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Examination of an Individual-level Stigma Reduction Tactic in Front-line Service Encounters UNIVERSITY OF SURREY

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Abstract

Minority stress theory links short- and long-term negative health outcomes to stigma and discrimination. It is important that workers have the agency to effect change in the processes of discrimination as a social determinate of health. Identity management strategies are elective tactics that workers may wish to use to reduce discrimination. Front line service workers may be discriminated against by customers in the form of negative customer service evaluations. Group-level stereotypes may influence customer service perceptions more than objective service quality. In this poster, we report findings from two studies in which we examined the effectiveness of an individual-level stigma remediation tactic in service encounters. Our findings suggest that performance perceptions are differentially impacted as a function of employee demographic stereotypes when individuals highlight the common dimensions of person perception of warmth and competence. We discuss the implications of our study along with possible future research on individual-level stigma remediation strategies.

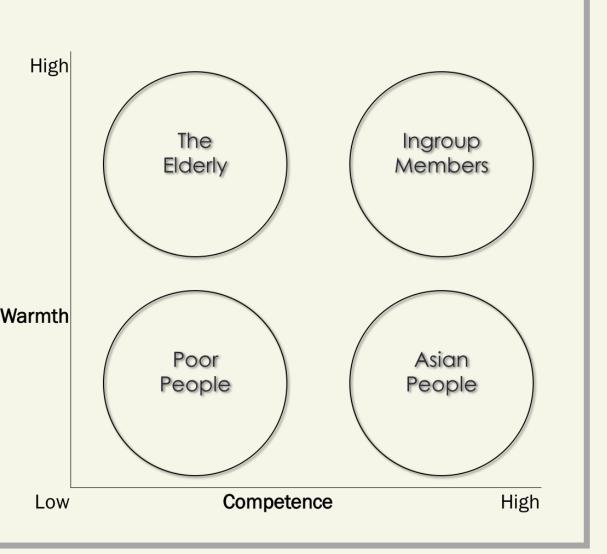
Theoretical Framework

The Continuum Model (Fiske & et al., 1990)

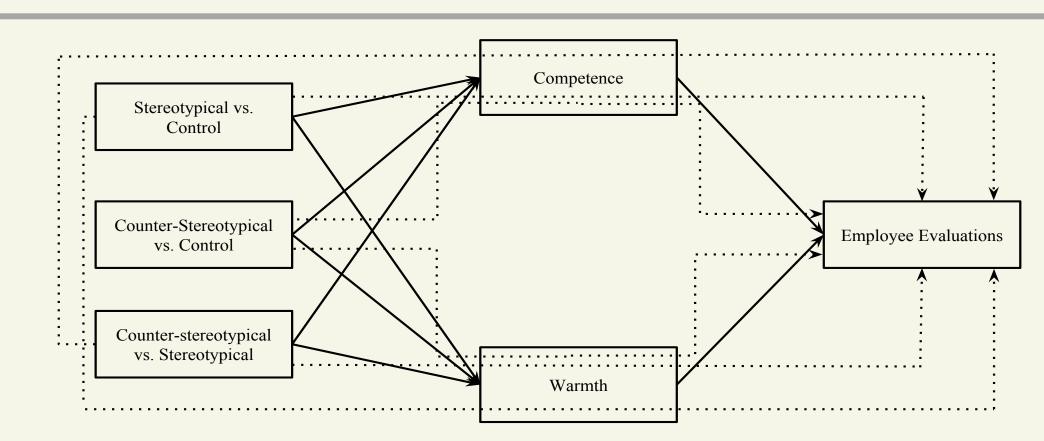
Counter-stereotypical information about an individual allows for others to re-categorize the individual beyond group-level stereotypes.

The Stereotype Content Model (Fiske et al., 2002)

Suggests that individuals are judged on two general dimensions: Warmth and Competence.







Hypothesis 1: Older workers who provide positive counter-stereotypical information (competence) will elicit higher satisfaction ratings than older workers who provide no information (H1a) and older workers who provide positive stereotypical information (warmth; **H1b**), and the latter will elicit higher ratings than older workers who provide no information (H1c)

Hypothesis 2: There will be an indirect effect such that the increase in perceived competence will explain the difference in satisfaction ratings between older workers who provide positive counter-stereotypical information and those who provide no information (H2a) or those who provide positive stereotypical information (H2b). Additionally, there will be an indirect effect such that the increase in perceived warmth will explain the difference in satisfaction ratings between older workers who provide stereotypical information and those who provide no information (H2c).

Hypothesis 3: Asian workers who provide positive counter-stereotypical (warmth) information will elicit higher satisfaction ratings than those who provide no information (H3a) and those who provide positive stereotypical (competence) information (H3b), and the latter will elicit higher satisfaction ratings than those who provide no information (H3c).

Hypothesis 4: There will be an indirect effect such that the increase in perceived warmth will explain the difference in satisfaction ratings between Asian workers who provide positive counter-stereotypical information and those who provide no information (H4a) or those who provide positive stereotypical information (H4b). Additionally, there will be an indirect effect such that perceived competence will explain the difference in satisfaction ratings between Asian workers who provide positive stereotypical information and those who provide no information (H4c).

Pilot Studies & Methodology

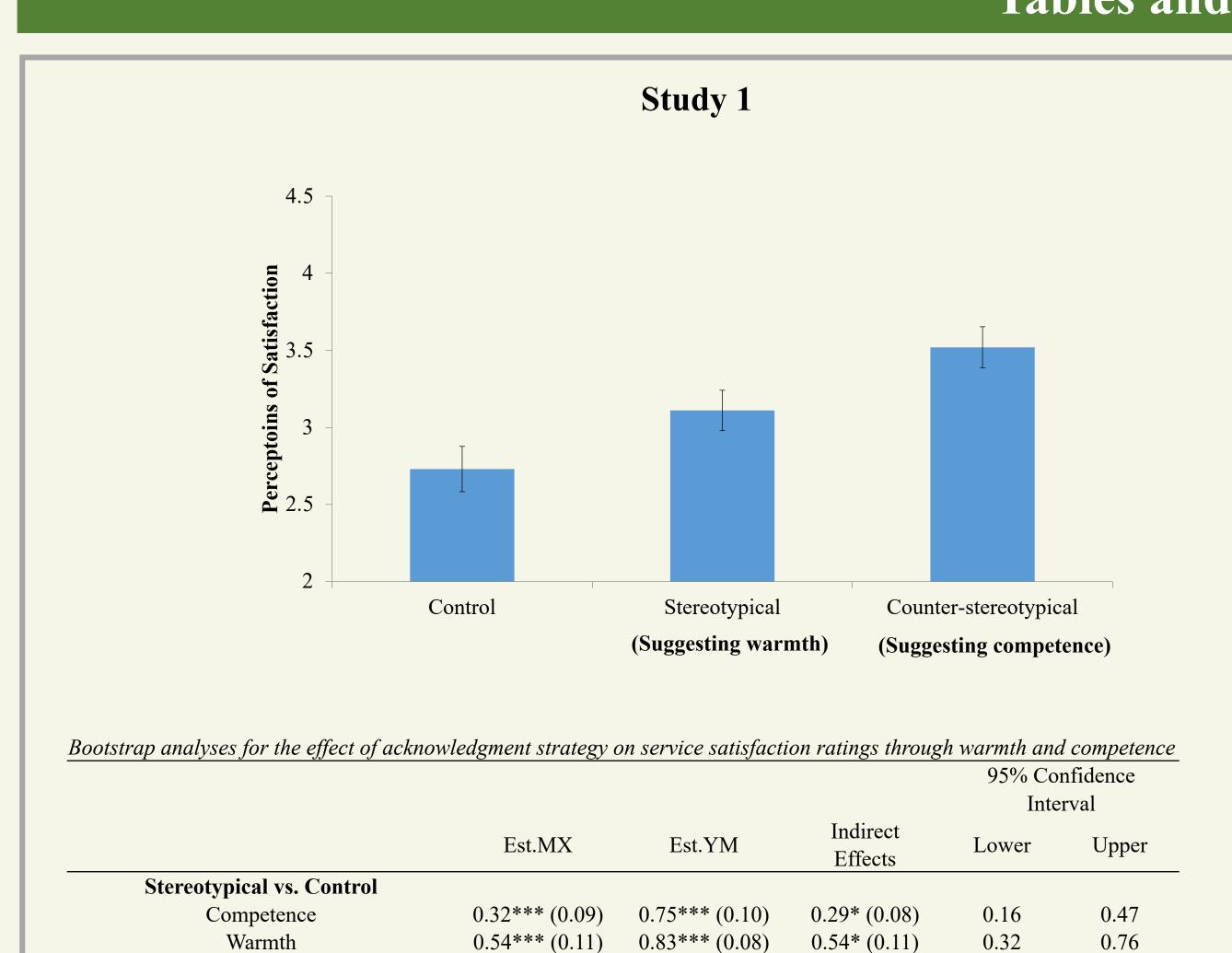
Pilot Study 1: Older workers are viewed lower in competence than warmth (*p* < .001). This is similarly the case with older people in general (p < .001). Asian people are viewed lower in warmth than competence (p < .001). Compared to older workers, Asian people are viewed as higher in competence (p < .001) but lower in warmth (p < .001).

Pilot Study 2: All photographs were rated similarly in terms of attractiveness (in all cases p > .05). Our scenario was rated as relatively believable and neutral.

Pilot Study 3: Our manipulated older photographs were rated as significantly older ($M_{age} = 50.64 - 61.34$) than the photographs in the younger conditions $(M_{age} = 24.58 - 31.88; p < .001).$

Procedure

- A sample of participants (355_{Study 1} / 312_{Study 2}) were included in data analysis recruited from MTurk.
- In Study 1, we presented older adults and manipulated Gender and type of Individuating Information provided (suggesting either competence or warmth). In Study 2, we presented Asian adults and manipulated Gender and type of Individuating Information provided.



 $0.75^{***}(0.10)$ 0.61 Competence $0.65^{***}(0.09)$ 0.10 0.52 $0.54^{***}(0.11)$ $0.83^{***}(0.08)$ $0.30^{*}(0.10)$ Warmth **Counter-stereotypical vs. Stereotypical** $0.75^{***}(0.10)$ Competence $0.33^{***}(0.09)$ 0.41 -0.18 0.18 Warmth 0.00(0.11) $0.83^{***}(0.08)$ 0.00(0.09)*Note.* Est.MX = estimate of path from acknowledgment strategy to warmth/competence; Est.YM = estimate of path from warmth/competence to service satisfaction ratings; standard errors of the estimates appear in parentheses; 1000 biascorrected bootstrap samples. **p* < .05, *** *p* < .001.

Counter-stereotypical vs. Control

Measures

- Service Satisfaction ($a = .95_{Study 1}$ / $a = .95_{Study 2}$ / $a = .96_{Study 3}$): 4 items from Ryu, Han, and Kim (2008).
- Warmth ($a = .89_{\text{Study 2}}$ / $a = .89_{\text{Study 3}}$): 4 items from Fiske et al. (2002).
- Competence $(a = .82_{Study 2} / a = .82_{Study 3})$: 5 items from Fiske et al.

Manipulation

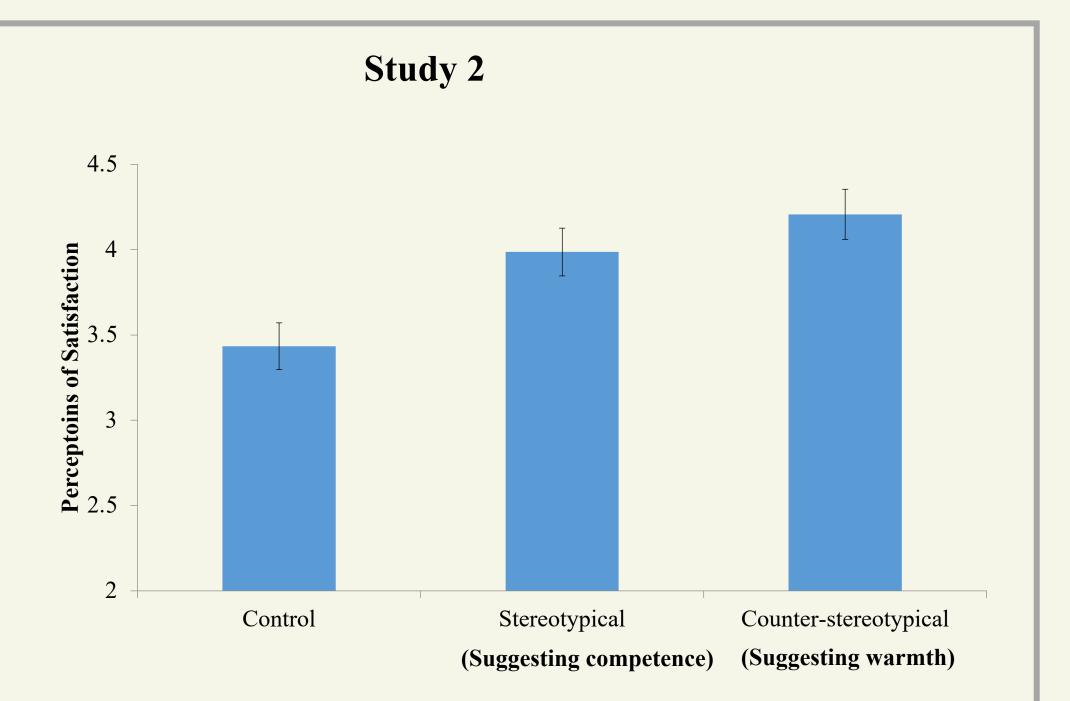
You are staying at a relatively nice hotel. Overall, you had an enjoyable time. The property was nice and your room was clean. However, you did notice the behavior of the front desk agent (pictured below). The agent did an adequate job answering your questions, however, the room you had booked online was not available and it took considerable time to accommodate the reservation you had made. However, you were able to get the room you reserved eventually, and the agent said...

I love working here because I'm really good at interacting with people every day and making new friends (thinking on my feet and solving problems).

For Study 1, the Counter-stereotypical Condition (suggesting competence) is italicized and precedes the Stereotypical Condition inside the parentheses (suggesting warmth).

For Study 2, the Stereotypical Condition (suggesting competence) is italicized and precedes the Counter-Stereotypical Condition inside the parentheses (suggesting warmth).

Tables and Figures



Bootstrap analyses for the effect of acknowledgment strategy on service satisfaction ratings through warmth and competence 95% Confidence

				Interval	
	Est.MX	Est.YM	Indirect Effects	Lower	Upper
Stereotypical vs. Control					
Competence	$0.52^{***}(0.08)$	0.80*** (0.10)	0.42* (0.08)	0.28	0.60
Warmth	0.30*** (0.10)	1.02*** (0.08)	0.45* (0.10)	0.27	0.67
Counter-stereotypical vs. Control					
Competence	0.37*** (0.09)	0.80*** (0.10)	0.29* (0.08)	0.15	0.46
Warmth	0.53*** (0.10)	1.02*** (0.08)	0.54* (0.10)	0.35	0.76
Counter-stereotypical vs. Stereotypical					
Competence	-0.16 (0.09)	0.80*** (0.10)	-0.13 (0.07)	-0.26	0.01
Warmth	0.23 (0.10)*	1.02*** (0.08)	0.24* (0.11)	0.03	0.45
<i>Note</i> . Est.MX = estimate of path from acknowarmth/competence to service satisfaction is corrected bootstrap samples.		-		-	
p < .05, *** p < .001.					

Results

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Study 1

H1: Supported. We found a main effect of Strategy, F(2, 343) = 7.67, p < .001, $\eta^2 =$.04. Specifically, providing counter-stereotypical information resulted in higher ratings of satisfaction compared to both the control (p < .001; **H1a**) and the stereotypical condition (p < .05; H1b).

H2: Supported. We found a significant indirect effect of warmth between the counter-stereotypical and control condition, b = 0.48, 95% CI [0.31, 0.69; H2a], and between the counter-stereotypical and stereotypical condition, b = .24, 95% CI [0.11, 0.41; *H2b*].

Study 2

H3: Partially supported. We found a main effect of Strategy, F(2, 312) = 8.02, p < 100.001, $\eta^2 = .05$. Specifically, providing counter-stereotypical information resulted in higher ratings of satisfaction compared to the control condition (p < .001; H3a). However, the difference between the counter-stereotypical and the stereotypical condition was not significant (p > .05; *H3b*).

H4: Supported. We found a significant indirect effect of competence between the counter-stereotypical and control condition, b = 0.48, 95% CI [0.29, 0.70; H4a], and between the counter-stereotypical and stereotypical condition, b = .21, 95% CI [0.02, 0.41; *H4b*].

Discussion

Our results suggest that customer ratings of satisfaction are biased against stigmatized workers and should not be used in performance evaluation because the discrimination includes subsequent risks for negative health outcomes, job security, workplace stress, and wellbeing. For example, Study 1 suggested that customers are biased against older service workers by perceiving low competence. However, we found that by providing positive individuating information suggesting competence, satisfaction ratings of older workers were increased, which could mitigate effects of age-based discrimination at work. Study 2 suggests that customers are biased against Asian service workers by perceiving low warmth. Similarly, customer service ratings of Asian workers who provided individuating information suggesting warmth were improved. In addition to the pressing need for organizational protections for equal opportunity, members of stereotyped groups may wish to have tactics to reduce discrimination. Thus, service workers with stigmatized identities may elect to use this tactic to improve day-to-day wellbeing and reduce work stress.

Theoretical Implications

These experiments rigorously tested combining the continuum model and the stereotype content model to evaluate an identity management strategy to reduce negative customer perceptions of stigmatized workers. Specifically, we observed changes in perceptions warmth, competence, and customer satisfaction with the performance of minority individuals as an outcome of providing stereotypical and counter-stereotypical information.

Practical Implications

Best practices may include providing individuating information suggesting warmth and competence to prevent discrimination. This strategy may improve interactions for front-line healthcare workers as well. Future research could evaluate this intervention in-person.