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

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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 determinant 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 paper, we report findings from two studies in which we examined the effectiveness of service evaluations. Group may wish to use to reduce discrimination. Front line service workers may wish to use to effect change in the processes of discrimination as a social determinant.

Abstract

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 (M₀ = 50.64 – 61.34) than the photographs in the younger conditions (M₀ = 24.58 – 31.88; p < .001).

Procedure

- A sample of participants (355=4 / 312=2) were included in data analysis recouled from MTurk.
- In Study 1, we presented older adults and manipulated Gender and type of individual (stereotypical perception of either competence or warmth). In Study 2, we presented Asian adults and manipulated Gender and type of Individual Information provided.

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

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

Tables and Figures

STUDY 1: Pilot Study 1: Comparison of ratings for older workers and younger workers. The table shows the mean ratings and standard deviations for the competence and warmth dimensions. The table also includes t-values and p-values for the comparisons.

STUDY 2: Pilot Study 2: Comparison of ratings for older workers and younger workers. The table shows the mean ratings and standard deviations for the competence and warmth dimensions. The table also includes t-values and p-values for the comparisons.

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 individualizing information such as counter-stereotypical information, ratings of older workers were increased, which could mitigate effects of age-based discrimination at work. Study 3 suggests that customers are biased against Asian service workers by perceiving low warmth. Similarly, customer service ratings of Asian workers who provided individualizing 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 individualizing 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.

References

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