physical’ or ‘mental’ well-being of an individual, but it is also an integrated collection of intrinsic and extrinsic factors i.e. behaviour, conditions, etc., many of which may have originated from our society.

The study of disability is not restricted to any discipline of research. It can be argued to be ‘multidisciplinary’ because it provides remarkable associations with philosophy, sociology, political science, law, special education, management, etc. In their research, EVANS and MACNAUGHTON (2004, p.1) highlighted the interdisciplinary-multidisciplinary concept by stating the following: "Interdisciplinary is perhaps easier to claim than it is to demonstrate, and putatively interdisciplinary work frequently turns out to be merely multidisciplinary, in the sense of involving relatively disconnected contributions from different disciplines-contributions which, taken in isolation, exhibit no real trace of contact with any other discipline beyond their own". WINANCE (2016) confirms that disability research has grown considerably in the last 40 years, either into disability studies or merged into cross disciplinary studies.

The objective of this section is to provide insights into the different models of disability i.e. the social and the medical model and also to provide an understanding of the World Health Organization’s conceptual models which are the basis for the evaluation, assessment and treatment of diseases and disorders.

2.5. Definitions of disability: A Wide Spectrum

Prior to discussing the various definitions of disability, it would be appropriate to establish important terminologies used worldwide to address the issue of the World’s largest minority (UNITED NATIONS, 2006). Every country has a different legislative approach to defining, identifying and treating disability. There are some common terms used by people all over the world such as, ‘handicapped people’, ‘people with disabilities’, ‘disabled people’, ‘physically or mentally challenged’, etc (SHARMA and DUNAY, 2016 a).

The commonly used terms within the context of any legislation are ‘disabled persons’, ‘persons with disabilities’, ‘people with intellectual disabilities’, ‘people with altered working capacity’ or ‘persons with changed working capacity’. The usage depends on the ministry involved (OPEN SOCIETY INSTITUTE, 2005; NORSA, n. d.). KUPPERS (2010) explains that terms like crippled, retard, spuz had negative connotations and that at beginning of the 21st century terminology began to be more commonly used that was more respectful, namely ‘people with disabilities’ or ‘disabled people’.

According to The Disablement Model by sociologist, SAAD NAGI (1991), cited in JETTE and KEYSOR (2003, p. 114), the term disability described as: “The limitation in performing socially defined roles and tasks expected of an individual within a socio-cultural and physical environment. These roles and tasks are organized in spheres of life activities such as those of the family or other interpersonal relations; work, employment, and other economic pursuits and education, recreation, and self-care. Not all impairments or functional limitations precipitate disability, and similar patterns of disability may result from different types of impairments and limitations in function. Furthermore, identical types of impairments and similar functional limitations may result in different patterns of disability”.

Another model by VERBRUGGE and JETTE (1994) presents a different approach where by functional limitations mediate the pathway between pathologies/impairments and disability, which is posited to be moderated by both environmental and personal factors. In their paper titled, The Disablement Process, disability is defined as “difficulty doing activities in any domain of life (from hygiene to hobbies, errands to sleep) due to a health or physical problem” (p.1).

MORRIS (2001) shares her critical views on disability in her paper, entitled “Impairment and Disability: Constructing an Ethics of Care That Promotes Human Rights”, and prefers the use of the term ‘disabled people’ over that of ‘people with disabilities’. She also criticises the ideology of disabled people in Britain, where ‘disability’ refers to discriminating, social rejection and attitudinal obstacles and not to the ‘impairment’ within the body. There is therefore a difference between impairment (an individual’s deformity or disorder) and disability (attitudinal and access issues). This can be further explained with an example, "My impairment is the fact that I can't walk; my disability is the fact that the bus company only purchases inaccessible buses." or, "My impairment is the fact that I can't speak; my disability is the fact that you won't take the time and trouble to learn how to communicate with me." (MORRIS, 2001, p.4).

This issue is even mentioned in the International Classification of Functioning, Disability and Health (ICF) manual with regards to concerns over the use of terminology with which to address people who have restrictions or limitations in their body functions and behaviour (WHO 2001). The World Health Organisation leaves this to ‘community in discussion’ in this article to decide which terminology should be used, be it ‘disabled people’, ‘people with disabilities’ or any other name, as they have the right to choose for themselves with which idiom to be addressed. The phrase ‘disabled people’ is more acceptable than “people with disabilities” because “disability” refers to a multidimensional occurrence which has evolved from people and their surroundings (WHO, 2001). The United Nations used the word ‘person with disabilities’ in their Convention on the Rights of Persons with Disabilities (UNITED NATIONS, 2006). In 2015, the United Nations, in its report entitled, ‘Improvement of disability data and statistics: objectives and challenges’, noted that there is a problem with data collection due to a ‘lack of a uniform definition and

understanding of disability among countries' which is a big challenge (UNITED NATIONS, 2015).

Many organizations and health care institutions all over the world have different methods and terminology for evaluating, assessing, and classifying diseases and disorders, the results of which can determine further treatment and the payment options offered to people (SIMEONSSON et al., 2000). It is therefore important to have a definition or universal terminology for diseases and disorders in order to create a transparent and systematic form of documentation that is accepted and recognized worldwide, and not just a well-defined monetary structure for treatment.

A group of disabled people, the Union of the Physically Impaired Against Segregation (UPIAS, 1976), defined disability as being: 'The disadvantage or restriction of activity caused by a contemporary social organization which takes no or little account of people who have physical impairments and thus excludes them from participation in the mainstream of social activities' (UPIAS, 1976 p.3). In contrast, the definition of disability under the Equality Act 2010 (Equality Act, 2010. Chapter 15, p.2, c.1, 6(1), p.5) is: 'A person (P) has a disability if (a) P has a physical or mental impairment, and (b) the impairment has a substantial and long-term adverse effect on P's ability to carry out normal day-to-day activities.'

According to Americans with Disabilities Act, 1990 (42 U.S. Code, Chapter 126), the term 'disability' means, with respect to an individual (USA, 2009):

- A. A physical or mental impairment that substantially limits one or more of the major life activities of such an individual;
- B. A record of such an impairment (An individual meets the requirement of "being regarded as having such an impairment" if the individual establishes that he or she has been subjected to an action prohibited under this chapter because of an actual or perceived physical or mental impairment whether or not the impairment limits or is perceived to limit a major life activity);
- C. Being regarded as having such an impairment.

Hungarian legislature had to make changes to its definition of disability so that it included traits of the social model. The definition of a person living with a disability, section 4 of the Act, is: 'A person living with a disability is anyone who is to a significant extent or not entirely in possession of sensory – particularly sight, hearing, locomotor or intellectual functions, or who is substantially restricted in their communication and who is thereby placed at a permanent disadvantage regarding active participation in the life of society' (HUNGARY, 1998). The UN committee highlighted some minor loopholes in the Act to ensure that the Hungarian government policy would be in full compliance with the United Nations Conventions on the Rights of Persons with Disabilities (UNCRPD). They did so because the Disability Act was based on the medical model and that certain areas of disability were not covered e.g. psychiatric patients with (long-term) mental impairment were not included. In April 2013, the Government of Hungary filed an amendment to Act XXVI of 1998 regarding the definition of disabled people, which came into effect from September 2013. (HUNGARY, 1998; BALOG, 2013; NORSA, n.d.; EUROPEAN PARLIAMENT, 2013).

Act CXCI of 2011 on benefits for persons with changed working capacity and amendments of certain Acts, which came into force on 1st January 2012, states: "Persons eligible for benefits for persons with changed working capacity are those whose state of health i.e. the state of a person's

physical, mental and social well-being that occurred due to illnesses or injuries or that can be identified as permanent or terminal setbacks caused by congenital abnormalities, is assessed during a comprehensive assessment by the rehabilitation authority as being 60 per cent or less (hereinafter referred to as ‘person with changed working capacity’ or ‘disabled person.’(HUNGARY, 2011; NORSA, n. d.).

The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) does not provide a ‘closed’ definition as it considers disability as an ‘evolving concept’ (WHO, 2014). Article 1 of the UNCRPD defines persons with disabilities as “those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others” (UNITED NATIONS, 2006, pp.1). During the drafting of the comprehensive definition of disability, it was initially decided not to have any definition at all. QUINN (2007), cited in KOTHARI (2010, p.69), explains that it was not advisable to have a definition of disability because it was pointed out that people can be discriminated against on the ‘grounds of disability’ in three different manners: able people who have been treated for a disease or disorder and who do not have it anymore and who are assumed to still have a disability; people who are currently non-disabled but who may or may not develop a disability in the future but who are susceptible to disability; and people who are not disabled but are associated with other disabled people.

On the basis of the above, it is clear that a universal and unanimous definition of disability needed to be found to avoid chaos and to bring transparency to the whole disability movement. According to LEONARDI et al. (2006), the definition of disability needed to take into consideration the basic difference between the ‘objective’ description from an individual’s perspective on their experience with their personal limitations and the ‘subjective’ appraisals of others. The definition needed to embody approaches to disability, showcase the robust phenomenon of disability, affirm an individual’s health condition, but also address extrinsic factors in the settlement and acceptance of such social concern (LEONARDI et al., 2006). Therefore, “Defining disability as an interaction means that “disability” is not an attribute of a person. Progress on improving social participation can be made by addressing the barriers which hinder persons with disabilities in their day to day lives.” (WHO, 2011, p.4).

To summarise, the universal definition of disability embodies two characteristics: an individual’s mental and physical traits; and the personal and social constraints attached to those traits, such as is incorporated in WHO manuals and legislature in the UK, USA, Hungary, etc.

2.6. The Models of Disability

Mankind is dependent on models and theories to be able to understand human behaviour and anatomy. Models of disability have an important role to play in the drafting of procedural legislation, as well for research into, and the understanding of, the complexities of the human anatomy (LLEWELLYN and HOGAN, 2000). LLEWELLYN and HOGAN (2010), share the viewpoint of many theorists who feel that models of disability are different in ‘real life’. They go on to state that this may be due to the inability to understand the usage of the model in question and the ability to expand our thinking in the field of disability, which could be starting point of many future postulates. There are several models of disability based on the differing approaches towards life sciences, politics, society and other diverse fields. Table 6, provides a summary of the different types of models in relation to disability.

LOUHIALA (2009), considers medical and social models as two extreme and important models of disability, whereby the medical model is the ‘ingrained’ personality of an individual which is physical in nature, and whereby the social model is where disabled people have isolated themselves from society through ‘self-imposed exile’, which expresses itself in predominantly pessimistic social factors such as negative attitudes.

There is a discussion on which model is the dominant and important one, but there is no consensus. The dilemma is even mentioned in the UNCRPD report: “The charity approach is the oldest of the four, followed by the medical approach. The social and human rights approaches are more recent. Yet, all continue to this day. In spite of the adoption of the Convention, the charity and medical models are still very prevalent—even among the human rights community” (WHO, 2014). A brief outline of the medical and social models follows, which form the building blocks of the conceptual ICF (The International Classification of Functioning, Disability and Health (ICF) and ICIDH (International Classification of Impairments, Disabilities and Handicaps (ICIDH) models.

2.6.1. Medical Model

In order to understand and define the concept of disability, the medical model is used as the starting point or the dominant model for research. The medical model is based on the notion that the human body suffers from disability for many reasons, be it disease, accident or any other health related issues, and that this can be treated or rehabilitated (MITRA and SAMBAMOORTHY, 2006). The starting point of the medical model is to focus energy on changing the world of a minority group who cannot fit into our society, rather than restructuring or re-establishing our environment to accommodate those people who need adjustments due to their physical and mental incapability (MARKS, 1997). LLEWELLYN and HOGAN (2010, p.158) commented on Marks’ paradigm by saying that the overall picture is that the human being is flexible and ‘alterable’ while society is fixed and unalterable. The disabled person is therefore expected to adapt to the requirements of society, not vice versa. The ‘achievements’ or ‘qualities’ of a disabled person are applauded if they overcome their disability by doing something remarkable which is not possible because of their disability (JOHNSTON, 1994). Table 7, explains few of major comparisons between the medical and social model of disabilities as discussed by HAEGELE and HODGE (2016, p. 194).

Table 6: Different Types of Models of Disability

Types of Disability Models	Characteristics Feature
The Medical Model or The Individual Model or The Biological-Inferiority or The Functional-Limitation Model	<ul style="list-style-type: none"> - Results from an individual person's physical or mental limitations (UNDG, 2011; DISABLED WORLD, 2010, SCHULZE, 2009; WHO, 1980). - Management of the disability is aimed at a "cure" (Disabled World, 2010). - Person can be "fixed" through medicine or rehabilitation to get back to society (UNITED NATIONS, 2014).
The Social Model or The Minority-Group Model	<ul style="list-style-type: none"> - Consequence of environmental, social and attitudinal factors (DISABLED WORLD, 2010; SCHULZE, 2009). - Issue regarded as both cultural and ideological and is a human rights issue of major concern (DISABLED WORLD, 2010). - <i>Person</i> at the centre, not his/her impairment, recognizing the values and rights of persons with disabilities as part of society (UNITED NATIONS, 2014, p. 9).
The Charity Model or The Tragedy Model	<ul style="list-style-type: none"> - Depicts people with disabilities as victims of circumstance, deserving of pity (DISABLED WORLD, 2010). - People with disabilities considered as disempowered individuals and burden on society (UNITED NATIONS, 2014). - Patronizing effect on people with disabilities (AMPONSAH-BEDIAKO, 2013).
The Religious Model or The Moral Model	<ul style="list-style-type: none"> - Historically the oldest and is less prevalent today (NBDC, 2017). - Based on religious and cultural beliefs. - Disability associated with guilt, sin and shame (NBDC, 2017).
The Expert Model or The Professional Model	<ul style="list-style-type: none"> - Offshoot of the medical model (DISABLED WORLD 2010). - Authoritarian style i.e. over-active service provider and passive client (DISABLED WORLD, 2010).
The Human Rights-Based Model	<ul style="list-style-type: none"> - Conceptualized as a socio-political construct within a rights-based discourse (AMPONSAH-BEDIAKO, 2013). - Accords fundamental human rights to persons with disabilities (BERGHS et al., 2016, p. 23). - Not driven by compassion, but by dignity and freedom (UNITED NATIONS, 2014).
The Economic Model	<ul style="list-style-type: none"> - Defined by a person's inability to participate in work (NBDC, 2017; DISABLED WORLD, 2010). - It also assesses the degree to which impairment affects an individual's productivity and the economic consequences for the individual, employer and the state. Such consequences include loss of earnings for and payment for assistance by the individual; lower profit margins for the employer; and state welfare payments (DISABLED WORLD, 2010).
The Rehabilitation Model	<ul style="list-style-type: none"> - Similar to the medial model (NBDC, 2017). - Deficiency that must be fixed by a rehabilitation professionals responsible for support and care (SMELTZER, 2007). - Rehabilitation professional who can provide training, therapy, counseling or other services to make up for the deficiency caused by the disability (NBDC, 2017).
The Empowering Model or The Customer Model	<ul style="list-style-type: none"> - Exact opposite of the expert model (NBDC, 2017). - "Empowers" the individuals with disability to pursue his/her wish to decide the course of their treatment and what services they wish to benefit from (DISABLED WORLD, 2010).

Source: Author's own work

2.6.2. Social Model

The social model, which includes socio-political features, not only brought about changes in the interpretation of the medical model, but also challenged the foundations of the medical model where by disabled people were addressed as socially oppressed and which holds society responsible for the oppression of that minority (REDDY, 2011). HAHN (1986, p. 128) writes, “this stems from the failure of a structured social environment to adjust to the needs and aspirations of citizens with disabilities rather than from the inability of a disabled individual to adapt to the demands of society”.

Table 7: Comparisons between the Medical and Social Models of Disability Discourse

Topic	Medical Model	Social Model
What is disability?	An individual or medical phenomenon that results from impairments in body functions or structures ; a deficiency or abnormality	A social construct that is imposed on top of impairments by society; a difference
Access to treatment	Referral by diagnosis	Self referral, experience driven
Targets of interventions	“Fixing” the disability to the greatest extent possible, “normalizing”	Social or political change in an effort to decrease environmental barriers and increase levels of understanding
Outcome of interventions	Normalised function; functioning member of existing society	Self advocacy, changes in environment and understanding, social inclusion
Perceptions toward individual with disabilities	The individual is faulty	The individual is unique
Perception of disability	Being disabled is negative	Being disabled, in itself, is neither positive or negative

Source: HAEGELE and HODGE (2016).

This can be explained by taking an example of a man who uses crutches and cannot board a bus due to the physical structure of the bus. The local authorities have to find a way to make changes in the structure of the bus so that it can be accessed by everyone, and not find fault in the man’s legs and crutches. Many disabled individuals maintain the viewpoint that society’s opinion of their disability is more de-motivating than their incapability and that the same society, which is obsessed with their disability, reminds them that they have some kind of deformity.

The social definition of disability is conceptualised by OLIVER (1995, p.68), “the disadvantage or restriction of activity caused by a contemporary social organization which takes no account of people who have physical impairments and learning difficulties and thus excludes them from mainstream social activities”.

According to BAILEY et al. (2015), in their research article explains the social model from the perspective of researchers as “people are not disabled because they have an impaired body, mind

or means of communication, but because contemporary society neglects their needs and rights, thereby placing barriers in their way” (p.16).

There has been a conceptual movement initiated by researchers, social workers and people from disabled communities to focus on creating a social community without barriers and which encourages policies that do not discriminate against or raise obstacles (institutional, economic, attitudinal and environmental) to the survival of disabled people (ERKILIC, 2011).

The social concept of disability, like two sides of a coin, has contrasting and realistic foundations i.e. biology and society: one which emphasizes the characteristics of a individual with disabilities (body distinctiveness) and the other being the social interpretation of prejudice and interdiction.

Anthropologists are ready to take up this challenge of expanding their knowledge because they feel that ethnography can be an effective and reliable tool for disability studies. It is their understanding that there are further possible avenues of research within the context of the disability-impairment relationship if biomedical concepts and social theories are applied together (MEHROTRA, 2012).

On the whole, the medical and social models have been well accepted, but neither of them is adequate in relation to disability. A successful model of disability would be one which combines the different perspectives of both models into a new model which can be accepted by its users, disabled communities and governments alike (WHO, 2002).

2.6.3. ICIDH: International Classification of Impairments, Disabilities, and Handicaps

The International Classification of Impairments, Disabilities, and Handicaps (ICIDH), an initiative of the World Health Organisation (WHO), was first published in 1980. The classification sought to create a conceptual framework for the embodiment of the relationship between the body, an individual’s disability and an individual’s standing in society in relation to long-term diseases, injuries and disorders (WHO, 1980).

The ICIDH provides support and addresses the challenges in the day-to-day lives of disabled people, as well as seeks to understand the problems & changes in relation to impairment, disability and handicap. These three form the basic pillars of ICIDH, and in conjunction with the classification, helps to give a descriptive assessment of disabled people in their given surroundings (WHO, 1980). The overall disability of a person is compromised because our social environment does not assess the integration of societal barriers and other related environmental factors because it is suggested, according to ICIDH, that our social environment is rigid (CHOPRA et al., 2002).

The thinking behind ICIDH provides understanding in three areas. Firstly, in terms of the compilation of the theoretical structure through the introduction of three notions i.e. impairment, disability and handicap (see Figure 5), by which to understand the effects of diseases and disorders on the human body. Secondly, by proposing a classification system for the distinct levels of the effects of diseases. Thirdly, in terms of soliciting intellectual structures which interlink the concepts of impairment, disability and handicap (BADLEY, 1993).



Figure 5: ICIDH Framework

Source: WHO (1980) cited in SHARMA & DUNAY (2016 a, p.74)

The ICIDH manual broadly contains three different classifications which are specific and autonomous (see Table 8) (WHO1980, p. 13-14; BADLEY 1993).

Table 8: Three Pillars of the ICIDH Classification

Impairment (I)	Disability (D)	Handicap (H)
Impairments (I code), concerned with abnormalities of body structure and appearance and with organ or system function) resulting from any cause; in principle, impairments represent disturbances at the organ level	Disabilities (D code), reflecting the consequences of impairment in terms of functional performance and activity by the individual; disabilities thus represent disturbances at the level of the person.	Handicaps (H code), concerned with the disadvantages experienced by the individual as a result of impairments and disabilities; handicaps thus reflect interaction with and adaptation to the individual's surroundings.

Source: SHARMA & DUNAY (2016 a, p.75).

These three ICIDH pillars represent psychological, physiological and anatomical problems. However, even though each concept is different, there is some kind of overlap.

The concepts laid out in the ICIDH are essentially helpful and obligatory criteria for creating policies, particularly in health related disciplines. The ICIDH is a classification which specifically deals with the health related domain, but with a scope of influence that includes population surveys, demographics, city planning and development, alternative medical treatments, the organisation of inter-departmental communications, policy writing, etc. (WHO, 1980).

The ICIDH has attracted the world's attention by providing a detailed classification of disability, which brings together the concerns of disabled people. However, it also has its shortcomings and limitations. In their findings, SIMEONSSON et al. (2000) divided the limitations of ICIDH into three groups - conceptual, taxonomic and practical issues.

Critics of disability have also raised concerns over the ICIDH manual because it does not clearly highlight the social aspects of a given environment and may also be interpreted as advocating the concept of "the medicalization of disablement"(WHO, 1980). GAYLE-GEDDES (2015), points out in her research that the ICIDH approach inclines towards the medical model and is individually centred; it leaves behind the divide between the abilities of disabled people and their social environment.

2.6.4. ICF: International Classification of Functioning, Disability, and Health (ICIDH-2)

In 1993, the World Health Organisation (WHO) initiated the process of revising ICIDH to incorporate three main groups - mental health, children and the environment. There were two drafts of ICIDH-2, namely the 'alpha draft' and the 'beta-1 draft', which were presented and criticized before the final draft i.e. ICF, was completed, approved and introduced in 2001 (BICKENBACH et al., 1999). The ICIDH-2, or ICF classification (revised version of ICIDH), provides a consolidated and well-structured 'dynamic system' (a change in any one of which is likely to have impacts on the others) for the better understanding of health related causes. The results and

explanations were applauded for their neutral language (if not positive) in comparison to the ICIDH model. For example, ‘impairment’ was replaced by ‘body structure and function’, ‘disability’ addressed as ‘activity’ and ‘handicap’ re-introduced as ‘participation’. The new classification also saw the introduction of ‘contextual factors’, including sub components like ‘environmental’ and ‘personal factors’ (ROSENBAUM, 2015).

It can therefore be interpreted that ICF or ICIDH-2 was successful in bridging the gap between the social and the medical models, resulting in a bio-psycho-social concept, which unites biological, social and individual aspects into one major universal human phenomenon (KYRKOU, 2016).

The reason for the development of ICF was that there was a need to overcome the shortcomings of the ‘one way interaction’ framework of ICIDH, which could not explain the role of environmental factors in relation to disability. The ICF framework provides a classification for the assessment of disability (based on the ‘biopsychosocial model’), which takes into consideration the importance of social and environmental factors in the disability assessment procedure and the design of future policies (CHOPRA et al., 2002; WHO, 2001)

The aim of the revised concept was to provide a common understanding and system to help people from various disciplines and sectors (medicine, rehabilitation studies, psychiatry, psychology, education, social work, etc.) to spread awareness of health or health related problems all over the world. Like ICIDH, the concepts within ICF are inter-related and are aimed at devising an understandable and practical language that can benefit users such as health care practitioners, scientific researchers, policy makers and people from different backgrounds in life, including disabled people. The practical benefit of ICF helps in the evaluation and the measurement of disability in medical and social policy scenarios.

ICF can be explained as being two parts – individual and social - of a conceptual body, each part being subdivided into two components (which can be expressed in both negative and positive terms) as follows (WHO 2001, p.5-6):

Part 1: Functioning and Disability

(a) **Body Functions and Structures:** The body component comprises two classifications, one for functions of body systems, and one for the body structures. The chapters in both classifications are organized according to the body systems.

(b) **Activities and Participation:** The activities and participation component covers the complete range of domains denoting aspects of functioning from both an individual and a societal perspective.

Part 2: Contextual Factors

(a) **Environmental Factors:** A list of environmental factors forms part of the contextual factors. Environmental factors have an impact on all components of functioning and disability and are organized from the individual’s most immediate environment to the general environment.

(b) **Personal Factors:** personal factors are a component of contextual factors, but not classified in ICIDH-2 because of the large social and cultural variance associated with them (See Figure 6).

Functioning as a ‘common’ term covers all the body functions, as well as activities and participation. Likewise, disability as a ‘common’ term refers to impairment, restrictions to participation and barriers to activity. Environmental factors in ICF are also mentioned which are inter-connected with all these concepts and describe the situations in which an individual lives (WHO, 2001).

The scope and influence of ICF does not only restrict itself to people with disabilities, but applies to all people. The use of ICF has been instrumental in many fields. For example, it is an important tool in statistics, qualitative research, social policy and educational research. The use of ICF, the universal framework for disability, helps to bring transparency, credibility and harmonisation by drafting universal definitions and setting accepted standards for classifications worldwide and as such, by sharing good practises with a wider network of countries, allows the sharing of innovative and cost-effective approaches (WHO, 2011). It is also important to note that the definition of disability and the classification structure under ICF are also prevalent in legislation across the world and form important instruments for the disability movement.

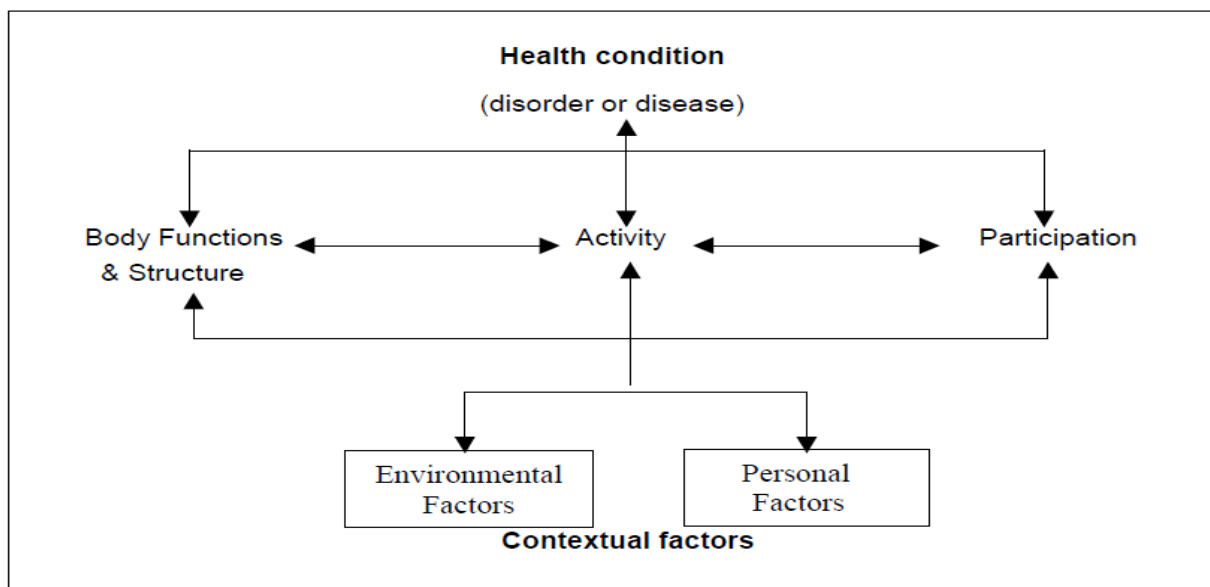


Figure 6: ICF MODEL

Source: WHO (2001) cited in SHARMA & DUNAY (2016 a, p. 77)

In 2007, ICF revised its coverage of disabilities that are rooted in adolescent complexities and subsequently published ICF Children and Youth (ICF-CY). This was done in response to the criticism that the original ICIDH had not placed sufficient emphasis on children and youth (SIMEONSSON et al., 2000). The ICF-CY is an expanded version of ICF which covers body functions and structures, activities and environmental standards in relation to infants, toddlers, children and adolescents (KOSTANJSEK, 2011; WHO, 2007). The ICIDH ideology i.e. ‘consequence of disease’ did not form the basis for ICF (ICIDH-2); ICF is more a reflection on the “components of health” (WHO, 2001).

We live in a complex society and no one is perfect in today’s competitive world. We are dependent on each other for our ‘needs’ and ‘wants’ irrespective of mental & physical abilities and disability

studies not only explores individual constraints but also the social changes; working towards the cause of benefitting and integrating the entire population into one comprehensive association (MARKS, 1997).

2.7. The Importance of People First Language

Language is a social instrument which helps people to perceive, express their thoughts and acknowledge things around them and there had been many instances in the past where people with disabilities been described by terms and language which nurtured societal prejudices, biased stereotypes and negative attitude towards them (BLASKA, 1993). In recent decades there had been a movement initiated by people with disabilities claiming their rights as an individual and group, especially the terminology used to describe them. There have been many developments in this context but still debate is going on the language to be adopted worldwide to address people with medical conditions. Not everyone can be convinced on every ‘term’ or ‘expression’ as the concept of disability is multi dimensional but there has been consensus on certain language guidelines (ODI, n. d.).

Person-first language emphasizes on the indentifying someone first as a person and second, by descriptive word (ST. LOUIS, 1999). The main notion behind this revolutionary ideology is to bring transparency while addressing or labeling people with disabilities, primarily as a ‘person’ and secondarily as member of some minority group. Selection of word or expression such as ‘the handicapped’ educe pessimistic thoughts and creates a impression that all people with disabilities are alike (SNOW, 1998).

Some words or phrases carry unpremeditated dissenting meaning beyond the original context, for example ‘idiot’, ‘moron’ or ‘mental impairment’ (ST. LOUIS, 1999). Furthermore, people should be respectful and cautious in describing people with disabilities otherwise it leads to negative stereotypes, for example using words such as ‘handicapped’ which originated from a begging term meaning ‘cap-in-hand’ or the word ‘cripple’ which is derived from the term ‘creep’ (BLASKA 1993, p. 26). BEN-MOSHE (2005), cited in HALLER et al., 2006 in his study share his perspective on use of terms and how it perpetuates social stigma attached to disability: ‘When we use terms like ‘retarded,’ ‘lame,’ or ‘blind’ – even if we are referring to acts or ideas and not to people at all – we perpetuate the stigma associated with disability. By using a label, which is commonly associated with disabled people to denote deficiency, a lack, or an ill-conceived notion, we reproduce the oppression of people with disabilities’.

Many international organizations, and publishers have suggested authors and policy makers adopt person-first language and recommended to use words such as ‘disability’ or ‘disorder’ instead of terms ‘impairments’ or ‘handicap’ (ST. LOUIS, 1999). BARNISH, 2014, p. 506 citing ASHA (n. d.), the American Speech-Language Hearing Association, also advocates the use of person first language: “Disabilities are not persons and they do not define persons, so do not replace person-nouns with disability nouns”, such as ‘the aphasic’, ‘stutterers’, ‘the hearing impaired’ and ‘depressed patients’. Instead, such guidelines recommend the use of terms of reference that emphasize the person rather than the disability, such as ‘people with aphasia’, ‘people who stutter’, ‘people with hearing impairment’ and ‘people with depression’.

The usage of person first language is not restricted to people with disabilities only but the examples can be cited in context to people from different walks of life, for example addressing a woman who is a doctor as ‘female doctor’(LIPSCOMB, 2009). Such remarks not only distracts the focus from her capabilities and achievements as a doctor but implies on her being a woman (LIPSCOMB, 2009). The another purpose of person first language is to spread awareness about the language which encourages positive meaning (discourages usage of words with unintended negative meanings) and show as much as sensitivity towards people with disabilities while addressing them.

Authors have focused on data which is published or circulated in English language only. The reason behind to focus on the data in English language is to maintain the validity aspects in the research. To provide more insights, some words in one language when translated in other, lose it original content value. Thus, “words which exist in one language but not in another, concepts which are not equivalent in different cultures, idiomatic expressions and/or differences among languages in grammatical and syntactical structures are issues which call for very specific decisions. These decisions along with factors such as, for example, who the researcher or her translators are and what they ‘know’ have a direct impact on the quality of the findings of the research and the resulting reports” (BIRBILL, 2000). Having said that, it can be observed that sometimes there are words with different interpretations regardless of language.

Since disability has many segments, table 9, showcases the words, expressions and terms used to address people with disabilities, covering both dimensions, i.e. ‘identity first’ and ‘people first’ language. There are also some exceptions, there are some people or group of people who prefer to be identified by their bodily conditions. For example, in few cases, people who are deaf and people with autism prefer the terms ‘deaf person’ and ‘autistic person’ respectively (LIPSCOMB, 2009). In such cases it is better to confirm with them which terminology he or she prefers or how they can be addressed when approached. Many international journals (such as American Psychological Association) and publication houses have included people first language in their procedural framework (OLKIN, 2002). Even United Nations important subsidiary, i.e. The UN Convention on the Rights of Persons with Disabilities (UNCRPD) also uses people first language in their policies, reports and notices (SCHUR et al., 2013). Many countries are also switching to this continuum approach such as the case of India can be discussed here. For example, the name of Pandit Deendayal Upadhyaya Institute for the Physically Handicapped (P.D.U.I.P.H.) was renamed in 2002 as Pt. Deendayal Upadhyaya National Institute for Persons With Physical Disabilities (PDUNIPPD, 2017) and the National Institute for the Mentally Handicapped was renamed as the National Institute for the Empowerment of Persons with Intellectual Disabilities (NIEPID, 2017).

As they say every coin has two sides and same is true for this approach, there are some opposing views as well. The British rights movement has rejected the term person with disabilities, as it implies the disabling effect rests within the individual rather than from society (CLARK and MARSH, 2002 cited in SCHUR et al., 2013, p.7). There are some communities in USA such as American Deaf community does not prefer to use people first language as ‘they consider their disabilities to be inseparable parts of who they are’ (UMSTEAD, 2012).

Table 9: Comparative analysis between ‘Identity First Language’ and ‘People First’ Language.

Sr. No	“Identity First Language”	“People First Language”
1	The Handicapped or disabled people	People with disabilities (BLASKA, 1993, SNOW, 1998)
2	Blind person	Person who is blind; people with visual impairment (ODI, n. d.)
3	Bound to a wheelchair, confined to a wheelchair, crippled, handicapped, lame, uses crutches.	Person who use a wheelchair (ODI, n. d.); Wheel chair user (LIPSCOMB, 2009)
4	Mentally retarded persons or the mentally retarded	Person with intellectual disability (ASHA, n. d.)
5	The Blind	Person who is blind, Person who is visually impaired, person with low vision (LIPSCOMB, 2009).
6	Deaf mute; deaf and dumb person	Person who is deaf: person who is deaf and cannot speak (ODI, n. d.; LIPSCOMB, 2009); user of British sign language (ODI, n. d.) Person with speech disabilities: Person with speech impediment; person with a speech disability (LIPSCOMB, 2009).
7	Midget/dwarf	Person of short stature (ODI, n. d.)
8	Autistic person	Person with Autism (BLASKA, 1993)
9	Mongolism	Person with Down’s Syndrome (TITCHKOSKY, 2001; BLASKA, 1993)
10	Epileptic	Person with Epilepsy (TITCHKOSKY, 2001; BLASKA, 1993)
11	Spastic	Person has spastic muscles (BLASKA, 1993).
12	Birth defect	Person with congenital disability (SNOW, 1998)
13	Normal person	Person without disabilities (SNOW, 1998).
14	Stutterer	Person who stutters(ST. LOUIS, 1999)
15	Stammerer	Person who stammers(ST. LOUIS, 1999)
16	Fits and Spells	Seizures (ODI, n. d.)
17	Disabled child	Child with a disability (BLASKA, 1993)

Source: SHARMA & DUNAY (2017 a, p. 466)

This section shows that people first language has gained momentum in research field but there many researchers or organisations who are not still aware of the importance of this language and moral implications attached to it. This could be for two reasons, firstly may be many journals

lagging behind in adopting people first language in their editorial policies, and secondly government also not proactively investigating the extent of benefits associated with adoption people first language into their legislation.

One of the objectives of this section was to showcase the labels being used to address people with disabilities. The objective of any language should to spread positive messages and to dismay the use of terms which encourage belittling, unfavourable, derogatory, or even stigmatizing attitudes and behaviour towards people with disabilities (ST. LOUIS, 1999). Despite the increase in the use of people first language in research articles, governmental legislations and healthcare care documentation, there is still lot of unawareness of this language. There has been increase in disability literature in last few years but authors faced dearth of quality publications in context to person first language.

2.8. The Attitudes of People towards Employees with Disabilities

People with disabilities already have to deal with their medical impairments in everyday life and attitudes of people with no disabilities make their existence more complex and challenging. There have been many observations made through various researches at national and international level in the last decade projecting change in people's perception towards the people with disabilities but still prejudice and discrimination exists in our society (NDA, 2011; Deal, 2006). There is a broad spectrum of themes on attitudes interconnected to disability namely education, employment, personal relationships, understanding between people with disabilities and no disabilities, gender discrimination (within the scope of disability i.e. men versus women with disabilities) and government welfare initiatives but authors have decided to concentrate on employability factors in this study. Although this research focuses on employability barriers faced by people with disabilities and it would lack important inter-related fundamentals if social, economical, political and ideological domains are not touched upon. CONNOR (2008 as cited in BJÖRNSDÓTTIR and TRAUSTADÓTTIR, 2010, p.42) categorically emphasized the wider approach to be adopted while exploring disability concept as this cannot be 'studied in isolation, without acknowledging historical, social, and cultural contexts experienced by' people with disabilities.

In general, there are many studies on the attitudes of employer and employees but there is dearth of research on attitudes of people towards people with disabilities in the labour market, which is one of the limitations endured by authors. Leading international bodies like WHO and ILO are one of the important facilitators who are actively engaged in economic development and humanitarian tasks round the clock; spreading awareness of human rights for people from different races and social backgrounds, removing gender inequality barriers, handling children-related concerns and inclusion of individuals with disabilities. The Convention on the Rights of Persons with Disabilities (UNCRPD), a United Nations instrument, ensures that people with disabilities are protected by law, explore fundamental freedom and enjoy human rights practices like other individuals of the society without experiencing any kind of discrimination (United Nations, 2014). Article 27 (work and employment) of the United Nations Convention on the Rights of Persons with Disability states that "States Parties recognise the right of persons with disabilities to work, on an equal basis with others; this includes the right to the opportunity to gain a living by work freely chosen or accepted in a labour market and work environment that is open, inclusive and accessible to persons with disabilities" and "Parties shall ensure that persons with disabilities are

not held in slavery or in servitude, and are protected, on an equal basis with others, from forced or compulsory labour” (OHCHR, n. d.).

The employers are still directed by attitudes while hiring, retaining and promoting people with disabilities irrespective of the size of enterprises i.e. large, medium or small. Each year hundreds of employees with disabilities face discrimination as result of display of negative attitudinal behavior by employers, managers, colleagues, employment professionals and customers towards themselves and such discriminatory practices directly or indirectly slows down the full inclusion of individuals with disabilities at the work place (KAYE et al., 2011; et al., 2010; LEVY et al., 1993). Yet little consideration has been highlighted within the scope of HRM literature to debate such important agenda globally.

2.8.1. The Definition of Attitude

In laying the groundwork for this research study, a review of various definitions of attitude was conducted to broaden the understanding of this concept. Definitions and inter-interdependent concepts were reviewed from different articles, books and websites to have diversity in sources:

- “A favorable or unfavorable evaluative reaction toward something or someone, exhibited in one’s belief feelings and intended behavior” (MYERS, 1987, p. 36).
- “An attitude may be viewed as a positive or negative emotional reaction to a person or object accompanied by specific beliefs that tend to cause its holder to behave in a specific ways toward its object” (SHAPIRO, 1999, p. 9).
- “In social psychology, attitude is an enduring and general evaluation or cognitive schema relating to an object, person, group, issue, or concept. Strength and valence can vary, thus, an attitude can be negative or positive. This can also refer to any subjective belief or evaluation associated with an object” (PSYCHOLOGY DICTIONARY, n. d.).
- “A feeling or opinion about something or someone, or a way of behaving that is caused by this“ (CAMBRIDGE DICTIONARY, n. d.).
- “There is a continuum of attitudes towards disabled people. Inclusionary attitudes are characterised by a broad definition of disability and a positive view of disabled people’s lives. Exclusionary attitudes are the opposite, focusing on rather than rejecting difference” (GREWAL et al., 2002 p.3).
- “A psychological tendency that is expressed by evaluating a particular entity with some degree of favor or disfavor” (EAGLY and CHAIKEN, 2007, p. 582)

According to SHAPIRO (1999) cited by NAEF (2008) defines attitudes as, “Three interrelated basic elements: (1) a belief or “cognitive” component, (2) an emotional or “affective” component, and (3) an action or “behavioral” component. The components are interrelated because positive and complimentary beliefs are accompanied by liking and positive feelings while uncomplimentary and negative beliefs are accompanied by dislike and negative feelings. These beliefs and feelings, in turn, represent a tendency to act” (p. 21). Therefore, it can be summarized that positive or negative attitude can leverage one’s actions, thought process, demeanor and perception toward the referent (i.e. people with disabilities in this context (BURKE et al., 2013).

2.8.2. Barriers to Participation of people with disabilities in the Labour Market

This section examines different scenarios which stimulates as professional barriers for employees with disabilities at the work place (figure 7). Many people with disabilities do not make it to the initial phase of recruitment procedures due to limited employment avenues and later they have to face professional hardships if get inducted. There are many job related challenges experienced at individual (personal) and institutional (group) levels which compel them to quit jobs at the early period of contract, for example people with no disabilities sought to avoid social and professional interactions, criticisms of behaviour/capabilities, frequent job rotations, management refusal to make physical and technological adjustments, use of derogatory terminology and bullying treatment, less opportunities of promotion and exposure to creative and challenging job profiles (GREWAL et al., 2002).

As discussed in previous sections that people's attitudes varies towards people of disabilities depending on the type and severity of disability they possess. People with hidden or invisible disabilities have fewer chances of getting professionally integrated than the people with visible disabilities (PINDER, 1995). This may be due to the fact that many employees and applicants decide not to disclose their disabilities to potential employers due to the negative stigma attached to their disability and previous hardship endured, for instance trust issues and no support of management, discomfort level with ordinary employees and job security issues (MANCUSO, 2000). Therefore, applicants with disabilities should disclose their disability status to future employers to avoid discrimination at later stages of the employment period and increase positive feelings towards other applicants with disabilities during the recruitment and selection process (WIEGAND, 2008).

There have been mixed responses on the perception of employees with no disabilities preferences on working with employees with disabilities but in majority of cases they tend to be less comfortable working with people with disabilities. Since the phenomenon of disability has different magnitudes (depending on type of disability and requirement of the job position), employers and employees with no disabilities have expressed their major concerns or less positive attitudes on working with people with mental health disabilities, intellectual and severe disabilities over physical disabilities (BAJPAI, 2015; NDA, 2011; COPELAND, et al., 2010; NDA, 2007; MITRA and SAMBAMOORTHY, 2006; GOUVIER et al., 2003; CHI and QU, 2003; PINDER, 1995; JONES et al., 1991). Employers' previous professional experiences and degree of contact at work in context to people with disabilities determines their decisions to employ them in their organizations rather than the employers with less or no contact. Employers with 'quality' interaction with people with disabilities display positive mindset about their job performance capabilities, show less anxiety and pro actively inclined in hiring them (HERNANDEZ et al., 2000 cited in HERNANDEZ et al., 2008, p. 161; UNGER, 2002).



Figure 7: Barriers to Inclusive Labour Workforce Participation

Source: Author’s own work based on literature review

Many studies have cited dilemma faced by employers in the recruitment of employees with disabilities, for example, unfamiliarity with disability concepts and issues , lack of knowledge of domestic legislations and professional inexperience in dealing with people with disabilities are barriers for employers to employ them (KAYE et al., 2011; HERNANDEZ et al., 2008; DIXON et al., 2003; BRUYERE, 2000). Such dilemma also instigates fear of disability-related litigation as managers are afraid of saying wrong things and not sure how to interact with individual with disabilities as not to offend them, lack of disability awareness and not knowing bodily limitations of people with disabilities (HERNANDEZ et al.,2008).

There are some misconceptions that people with disabilities cannot be as effective as ordinary people at the work place and these assumptions are based on their disability (BURKE et al., 2013; GREWAL et al., 2002). Employees also share their views that they were given unsuitable and simple tasks as employers were focusing on their disabilities rather than on their abilities as an employee (GREWAL et al., 2002).

Employers have certain doubts in their mind regarding the employability of people with disabilities for example being incompetent (LOUVET, 2007; NARIO-REDMOND, 2010) , inflexible in terms of multi-tasking profiles (KAYE et al., 2011), dependent personalities (LOUVET 2007), weak (LOUVET, 2007; NARIO-REDMOND, 2010), team dynamics issues and relationship between employees with disabilities and other employees (KAYE et al., 2011), slow work performance in context to productivity (McFARLIN et al., 1991), absenteeism (KAYE et al., 2011, DARUWALLA and DARCY, 2005), critical job performance feedback (KAYE et al., 2011; DARUWALLA and DARCY, 2005), inability to handle job related stress (BENGISU and BALTA, 2011), expensive facility adjustments (HERNANDEZ et al., 2008; HERNANDEZ et al., 2000), more dedicated supervisory hours (KAYE et al., 2011; HERNANDEZ et al., 2008; HERNANDEZ et al., 2000), additional personnel to provide training (McFARLIN et al., 1991) and finally, customers related insecurities (KAYE et al., 2011; BENGISU and BALTA, 2011).

There is a myth that people with disabilities especially with psychiatric disabilities cannot tolerate stress on the job. To elaborate on this misconception, personal and job-related stress vary substantially from individual to individual and it depends more on individual's personality and behavior rather than his/her bodily impairments, for example some people perform better in group tasks and some prefer when are in solitude in order to be focused and productive (MANCUSO, 2000).

On the contrary, there have been studies which supports the benefits of the professional inclusion of individuals with disabilities in labor market, for example honest behaviour (Nario-Redmond, 2010), low absenteeism (HERNANDEZ et al., 2008), intelligent (ROHMER and LOUVET, 2012), punctuality at work place (UNGER, 2002), professional knowledge and capabilities (HERNANDEZ et al., 2008) , maintaining positive mindset (HERNANDEZ et al., 2008), warm (LOUVET, 2007), friendly (ROHMER AND LOUVET, 2012; NARIO-REDMOND, 2010) , efficient team players (ROHMER AND LOUVET, 2012), dedicated and dependable (UNGER, 2002; HERNANDEZ et al., 2008), reduced job turnover, loyal to employers (HERNANDEZ, et al. 2008) and work performance of employees with disabilities was the same as or better than peers with no disabilities (UNGER, 2002).

Overall, labour force diversity at work place helps achieve organizational benefits (BENGISU and BALTA, 2011) and send positive message to customers and community and also leads to a healthy work environment (HERNANDEZ et al., 2008). It is all about the perception about people with no disabilities which they hold towards employees with disabilities; many of employees who either worked with or have been directly associated with such employees do not agree with the statement that people with disabilities are less effective at work than others (GREWAL et al., 2002).

This dilemma arises only when there is mismatch between the employers needs (job requirements and working conditions) and employees capabilities, irrespective of having a disability or not (MANCUSO, 2000; HARRISON, 1998). To overcome such organizational challenges, human resource managers need to find practical solutions concentrating on the individual's abilities, job profile requirements, professional knowledge and on-site facilities (BENGISU and BALTA, 2011).

Be a private or public company, a majority of individuals with disabilities are employed in routine, entry level and monotonous jobs (GUSTAFSSON et al., 2013; HERNANDEZ et al., 2008), and perceived not suitable for jobs which involves decision making responsibilities for example supervisory and managerial positions and even most of them do not even make it to senior positions (SCHUR et al., 2009; HERNANDEZ et al., 2008; LOUVET, 2007). Furthermore, employees with disabilities sometimes voluntarily do not seek promotion or show desire in professional growth. This could be for many reasons, for example comfort level in existing job, new probationary periods and accessibility concerns (HERNANDEZ et al., 2008).

Employees with disabilities face difficulties in persuading their employers and colleagues in context to changes being made to the working environment, necessary support or delegation of job tasks (GREWAL ET AL. 2002). In many studies, human resources managers and line managers have expressed their concerns over the cost of the accommodations (HARRIS INTERACTIVE, 2010; HERNANDEZ et al., 2008; BRUYERE, 2002), employee safety risks (RATH et al., 2005 cited in FRASER et al., 2011, p.2; BENGISU and BALTA, 2011), insurance coverage concerns (FRASER et al., 2011), health care costs (DOMZAL et al., 2008 as cited in FRASER et al., 2011, p.2) and legal expenditures (FRASER et al., 2011; KAYE et al., 2011; DIXON et al., 2003).

Employers who have successfully employed people with disabilities have confirmed (depending on type of disability) that facility or accommodation adjustments can be managed at minimum costs or at no costs at all, as certain disabilities do not require structural and technological accommodations (HERNANDEZ et al., 2008; DIXON et al., 2003) and is beneficial for the company in the longer period in terms of organizational productivity and retention of qualified personnel (HARTNETT et al., 2011).

Of course, people have a habit of generalizing situations but employers should not forget that all people with disabilities do not have the same requirements and one important mantra of effective and efficient integration of people with disabilities in the work force is that accommodation for employees with disabilities should always be determined on a case-by-case basis (MANCUSO, 2000). Bigger companies are more actively involved in recruiting people with disabilities than medium and small sized companies as compensation and fees relating to litigation were cited as

more challenging for small size corporate entities (DOMZAL et al., 2008 as cited in FRASER et al., 2011 p.2; HARRISON, 1998). There are legal and governmental barriers, for example, exhaustive administrative and legal paperwork and fear of law suits in case of firing non-disciplined employees (KAYE et al., 2011). Managers in manufacturing and construction industries where the ratio of accidents are higher as compared to other industries are concerned over the cost of compensation in context to people with disabilities (HOUTENVILLE and KALARGYROU, 2015).

Gender discrimination is also a very prominent agenda in this context. Women with disabilities have to encounter numerous personal and professional challenges for being a woman especially in developing countries (BAJPAI, 2015; ILO, 2015; MIZUNOYA and MITRA, 2013). Unlike men, the women with disabilities have to witness ‘double dilemma’ i.e. ‘multiple discrimination’ (ILO, 2015, UNITED NATIONS, 2014) or ‘double discrimination’ (HABIB, 1995) or ‘two minority identities’ (FIDUCCIA and WOLFE, 1999) or ‘double disadvantaged’ (ILO, 2015) status, experiencing gender discrimination and prejudice on the grounds of their disability. Employers worldwide take ‘double’ advantage of this prejudice which leads to adverse professional scenarios for women with disabilities (O’HARA, 2004). Some of the indicators in ILO publications over the years show that men with disabilities are almost twice as likely to have jobs as compared to women with disabilities (ILO, 2015; ILO, 2007).

Labour market participation of women with disabilities is comparatively lower than the women with no disabilities (BAJPAI, 2015; O’HARA, 2004). Employers worldwide prefer to employ men with disabilities over women with disabilities (BAJPAI, 2015). Depending on the type of industry sector or occupational group, men with disabilities were more likely to work in manufacturing, construction, and transport whereas presence of women with disabilities very prominent in education, restaurant and hotel jobs, health and social work (GREWAL et al., 2002).

People with disabilities experience discrimination in wages as well. For example, people with disabilities earn less than their colleagues with no disabilities (UNITED NATIONS, 2011; WHO, 2011, SCHUR et al., 2009; BALDWIN and JOHNSON, 2006; GOUVIER et al., 2003). If women with disabilities are employed for the same task, they earn less than men with disabilities irrespective of the job responsibilities, nature of work and working hours (WHO, 2011).

Previous studies suggest that employers have concerns over customers opinions and behavior towards the employees with disabilities. Employers have dual responsibilities in this context; safeguard the interest of the company and to protect employees with disabilities from the negative treatment of customers (LEGNICK-HALL et al., 2008). To overcome such dilemma, employers usually avoid employing employees with disabilities in job profiles which require direct contact with customers (KANG 2013; LENGNICK-HALL et al., 2008). Employers in retail and hospitality industry show preferences towards aesthetic/physical agility and customers perception also hinders the recruitment process especially for persons with disabilities (HOUTENVILLE and KALARGYROU, 2015; GROSCHL, 2007).

One of the important selection criteria in these industries is individuals possessing high level of aesthetic and self-presentation skills (dress sense, voice and accent skills and physical looks) as

they are directly involved with customers on a day to day basis and people with disabilities may or may not fit into this requirement (GROSCHL, 2007; NICKSON et al., 2005).

3. MATERIALS AND METHOD

The author attempted to explore further, based on published international literature, how employers view disability, their experience with people with disabilities, knowledge about type and severity of disability, training and development programs, cost related criteria and demographic variables that may influence attitudes toward people with disabilities. There are mainly two study designs to conduct a research, quantitative and qualitative study designs. The researcher decided to adopt quantitative option as “Quantitative study designs are specific, well structured, have been tested for their validity and reliability, and can be explicitly defined and recognized” (KUMAR, 2011, P. 103). Since the researcher has opted for survey methods, therefore, quantitative research design compliments the foundation of this investigation, “Quantitative methods involve the processes of collecting, analyzing, interpreting, and writing the results of a study. Specific methods exist in both survey and experimental research that relate to identifying a sample and population, specifying the strategy of inquiry. collecting and analyzing data, presenting the results, making an interpretation, and writing the research in a manner consistent with a survey or experimental study” (CRESWELL, 2009, p. xxiv).

3.1. The Questionnaire

Researchers who have been conducting studies on attitudes of people toward employees with disabilities have already highlighted the challenges of assessing the attitudes. Studies on disability and attitudes towards people with disabilities is a very complex procedure. Attitudes towards individuals with disabilities have changed in last few decades and investigation calls for innovative designs that are reliable, valid, and multi-dimensional (ANTONAK and LIVNEH, 2000). People have different thinking pattern and they express their beliefs in various form of expressions and bodily gestures. Studies can focus on such multi-dimensional approach which can help in reducing personal and professional barriers, and also facilitates smooth transition in orientation of person’s thought process. A variety of techniques are available to assess attitude of people for example, interviews, observation, focus group, case study approach, self-report techniques and surveys. According to ANTONAK and LIVNEH (1995), there direct (for example, Opinion Surveys, Interviews, Sociometrics) and indirect (Physiological Methods, Projective Techniques) methods to collect data/information to measure attitudes toward persons with disabilities.

In order to collect appropriate primary data, the researcher decided to go ahead with business survey (direct method approach). KOTHARI (2004, p. 95) in his book refers surveys to the “method of securing information concerning a phenomena under study from all or a selected number of respondents of the concerned universe. In a survey, the investigator examines those phenomena which exist in the universe independent of his action”. Similarly, CRESWELL (2009, p. 12) citing BABBIE, 1990 supports the idea of survey research, according to him “Survey research provides a quantitative or numeric description of trends, attitudes, or opinions of a population by studying a sample of that population. It includes cross-sectional and longitudinal studies using questionnaires or structured interviews for data collection, with the intent of generalizing from a sample to a population”. Again, Likert scale was probable tool due to the complexity of research topic. KUMAR in his book defines Likert scale as “the summated rating

scale, more commonly known as the Likert scale, is based upon the assumption that each statement/item on the scale has equal attitudinal value, 'importance' or weight' in terms of reflecting an attitude towards the issue in question" (2011, p. 159).

3.1.1. Original Source of Questionnaire

Originally, the employer attitude assessment questionnaire developed by CHI and QU (2003) and the study was conducted in the state of Oklahoma, USA. The survey questionnaire consisted of four sections, section I consisted of general questions about the organisation, section II aimed to identify employers' attitudes towards employees with disabilities, section III investigated on prior working experience with workers with disabilities and respondents' intention to hire or continue to hire individuals with disabilities, and finally, section IV captured demographic information about the respondents. This tested scale was again revised and utilized by PAEZ (2010), and study was carried once again in the USA, therefore, considered appropriate for use in Hungary. The study by PAEZ (2010), titled "Training Methods and Topics for Hospitality Employees with Disabilities: Managers' Attitudes and Perceived Knowledge". The instrument of PAEZ (2010) consisted of five sections, the first section of contained questions related to current training topics, methods, and tools used at the operations. The second section gathered information related to managers and supervisors' attitudes and beliefs toward people with disabilities in the workplace. This section included 31 items answered on a Likert-type scale. The third section contained 10 items to assess managers'/supervisors' perceived knowledge about different disabilities and organizations. The fourth section included seven questions about the organization where the respondent worked, and finally, the fifth section contained seven demographic questions about the respondent (personal and professional details).

The instrument, re-designed and re-structured again by the author, included most of the questions from both instruments and also in addition to the attitude measurement and knowledge about the concept of disability, the scale also included a demographic section. Email was sent to the authors of both studies to obtain approval to adopt their questionnaires for this current study. Permission to use the survey was received from Dr. Christina Geng-qing Chi (CHI and QU, 2003), via e-mail.

3.1.2. Questionnaire Development and Distribution

The survey instrument consisted of four sections, table 10 provides brief overview of the questionnaire. The first section of the questionnaire, contain 31 items (serial number 1-31), an attitude scale to determine the participant's personal beliefs, perception and attitudes toward employees with disabilities. There is a sub-section where author has added four more questions on topics related to accommodation, peoples' first language, customers' perception and the importance of aesthetic and self-presentation skills. This section incorporates a 5-point Likert-style scale ranging from 1 (strongly disagree) to 5 (Strongly agree). There was a deliberate attempt by the author to include some negatively worded questions in the questionnaire. Many researchers consider a good questionnaire is one which embodies both positively and negatively worded questions. I followed SEKARAN (2003) and used reversely coded questions, for example items in this section include "Employees with disabilities are often late for work" or Employees with disabilities increase operational costs". The reversely coded items were 19 (reversely coded, 1= strongly agreed; 2= agree; 3= neutral; 4= disagree and 5= strongly disagree).

Table 10: Brief Description of the Survey Questionnaire

Sr. No.	Name of section	Description of the section	Number of questions
1.	Personal Beliefs, perception and attitudes scale	Scale to measure the attitudes of employers towards employees with disabilities	Q1-Q31 Q32- Q35 (Additional four questions)
2.	Knowledge about disabilities	Knowledge/awareness about the concept of disability, and domestic and international legislation	Q36, Q37, and Q38
3.	Tell us about your organisation	Information pertaining to the organisation	Q39- Q46
4.	Personal details (What about you?)	Personal and professional details of the respondents	Q47-Q53

Source: Author's own work

The second section contains questions (17 items) about knowledge/awareness about the concept of disability, including a section which focuses on the Hungarian and European Union legislative (additional statements added) requirement in regards employment rights of people with disabilities. There is an important point to be noted that in the designed version of PAEZ (2010), the disabilities used were mental and physical disabilities, but the modified version included the two, while two more options were included, "sensory disabilities" and "others, please specify" (open ended option). PAEZ (2010) conducted a survey in the USA and her research (the questionnaire) included only mental and physical impairments. Since the present study was being conducted in Hungary, therefore, the author also decided to include sensory disability in addition to mental and physical disability, and another option, 'others' for respondents to share other kind of disability possessed by an employee if any. This decision was based on Hungarian Central Statistical Report titled, Disabled People in the Labour Market, projecting participation of disadvantaged group in the job market due to their longstanding health problem, disease or other (physical, sensory or mental) limitations (KSH, 2012). The questionnaire was designed to gather information about difficulties and problems in performing activities related to physical, sensory and mental disabilities, in the population aged 15 to 64.

The third section was designed to get information about the organization. These 8 items added to this study to get as much as information about the organization of the respondent, for example, gender-wise breakdown of employees with disabilities, how many employees with disabilities, etc. Finally, section four contains personal and professional information of the respondents (7 items).

At the beginning of the questionnaire, the purpose of the study was explained, but in a few sections of the questionnaire, the definition of terms (e.g., disability and social skills) were provided to ensure that all respondents understood the terminology used in this study.

The last question in the questionnaire is an open ended question where respondents were asked to share personal and professional experiences in context to people with disabilities. The main objective behind adding this type question was to give enough liberty to the respondents to express their own ideas which they cannot express through answering a closed ended questionnaire. Unquestionably, there is always a dilemma in having both open and closed ended questions in a survey. There is a benefit for open ended question in context to this study which is conducted to measure the attitude of employers, “various open-ended questions are generally inserted to provide a more complete picture of the respondent’s feelings and attitudes” (KOTHARI, 2004, p. 103).

The important modification in adopted instrument was to the focus on the language used in the survey tool as well as in the entire research. It was an intentional decision of the author to concentrate on disability-related terminology, i.e. People/ Person First Language (people/person with disabilities) instead of Identity First Language (disabled people/person). For example, the questionnaire of CHI and QU (2003) and PAEZ (2010) used the term “disabled person/people” in their respective studies. The author believes in advocating people first language in his research as “the words or phrases people speak and write plus the order in which they are sequenced greatly affects the images that are formed about individuals with disabilities and the negative or positive impressions that result” (BLASKA, 1993 cited in BARNISH, 2014).

Two types of approach used to conduct this research, personally administered questionnaire (PAS) and online questionnaire survey. Personally Administered Questionnaires (paper questionnaire/ paper-and-pencil surveys) was developed using Microsoft word and it consisted of 5 pages. The advantages of PAS are completed responses within a short period of time, one to one interaction, cover wider audiences in less time and cost effective (SEKARAN, 2003). Same questionnaires were also emailed to respondents to who can complete them at their convenience since there was no deadline was mentioned in the covering letter. Online questionnaire surveys, of course, are very helpful in today’s digitalized world. Respondents regardless of job profile, age or geographical locations feel comfortable responding in this manner.

The choice of using both , PAS and online questionnaires, as a data gathering method to collect as much as primary data as possible in short period of time and also keeping in mind the monetary aspects linked to this research. More ever, it is highly recommended to collect data from various sources, for example personally administered questionnaires, mail questionnaires, and questionnaires distributed through the electronic system. The information obtained from respondents either through interviews or questionnaires, being self-report data, could be biased. That is the reason why data should be collected from different sources” (SEKARAN, 2003, p. 250).

3.2. Pilot Survey

According to KOTHARI (2004, p. 101) pilot survey is very advantageous protocol in any research, “it is always advisable to conduct ‘pilot study’ (Pilot Survey) for testing the questionnaires. In a big enquiry the significance of pilot survey is felt very much. Pilot survey is in fact the replica and rehearsal of the main survey. Such a survey, being conducted by experts, brings to the light the weaknesses (if any) of the questionnaires and also of the survey techniques”. The instrument has been used in prior studies, therefore, proven to be reliable. Since this study is a replication of prior study which was carried in the United States of America, previous pilot testing procedure by PAEZ (2010) was relied upon. However, the instrument was shared with and validated by experts in order to examine the completeness and appropriateness of the questionnaire (for content and face validity, as discussed in next sub-section). The pilot survey respondents included experts (from The USA, India, UAE, and Hungary) having several years of experience administering and collecting data (n=3), professionals from hospitality industry (n=3), disability specialists (n=2) and linguists/certified translators (n=2). Pilot survey forms were emailed to them with questionnaires prior contacting the sample population and 15 days time frame applied for pilot study. They were requested to critically evaluate the questionnaire, make comments and provide a brief report based on their understanding of the subject. In most cases, respondents expressed similar comments in context of questionnaire, which helped the author to make few changes. Few questions were omitted from the survey questionnaire. Data were collected from the pilot study, but the researcher decided not to include in this research.

3.3. Validity and Reliability

As discusses above, majority of the questions were adapted (with few changes) from the reliable and validated questionnaire, but still author tested for reliability and validity (already discussed above). The researchers reported the Cronbach's coefficient alpha as 0.899, as in case of Likert scales for which reliability measures need to be reported. Cronbach's alpha is a test reliability technique that requires only a single test administration to provide a unique estimate of the reliability for a given test (GLIEM and GLIEM, 2003). Similarly, to examine the completeness and appropriateness of the questionnaire, face, content and construct validity were adopted in this study. In this Book, the concept of both “face” and “content” validity explained, “Establishment of this link is called face validity. It is equally important that the items and questions cover the full range of the issue or attitude being measured. Assessment of the items of an instrument in this respect is called content validity” (KUMAR, 2011). The pilot survey was carried out to confirm content validity by a group of experts and also Kothari confirms optional way of carrying out content validity as “It can also be determined by using a panel of persons who shall judge how well the measuring instrument meets the standards, but there is no numerical way to express it” (KOTHARI, 2004 p. 74).

3.4. Population and Sample Selection

The success of research solely depends on the selection of the sample. The basic objective of any sampling design is to minimise, within the limitation of cost, the gap between the values obtained from your sample and those prevalent in the study population (KUMAR, 2011, p. 42). A population is all the individuals or units of interest; typically, there is not available data for almost

all individuals in a population, and a sample is a subset of the individuals in a population; there is typically data available for individuals in samples (HANLON and LARGET, 2011, p. 7). Therefore, in this context, the researcher's population are the employers within the hospitality sector in the city of Budapest, Hungary. Relationship of sample and population in Research is much like a give-and-take process. The population "gives" the sample, and then it takes" conclusions from the results obtained from the sample (EXPLORABLE, 2009).

The most important concern in this study for the author was to get access to database which could provide details of the hospitality industry in Hungary. Due to the lack of formal statistical systems and database, none of the weblinks could provide records that would document exact numbers of hotels, restaurants, pubs, fine dining, fast food joints in the city of Budapest.

Due to the complexity of the topic under investigation, a number of conditions and criteria were taken into account before the selection of research population and sample size. Firstly, the author proposed to have a multi-dimensional approach of the employers in this study, therefore, Budapest being the capital city, was considered as logical selection. Secondly, since the author himself a person with a disability (physical disability) opted for non-probability convenience sampling method. This approach helped him to choose samples according to accessibility and convenience. Snowball sampling was also incorporated in this study at later stage due to low level of responses received. Snowball sampling is a common used technique in research, although snowball sampling has the limitation of being prone to bias of sample representation (MAZODIER and MERUNKA, 2012, p. 811). Participants who met the criteria for inclusion in this study were also requested to recommend others who they thought also meet the criteria (employed in leisure and hospitality industry and professionally associated with individuals with disabilities). The researcher suggested that the sample would be employers varying hotels to restaurants, who are employed in the hospitality sector within the city of Budapest. They should at least be employed for a period of one year or more.

3.5. Data Collection Procedure

The collection of data involved two procedures: secondary and primary data (figure 8). The subsection describes in detail:

3.5.1. Desk Research

Desk Research is the research tool where information can be acquired by sitting at a desk, i.e. collecting data (it generally refers to the collection of secondary data) from existing resources and can be easily fetched which can be used as benchmark in the research process (JUNEJA, 2018).

Therefore, data for this research was collected through various sources in following way:

1. Information from previous researches carried out on behalf of government and non-governmental organizations such as World Health Organisation (WHO), International Labour Organization (ILO), Office of the High Commissioner for Human Rights (OHCHR) included in this study.

2. Three University libraries in Hungary i.e. Szent Istvan University (Godollo, Hungary), Corvinus University (Budapest, Hungary) and Central European University (Budapest, Hungary) were hand searched for relevant books and journals.
3. A search on electronic databases (Google Scholar, Scopus, JSTOR, Emerald, ERIC, Science Direct, Sage, Web of Science and EBSCO) was carried out. The following research terms were used: disability, people with disabilities, employers with disabilities, stigma, corporate social responsibility, prejudice, stereotyping, attitudes, labeling, handicapped people, discrimination, etc and a combination of these terms including disabilities such as corporate social responsibility and disability, disability and prejudice, disability and stigma, disability and attitudes, disability and negative attitudes, disability and positive attitudes, the definition of attitude, disability and stereotyping, disability and discrimination, disability and religion, disability and culture, etc. The initial research resulted in more than 10,000 articles but was later made specific by filtering using specifications including the year of publication, publications only in English language, full research papers and studies focusing on the above specified terminologies.

This research reviews a large number of published articles from various reputed journals, books and online material. There has been an attempt to make this research article more contemporary, therefore, the authors decided to include published articles of the last twenty five years with special emphasis on the studies of the last decade.

3.5.2. Survey Data Collection

The data collection strategy was divided into 3 phases. The first phase consisted of employers (Managers, departmental heads, owners and supervisors) in city of Budapest from various branches of hospitality platform, for example, hotels, bars, restaurants', café, fine dining, etc. The first phase commenced with the identification of participating organisations through Google search and individual websites, within the city of Budapest. The employers were contacted via e-mail as majority of websites displayed basic contact details i.e., email addresses and contact numbers only.

In second phase, employers were contacted via paper-and-pencil administration. There are advantages and limitations of online data collection as an alternative to paper-and-pencil method, however, the author decided to adopt both options in data collection procedure to have diverse and increased number in responses. If the participants chose e-mail option, they were requested to forward their responses to the e-mail address of the researcher, mentioned on the covering letter. Majority of the surveys from the participants were picked up and remaining surveys were e-mailed back to the researcher.

The third phase (final phase) of data collection, to increase the number of total responses, was initiated. Many of the respondents were apprehensive about filling the questionnaire received through e-mail as they felt it was a tedious process to first take a print-out, then fill it manually and finally scan the entire questionnaire.

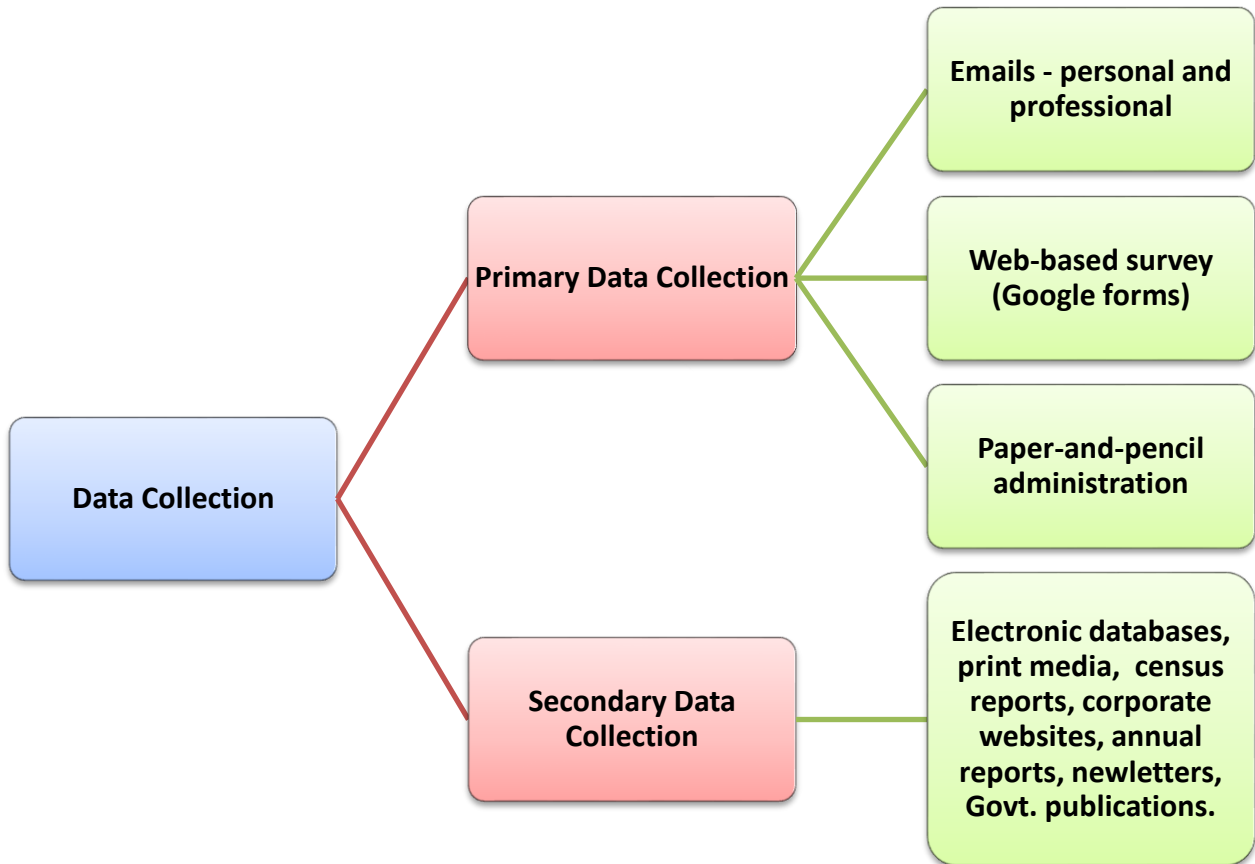


Figure 8: Data Collection Procedure

Source: Author's own work

Many cited assess to printer-scanner as another challenge to participate in this study. Majority of them recommended web-based (online survey) as another method to collect data, as people have become increasingly comfortable with this approach and the author decided to include in the study after acknowledging the potential of this design. The advantages of web-based research techniques which includes flexibility and control over format, large samples, lower cost, efficiency of data management, rapid access to participants, increased participation (VOSYLIS et al., 2012). The online questionnaire was hosted at <https://www.google.com/forms>, which provides free-of-charge service for conducting internet based surveys. Therefore, the same instrument was converted into web-based survey (Google forms) and another email request to participate in the study was sent to the whole sample, providing the same information about the study.

3.6. Response Rate

The revised and final questionnaire was actualized after thorough consideration of results of pilot survey procedure. The official data collection was then carried out in the city of Budapest, from February to May, 2018.

There were 859 questionnaires distributed through e-mails (paper with web option), in person/drop in option (paper and pencil format only) and web-based (web-only), both in Hungarian and English languages. 212 (in 24 English and 188 in Hungarian language were received) of them returned within the stipulated time period. The response rate, therefore, was 24.6%. 174 questionnaires were used for analysis. 38 questionnaires were invalid because of missing data. Table 11, provides an overview of distribution strategy and response rate (RR).

Table 11: Questionnaire Distribution Process and Response Rate

Questionnaire distributed	Languages	Mode of distribution	Return	Response rate	Used for analysis
859	English and Hungarian	Emails, Paper-and pencil and web based platform	212	24.6%	174

Source: Author's own work.

The credibility of the research results also depends on the response rate and prior distributing questionnaires, researchers always have this doubt in their minds, "What is a typical response rate for hospitality industry? What should I expect response rate in my research?" External surveys, no matter what distribution approach researcher choose, expected to have an average 10-15% response rate (FRYREAR, 2015). Recent studies concentrating on hospitality industry have also managed to share their response rate constraints. For example, a study focusing on Ranking of International Tourism and Hospitality Journals, after two reminders, the response rate achieved was 15.3% (PECHLANER et al., 2004).

3.7. Data Management and Analysis

Data analysis procedure for this study were based on the few strategies used by PAEZ (2010), and CHI and QU (2003). The Statistical Package for Social Sciences (SPSS, Version 20) was used to analyse the data. Upon receipt of all the completed surveys, the researcher sorted the surveys according to e-mails, pencil paper and online responses, and numbered in numerical order, making note of missing survey instruments and incomplete surveys. The next step was to count the responses to the open-ended demographic questions and were separately summarized into a number of different categories based upon the participants' responses. These categories were identified upon reviewing the range of responses received from the respondents and three categories were formed. The response category was assigned depending upon the response, positive, neutral and negative.

A number of statistical tests were used to investigate the relationship between independent and dependent variables in this study, for example, demographic profile statistics, factor analysis, descriptive analysis, one-sample t test, ANOVA and Independent-samples t test. Before using any tests, the author referred to a book by FIELD (2009) entitled “Discovering Statistics Using SPSS” and also searched lot of articles for guidance. Next chapter discusses the nature and benefits of each test adopted in this study. The selection and importance of statistical tools are discussed below:

- Descriptive analysis to provide basic understanding of the data collected to provide results. descriptive analysis includes: measures of frequency (count, frequency and percentage); measures of central tendency (mean); measures of dispersion or variation (Standard deviation) (KOTHARI, 2004).
- Factor Analysis is a technique technique allows the researcher to group variables into factors (based on correlation between variables) and the factors so derived may be treated as new variables (often termed as latent variables) and their value derived by summing the values of the original variables which have been grouped into the factor (KOTHARI, 2004, p. 322).
- ANOVA is a statistical technique that is used to check if the means of two or more groups are significantly different from each other (SINGH, 2018).
- One sample t-test compares a sample mean to a hypothesized population mean to determine whether the two means are significantly different (KENT STATE UNVERSITY, 2018).
- Independent sample t-test is an inferential statistical test that determines whether there is a statistically significant difference between the means in two unrelated groups (LAERD, 2018).

3.8. Limitations

This study is limited by many personal, professional, theoretical, methodological and practical factors. There are several limitations noted by the researcher that may eventually affect potentially the ability to generalise the findings. Generalization of the findings in this research should be made with attentiveness as when: majority of the proposed respondents were unreachable through electronic medium, study did not include all types of registered categories of disability, and only represents the populations of employers in the city of Budapest, and then only from one specific industry, i. e. the hospitality sector.

The return rate of 24.6 % represents a small percentage of the employers’ population in the city of Budapest, considering the 174 employers that make up the sample are to be representative of the approximately many thousand managers, owners, supervisors, etc employed at or owned hospitality and leisure properties in the city of Budapest. The author wants to address the dilemma of response rate in this study since RR is not conventional, rather below than the expected RR. There have been studies in the past where a dialogue between the correlation between response rate and validity of the study, i. e. lower/higher response rates automatically equate to lower/higher study validity have been going on. There is not a direct correlation between response rate and validity, but a low response rate can never be considered as representative of the population (KEEGAN and LUCAS, 2005, p. 158). MORTON et al., (2012, p.107) citing VISSER ET AL.

have shown that some studies with low response rates, even as low as 20%, are able to yield more accurate results than studies with response rates of 60% to 70%..

The author feel accounted for the deviation from the conventional response rate. It is the understanding of the author that the low RR may be due to the sensitive nature of the research topic (CIRT n. d.) and the inherent structural characteristics of the industry (KEEGAN and LUCAS, 2005). It has been outlined in another study that research in hospitality industry is comparatively difficult as compared to other sectors, mainly difficulties relate to defining the industry, its structural characteristics (a high composition of small and diverse businesses), and the inherent instability of the way firms do business (management and operation processes are highly dynamic)” (KEEGAN and LUCAS, 2005 citing LUCAS, 1999). There are many researchers who have already pointed out that RR may also depend on the availability and reachability of the target audience (CIRT, n. d.). A next potential limitation is the sampling of urban employers in the city of Budapest, therefore, careful attention should be paid while when generalising the results of this study for rural and smaller urban areas.

The biggest dilemma in any survey research the threat of self reporting intentions of the respondents. Self-reported measures are measures in which respondents are asked to report directly on their own behaviors, beliefs, attitudes, or intentions (LAVRAKAS, 2008). Most questionnaires that are used in research undergo testing for reliability, to check that they produce consistent results when applied to the same population over time, however, researchers are relying on the honesty of their participants (HOSKIN, 2012). Participants may also vary regarding their understanding or interpretation of particular questions especially depending on the topic. . Importantly, since the author is a person with disability, the fresh quantitative researcher and user of SPSS software, therefore, his personal health status and understanding of research methodology and software may have influenced the interpretation of data. However, above mentioned bias was reduced by consulting experts from different platforms of academic and hospitality industry.

The current study also highlights the fact that previous studies in Hungary have not been able to investigate the phenomenon of disability thoroughly and this is one of the limitations faced by the authors to find published literature and theoretical frameworks in the English language in high quality research journals. There are very few published research papers in English and Hungarian languages concerning employment barriers in Hungary and this was one of biggest challenges faced by the authors in gathering information for this article.

The researcher could not directly translate the original questionnaire from English to Hungarian Language as himself not a native Hungarian language speaker. He was assisted by certified bilingual translator, to ensure accuracy and quality of translated work and helped him in the translation of the open-ended answers. In such a scenario, language barriers and interpretation of words can complicate the true definition of words as sometimes there are certain words which could not be translated due to non-availability of synonyms or words which bear the exact inherent meaning. Having said that, it can be observed that sometimes there are words with different interpretations regardless of language (SHARMA and DUNAY, 2017 a). BROWN in her blog also conveys the same message, “Changing a phrase, even if it holds the same literal meaning, alters

the subtle connotations and nuances of the speech, and communicates a different meaning and context than the original phrasing” (BROWN, 2011).

There may be instances where the researcher himself doubted the use of paper and pencil approach to collect the data as this a very traditional method to collect primary data. Collecting research data through traditional paper-and-pencil methods can be costly and time-consuming (VOSYLIS et al., 2012), the objective of adopting this method of collecting data was to have increased response rate. Overall, the mixed design option appeared to be the best method to collect data and individuals were given a three choices (e-mail, web-based and paper-pencil options). Researchers must keep in mind few variables which help in increased response rates (for example, time, cost associated with data collection. demography and sample characteristics), but more important is to disseminate instruments in a manner in which they will be easily accessed, responded to, thereby increasing response rates (GREENLAW and BROWN-WELTY, 2009).

4. RESULTS AND DISCUSSION

4.1. Descriptive Statistical Analysis

The following section provides background information pertaining to the hotels, restaurants, café, bars/pubs, fine dining, fast food joints participating in this study. These are represented in vast localities of 23 districts within the jurisdiction of the city of Budapest. The following section provides a descriptive analysis of entire study.

Of the 859 surveys distributed through different distribution mediums, 212 respondents returned completed surveys (24.6 % return rate). The sample included 13 different categories of job profiles. Table 12 provides specific information regarding the participating jobs profiles, managers provided the greatest return rate, with 87 participating in the survey.

Table 12: Job Designation of the Participants

Designation Characteristics	Frequency (n)	Percentage (%)
1. Owner	27	15.5
2. Department head	2	1.1
3. Manager	87	50.0
4. Deputy Manager	2	1.1
5. Chef	8	4.6
6. Supervisor	21	12.1
7. Director	4	2.3
8. Finance Manager	3	1.7
9. F &B manager	3	1.7
10. IT Manager	2	1.1
11. AssistantManager	8	4.6
12. Sales Manager	1	0.6
13. Others	6	3.4

Source: Author's own work based on SPSS results

In regards to type of ownership, the highest number of participants reported working with independently owned organizations (n= 137) as discussed in Table 13. Table 13, also shows the strength of each organisation, majority of participants worked for organisation where the total strength of employees was less than 10 employees.

In regards to the delegation of job responsibilities in context of employees with disabilities, it was observed that majority of employees with disabilities were actively involved in monotonous jobs or at the bottom of hierarchical structure as reported in table 14.

Table 13: Firm Hierarchy and Personnel Strength Firm-wise

Characteristics	Frequency (n=174)	Characteristics	Frequency (n=174)
Type of ownership:		Number of employees working in the organisation:	
Independently owned	137	Less than 10	106
Franchised	18	10-30	31
Chain	19	31-49	14
		50-99	6
		100-249	11
		Over 250	6

Source: Author's own work based on SPSS results

Table 14: Job Structure of Employees with Disabilities in Respective Firms

Designation of employees with disabilities	Frequency	Designation of employees with disabilities	Frequency
Supervisor	9	Maintenance	27
Server	10	Front Desk	16
Kitchen Helper	63	Housekeeping	33
Cashier	5	Dishwasher	29
Custodian	16	Manager	5
Others	24		

Source: Author's own work based on SPSS results

The closed-ended questions (but few questions had open-ended options, for example question numbers 36, 37, 41, 44, 46, 49, 52 and 53) pertaining to the demographic data were analysed and coded to provide transparency in data analysis. Moreover, Each of the response categories for the following questions was assigned a number (0,1,2,3, etc.): years of experience in hospitality industry (Less than 1 year, 1-5, 6-10, 11-15, 16-25 and over 25 years), years of experience in current organisation (Less than 1 year, 6-10, 11-15, 16-25 and over 25 years).

Frequency distributions for years of professional experience (total professional experience and tenure at present organisation) were conducted to provide an understanding of the sample and the participants' characteristics. Table 15, provides information on the participants' total years of experience in hospitality industry and years of experience in current organisation.

The greatest percentage of participants were found in range of 11-15 years (27.6 %) for total years of experience in hospitality industry and less than 1 year (26.4%) for total years of experience in current organisation. Table 16, reports gender and age-wise description of the participants in the survey. In this demographic data, it can witnessed that there is not a major difference in the gender of participants and coincidentally, 29.9 % of participants belonged to the category of age group 36-45 years.

Table 15: Professional Experience of the Participants

Years of experience	Total years of experience in hospitality industry (n=174)	Total years of experience in hospitality industry (%)	Total years of experience in current organisation (n=174)	Total years of experience in current organisation (%)
Less than 1 year	19	10.9	46	26.4
1-5 years	30	17.2	74	16.7
6-10 years	37	21.3	29	16.7
11-15 years	48	27.6	13	7.5
16-25 years	23	13.2	8	4.6
Over 25 yrs	17	9.8	4	2.3

Source: Author's own work based on SPSS results

Table 16: Demographic Characteristics of Participants.

Characteristic	Frequency (n)	Percentage (%)
Gender		
Male	88	50.6
Female	86	49.4
Age		
18-25 years old	18	10.3
26-35 years old	35	20.1
36-45 years old	52	29.9
46- 55 years old	45	25.9
over 55 years old	24	13.8

Source: Author's own work based on SPSS results

In regards to professional and personal exposure to the phenomenon of disability, 42 participants reported no professional exposure or any kind of experiences with people with disabilities in the place of work. As reported in table 17, it can also be interpreted that majority of employees with disabilities hired by the employers, already reported disability at the time of induction (n= 117).

In general (table 18), the different means of attitude variable, employees with disabilities are perceived to be “dependable” (M= 3.11), “less absent” (M= 3.05), “cooperative” (M= 3.25), “productive” (M= 3.16), and “loyal” (M=3.20). Few statements fell into neutral category: “late for work” (M= 2.89), “slow worker” (M= 2.84), “supervision issues” (M= 2.67), “job turnover” (M= 2.92) and “special attention” (M= 2.58).

It can be interpreted from figure 9 that participants currently working with employees sensory, mental or physical disabilities. However, there was significantly disproportionate number reported for employees with physical disability in comparison to mental and sensory disability.

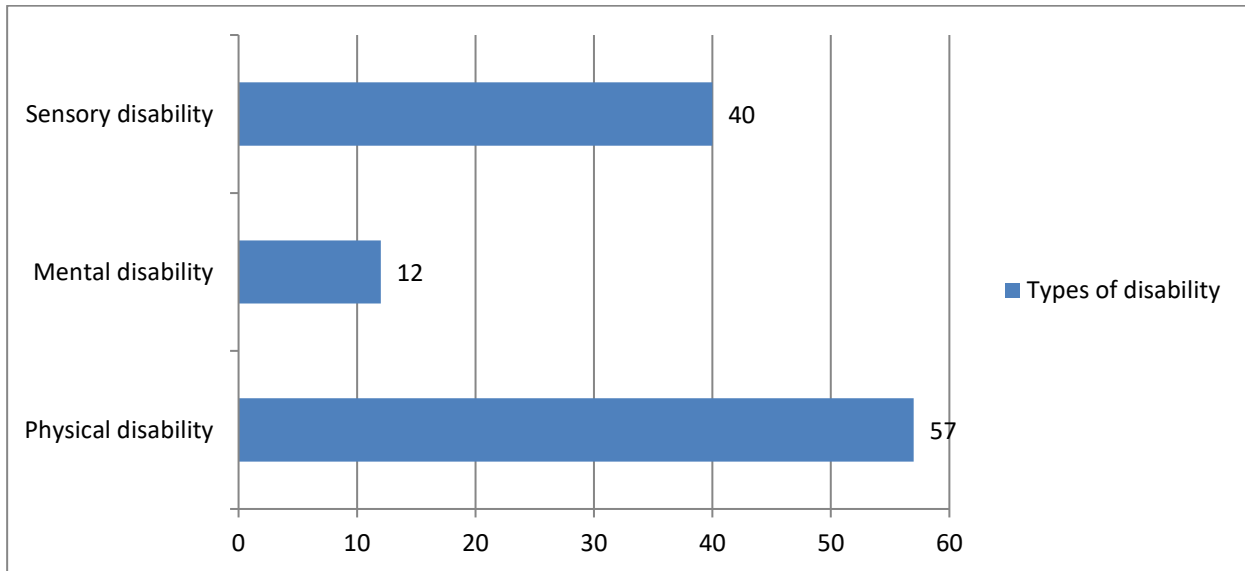


Figure 9: Frequency on Current Work Experience with Employees with Disabilities

Source: Author's own work based on SPSS results

Similarly, as showed in figure 10, respondents were asked what type or types of disabilities do your employees present or have presented at the place of work. It was basically to confirm what type or types of disabilities have been witnessed by the respondent over their entire career. Therefore, physical disability as the most common type of disability reported at the place of work in this survey.

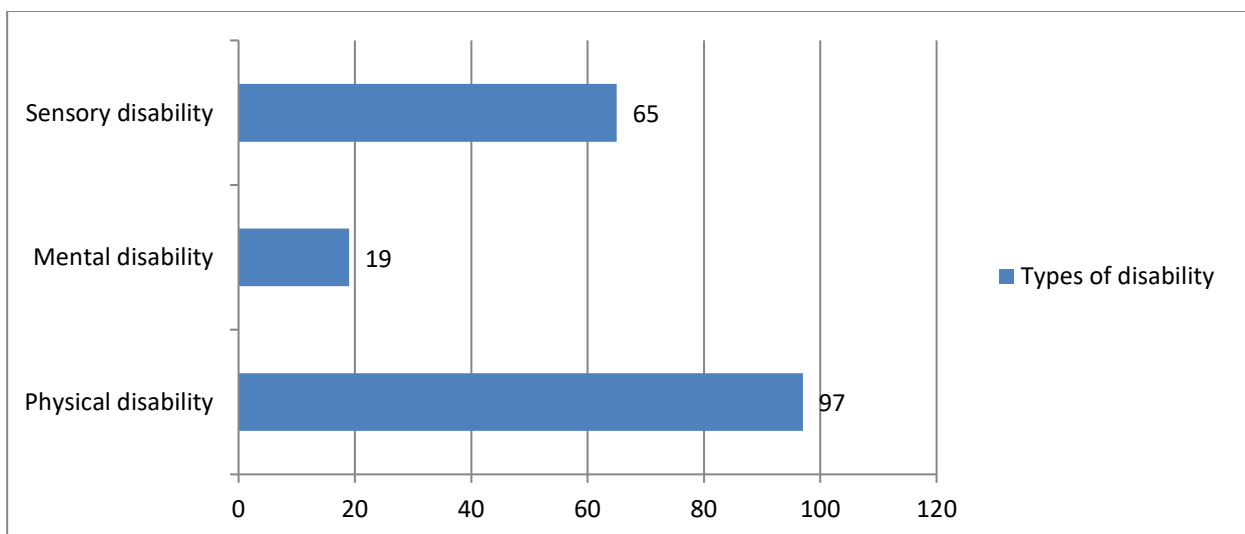


Figure 10: Frequency on Types of Disabilities EWD Presented or have Presented over Entire Career

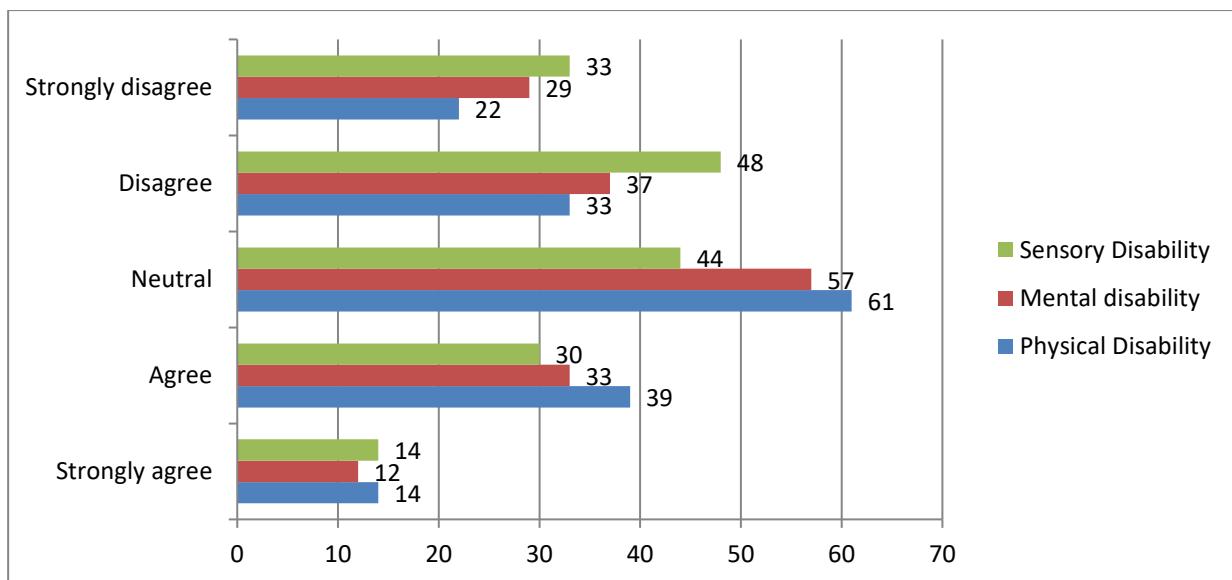
Source: Author's own work based on SPSS results

Table 17: Disability Related Characteristics of the Participants

Characteristic	Frequency	Characteristic	Frequency
Experience with people with disabilities		Status of employee with disabilities:	
No experience	42	Hired, already having a disability.	117
Yes	132	Acquired the disability on the job, after hire.	6
Experience with including:		Acquired the disability after hire but not on the job.	28
Myself	1		
Family	17		
Friends	36		
Co-workers	95		
Others	16		

Source: Author's own work based on SPSS results

All the participants reported different opinions in terms of their awareness related to the phenomenon of disability, for example, means reported by them in regards to knowledge about physical disability ($M=2.94$), mental disability ($M=2.77$) and sensory disability ($M= 2.67$).

**Figure 11: Employers Knowledge about Different Types of Disabilities**

Source: Author's own work based on SPSS results

For example, 8%, 6.9% and 8% reported that they strongly agree with the statement that "I am knowledgeable about physical, mental and sensory disability" respectively. Therefore, in this context, participants responses towards three types of disabilities visualised in figure 11. There is was another question on the understanding of participants in terms of providing training to people with different kinds of disabilities. Figure 12, provides visual representation of their responses.

Table 18: Survey on Personal belief, perception and attitudes towards employees with disabilities

CHARACTERISTICS AND PERSONALITY TRAITS	M	S. Dev.	CHARACTERISTICS AND PERSONALITY TRAITS	M	S. Dev.
I feel employees with disabilities are more dependable than employees without disabilities.	3.11	0.964	I train/would train on different topics if an employee with disability has a certain job.	3.53	0.880
Employees with disabilities are absent less often than employees without disabilities.	3.05	0.855	I train/would train all employees using the same methods whether they are disabled or not.	3.02	0.991
I believe that generally, employees with disabilities cooperate better than employees without disabilities.	3.25	0.813	Depending on the job, I spend/would spend more time training employees with disabilities than employees without disabilities.	2.80	0.902
Employees with disabilities are often late for work.	2.89	1.04	Depending on the disability, I spend/would spend more time training employees with disabilities than employees without disabilities.	2.61	0.968
Employees with disabilities work slower than employees without disabilities.	2.84	0.878	I use/would use the same training tools for employees with disabilities as those without disabilities.	2.98	1.054
Employees with disabilities need closer supervision than employees without disabilities.	2.67	0.938	I do not believe employees with disabilities need to be trained differently than employees without disabilities.	3.02	1.032
Employees with disabilities produce higher quality work than employees without disabilities.	3.16	0.870	Even after training, employees with disabilities need special attention from supervisors.	2.79	0.995
Employees with disabilities are more loyal to the organization than employees without disabilities.	3.20	0.978	Depending on the job, employees with disabilities are harder to train than employees without disabilities.	2.91	0.935
Employees with disabilities usually stay at a job a shorter time period than employees without disabilities	2.92	0.896	Depending on the disability, employees with disabilities are harder to train than employees without disabilities.	2.68	0.894
Employees with disabilities need special attention from co-workers.	2.58	0.834	Supervisors find/would find it hard to get employees with disabilities to adopt new ways of doing the job.	2.88	0.93
Employees with disabilities make other employees uncomfortable.	3.08	0.952	I feel it is too costly to give additional training to employees with disabilities.	2.54	1.159
Providing training on technical skills for employees with disabilities is important.	3.32	0.812	Depending on the job, it costs/would cost me more to train employees with disabilities.	2.55	1.075
Providing training on social skills for employees with disabilities is important.	3.46	0.802	Depending on the disability, it costs/would cost me more to train employees with disabilities.	2.74	1.035
Providing training on communication skills for employees with disabilities is important.	3.45	0.885	Employees with disabilities increase operational costs.	2.94	1.079
I use/would use different training methods for employees with disabilities.	3.36	0.814	I make/would make reasonable accommodations for employees with disabilities.	3.68	0.956

Source: Author's own work based on SPSS results.

M=Mean, S. Dev. = Standard Deviation

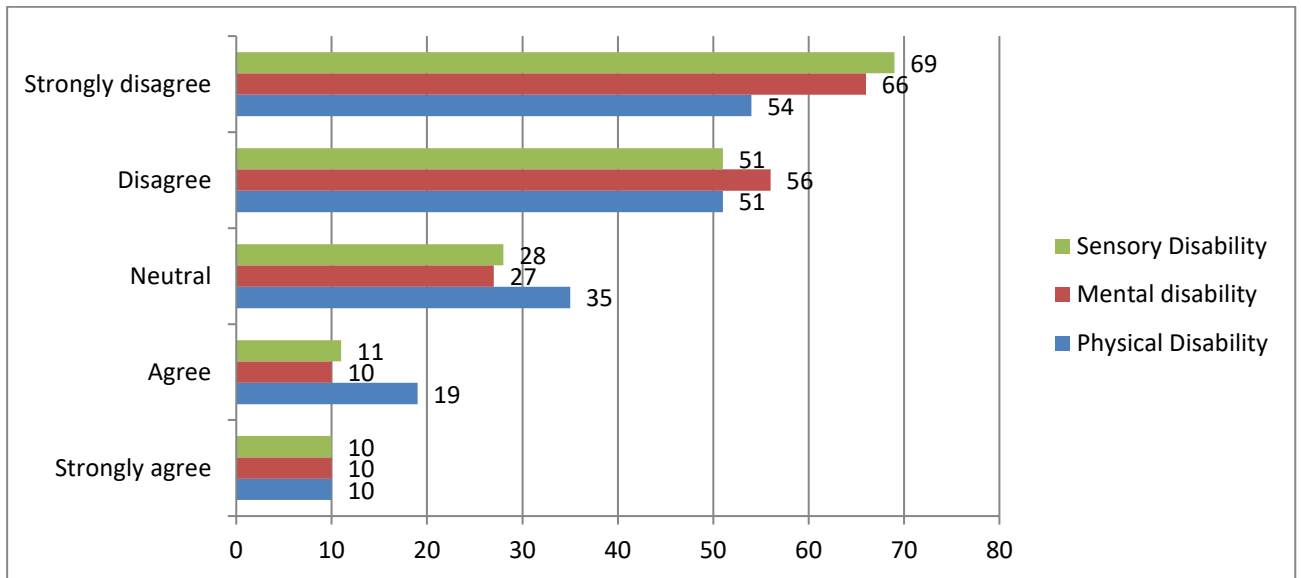


Figure 12: Responses on Adequate Knowledge to Train Employees with Different Types of Disabilities

Source: Author's own work based on SPSS results

There were open-ended options also provided for both, knowledge and training questions, for the participants to mention any other kind of disability which they want to share according to their experience. No other disability was reported by the participants other than the already mentioned in the questionnaire. In general, respondents were not confident about answering questions of employments policies and legislative procedures, on a scale of 1 = strongly disagree to 5 = strongly agree, for items in question no. 38 (9 items), such as benefits of hiring people with disabilities, reasonable accommodations, legal issues and hiring procedures. Figure 13, presents detailed information the knowledge and awareness of participants on domestic and international rules and regulations with regards to employability of people with disabilities. The two important Hungarian instruments to promote equal rights for people with disabilities in Hungarian job market are discussed in this section. Employers displayed neutral responses on their knowledge on 5% employment quota system and rehabilitation tax, i. e. 77 (44.8%) respondents were knowledgeable of quota system and 67 (38.5%) about rehabilitation tax.

All the participants agree that skills are an important issue in context to individuals with disabilities and even existing literature confirms that this professional barrier needs to address in today's competitive world. Topics related to the importance of providing training on social ($M=3.46$) technical ($M=3.32$) and communication ($M=3.45$) skills highlighted in figure 14. Participants were asked on their understanding on the importance of providing training on technical, communication, and social skills and 35.6%, 46.8% and 48.3% respectively of participants showed positive beliefs on this matter. The author presents addresses research questions and hypotheses in below sections. For better understanding of the results, Factor Analysis was conducted to derive new variables (factors) and those new factors were tested against one-sample t test, independent-samples t test and ANOVA to address Research Question 1 (Hypothesis 1) and Research Questions 2 (Hypotheses 2, 2b, 3, 4 and 5) and Research Question 3 (Hypothesis 6). Research Questions 4, 5 and 6 were addressed by using descriptive statistics.

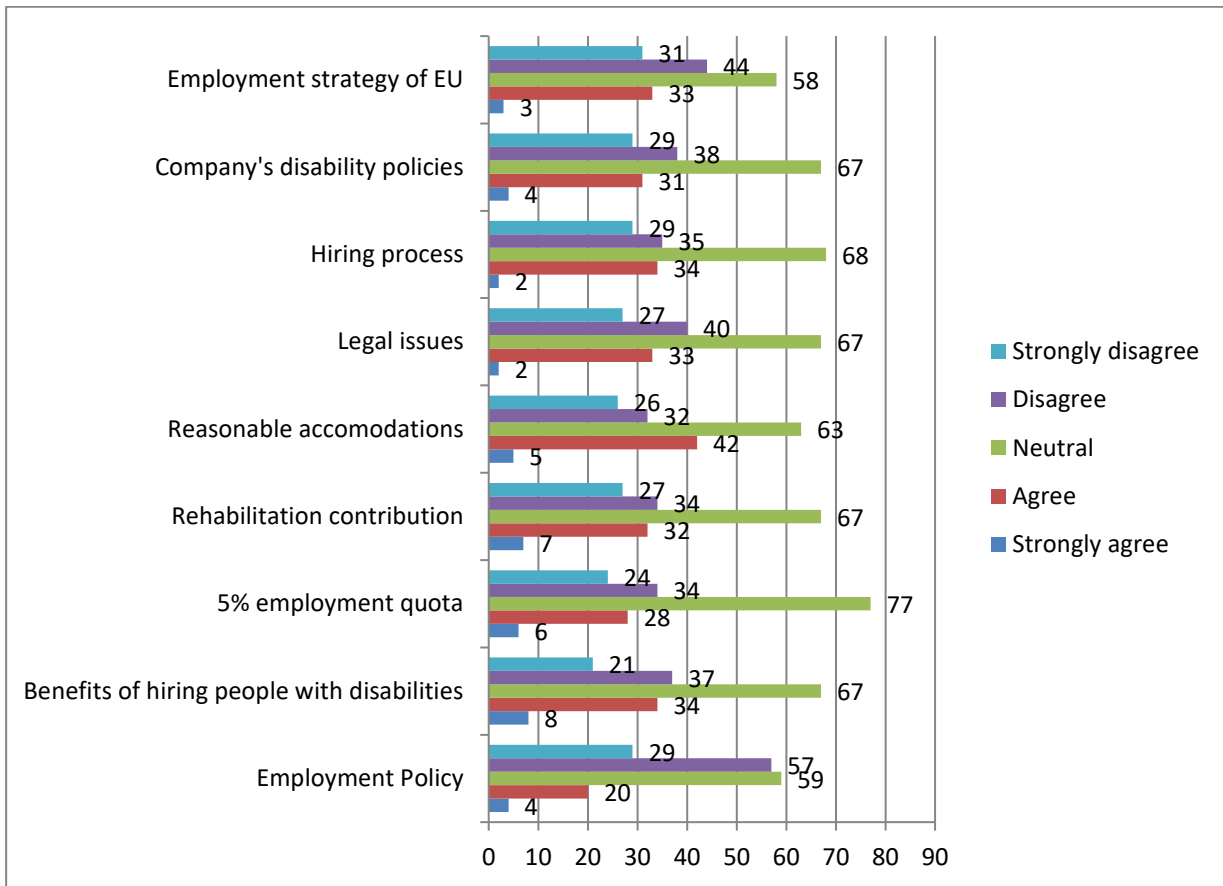


Figure 13: Participants Understanding on Domestic and International Rules and Regulation with Regards to Employability of People with Disabilities

Source: Author's own work based on SPSS results

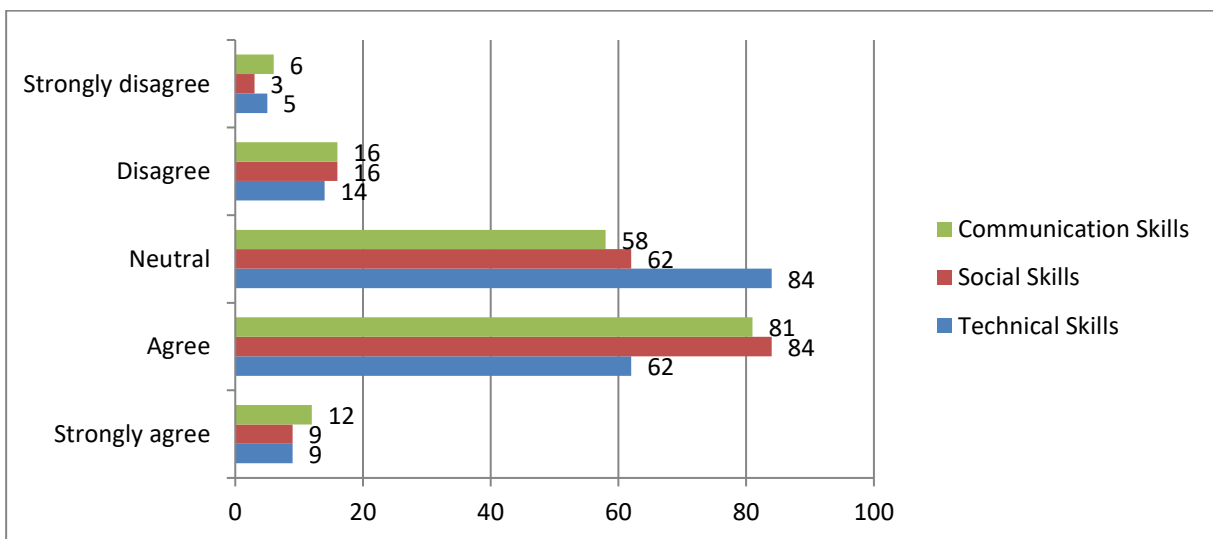


Figure 14: Communication, Social and Technical Skills

Source: Authors's own work based on SPSS results

4.2. Factor Analysis

Factor analysis was conducted which included Bartlett's test of sphericity and Kaiser-Meyer-Olkin (KMO), is measure of sampling adequacy. The KMO can be calculated for individual and multiple variables and represents the ratio of the squared correlation between variables to the squared partial correlation between variables. The KMO statistic varies between 0 and 1. Values between 0.5 and 0.7 are mediocre, values between 0.7 and 0.8 are good, values between 0.8 and 0.9 are great and values above 0.9 are superb (FIELD 2009, p. 647 citing HUTCHESON and SOFRONIOU, 1999). Also, the Bartlett's Test of Sphericity relates to the significance of the study and thus shows the validity and suitability of the responses collected to the problem being addressed through the study. For Factor Analysis, the Bartlett's Test of Sphericity must be less than 0.05 (PERI, 2012). The KMO value was 0.750. Six factors with loadings higher than 0.50, representing 56.8% of the total explained variance were displayed. Out of 31 statements (Q1-Q31), total twelve statements were discarded due to pre loadings command (i. e. $>.050$). All six factors were named based on the inherit variable characteristics. Table 19, shows the results of the factor analysis for six factors, which are discussed below.

Factor 1, named as **COSTS**, comprising of 4 statements related to the costs for training and overall operational costs in context to employees with disabilities. Three of the statements were related to costs for training employees with disabilities, one was related to the overall operational costs. **Factor 2**, named as **TRAINING STRATEGY**, comprising of 4 statements related to the training requirements and understanding of employers towards employees with disabilities. Two of the statements were related to employers understanding on the amount of time to be dedicated towards training employees with disabilities, depending on job specifications and type of disability possessed by an employee. **Factor 3**, named as **POSITIVE TRAITS**, comprising of 4 statements where are employers had an opportunity to share their positive beliefs in context to people with disabilities. The author feels the elements in this factor projects the positive image and hence helps in removing the prejudices. The elements focus here on absenteeism, quality of work, dependable tendency, and cooperation level. **Factor 4** named as **NEGATIVE STEREOTYPES**, comprising of 2 statements related to the stereotypes associated with people with disabilities. **Factor 5**, named as **NEED FOR SUPPORT**, comprising of 2 statements related to the level of support or attention required by employees with disabilities from their coworkers/supervisors/managers. **Factor 6**, named as **IMPORTANCE OF SKILLS**, comprising of 3 statements associated to skills possessed by the employees with disabilities or such employees needs to be further groomed to avoid redundancy and progress into their professional careers.

Cronbach's alpha test was employed to evaluate the reliability of each factor, for example Cost (0.856), Training Strategy (0.695), Positive Traits (0.691), Negative Stereotypes (0.498), Need for Support (0.612), and Importance for Skills (0.793). Negative stereotypes reported low Cronbach alpha for reliability (0.498), but according to CHI and QU (2003) alpha value for this factor should be acceptable for this factor, citing NUNNALLY (1967), "Alpha greater than 0.5 was considered as acceptable indications of construct reliability" (p. 69).

Table 19: The Six Factors emerged from the Factor Analysis

	Component					
	1	2	3	4	5	6
FACTOR 1: COSTS						
Too costly to give additional training EWD*.	0.778					
Depending on the job, it costs/would cost me more to train EWD.	0.791					
Depending on the disability, it costs/would cost me more to train EWD.	0.808					
Employees with disabilities increase operational costs	0.685					
FACTOR 2: TRAINING						
Depending on the job, I spend/would spend more time training EWD		0.714				
Depending on the disability, I spend/would spend more time training EWD		0.654				
Depending on the disability, employees with disabilities are harder to train EWND#		0.553				
Use/would use different training methods for employees with disabilities		0.551				
FACTOR 3: POSITIVE TRAITS						
Employees with disabilities are absent less often			0.731			
Employees with disabilities are more dependable			0.650			
Employees with disabilities cooperate			0.624			
Employees with disabilities produce high quality of work			0.704			
FACTOR 4: NEGATIVE STEREOTYPES						
Employees with disabilities are often late for work				0.560		
Employees with disabilities make other employers uncomfortable				0.551		
FACTOR 5: NEED FOR SUPPORT						
Employees with disabilities need closer supervision					0.732	
Employees with disabilities need special attention from co-workers.					0.683	
FACTOR 6: IMPORTANCE OF SKILLS						
Training on communication skills for employees with disabilities is important						0.822
Training on social skills for employees with disabilities is important						0.802
Technical skills for employees with disabilities is Important						0.698

Source: Author's own work

Extraction Method: Principal Component Analysis.
 Rotation Method: Varimax with Kaiser Normalization.

EWD= Employees with disabilities and EWND= Employees with no disabilities.

VAN GRIETHUIJSEN et al. 2015 reported Cronbach's alpha below the acceptable values of 0.7 or 0.6. for several factors and it was interpreted by the authors of this study that this could be mainly due to the small number of statements contributing to a factor, for example factors, "interest in school science" and "interest in domestic activities" reported Cronbach's alpha of 0.502 and 0.446 respectively. Thus, all the above emerged new factors from factor analysis method can be accepted to test hypotheses.

PAEZ (2010) reported four factors in her study, namely 'Teamwork and Costs' (with eleven statements), 'Training' (four statements), 'Characteristics' (four statements) and 'Skills' (three statements), an overall 22 statements reported in 4 factors. Similarly, CHI and QU (2003) found out three factors (total of sixteen variables): 'Work Ethic, General Evaluation', and 'Employment Risk' (with seven statements), 'Work Performance and Accommodation Costs' (with six statements), 'Negative Stereotypes' (with three statements).

4.3. Research Questions and Hypotheses Testing

4.3.1. Research Question 1: The overall attitudes of employers towards employees with disabilities.

4.3.1.1. Hypothesis H1: Neutral attitudes displayed by employers towards employees with disabilities

Hospitality employers' in this study displayed neutral attitudes toward people with disabilities with the overall mean of 2.9942 (SD= 0.28020) for the 19 attitudinal statements (Scale 1=strongly disagree, 2=disagree, 3=neutral, 4=agree, 5=strongly agree). One-sample t test was employed to understand the relationship the degree of behavior of employers and there was a statistically significant difference between means ($p < 0.05$). Thus, the hypothesis H1 for RQ 1 was accepted. In general, the results reported positive views were expressed about employees with disabilities in terms of their dependability, cooperative nature, absenteeism, performance, loyalty and comfort level with other employees, but neutral responses in terms of punctuality, work efficiency, supervision and job turnover.

In view of the above discusses results, it can be stated that the employers in this study display neutral attitudes towards employees with disabilities in the place of work. Thus, hypothesis H1 is confirmed.

4.3.2. Research Question 2: Attitudes and different aspects of demographic variables, including employer and business related variables.

In this section, the author report the results of all the factors with regards to the hypotheses (2a, 2b, 3, 4 and 5) discussed in Chapter 1.

4.3.2.1. *Hypothesis 2a: There is a statistically significant difference between employers' gender and the attitudes towards employees with disabilities.*

An independent-samples t test method was used to assess whether all six factors show significantly different attitude patterns based on gender. No statistically significant differences ($p > 0.050$) were found for all six factors, i. e. 'Costs', 'Training Strategy', 'Positive Traits', 'Negative Stereotypes', 'Need for Support', and 'Importance of Skills'. Therefore, this hypothesis was rejected on the basis of no statistical differences were reported in attitudes between males and females with regards to all six attitudinal dimensions.

In view of the above discusses results, it can be stated that the there is no significant relationship between all six attitudinal factors and gender, thus hypothesis 2a rejected.

4.3.2.2. *Hypothesis 2b: There is a significant relationship between the employers' age and the attitudes towards employees with disabilities.*

One-way between-groups analysis of variance (ANOVA) was conducted to establish a significant relationship between employers' age and attitudes towards employees with disabilities, if any (table 20).

Table 20: ANOVA results for Hypothesis 2b

ANOVA						
Factors		Squares	Df	Mean Square	F	Sig.
COSTS	Between Groups	12.292	4	3.073	3.248	0.014
	Within Groups	145.708	154	0.946		
	Total	158.000	158			
TRAINING STRATEGY	Between Groups	7.931	4	1.983	2.035	0.092
	Within Groups	150.069	154	0.974		
	Total	158.000	158			
POSITIVE TRAITS	Between Groups	9.302	4	2.326	2.408	0.052
	Within Groups	148.698	154	0.966		
	Total	158.000	158			
NEGATIVE STEREOTYPES	Between Groups	8.441	4	2.110	2.173	0.075
	Within Groups	149.559	154	0.971		
	Total	158.000	158			
NEED FOR SUPPORT	Between Groups	5.186	4	1.297	1.307	0.270
	Within Groups	152.814	154	0.992		
	Total	158.000	158			
IMPORTANCE OF SKILLS	Between Groups	6.930	4	1.732	1.766	0.138
	Within Groups	151.070	154	0.981		
	Total	158.000	158			

Source: Author's own work based on SPSS results

A statistically significant difference was reported between factor 1, 'Costs', and factor 3, 'Positive Traits'. We can see that the significance value is 0.014 (i.e., $p = 0.014$) for factor 1, and 0.052 for factor 3, which is below 0.050 for both factors, therefore, there is a statistically significant difference in the age of the employers and their attitudes on the costs for employing people with disabilities and display of positive traits. No statistical significant differences were reported for factors, 'Training Strategy', 'Negative Stereotypes', 'Need for Support' and 'Importance of Skills'.

Table 21: Tukey HSD test for Hypothesis 2b (Factor 1).

Multiple Comparisons							
Dependent Variable	(I) age	(J) age	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
COSTS	18-25	26-35	-.55146	0.30594	0.376	-1.3960	0.2930
		36-45	-.22744	0.28703	0.932	-1.0198	0.5649
		46-55	0.07644	0.29450	0.999	-0.7365	0.8894
		OVER 55	0.29850	0.32016	0.884	-0.5853	1.1822
	26-35	18-25	0.55146	0.30594	0.376	-0.2930	1.3960
		36-45	0.32401	0.22323	0.595	-0.2922	0.9402
		46-55	0.62789	0.23276	0.059	-0.0146	1.2704
		OVER 55	0.84995*	0.26447	0.014	0.1199	1.5800
	36-45	18-25	0.22744	0.28703	0.932	-0.5649	1.0198
		26-35	-0.32401	0.22323	0.595	-0.9402	0.2922
		46-55	0.30388	0.20728	0.586	-0.2683	0.8760
		OVER 55	0.52594	0.24235	0.197	-0.1430	1.1949
	46-55	18-25	-0.07644	0.29450	0.999	-0.8894	0.7365
		26-35	-0.62789	0.23276	0.059	-1.2704	0.0146
		36-45	-0.30388	0.20728	0.586	-0.8760	0.2683
		OVER 55	0.22206	0.25115	0.902	-0.4712	0.9153
	OVER 55	18-25	-0.29850	0.32016	0.884	-1.1822	0.5853
		26-35	-.084995*	0.26447	0.014	-1.5800	-0.1199
		36-45	-0.52594	0.24235	0.197	-1.1949	0.1430
		46-55	-0.22206	0.25115	0.902	-0.9153	0.4712

*. The mean difference is significant at the 0.05 level.

Source: Author's own work based on SPSS results

A Tukey's HSD post-hoc test was performed to compare each of these variables within the factors. Table 21, displays results of Tukey HSD test to understand the relationship between the different age groups with regards to factor 1, 'Costs'. The Tukey's post hoc test generated test which can be visualised from table 21. For factor 1, there is a statistically significant difference in attitudes of employers and the age groups in terms of costs, 26-35 years and over 55 years ($p = 0.14$).

This implies that employers age group over 55 years show more favorable attitudes towards employees with disabilities than employers between age group 26-35 years in terms of spending

on training and other operational costs. However, there were no differences between the groups, 18-25 years and 26-35 years ($p=0.376$), 18-25 years and 36-45 years ($p=0.932$) and 18-25 years and 46-55 years ($p=0.999$), and 18-25 years, over 55 years ($p=0.884$), 36-45 years and 36-45 years ($p=0.595$), 26-35 years and 46-55 years ($p=0.059$), 36-45 years and 46-55 years ($p=0.586$), 36-45 years and over 55 ($p=0.197$) and finally, 46-55 years and over 55 years ($p=0.902$). For factor 3, 'Positive Traits', no significant differences within the group were reported.

Thus, this hypothesis holds true for factor 1 ('Costs') and factor 3, ('Positive Traits'). Rejected for other four factors ('Training Strategy', 'Negative Stereotypes', 'Need for Support' and 'Importance of Skills') as they do not reveal any significant differences ($P>0.050$).

In view of the above discusses results, it can be stated that the there is a significant difference between two attitudinal factors, ('Costs' and age of employers, and 'Positive Traits' and age of employers). Thus, hypothesis 2b is confirmed.

4.3.2.3. Hypothesis 3: There is a significant difference between the employers' attitudes towards employees with disabilities and the number of years of professional experience in the hospitality industry.

Below is the output of the six factors ('Costs', 'Training Strategy', "'Positive Traits', 'Negative Stereotypes', 'Need for Support' and 'Importance of Skills') for the SPSS ANOVA procedure to find out whether there is any significant difference between the attitudes of the employers and the number of years' of experience in the hospitality industry.

The table 22, shown reflects the results of ANOVA analysis which determine the difference between the factors. Factor 3, 'Positive Traits' and factor 6, 'Importance of Skills' display significant results $p=0.036$ and $p=0.001$ respectively, and shows that employers attitudes are dependent on the traits of employees, irrespective of positive or negative characteristics and individuals skills required to perform their job responsibilities objectively. However, ANOVA table does not give the measure of difference for different variables within the individual groups and therefore the results of Post Hoc provides a detailed information with regards to significant relationship between years of working experience with the factors which represent positive professional characteristic and a combination of social, communication and technical skills.

The Multiple Comparison analysis which reflects the relationship between individual groups and reports significance difference only for factor 6 ('Importance of Skills'), not for factor 3 ('Positive Traits').

Further to Multiple Comparison results, it can be interpreted that factor 6 ('Importance of Skills'), there is a significant difference reported for 3 separate findings with regards to total number of experience of the employers in the hospitality industry. The results revealed that significant difference ($p<0.50$) between the experience group less than a year and 1-5 years ($p=0.005$), less than a year and 11-15 years ($p=0.017$), and 1-5 years group and 6-10 years ($p=0.014$). Thus, it implies that employers with more years of experience show favorable beliefs towards the importance of providing training in context to communication, social and technical skills.

Table 22: ANOVA results based on 6 Factors for Hypothesis 3

Factors		Sum of Squares	df	Mean Square	F	Sig.
COSTS	Between Groups	8.042	5	1.608	1.641	0.152
	Within Groups	149.958	153	0.980		
	Total	158.000	158			
TRAINING STRATEGY	Between Groups	5.334	5	1.067	1.069	0.380
	Within Groups	152.666	153	0.998		
	Total	158.000	158			
POSITIVE TRAITS	Between Groups	11.701	5	2.340	2.447	0.036
	Within Groups	146.299	153	0.956		
	Total	158.000	158			
NEGATIVE STEREOTYPES	Between Groups	7.513	5	1.503	1.528	0.184
	Within Groups	150.487	153	0.984		
	Total	158.000	158			
NEED FOR SUPPORT	Between Groups	1.514	5	0.303	.296	0.914
	Within Groups	156.486	153	1.023		
	Total	158.000	158			
IMPORTANE OF SKILLS	Between Groups	20.297	5	4.059	4.510	0.001
	Within Groups	137.703	153	0.900		
	Total	158.000	158			

Source: Author's own work based on SPSS results.

Therefore, this hypothesis accepted on the basis significance difference for factor 3 ('Positive Traits') and, and factor 6 ('Importance of Skills') and rejected for other four factors ('Costs', 'Training Strategy', 'Negative Stereotypes' and 'Need for Support') as they do not reveal any significant differences ($P > 0.050$).

In view of the above discusses results, it can be stated that the there is a significant difference between all two attitudinal factors ('Positive Traits' and total years of experience, and 'Importance of Skills' and total years of experience in the hospitality industry, thus hypothesis 3 is confirmed.

4.3.2.4. Hypothesis 4: There is a statistically significant difference between employers' attitudes and professional experience and exposure to employees with disabilities.

An ANOVA method was used to assess whether all six factors were significant different based on professional working experience of the employers. The objective was to find out if there is relationship between employers prior/present professional experience in regards to people with disabilities and all six attitudinal dimensions in the world of work (contact and exposure with people with disabilities over their entire career). Statistically significant difference ($p < 0.05$) was found for Factor 1 'Costs' ($p = 0.007$), 'Need for Support; ($p = 0.050$), and 'Importance of Skills'

($p=0.013$). No statistically significant differences were found for other three factors which can be interpreted from table 23.

Table 23: Summary of ANOVA test for all 6 factors for Hypothesis 4

ANOVA						
Factors		Sum of Squares	Df	Mean Square	F	Sig.
COSTS	Between Groups	13.712	4	3.428	3.635	0.007
	Within Groups	134.872	143	0.943		
	Total	148.584	147			
TRAINING STRATEGY	Between Groups	8.175	4	2.044	2.279	0.064
	Within Groups	128.241	143	0.897		
	Total	136.416	147			
POSITIVE TRAITS	Between Groups	4.804	4	1.201	1.297	0.274
	Within Groups	132.451	143	0.926		
	Total	137.255	147			
NEGATIVE STEREOTYPES	Between Groups	3.000	4	0.750	.746	0.563
	Within Groups	143.852	143	1.006		
	Total	146.852	147			
NEED FOR SUPPORT	Between Groups	9.595	4	2.399	2.435	0.050
	Within Groups	140.879	143	0.985		
	Total	150.474	147			
IMPORTANCE OF SKILLS	Between Groups	11.476	4	2.869	3.291	0.013
	Within Groups	124.673	143	0.872		
	Total	136.148	147			

Source: Author's own work based on SPSS results

Therefore, it can be observed from table above that there were statistically significant differences reported by three factors, between the groups as a whole. The table 24, Multiple Comparisons, shows which groups differed from each other, and to confirm this, the author decided to conduct post hoc tests on a one-way ANOVA.

For factor 1, 'Costs', it can be observed from table below that there are statistically significant differences between employers with professional contact/exposure to people with disabilities, between the groups, no experience and 4-6 years of exposure/contact with people with disabilities ($p=0.024$), no experience and 7-10 years of experience group ($p=0.009$). However, no significant differences reported between no experience and 1-3 years of experience ($p=0.192$), no experience and more than 10 years of experience ($p=0.612$), 1-3 years and 4-6 years of experience ($p=0.668$), 1-3 years of experience and 7-10 years of experience ($p=0.317$), 1-3 years group and more than 10 years ($p=1.000$), 4-6 years and 7-10 years of experience ($p=0.959$), 4-6 years and more than 10 years of experience ($p=0.871$) and 7-10 years and more than 10 years of experience ($p=0.592$). Since there are different experience groups, but it can be implied that employers with more years

of professional experience with people with disabilities are flexible in terms on training and operational costs.

Table 24: Findings of Multiple Comparisons (Tukey HSD test) for factors : “Costs”, “Need for Support” and “Importance of Skills” for Hypothesis 4

Multiple Comparisons							
Tukey HSD							
Dependent Variable	(I) EWD entire career	(J) EWD entire career	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
COSTS	NONE	1-3	0.47553	0.21777	0.192	-0.1261	1.0772
		4-6	0.77378*	0.25519	0.024	0.0687	1.4789
		7-10	0.97499*	0.28955	0.009	0.1750	1.7750
		OVER 10	0.45971	0.32247	0.612	-0.4313	1.3507
	1-3	NONE	-0.47553	0.21777	0.192	-1.0772	0.1261
		4-6	0.29825	0.22287	0.668	-0.3175	0.9140
		7-10	0.49946	0.26150	0.317	-0.2230	1.2220
		OVER 10	-0.01582	0.29755	1.000	-0.8379	0.8063
	4-6	NONE	-0.77378*	0.25519	0.024	-1.4789	-0.0687
		1-3	-0.29825	0.22287	0.668	-0.9140	0.3175
		7-10	0.20121	0.29340	0.959	-0.6094	1.0118
		OVER 10	-0.31408	0.32594	0.871	-1.2146	0.5865
	7-10	NONE	-0.97499*	0.28955	0.009	-1.7750	-0.1750
		1-3	-0.49946	0.26150	0.317	-1.2220	0.2230
		4-6	-0.20121	0.29340	0.959	-1.0118	0.6094
		OVER 10	-0.51528	0.35348	0.592	-1.4919	0.4613
	OVER 10	NONE	-0.45971	0.32247	0.612	-1.3507	0.4313
		1-3	0.01582	0.29755	1.000	-0.8063	0.8379
		4-6	0.31408	0.32594	0.871	-0.5865	1.2146
		7-10	0.51528	0.35348	0.592	-0.4613	1.4919
NEED FOR SUPPORT	NONE	1-3	0.05008	0.22257	0.999	-0.5649	0.6650
		4-6	-0.12566	0.26081	0.989	-0.8463	0.5949
		7-10	0.21095	0.29592	0.953	-0.6067	1.0286
		OVER 10	0.85963	0.32958	0.074	-0.0510	1.7702
	1-3	NONE	-0.05008	0.22257	0.999	-0.6650	0.5649
		4-6	-0.17574	0.22778	0.938	-0.8051	0.4536
		7-10	0.16088	0.26726	0.975	-0.5775	0.8993
		OVER 10	0.80955	0.30411	0.065	-0.0307	1.6498
	4-6	NONE	0.12566	0.26081	0.989	-0.5949	0.8463
		1-3	0.17574	0.22778	0.938	-0.4536	0.8051
		7-10	0.33661	0.29986	0.794	-0.4919	1.1651
		OVER 10	.098529*	0.33312	0.029	0.0649	1.9057

Dependent Variable	(I) EWD entire career	(J) EWD entire career	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval		
						Lower Bound	Upper Bound	
	7-10	NONE	-.021095	0.29592	0.953	-1.0286	0.6067	
		1-3	-.16088	0.26726	0.975	-.8993	0.5775	
		4-6	-0.33661	0.29986	0.794	-1.1651	0.4919	
		OVER 10	0.64868	0.36127	0.380	-.3495	1.6468	
	OVER 10	NONE	-0.85963	0.32958	0.074	-1.7702	0.0510	
		1-3	-0.80955	0.30411	0.065	-1.6498	0.0307	
		4-6	-0.98529*	0.33312	0.029	-1.9057	-0.0649	
		7-10	-0.64868	0.36127	0.380	-1.6468	0.3495	
	IMPORTANCE OF SKILLS	NONE	1-3	-0.38259	0.20938	0.362	-.9611	0.1959
			4-6	-0.75288*	0.24535	0.021	-1.4308	-0.0750
7-10			-0.69629	0.27838	0.096	-1.4654	0.0729	
OVER 10			-0.78654	0.31004	0.088	-1.6432	0.0701	
1-3		NONE	0.38259	0.20938	0.362	-.1959	0.9611	
		4-6	-0.37029	0.21428	0.420	-.9623	0.2217	
		7-10	-0.31370	0.25142	0.723	-1.0083	0.3810	
		OVER 10	-0.40395	0.28608	0.621	-1.1944	0.3865	
4-6		NONE	0.75288*	0.24535	0.021	0.0750	1.4308	
		1-3	0.37029	0.21428	0.420	-0.2217	0.9623	
		7-10	0.05660	0.28209	1.000	-0.7228	0.8360	
		OVER 10	-0.03366	0.31337	1.000	-0.8995	0.8322	
7-10		NONE	0.69629	0.27838	0.096	-0.0729	1.4654	
		1-3	0.31370	0.25142	0.723	-0.3810	1.0083	
		4-6	-0.05660	0.28209	1.000	-0.8360	0.7228	
		OVER 10	-0.09025	0.33985	0.999	-1.0292	0.8487	
OVER 10		NONE	0.78654	0.31004	0.088	-0.0701	1.6432	
		1-3	0.40395	0.28608	0.621	-0.3865	1.1944	
		4-6	0.03366	0.31337	1.000	-0.8322	0.8995	
		7-10	0.09025	0.33985	0.999	-0.8487	1.0292	

*. The mean difference is significant at the 0.05 level.

Source: Author's own work based on SPSS results.

For factor 5, 'Need for support', statistically significant differences between only one group, employers between 4-6 years and over 10 years of professional experience ($p=0.029$). However, there were no differences between the other groups reported in this group. It implies that employers with more years of professional experience perceive employees with disabilities as independent individuals at the place of work (less dependency on co-workers and supervisors).

For factor 6, 'Importance of Skills', only one group differed statistically from each other, no professional experience and employers between the group of 4-6 years of experience ($p= 0.021$). In this section, employers with average years of professional experience show open mind in providing training in terms of skills developments to employees with disabilities. Therefore, this

hypothesis was accepted for only three factors ('Costs', 'Need for support', and 'Importance of training') and rejected for other three factors ('Training Strategy', 'Positive Traits', and 'Negative Stereotypes') as they were no significance differences reported ($p > 0.050$).

In view of the above discusses results, it can be stated that the there is a significant difference between three attitudinal factors ('Costs', 'Need for Support' and 'Importance of Skills'), and professional contact and exposure of employers towards people with disabilities and the phenomenon of disabilities, thus hypothesis 4 is confirmed.

4.3.2.5. Hypothesis 5: There is a statistically significant difference between the attitudes of employers towards employees with disabilities and the size of the firm (employees strength).

The data in this question was compressed in to three categorical closed ended options (instead of 6) to have a comparative understanding on the relationship between the size of the firm and attitudes of employers representing them.

Table 25: ANOVA results based on 6 factors for Hypothesis 5

Factors		Sum of Squares	df	Mean Square	F	Sig.
COSTS	Between Groups	5.186	2	2.593	2.647	.074
	Within Groups	152.814	156	0.980		
	Total	158.000	158			
TRAINING STRATEGY	Between Groups	2.587	2	1.294	1.299	.276
	Within Groups	155.413	156	0.996		
	Total	158.000	158			
POSITIVE TRAITS	Between Groups	3.100	2	1.550	1.561	0.213
	Within Groups	154.900	156	0.993		
	Total	158.000	158			
NEGATIVE STEREOTYPES	Between Groups	12.823	2	6.411	6.889	0.001
	Within Groups	145.177	156	0.931		
	Total	158.000	158			
NEED FOR SUPPORT	Between Groups	5.043	2	2.522	2.572	0.080
	Within Groups	152.957	156	0.980		
	Total	158.000	158			
IMPORTANCE OF SKILLS	Between Groups	11.273	2	5.637	5.993	0.003
	Within Groups	146.727	156	0.941		
	Total	158.000	158			

Source: Author's own work based on SPSS results

The compressed category represented small (less than 50 employees, medium (between 50 and 249 employees) and large business (more than 250 employees) within the questionnaire (CAVELL, 2018). One-way between-groups analysis of variance (ANOVA) was conducted to establish a significant relationship between employers' firm size and attitudes towards employees with disabilities, if any (Table 25).

Table 26: Summary of Multiple Comparison (Tukey HSD test) for Hypothesis 5

Multiple Comparisons *.							
Tukey HSD							
Dependent Variable	(I) number of employees	(J) number of employees	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
NEGATIVE STEREOTYPES	Employees less than 50	Between 50 and 249 employees	-0.76231*	.26218	.012	-1.3827	-.1419
		Greater than or equal to 250 employees	-1.08577*	0.43911	0.038	-2.1248	-.0467
	Between 50 and 249 employees	Employees less than 50	0.76231*	0.26218	0.012	0.1419	1.3827
		Greater than or equal to 250 employees	-0.32345	0.49816	0.793	-1.5023	0.8553
	Greater than or equal to 250 employees	Employees less than 50	1.08577*	0.43911	0.038	0.0467	2.1248
		Between 50 and 249 employees	0.32345	0.49816	.793	-0.8553	1.5023
IMPORTANCE OF SKILLS	Employees less than 50	Between 50 and 249 employees	0.43984	0.26357	0.220	-0.1838	1.0635
		Greater than or equal to 250 employees	-1.29393*	0.44145	0.011	-2.3385	-0.2493
	Between 50 and 249 employees	Employees less than 50	-0.43984	0.26357	0.220	-1.0635	0.1838
		Greater than or equal to 250 employees	-1.73377*	0.50081	0.002	-2.9188	-0.5487
	Greater than or equal to 250 employees	Employees less than 50	1.29393*	0.44145	0.011	0.2493	2.3385
		Between 50 and 249 employees	1.73377*	0.50081	0.002	.5487	2.9188

*. The mean difference is significant at the 0.05 level.

Source: Author's own work based on SPSS results

Statistically significant difference was reported between factor 4, 'Negative stereotypes' ($p=0.001$) and 'Importance of Skills' ($p=0.003$), both being less than 0.05 ($p<0.05$). No statistical significant differences were reported for factors, 'Costs', 'Training Strategy', 'Positive Traits' and 'Need for Support'. A Tukey's HSD post-hoc test was performed to compare each of these variables within the factors. Table 26, displays results of Tukey HSD test to understand the relationship between the different firm groups with regards to Factor 4, 'Negative Stereotypes', and factor 6, 'Importance of Skills'. The Tukey's post hoc test generated test which is depicted in the table 26.

For factor 4, 'Negative Stereotypes', there was a statistically significant difference in attitudes of employers and size of firms, for example significant difference between employees less than 50 and between 50 and 249 employees ($p=0.012$), and employees less than 50 and greater than or equal to 250 employees ($p=0.38$). However, there is no difference between firms with between 50 and 249 employees and greater than or equal to 250 employees ($p=0.793$). It can be interpreted that employers in larger firms still hold negative stereotypes towards employees with disabilities at the place of work.

Also significant difference is reflected between firms for factor 6, 'Importance of Skills', for firms with employees less than 50 and greater than or equal to 250 employees ($p=0.011$), and between 50 and 249 employees and greater than or equal to 250 employees. Similarly, there is no difference between firms with employees less than 50 and between 50 and 249 employees ($p=0.220$). This indicates that employers in large sized companies are more open about providing training to employees with disabilities than medium and small sized companies.

Thus, this hypothesis holds true for factor 4, 'Negative Stereotypes', and Factor 6, 'Importance of Skills', and rejected for other four factors ('Costs', 'Training Strategy', 'Positive Traits', and 'Need for Support') as they do not reveal any significant differences ($P>0.050$).

In view of the above discusses results, it can be stated that the there is a significant difference between all two attitudinal factors ('Negative Stereotypes' and the size of firm, and 'Importance of Skills' and the size of firm), thus hypothesis 5 is confirmed.

4.3.3. Research Question 3: The Phenomenon of People First Language

Hypothesis 6: There is a statistically significant difference in the use of People First Language between the gender.

Person-first language emphasizes on the indentifying someone first as a person and second, by descriptive word (St. Louis, 1999). The main notion behind this revolutionary ideology is to bring transparency while addressing or labeling people with disabilities, primarily as a 'person' and secondarily as member of some minority group. Selection of words or expressions such as 'the handicapped' educe pessimistic thoughts and creates a impression that all people with disabilities are alike (Snow, 1998).

Of the 174 responses, 63 (36.2%) people "agree" and 41 (23.6%) people "strongly agree" to the use of people first language to address world's largest minority as depicted in figure 15, with a mean score of 3.52 and $SD= 1.254$ (1 = strongly disagree, 2 = disagree, 3 = neutral, and 4 = strongly agree, and 5= strongly agree). Figure 15, provides a visual representation of the responses.

The author decided to employ independent-sample t test to confirm Hypothesis 6 and also to understand whether the use of person-first language differed in respect of gender ("male" and "female").

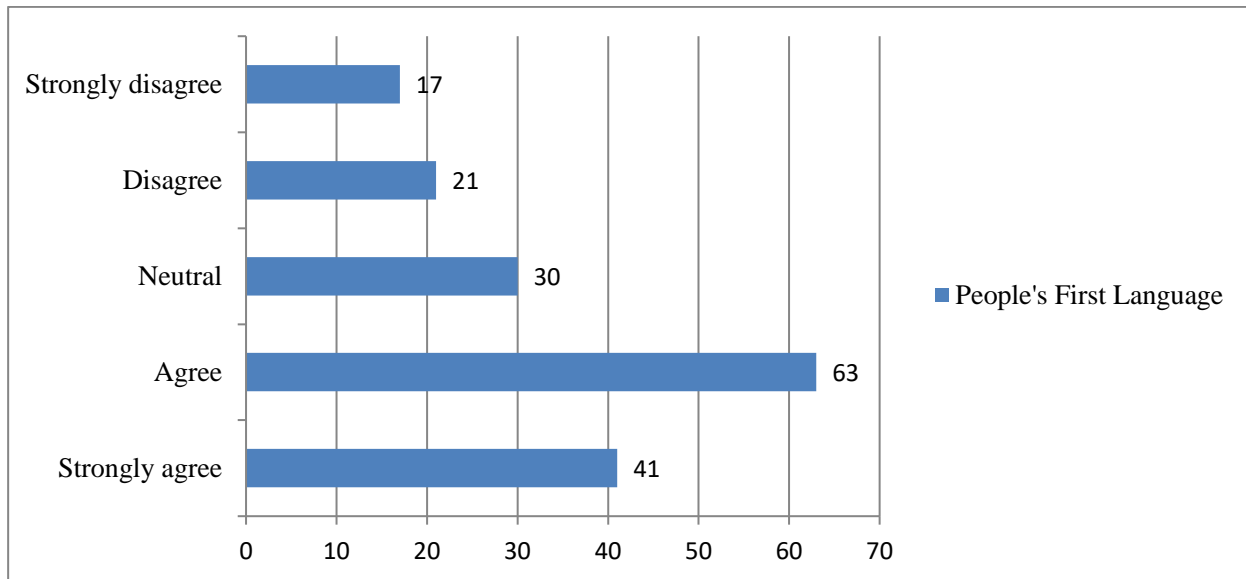


Figure 15: Responses on Peoples First Language

Source: Author's own work based on SPSS results

The results of the F-test (Levene's test) for evaluating the equality of variance reported with p-value is 0.85, which indicates that the variances are not significantly different. The p-value of t-test for the equality in the use of People First Language between gender is $p = 0.36$. Since this p-value is greater than 0.05, the null hypothesis (no significant difference in the use of people first language and between gender) rejected, the decision would be that there is a significant difference between the gender in respect of use of peoples first language. Thus, females ($M=3.61$) hold a stronger belief that the People First Language is more rational way to address people with disabilities than males ($M=3.44$). Thus, Hypothesis is confirmed.

In view of the above discusses results, it can be stated that the there is a significant difference in the use of Peoples First Language (PFL) between the gender. Thus hypothesis 6 is confirmed.

4.3.4. Research Question 4: Aesthetic and Self Presentation Standards

In general, employers confirm that aesthetic and self presentation skills are important to apply and integrate into hospitality workforce. Participants had a somewhat same opinion on the re-requisite requirement with a mean of 3.47 ($SD=0.904$). It was reported in, figure 16, that 69 (39.7%) participants agreed, 19 (10.9%) strongly agreed, 66 (37.9 %) answered with neutral responses and less than, approximately 10% of remaining participants reported disagreed and strongly disagreed responses.

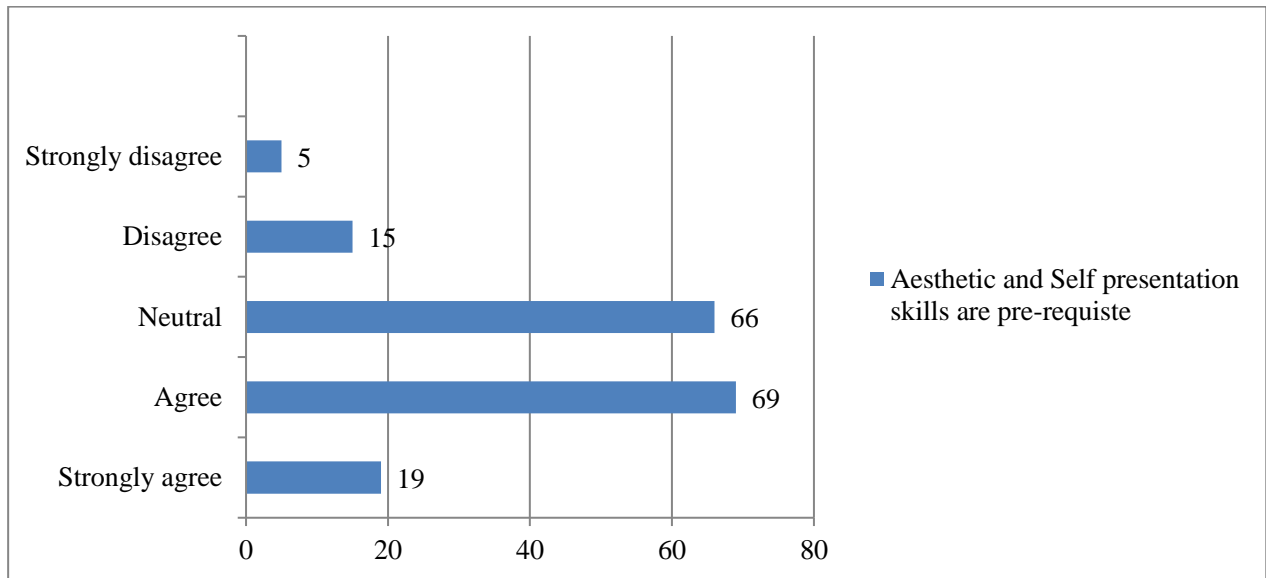


Figure 16: Responses on Aesthetic and Self Presentation Skills

Source: Author's own work based on SPSS results

4.3.5. Research Question 5: The Reality of Reasonable Accommodations

Two different questions were asked to the respondents in context to accommodations, First to examine their willingness to provide accommodation (structural, technological or job modifications), and other question in context to their understanding and perception on the technical aspects of accommodation challenges (for example, specialized equipments, facility modifications, adjustments to work, schedules or job duties. Both questions technically raise the same dilemma about accommodation challenges which leads to stereotypes and prejudices if not handled in a appropriate manner. Such issues subjectively projects two different mindsets, one from the view point of an employer and other from a lens of an empathetic person (employer).

Table 27: Summary of Accommodation Variables

Elements	N	Minimum Score*	Maximum Score*	Mean	SD
Make/would make reasonable accommodations for employees with disabilities	174	1	5	3.68	0.956
People with disabilities often require some sort of job accommodations	174	1	5	3.44	0.966

Source: Author's own work based on SPSS results

((*) 1= strongly disagree, 5= strongly agree)

These responses indicated, as observed in the table, that the employers viewed individuals with disabilities as not being a burden to the organisation and show open approach with regards to accommodation requests if required. 74 (42.5%) and 31 (17.8%) respondents “agree” and “strongly agree” to the notion of make/would make reasonable accommodations for employees with disabilities as depicted in table 27 and figure 17.

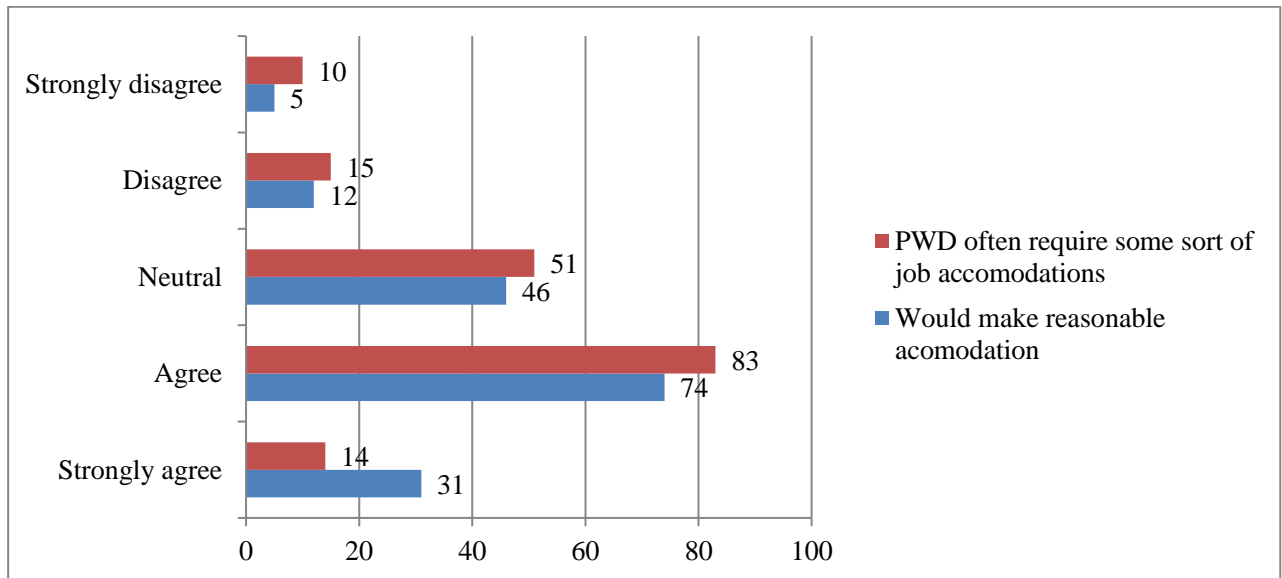


Figure 17: Responses on Reasonable Accommodation

Source: Author's own work based on SPSS results

4.3.6. Research Question 6: Customers Perception on Professional Integration of Peoples with Disabilities.

Customers show loyalty pattern towards the companies who are pro-actively involved in the professional integration of people with disabilities in their work force.

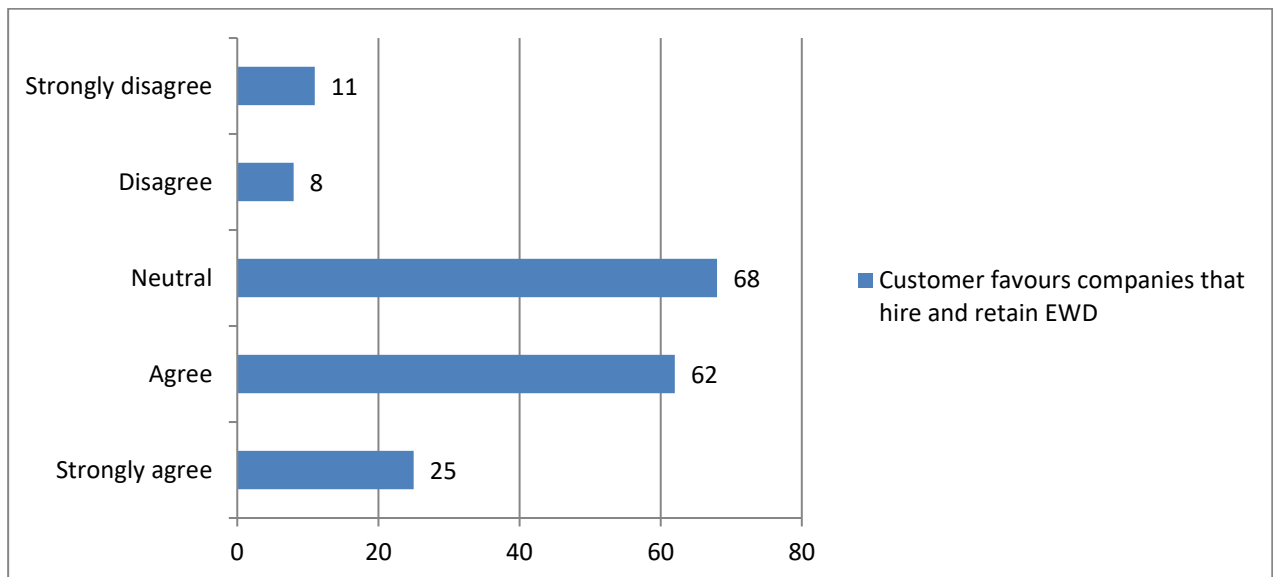


Figure 18: Customers Perception on Hiring Policy of Companies Hiring and Accommodating Individuals with Disabilities into their Work Force

Source: Author's own work based on SPSS results

Given the importance of hospitality sector being customer-centric industry, a supplemental question was asked to gather information on whether the customers show any concerns in organisation or loyalty pattern towards the companies which help in professional integration of individuals with disabilities.

Respondents were asked, “*Do customers favor companies that hire and accommodate employees with disabilities in their workforce*”? In the current research question, the reported mean was 3.47 and standard deviation of 1.007 (scale: 1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, 5 = strongly agree). Out of 174 respondents, 35.6% agreed, 14.4 strongly agreed and 39.1% answered with neutral responses confirming that employers agreed that they believe that customers favour companies which display strong corporate social responsibility with regards to employing people with responsibilities in their workforce. Figure 18 gives a detailed information regarding perception of customers, from the understanding of an employer, towards the corporate entities which show diversity in their workforce in context to people with disabilities.

4.4. Responses of the Participants to Open Ended Question.

As discussed in methodology section, participants were asked to share their personal and professional experiences in context to employees with disabilities. The responses to the open-ended question provided interesting facts and underlying objectivity regarding the existence and performance of people with disabilities in hospitality industry. Those who believe in the appropriateness of professional inclusion of individuals with disabilities found to display positive attitudes. Even though there were only 43 participants (24.7%) responding to open-ended questions, they provided appropriate information to address the objectives and goals of this study. The author decided to categorise them according to the perceptions of employers (for example, positive, negative and neutral attitudes of employers), which as discussed below:

As there are some other people without disabilities who are going good or bad job, it is just the same between people with disabilities (Female, event manager)

Good job performance and people with disabilities believe in maintaining good professional relationship with people without disabilities (Male, chef working for a fine dining restaurant).

They are good and very hard working people (Female, manager working in a finance department).

They are loyal, reliable and pay attention to details. No bad experiences so far (Male, chef with 16-25 years of experience in catering business).

Show flexibility in their working style (female, supervisor).

Very friendly people who are always motivated (Female, manager working in finance department in privately owned property).

Enthusiastic people (Male, manager).

Reliable worker (Female, supervisor between the age group of 46-55 years).

Flexible labour (Owner of Chain food joint with 16-25 years of experiences in hospitality industry).

They have good potential (Manager, Female, age group- 36-45 years old).

No opinion (Male, manager).

No problem in working with them (people with disabilities) (Male, manager).

No difference in the performance of employees with disabilities and employees without disabilities (Male, Manger).

I have worked with them (people with disabilities) but very less experience to comment on their behavior and work performance (Female, part-time supervisor).

I do not want to make a declaration /statement (Male, manager with having people with disabilities as friends and colleague).

Not outstanding performance, very average performance (Male, manager).

Nothing special about their work performance, work like everyone else (Male, Manager working for a franchised organisation).

I am very skeptical about their performance (Female, more than 55 years old, having a family member with a disabilities).

I'll not recommend them (people with disabilities) to any other employers (Manager, with more than 25 yrs of experience working in privately owned restaurant).

I prefer not to work with them (Male, manager between the age of 46-55 yrs with 16-25 yrs of experience).

Not interested, I really do not care of their work (Female, manager with 1-5 yrs of experience).

Slow work performance (Chef, working in a privately owned restaurant).

People with disabilities need extra care and attention on job. They are very sensitive when it comes to teaching them (Manager)

Of those who answered to open-ended questions, only 15 respondents provided positive beliefs as compared to 19 neutral comments, and 9 negative responses. Again, the participants feedback, in open-ended questions, most frequently was on the 'performance', and 'positive triats' of people with disabilities.

The author decided to use certain quotations from all interviews to highlight relevant points and also encouraged the participants to share personal experiences and elaborate with professional examples for the betterment of this study. Foster et al. (1999: 227) highlight the benefits, "this approach often yields information inaccessible through traditional quantitative collection strategies". The result of the analysis of these open-ended data reveals that employers show mixed attitudes towards the inclusion of people with disabilities regardless of their age, gender, working experiences, etc).

4.5. Discussion

The main purpose of this dissertation to evaluate the attitudes of employers towards employees with disabilities. Researchers have examined survey study about the integration of people with disabilities in the world of work. There are different aspects which help in the formation of attitudes, for example personal characteristics, negative stereotypes, cost of accommodation and training, lack of communication, social and technical skills, ignorance in context to the phenomenon of disability, etc. The author result found to be consistent with PAEZ (2010) study (PhD thesis), which reported overall mean (neutral response) rating on 22 attitudinal statements. Another study conducted by CHI and QU (2003), reported somewhat favorable perception of workers with disabilities (overall mean of the 17 attitude statements was 2.57, whereby 1 = strongly disagree, 2 = disagree, 3 = agree, and 4 = strongly agree). A study on Fortune 500 Company by McFARLIN et al. (1991) confirmed positive results with respect to turnover, absenteeism, and performance in context to people with disabilities. This 7-point scale (1=strongly disagree and 7=strongly agree) study reported that employees with disabilities perform as good as others colleagues and have lower turnover rates than other employees without disabilities (two-thirds of the respondents agreed) whereas over two-thirds disagreed with the statement about higher absenteeism rates. Many authors have tried to investigate the relationship between gender and attitudes towards people with disabilities. PERRY et al. (2008) in their study investigated the attitudes of undergraduate students in recreation and leisure service degree programmes towards persons with disabilities and reported that female displayed more positive attitudes than the male towards persons with disabilities. Respective studies of PAEZ (2010), and CHI and QU (2003) study did not find significant differences between attitudes and gender.

There was a significant difference reported between the size of firms (small, medium or large sized) and attitudes of employers. Factors, 'Negative Stereotypes' and 'Importance of Skills' reported significant differences. There is a difference in employments policies of small, medium and large companies and also, presence of employees with disabilities varies from companies to companies irrespective of the size. Medium and large companies are more likely to have detailed diversity policies and programs as compared to small companies (HARRIS 2010). Results from previous studies bring out an many interesting findings about how bigger companies are more proactive in providing employments options to individuals with disabilities as they have various job opportunities to offer and also have resources (financial and personnel) to include such group in their workforce (UNGER, 2002). There have been many studies explaining the attitudes of employers in different organizations towards the employees with disabilities but results have been inconsistent. EHRHART (1994, cited in UNGER, 2002) reported that no relationship between size of employer and attitudes of employers toward workers with disabilities. COPELAND (2007) in her PhD thesis, titled "The impact of Disability in the Workplace: An Assessment of Employer Attitudes toward People with Disabilities and the Americans with Disabilities Act" reported that larger organizations are more positive about employing people with disabilities. One important challenge for companies, particularly for small and medium-sized enterprises, is the access to information in order to appreciate and understand disability and disability employment issues which can help in spreading awareness and have a positive impact on the perception of employers (WATERHOUSE et al., 2010). A Study by HENRY et al., (2014) discussing about challenges faced by employers and advantages of having people with disabilities mentioned that concept of B2B (Business to Business) network can help medium and small sized enterprises to learn from

the personnel of large enterprises as it provide platform to share experiences and resources which can help not only companies but also workers with disabilities.

On of the Hypothesis in this study reported significant differences between attitudes of employers and their professional exposure to people with disabilities at the place of work. Personal and professional contact with people with disabilities or exposure to concept of disability help employers help to build confidence and enhance self worth to deal and address the complexities pertaining to workers with disabilities at the place of work. Moreover, such experiences also help in removing negative stereotypes and prejudices against people with disabilities and fundamentally creates an healthy environment of trust between them and other staff at all levels (WATERHOUSE et al., 2010). HUANG and CHEN (2015) conducted a research to the experiences of employers who had long-term experiences with employing people with disabilities in Taiwan. It was reported in this study that few employers agreed to a point that personal experiences with people with disabilities, for example immediate family member, relative, friend, or close neighbor help them to overcome the phobia of disability and they display willing attitude to provide job related opportunities to people with disabilities. It was also mentioned that employers familiarity with a certain type of disability through previous contact experience helps them to offer job to an individual possessing it, as compared to an applicant with a disability which pose a professional challenge for them in terms of knowledge and resources. Management also have some kind of inhibitions towards the type and severity of the disability. Many studies have put forward the phobia of managers, supervisors and co-workers towards certain disabilities, varying from case-to case. Discrimination pattern revealed in the study by GOUVIER et al., (2003) where persons with a physical disability are more likely to be rated favorably than a person with different disability. Another study by COPELAND et al., (2010) which was conducted in Colorado, USA also stated that employers with previous working experience with workers with disabilities hold positive beliefs towards them and consider them as 'productive' workers. 75% of the participants in a study by SIPERSTEIN et al., (2006) reported worked directly with someone with a disability and majority of them rated the performance of their co-workers with disabilities as 'very good' or 'good'.

Convention on the Rights of Persons with Disabilities (UNCRPD), United Nations initiative, expects state parties to ensure that reasonable accommodation is provided to persons with disabilities in the workplace. Reasonable accommodations are changes that can be made in the work environment or in the way a job is currently executed so that individuals with disabilities can be ensured an equal playing field in terms of employment opportunities. The term 'reasonable accommodation' specifies that an accommodation does not necessarily have to be made if doing so would pose undue hardship to an employment establishment and its workers (HARTNETT et al., 2014). The objective behind research question five was to uncertain: employers willingness to provide reasonable accommodation to employees with disabilities and also to find out their belief on this matter. Respondents displayed favourable responses to such important agenda in context to people with disabilities. Accommodations for applicants and employees with disabilities can be carried out it in many ways: making changes by making existing facilities accessible, being flexible in the application of HR policies, restructuring jobs and work hours, modifying the work environment, making transportation accommodations, modifying training materials and making changes in supervisory methods (BRUYÈRE, 2000). This agenda regarding making

accommodations in context to inclusion of people with disabilities is overhyped. Many studies have point out that majority of employers reported not having needed to make these changes or found it were relatively easy to make if required. Disability is a multi-dimensional phenomenon and changes in workplace accommodations needs to be done on case-to-case basis, not all employees with disabilities require changes in physical access accommodations, job modifications or restructuring, and work schedule adjustments (HUANG and CHEN, 2015).

The most important concern of employers is the overall cost in terms of making work related accommodations, training, supervisory roles, additional amount of resources invested, etc. One of the factors evolved during Factor Analysis was 'Costs'. The main characteristics of this cost factor was the concerns of employers on over overall operational costs and costs related to training employees with disabilities. In general, employers state cost of accommodations as a reason for not hiring workers with disabilities (KAYE et al., 2011; HARRIS INTERACTIVE, 2010). There are studies which consistently showed that accommodations cost absolutely nothing to make or with little investment (JOB ACCOMMODATION NETWORK, 2017). We have to accept that the technology is changing every day, rather being upgraded to better version and no institution is devoid of it. The objective of every organisation is to stay up to date in every aspects of technological evolution to withstand corporate competitiveness. There are so many rehabilitation experts providing services which cater to the need of people with disabilities at the place of work. They render services on the basis of specific needs of the employees with disabilities and suggest develop or modify fixtures and recommend options so that such employees are more effective professionally. Although some devices and modifications are intricate and expensive, the goal is always simplicity and cost effectiveness (PATI and BAILEY, 1995).

There are direct and indirect benefits for the employers for making accommodations for employees with disabilities, such as retained a valued employee, increased the employee's productivity, improved interactions with co-workers, increased diversity of the company, saved workers' compensation or other insurance costs, increased customer base, improved interactions with customers, increased workplace safety and increased profitability (JOB ACCOMMODATION NETWORK, 2017).

Co-worker attitudes towards providing accommodations for employees with disabilities is another barrier to successful implementation faced by many organisations. Co-worker may display negative behaviour towards this approach as projecting a feeling of 'special' treatment towards individuals with disabilities by the management (SCHUR et al., 2005). Even governments are proactively engaged in promoting the concept of reasonable accommodations at work place and providing tax breaks to attract organisations to adopt such cause (KAYE et al., 2011). To conclude, the concept of 'flexible work' place and 'equal treatment' for all the employees without regard to their particular bodily condition, as both are the constitutional rights of all the citizens and denial is not only inadequate, but also discriminatory (PATI and BAILEY, 1995).

Another factor which showed consistent significant differences in hypothesis testing was 'Importance of Skills'. In Hungary, like other global economies, reported barriers to the employment of people with disabilities is the lack of requisite training, skills, and related work experience possessed by persons with disabilities (BRUYÈRE, 2000). Employees with disabilities like other employees need to have competitive skills in order to survive in turbulent economical

crisis, for example social, soft and technical skills. The biggest challenge for hospitality and leisure industry to maintain a competitive edge over competitors is to have efficient and well trained staff. The challenge of soft skills in context to employees with disabilities is important as customers are the main core of this industry (WATERHOUSE et al., 2010).

Many companies are investing resources on people with disabilities to enhance their technical skills (skills relevant for performing job duties at the work place). HUANG and CHEN (2015) in their study conducted in Taiwan, explore the experiences of employers who share their perceptions about people with disabilities. It is believed that many employers adopt on-the-job training approach to employ people with disabilities as helps them to get adapted to companies working style and provide flexibility in learning the job.

Concerning the perceptions of employers in hospitality sector regarding the high cost and time associated with the training of employees with disabilities, this section explores the various avenues to address this barrier. Most of the employers concerns are training programs and cost related to it, but providing training and skill upgrade opportunities can assists them in acquiring new skills, building confidence, and gradually assuming more responsibilities (GROSCHL, 2012). A study by GROSCHL (2007) exploring HR policies and practices in hotel industry in Canada share views points on training employees with disabilities is considered as both financially and timely challenging for employers as its very expensive to train them and its longer period to train them then their other colleagues. There is financial benefit of hiring and providing training employees with disabilities as the company induct a reliable and loyal employee, such decision can help the organisation to save money on the costs associated with high turnovers (HOUTENVILLE and KALARGYROU, 2012; DONNELLY and JOSEPH, 2012).

The need of the hour is to initiate proactive educational and vocational training programs to provide a platform to both, i.e. individuals with and without disabilities to learn and work together. Firstly, this approach will help in reducing stereotypes and negative perceptions at pre-employment stage and secondly, both communities will have equal access to the knowledge, expertise and practical skill-sets to professionally integrate into the hospitality workforce (GROSCHL, 2007). Vocational education and training expert can also play a important role in smooth inclusion of people with disabilities by helping such people to develop skills (employability skill development) and providing different resources to develop their knowledge (WATERHOUSE et al., 2010). Well structured training programs for people with disabilities can help in smooth transition or help to transform their status form 'unskilled' to 'skilled' individuals in labour market (BRUYÈRE 2000). BRUYÈRE et al., (2002) in their survey which was conducted by Cornell University and the main purpose of the project to recommend or implement changes necessary to improve Federal employment policy for adults with disabilities. The highlight of the report which was conducted in the U.S.A was that participants reported lack of requisite skills besides many reasons which acts as the barriers to employment for persons with disabilities.

In hypothesis 6, the author's objective to find out whether there was any significant difference reported in the use of people first language between the gender. Women participants responded more favourably than the male in the questionnaire. The Disability Right Movement has managed to bring some noticeable changes in context to the attitudes of the people and language used to describe people with disabilities (SNOW, 2007). Furthermore, the important thing we have to

always remember while describing or dealing with people with disabilities is that they are people 'first' and deserve to be treated with the same courtesy and respect like all other people (LIPSCOMB, 2009). The important thing and practically more difficult for people with no disabilities to acknowledge and address community in this context in a respectful manner and by avoiding inaccurate, out dated and less offensive language (LIPSCOMB, 2009). Therefore, authors hope this study will serve as a basic reference material for academicians and employers worldwide. People with disabilities have been a victim of generalisation and social prejudice which led to many myths about their capabilities and sometimes such myths takeovers the actual truth (SNOW, 1998). A study on the effect of employee language on organisation performance pointed out that differences in language raised communication barriers and have an effect on organizational performance (MECHEO, 2016). Similarly, another study which assessed the influence of communication pattern on employees' job performance confirmed that language barrier was the major challenge impacting job performance of employees (ABIONA et al., 2015). Importantly, as addressed by HUSSEIN (2012) exploring the controversy of The Sapir-Whorf Hypothesis stated that "the fact that language plays a role in shaping our thoughts, in modifying our perception and in creating reality is irrefutable" (p. 645). Therefore, it very clear from the literature that there is direct impact of language on the performance of employees in many ways, directly or indirectly. Therefore, our society must regard people with disabilities as individuals with unlimited potential like other people and the use of first person language, as a promoter of dignity and respect, can influence individual's perception and behaviour towards people with disabilities.

Hospitality, leisure and retail sectors have a huge job potential and provide more job growth worldwide. 'Aesthetic labour' is a modern day concept referring to the inclusion of applicants with certain embodied capacities and attributes than technical skills and experience (NICKSON et al., 2001). This was another research question of this study to find out employers perceptions on aesthetic and self presentation skills in terms of job integration. The starting point of workplace discrimination is the job advertisement which is the first step of recruitment and selection procedure, emphasizing on person specifications, listing necessary attributes such as being 'well spoken and of smart appearance', 'well presented' or just more bluntly 'good looking' (WARHURST and NICKSON, 2007). It has also been highlighted in a survey research by NICKSON et al., (2005) that aesthetic content of labour is considered as a legitimate managerial strategy to attract customers to their organisation and also to have an competitive edge over their competitors. Hence, there is not the skills of employees in question only but there different perspective to this agenda, for example, cutting edge over competitors. Such appearance-based decisions not only leads to stereotypes but also impacts the chances any individual to secure a deserving job (MAHAJAN, 2007). Demeanour and appearance of front-line staff favourably appeal to customers and project a positive brand image and this is how customers judge service quality (NICKSON et al., 2005) and it becomes one of the key obstacles for the employment of individuals with disabilities in hospitality industry, especially to those who do not fit the traditional concepts of physical attractiveness (HUI et al., 2017).

There is another notion to disability, the relationship between attractiveness and disability. Since attractiveness is a subjective perception and more often the consequences of disability on attractiveness discussed at many level of legislative and social hierarchy but this dilemma is still very prominent, for example, a attractive person confined to a wheelchair is easier to place in business than someone afflicted with cerebral palsy (PATI and BAILEY, 1995).

Research question 6 was designed to uncover the ideology of employers from the view point of customers in terms of corporate social responsibility. In their perspective, do customers show loyalty towards firm which integrate people with disabilities in their work force? Favorable responses were reported in this context. There are many concerns these days which impact the existence of companies worldwide and companies are aware of their responsibilities towards the society. Hiring people with disabilities is part of corporate social responsibility and important building block in creating a reputable image in the business world, moreover, also helps in expanding customer base (SIPERSTEIN et al., 2005).

A study by HOUTENVILLE and KALARGYROU (2015) examining employers' perspectives about employing people with disabilities across different industries, reported that service-producing industries are more likely to actively recruit workers with disabilities when compared with goods-producing companies. It was also pointed out that the employers are mostly concerned about the attitudes of the customers and may not display objective behaviour while hiring people with disabilities. Another study by STEFAN GROSCHL (2007) exploring human resource practices which affect the employment of persons with disabilities in hotel organizations in Canada conveys the fact about travelers with disabilities representing a large spending power. According to his study such customers are drawn to organizations that value their employees' individuality and show diversity in their human resource policies. SIPERSTEIN et al., (2005) in their study present a view point of customers where it is expected from companies and governmental institutions to be socially responsible and provide a chance to individuals with disabilities to be actively involved in labour force. Thus, companies will be able to strengthen their workforce with employees that are found to be reliable, committed and hard working while also benefiting from consumer enthusiasm, appreciation and support for their company and its brand (SIPERSTEIN et al., 2005).

In a single-factor experimental design study in the USA found that consumers demonstrated a moderately positive purchase intention for a restaurant that employs individual with disabilities (KUO and KALARGYROU, 2015). This research was conducted to investigate consumers' perceptions, attitudes, and purchase intention for restaurants that employ a significant amount of service staff with disabilities.

4.6. New and Novel Research Results

There are many ongoing debates around disability, revolving around human rights worldwide, but in this research the main focus was on how employers' perceive the multi-dimensional phenomenon of disability and display their attitudes towards employees with disabilities. The researcher, being himself an individual with a disability believes that his contribution in context to Hungary will be seen as positive to this on-going fight for equality. Thus, the author would like to highlight his new and novel results, as discusses below:

1. In terms of an **empirical contribution**, this research study adds worthwhile perceptivity from the view point of employers towards the participation of people with disabilities in the world of work. The author stresses on his efforts on presenting realistic and original contribution, however, adding to the existing body of knowledge in international context. The survey population represents a part of a specific industry (hospitality sector) and also

a small fraction of employers in the city of Budapest. This could be seen as a minuscule handout in the wide world knowledge but the results should be interpreted as cutting-edge annexation in Hungarian context. The confirmatory approach was adopted for this study in Hungary, but the sample and the approach were reported different from Paez (2010) original study. International literature has provided as many aspects of the phenomenon of disability by the authors' who have not disclosed their identity, as a 'person with a disability' or a "person without a disability". My research is inferred to be "unique" and "novel" for two reasons. Firstly, findings are presented from the perspective of a "researcher with a disability", and secondly replicated for the first time in Hungary. One of the important findings was that no significant difference in attitudes of male or female employers. This is a true deviation from existing international literature, majority of researcher reported that women employers show positive behavior than men which is a novel finding of the dissertation.

2. My research offers an original **theoretical** contribution to the knowledge by offering two new factors, "Positive Traits and "Need for Support", in terms of identifying and grouping correlated items which define dimensions within a construct. Thus, these factors offer a new analytical approach to existing literature in terms of factor analysis which contribute towards the rationalities in conceptualizing the relationship between of disability and employment. Both factors characteristics have been already described in chapter 4, results and discussion, but reaffirms "Positive Traits" refers to inherit positive qualities of the employees with disabilities and "Need for Support" highlights the attentiveness issues from the perspective of colleagues. PAEZ (2010) and CHI and QU (2003) have already contributed attitudinal factors in their studies in terms of costs, training, negative stereotypes and skills.
3. With the addition of new factors in the literature, it is the understanding of the author and would like to stress again that these new attitudinal factors are being contributed towards the **empirical** knowledge in regards to disabilities studies. Empirically, both factors show significant results when tested for hypotheses. Factor 3, "Positive Traits" show consistent significant differences for hypothesis 2b and 3, regardless of number of total years of experience in the hospitality sector, and age of the employers. Factor 5, "Need for Support" show significant differences for Hypothesis 4, i.e. attitudes of employers and professional working experience with people with disabilities. To elaborate, it is an another novel finding (proven empirically) that employers with more years of professional (exposure and contact) working experience perceive employees with disabilities are self-sustainable.
4. In terms of **theoretical and empirical contribution**, survey method of data collection provided a platform to understand the relationship of disability and employment pre-requisite requirement in terms of aesthetic and self presentation skills in hospitality industry that has not been used before in Hungary. The author has triggered the exclusivity and subjectivity of recruitment, induction, training and retaining the employees with disabilities. The existing qualitative data support the general agreement on aesthetic concerns but the author has interpreted the same concept by providing new empirical

findings as discussed in previous chapter. After analysing the data, my results show that majority of employers (69 respondents agree and 19 strongly agree) in this research perceive aesthetic and self-presentation skills as an important employment requirement to apply and sustain in hospitality industry.

5. In terms of **policy contribution (strategic management)**, the author endorses people first language to be accepted as an instrument in corporate world regardless of geographical boundaries, size of an enterprise, etc. Thus, I have demonstrated empirically, a new finding, the relationship between people first language and the understanding of employers in hospitality industry in Hungary. I have also proved that first-hand that female employers hold stronger beliefs about the usage of the people's first language (as compared to identity first language) is a rational way to address people with disabilities than male employers. Firms can demonstrate their fidelity to their customers and employees with disabilities by being culturally and linguistically adaptable. In sense of corporate communication strategy, people first language should be incorporated as righteous and organisational commitment towards different stakeholders by being 'politically correct' in the world economy.
6. Researchers as part of the international literature focusing on hospitality industry have reported that customers purchase intentions or patronage decisions are guided towards the organisations that hire and retain individuals with disabilities in their work force. Further analysing the data I have determined that, in employers' (68 respondents) perception, customers display neutral preferential treatment towards the organisation having diversified and inclusive corporate policies in terms of employment of individuals with disabilities.

5. CONCLUSION AND RECOMMENDATIONS

5.1. Conclusion

This research study has presented mindset of employers in context to the phenomenon of disability and how this realistic truth of life is interpreted at work in relation to their knowledge and experiences. Since this study was conducted only in hospitality sector and provided wide range of employers' perspectives towards employees with disabilities in one specific industry in the city of Budapest. The important thing to address here is that may be perceptions of employers or approach towards people with disabilities vary depending on the industry and geographical location, for example, employers in manufacturing industry may display either more positive or negative attitudes or employers in rural geographic may display different range of beliefs.

Descriptive test reported different results in terms of employers and business variables in context to employees with disabilities. Six factors emerged from the Factor Analysis test, namely '**Costs**', '**Training Strategy**', '**Positive Traits**', '**Negative Stereotypes**', '**Need for Support**' and '**Importance of Skills**'. Different tests, for example, one-sample t test, independent-samples t test and ANOVA were used to test the relationship of these attitudinal dimensions in regards to employers and business related variables.

To conclude, employers display neutral attitudes toward people with disabilities in this study (**Hypothesis H1 confirmed**). As discussed in previous section, there was no significant difference found between gender and attitude factors (**Hypothesis H2a rejected**). The result is consistent with PAEZ (2010) and CHI and QUI (2003) findings, as they both also reported no significance difference relationship between gender and attitudes of the employers. Thus, it can be interpreted that either gender, i. e. male or female employers, did not differ significantly on attitudes towards persons with disabilities. A significant difference was found between two attitude factors (factor 1, 'Costs' and factor 3, 'Positive Traits') and age of the employers (**Hypothesis H2b confirmed**). Similarly, the employer's years of experience in hospitality industry shows significant difference in attitude for factor 3, 'Positive Traits' and factor 6, 'Importance of Skills'. Employers with more years of professional experiences exhibit favourable behavior in providing training opportunities to employees with disabilities (**Hypothesis H3 confirmed**). A significant difference existed between employers professional experiences with persons with disabilities and employers attitudinal factors, 'Cost', 'Need for Support' and 'Importance of Skills' (**Hypothesis H4 confirmed**). A significant difference was also noticed between the attitudinal dimensions ('Negative Stereotypes' and 'Importance of Skills') and the size of the employer's enterprise. Like total years of professional experience, employers representing large sized enterprises are very open about providing training to employees with disabilities than medium and small sized enterprises (**Hypothesis 5 confirmed**). Factor 2, 'Training Strategy', did not show significant relationship with any of the employers and business variables. Table 28, summarises the data analysis strategy for all hypotheses.

Table 28: Summary of the Hypotheses

S. No.	Hypotheses	Statistical Test*	Results
1	Hypothesis 1: Neutral attitudes remain prevalent among employers in context to professional integration of people with disabilities in the labour market.	One-sample t test	Hypothesis confirmed
2	Hypothesis 2a: There is a statistically significant difference between employers' gender and the attitudes towards individuals with disabilities	Independent-samples t test	Hypothesis rejected
3	Hypothesis 2b: There is a statistically significant difference between employers' age and attitudes towards employees with disabilities	ANOVA	Hypothesis confirmed
4	Hypothesis 3: There is a significant difference between the employers' attitudes toward employees with disabilities and the number of professional years' of experience in hospitality industry.	ANOVA	Hypothesis confirmed
5	Hypothesis 4: There is a statistically significant difference between employers' attitudes and professional experience and exposure towards employees with disabilities.	ANOVA	Hypothesis confirmed
6	Hypothesis 5: There is a statistically significant difference between the employers' attitudes towards employees with disabilities and the size of the firm	ANOVA	Hypothesis confirmed
7	Hypothesis 6: There is a statistically significant difference between employers' gender and the use of People First Language.	Independent-samples t test	Hypothesis confirmed

Source: Author's own work based on SPSS results

(*): Hypotheses were tested against the six factors emerged in the Factor Analysis.

The findings show that people first language has gained momentum, but still there many fractions of population who are not still aware of the importance of this language and moral implications attached to it. The author suggest, rather request all the researchers, international bodies and governmental institutions to use Person First Language (e.g., people with disabilities) in daily discourse and to bring transparency in such linguistic movement worldwide. The dialogue behind the validation of People First Language is very important and this has not been examined more extensively in the literature, especially in quantitative studies, focusing on the integration of individuals with disabilities. A positive display of attitude goes deeper, though does not leave any reflection, but the impression lasts forever. The Author would like to quote RICHARD DYER (1993) in this context, "How we are seen determines in part how we are treated; how we treat others is based on how we see them; such seeing comes from representation". Empirically, there is a significant difference in the use of People First Language between the gender (**Hypothesis 6 confirmed**).

Addressing remaining research questions, the author has presented vast variety of responses on the study under investigation. As international literature citing employers concerns over cost of accommodation in context to employers with disabilities, which has been a big obstacle in hiring decision. Thus, favourable notion displayed by employers towards make/would make reasonable accommodations for employees with disabilities to integrate them into their workforce. As reported in discussion section, employers in hospitality industry give importance to aesthetic fundamentals over skills. In this study, the author reports mixed responses in terms of this overhyped dilemma. Majority of responses reported were either, “agree” or “neutral” in context to aesthetic and self presentation concerns.

Disability is not an insignificant issue; the well-being of people with disabilities is an important socio-political agenda point. Unless and until, the thought process of able-disabled people changes, or they start accepting the ‘world’s largest minority’ into their system, the objectives of these models and legislation will not be accomplished. The models of disability can therefore help us to define guidelines and descriptive procedures which include such people and which overcome the problems of marginalization and social exclusion.

There is a deliberate attempt through this research to provide information to the employers who are only familiar with the existence of individuals with disabilities in society, but have not been exposed to the very important basic concepts thereof. There could be two reasons for this, either there is not enough information available to them, or maybe they have not interacted with any individual with disabilities. The phrase ‘necessity is the mother of invention’ stands out in this context because we learn and show an interest in certain things in life only when it is essential or we are faced with a dilemma. We tend to show no interest in diseases and disorders unless we are sick ourselves or someone in our family is afflicted. On the basis of the same ideology, the phrase ‘ignorance is bliss’ opens our eyes so that we no longer have an ignorant attitude towards disability and motivates us to be more open-minded about other people’s existence in society irrespective of race, gender or disability (SHARMA and DUNAY 2016 a).

The analysis of open-ended item reported that many of the employers hold negative attitudes towards employers with disabilities. Industry visits and workshops where the representatives from small, medium and large enterprises gather up and may provide opportunities to each other share their experiences which will eventually help as ‘intervention’ in spreading professional awareness about the positive traits of hiring people with disabilities.

The unsubstantiated assumption of the employers toward the employees with disabilities is the incapability of them being economically active in labour market and thus, this has imperative effect on policy makers. Importantly, another implication on policy formation is to provide background information and non-technical information to the policy makers in Hungary which author feel has succeeded. This non-technical study hope to remove socially and professional related barriers which leads to stigmatizing attitudes toward marginalised groups like people with disabilities.

While this attitude-based research study is important for researchers, but employers, service providers and human resource agents can use this study as a ‘handbook’ to broaden their

knowledge in relation to disability, attitudes, and for developing and adopting an empathetic approach towards disabled people at work.

5.2. Recommendations

The author presents provides additional considerations for future research as well as consideration for employment practices is also provided in this research thesis. Employers regardless of geographical location, size of the firm, gender should pay close attention to the stereotypes and prejudices in terms of reasonable accommodation, operational costs and type of disabilities. Not every individual with a disability is same and not all disabilities do require job accommodations or cost related adjustments. It depends on individuals to individuals and modifications varies from case to case as discussed in previous chapters. In order to inclusion to be successful, management should focus more on providing more avenues for training and skill developments for people with disabilities. Also, show open and flexible approach towards in building up strategies in areas of disability dynamics.

Since results reports neutral attitudes of employers towards employees with disabilities in the place work. It indicates that there is still need to spread awareness about the different dimensions of disability and also to project positive attributes of hiring individual with disabilities. This could be achieved by adopting a systematic intervention approach which may benefit very stakeholder involved directly or indirectly in the professional integration of world's largest minority.

In terms of future research objectives, this study has not yet covered many issues regarding successful integration of individuals with disabilities in the labour Market. The author co-wrote an article about the models of disability i.e. the medical and the social model, the international classification of impairments, disabilities, and handicaps (ICIDH), as well as the International classification of functioning, disability, and health (ICIDH-2 or ICF). This article shed light on the detailed conceptual framework of the ICIDH & ICF and the acceptance of ICF as the main disability guide at the global level (SHARMA and DUNAY 2016 a). The lack of disability awareness in many organisations still needs to be confronted. There is, therefore, a lot of scope for future studies into how to bridge the gap between society and work culture. The ICF model's environmental and personal factors can be further evaluated to gain access to issues pertaining to the work place. The objectives of concepts and models are not only to provide in-depth information about disability, but also to empower people with disabilities because they are also not up-to-date about their rights. Both people with disabilities and able-bodied people need to re-think or deviate from stereotypical thought processes or create a new outlook towards disability for the 21st century.

The author conducted a case study in 2007 in a café called Nem Adom Fel Café and Bar in the heart of Budapest city. The objective of this paper to present the human resources practices at the Nem Adom Fel Cafe and Bar. The mission of the Nem Adom Fel Cafe and Bar is to encourage the social integration and inclusion of people with disabilities by offering employment and providing opportunities to have a decent life style (SHARMA and DUNAY 2017 b). Future research studies will involve exploratory case studies in organizations who also share the same vision as the Nem Adom Fel Cafe and Bar. These future studies will focus on different industries at various

geographical locations in order to gain greater insights into the rights and professional position of people with disabilities.

Replication of this present study using the same attitude scale in other geographical areas within Hungary will help to confirm the validity of the instrument and to identify attitudes of employers in rural and urban Hungary. More ever, replication of this study would also help in to confirm the reliable potentiality of the instrument to test the attitudes of employers in other European countries, especially in Visegrad region. Similarly, allowing for comparative studies in other sectors, such as a comparative study to measure the attitudes of employers between manufacturing and service industry in Hungary and other European countries.

The author also like to highlight on a finding with regards to attitudes of employers in respect to size of the organisation. Respondents from smaller enterprises hold less negative stereotypes as where compared to employers of bigger enterprises. This provides an opportunity for future research in small and medium enterprises, to conduct qualitative as well as quantitative study involving the attitudes of co-workers towards employees with disabilities.

6. SUMMARY

The purpose of this PhD thesis was to examine the attitudes of employers towards employees with disabilities in hospitality sector in the city of Budapest. After reviewing the literature, it was formulated that employers display either, negative, neutral or positive attitudes. To confirm the results in Hungarian context and cross-check this attitudinal dilemma, the author decided to adopt a reliable and validated instrument from a study which was conducted in the USA.

After an in-depth literature review, six research questions and six hypotheses were drawn. To conduct the research work, primary data was collected through an anonymous questionnaire survey in the city of Budapest, Hungary. There were 859 questionnaires distributed through e-mails (paper with web option), in person/drop in option (paper and pencil format only) and web-based (web-only), both in Hungarian and English languages. 212 (in 24 English and 188 in Hungarian languages received) of them returned within the stipulated time period. The response rate, therefore, was 24.6%. 174 questionnaires were used for analysis. 38 questionnaires were invalid because of missing data, i.e. participants filled it in as a part of their understanding.

Factor Analysis test was conducted to narrow down the detailed data and six factors emerged out, namely 'Cost', 'Training Strategy', 'Positive Traits', 'Negative Stereotypes', 'Need for Support', and 'Importance of Skills'. Those new factors were tested against one-sample t test, independent-samples t test and ANOVA to address. Research Question 1 (Hypothesis 1) and Research Questions 2 (Hypotheses 2a, 2b, 3, 4 and 5) and Research Question 3 (Hypothesis 6). Research Questions 4, 5 and 6 were addressed by using descriptive statistics.

The results were consistent with the study of Paez (2010) confirming the neutral attitudes of employers towards the employees with disabilities. Out of all six hypotheses, five were accepted, as discussed in result section and one hypothesis was rejected. An important finding is the addition of two important factors, namely 'Need for Support' and 'Positive Traits' in the existing literature on the disability study. The significant differences were reported between the attitudinal 'dimensions' and the employer and business related variable which have been explained in details chapter 3. Employers showed favorable responses on providing reasonable accommodation in terms of technological upgrade, changes in structural infrastructure, modified job responsibilities, etc. Employers also agree with the adoption of people first language as a rational way to address world's largest minority. The author recommends future studies on the same topic, including replicating the same study in other European countries, especially Visegrad region.

7. ANNEXES

7.1. References

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7.4. Pilot Test Evaluation Paper Questionnaire



PILOT TEST EVALUATION PAPER QUESTIONNAIRE

1. How long did it take you to complete the questionnaire?

_____ minutes

2. Were the questions clear and understandable?

Yes No

If no please indicate question number and what needs to be clarified.

Question number	Clarification

3. Was the scale clear and understandable?

Yes No

If no, please indicate what could be done to make it more understandable.

4. What suggestions do you have to make this questionnaire better?

Thank you for your assistance.

7.5. Covering Letter for the Survey (English Language)

Dear Sir/Madam,



Greetings!!

I would like to introduce myself as Ambuj Sharma (PhD Student), from Szent Istvan University, Godollo. My PhD thesis is focused on professional integration of people with disabilities in the society. People with disabilities represent an important labor source for the hospitality industry. Employees with disabilities can learn necessary skills to perform their jobs and contribute to the success of an organization. In order to better prepare employees with disabilities it is important to identify current training topics and needs for this sector of the population.

As researcher at Szent Istvan University, I am conducting a survey (questionnaire based) to gain your viewpoints about current training topics, methods used for employees with disabilities in the hospitality industry, as well as training attitudes and knowledge related with employees with disabilities. Results of the project will provide information for the hospitality industry about incorporating workers with disabilities and training methods used with employees with disabilities. We need your input! Whether you currently employed workers with disabilities, formerly employed workers with disabilities, or have never employed workers with disabilities, your input is valuable. This is an opportunity for you to provide information on the training methods for people with disabilities and help identify potential training needs for such employees. The questionnaire will take **less than 15 minutes** to complete. Your participation in this project is voluntary and you may refuse to participate. Return of a completed questionnaire indicates your willingness to participate in this project. To ensure confidentiality to the extent permitted by law, the following measures will be taken: 1) questionnaire responses will remain completely anonymous and no identifiers will be used; 2) only the identified researchers will have access to the research records; and 3) research records will be kept in a locked office.

You can send completed questionnaire either, by email (ambujrc@hotmail.com) or post it to University's address mentioned below.

If you have any questions, please contact me at the e-mails or phone numbers listed below. Thank you in advance for helping me with this research.

Best Wishes,
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7.6. Questionnaire in English Language

Employees with Disabilities in the Hospitality Industry: Employers' Understanding of the Concept of Disability and their Attitudinal Influences on Individuals with Disabilities in Hungary

We are investigating employer attitudes towards employees with disabilities in hospitality industry. Please complete the following questionnaire based on your experiences and knowledge (Definitions provided in each section for the better understanding of the terminology used in this questionnaire).

If you currently work with individuals with disabilities, please answer the following questions based on what you are doing; if you have worked with individuals with disabilities in the past, please answer the questions based on what you have done; if you have no experience with individuals with disabilities please answer based on what you think you would do.

(5 = *strongly agree*, 4 = *agree*, 3 = *neutral*, 2 = *disagree*, 1 = *strongly disagree*)

Part I: Personal Beliefs, perception and attitudes towards employees with disabilities:

Disability: Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.

Aesthetic and self-presentation skills: The appearances, physically attractiveness, and self presentation skills of an employee.

People-first language: People-first language is a type of linguistic prescription in English. The basic idea is to use a sentence structure that names the person first and the condition second, for example "people with disabilities" rather than "disabled people" or "disabled", in order to emphasize that "they are people first".

Please circle your responses (Attitude Scale)						
1	I feel employees with disabilities are more dependable than employees without disabilities.	5	4	3	2	1
2	Employees with disabilities are absent less often than employees without disabilities.	5	4	3	2	1
3	I believe that generally, employees with disabilities cooperate better than employees without disabilities.	5	4	3	2	1
4	Employees with disabilities are often late for work.	5	4	3	2	1
5	Employees with disabilities work slower than employees without disabilities.	5	4	3	2	1
6	Employees with disabilities need closer supervision than employees without disabilities.	5	4	3	2	1
7	Employees with disabilities produce higher quality work than employees without disabilities.	5	4	3	2	1
8	Employees with disabilities are more loyal to the organization than employees without disabilities.	5	4	3	2	1
9	Employees with disabilities usually stay at a job a shorter time period than employees without disabilities	5	4	3	2	1
10	Employees with disabilities need special attention from co-workers.	5	4	3	2	1
11	Employees with disabilities make other employees uncomfortable.	5	4	3	2	1
12	Providing training on technical skills for employees with disabilities is important.	5	4	3	2	1

13	Providing training on social skills for employees with disabilities is important.	5	4	3	2	1
14	Providing training on communication skills for employees with disabilities is important.	5	4	3	2	1
15	I use/would use different training methods for employees with disabilities.	5	4	3	2	1
16	I train/would train on different topics if a employee with disability has a specific disability.	5	4	3	2	1
17	I train/would train on different topics if a employee with disability has a certain job.	5	4	3	2	1
18	I train/would train all employees using the same methods whether they possess any kind of disability or not.	5	4	3	2	1
19	Depending on the job, I spend/would spend more time training employees with disabilities than employees without disabilities.	5	4	3	2	1
20	Depending on the disability, I spend/would spend more time training employees with disabilities than employees without disabilities.	5	4	3	2	1
21	I use/would use the same training tools for employees with disabilities as those without disabilities.	5	4	3	2	1
22	I do not believe employees with disabilities need to be trained differently than employees without disabilities.	5	4	3	2	1
23	Even after training, employees with disabilities need special attention from supervisors.	5	4	3	2	1
24	Depending on the job, employees with disabilities are harder to train than employees without disabilities.	5	4	3	2	1
25	Depending on the disability, employees with disabilities are harder to train than employees without disabilities.	5	4	3	2	1
26	Supervisors find/would find it hard to get employees with disabilities to adopt new ways of doing the job.	5	4	3	2	1
27	I feel it is too costly to give additional training to employees with disabilities.	5	4	3	2	1
28	Depending on the job, it costs/would cost me more to train employees with disabilities.	5	4	3	2	1
29	Depending on the disability, it costs/would cost me more to train employees with disabilities.	5	4	3	2	1
30	Employees with disabilities increase operational costs.	5	4	3	2	1
31	I make/would make reasonable accommodations for employees with disabilities.	5	4	3	2	1

ADDITIONAL DIMENSIONS

32	Customers favor companies that hire and accommodate employees with disabilities in their workforce.	5	4	3	2	1
33	As an employer, aesthetic and self-presentation skills are pre-requisite requirement to apply for a position in hospitality industry.	5	4	3	2	1
34	People with disabilities often require some sort of job accommodations (e.g., specialized equipment, facility modifications, adjustments to work schedules or job duties) to do the job.	5	4	3	2	1
35	People first language (“people with disabilities”) is more rational and acceptable than identity-first language (“disabled people”, “disabled”, “crippled” or “handicapped”)	5	4	3	2	1

Part II : Knowledge about disabilities

Physical Disability: Any physiological condition, cosmetic disfigurement, or anatomical loss affecting the body systems. Examples include: neurological, musculoskeletal (wheel chair), special sense organs (hearing), respiratory (including speech organs), cardiovascular (high blood pressure), reproductive, or digestive (diabetes).

Mental Disability: Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and learning disabilities (dyslexia).

Sensory disability: A sensory disability refers to a disability of the senses (e.g. sight, hearing).

Employment quota system and rehabilitation contribution: Rehabilitation contribution is linked to the quota regulation as an antidiscrimination legislation form. The quota is 5%, if the employer employs more than 25 people. If the number of employees with changed working ability do not reach 5% (compulsory employment), the employer has to pay rehabilitation contribution

Please circle your responses

36	I am knowledgeable about these disabilities:					
	Physical Disabilities	5	4	3	2	1
	Mental Disabilities	5	4	3	2	1
	Sensory Disabilities	5	4	3	2	1
	Other, please specify.....	5	4	3	2	1
37	I have adequate knowledge to train employees with the following disabilities:					
	Physical Disabilities	5	4	3	2	1
	Mental Disabilities	5	4	3	2	1
	Sensory Disabilities	5	4	3	2	1
	Other, please specify.....	5	4	3	2	1
38	I am knowledgeable about:					
	Employment policy of employees with disabilities in Hungary	5	4	3	2	1
	Benefits of hiring people with disabilities	5	4	3	2	1
	5% employment quota	5	4	3	2	1
	Rehabilitation contribution	5	4	3	2	1
	Reasonable accommodations for employees with disabilities	5	4	3	2	1
	Legal issues related to employees with disabilities	5	4	3	2	1
	Hiring process for people with disabilities	5	4	3	2	1
	Company's disability policies that are available in the company to deal with disability/ people with disabilities.	5	4	3	2	1
	Employment strategy of the European Union on the employment of people with disabilities.	5	4	3	2	1

Part III: Tell us about your organization

39. What is your organization's type of ownership? (Check all that apply)

- Independently owned
 Franchised
 Chain

40. Which is the total number of employees that work at your organization?

- Less than 10
 10-30
 31-49
 50-99
 100-249
 over 250

41. Do you currently work with employees with disabilities?

- Yes, If yes indicate how many have .
 Physical Disability
 Mental Disability
 Sensory disabilities
 other, please specify.....

42. Please advise gender wise-breakdown of employees with disabilities?

- Male
 female

43. How many employees with disabilities have you worked with over your entire career?

- None
 1-3
 4-6
 7-10
 Over 10

44. What type or types of disabilities do your employees present or have presented? (Check all that apply)

- Physical Disability
 Mental Disability
 Sensory disabilities
 other, please specify.....

45. When was/were the disability/disabilities acquired? (Check all that apply)

- Employee(s) was/were hired already having a disability
 Employee(s) acquired the disability on the job, after hire
 Employee(s) acquired the disability after hire but not on the job

46. What positions do employees with disabilities hold or have held in your current operation? (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Supervisor | <input type="checkbox"/> Maintenance |
| <input type="checkbox"/> Server | <input type="checkbox"/> Front Desk |
| <input type="checkbox"/> Kitchen Helper | <input type="checkbox"/> Housekeeping |
| <input type="checkbox"/> Cashier | <input type="checkbox"/> Dishwasher |
| <input type="checkbox"/> Custodian | <input type="checkbox"/> Other, please specify _____ |

Part IV: Personal details (What about you)?

47. What is your gender?

- Female
 Male

48. What is your age?

- 18-25years old
 26-35 years old

- 36-45 years old
- 46- 55 years old
- over 55 years old

49. What is your current job position and department?

.....
.....

50. How long have you worked in the foodservice/hospitality industry?

- Less than 1 year
- 1-5 years
- 6-10 years
- 11-15 years
- 16-25 years
- Over 25 years

51. How long have you worked at your current organization?

- Less than 1 year
- 1-5 years
- 6-10 years
- 11-15 years
- 16-25 years
- Over 25 years

52. What experiences do you have or have you had with people with disabilities?

- No experience
- Myself, I am an individuals with a disability
- Family, I have/had a family member with a disability
- Friend, I have/had a friend with a disability
- Co-worker, I have/had a co-worker with a disability
- Other, please specify _____

53. Please feel share your personal and professional experiences in context to people with disabilities:

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7.7. Acknowledgments

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