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Multiple sclerosis and workplace discrimination: The national EEOC ADA research project

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Abstract. Information from the Integrated Mission System of the United States Equal Employment Opportunity Commission (EEOC) was used to investigate the employment discrimination experience of Americans with multiple sclerosis (MS) in comparison to Americans with other physical, sensory, and neurological impairments. Specifically, the researchers examined demographic characteristics of the charging parties; the industry designation, location, and size of employers against whom allegations were filed; the nature of discrimination (i.e., type of adverse action) alleged to occur; and the legal outcome or resolution of these allegations. Findings indicate that persons with MS were younger than the comparison group and comparatively overrepresented by Caucasians and women. People with MS were proportionally more likely than the comparison group to allege discrimination related to reasonable accommodations, terms or conditions of employment, constructive discharge, and demotion. People with MS were proportionally more likely than the comparison group to file allegations against employers in the service and financial/insurance/real estate industries, employers with 500 or more workers, and employers in the North United States Census region. People with MS were proportionally more likely than the comparison group to receive merit resolutions as a result of the EEOC's Americans with Disabilities Act Title I investigatory process. Implications for policy and advocacy are addressed.

Keywords: Multiple sclerosis, workplace discrimination, Americans with Disabilities Act

1. Introduction

Enacted to protect individuals with disabilities from discrimination in the workplace, Title I of the Americans with Disabilities Act (ADA) requires that all personnel actions must be unrelated to the existence or consequence of disability [21]. Title I protections extend to the types of questions that job interviewers are allowed to ask; the way in which medical examinations and medical information are used; and the conditions

under which otherwise qualified employees with disabilities can secure modifications to work equipment, procedures, or schedules.

Even with the enactment of ADA Title I, discrimination in the workplace remains a major barrier to inclusion of adults with multiple sclerosis (MS) [8,18, 26]. According to records maintained by the US Equal Employment Opportunity Commission (EEOC), individuals with MS have filed 3,669 allegations of workplace discrimination that meet the criteria for inclusion in this study. Additionally there have been numerous federal court cases pertaining to Title V of the Rehabilitation Act and Title I of the ADA, and other litigation involving state antidiscrimination statutes. In the aggregate, this level of legal activity clearly demonstrates the fact that people with chronic illnesses such as MS

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continue to encounter a significant degree of workplace discrimination.

2. Background and problem statement

Almost all adults with MS (95% to 97%) have work histories [6,7,24] and most (60%) are employed at the time of their diagnosis [6,22]. Many of these individuals (60% to 80%) become unemployed following their diagnosis [1,6,24]. Given this high rate of attrition from the labor force, job retention remains a pressing problem, particularly because most people with MS who are unemployed wish to resume work [4].

Gender, severity of MS, age, cognitive impairment, and level of education are important predictors of loss of employment for adults with MS [1,5,8,13,16]. However, other factors are presumed to operate because many people with MS leave the workforce prematurely; i.e., before the severity of their condition would necessitate such an outcome [23]. Based on the research [8, 17,26], employer discrimination is clearly another important explanation for many of these premature exits from the workforce. Of course, some of this discrimination may be perceived rather than actual [25,29], but even perceptions of discrimination have the potential to exacerbate the level of stress experienced by people who are attempting to cope with MS and retain employment.

In a national survey [18], adults with MS ($N = 1310$) cited instances of discrimination related to a variety of issues. Specifically, 73% of the participants believed that employers treated them unfairly in the hiring process. The majority of the group (58%) was dissatisfied with the availability of reasonable accommodations. More than half (53%) were concerned that people with MS do not receive the same pay as other workers, and 72% were dissatisfied with employers' willingness to allow part-time work at home as a reasonable accommodation. Consistent with their concerns about lack of support for working at home, 59% reported that employers discourage schedule modifications in order to accommodate the effects of MS. Many respondents reported that they lacked knowledge about their employment protections under such legislation as the ADA (70%) or the Family and Medical Leave Act (69%).

Recent studies using data from the EEOC's charge data system from 1993 to 2002 [25,29] document reports of workplace discrimination by employed adults with MS. Common allegations of discrimination at

work included unlawful discharge, failure to provide reasonable accommodations, and inequitable terms of employment, and evidence indicated that patterns of allegations were different for adults with MS than for all other individuals with disabilities in the database. Data from a profile of all EEOC Title I resolutions from 1993 to 2002 [25] indicate that the majority of the claims were resolved in the employers' favor as "no reasonable cause" charges (52%). However, 39% of the resolutions indicated that the EEOC deemed that some claims had a degree of legitimacy.

The present study builds upon the previous work of Roessler et al. [17], Rumrill et al. [25], and Unger et al. [29] because the following new information is used in the analyses:

- Allegations and resolutions now extend through FY 2003.
- Demographic characteristics of the individuals filing allegations are reported.
- Descriptive information regarding the employers against whom allegations are filed is now available.
- Direct comparisons are limited to allegations derived from people with MS and individuals with other known physical, sensory, and neurological impairments.

The comparison group excludes allegations from individuals with unknown impairments or that involve psychiatric or addiction problems.

The research questions for the study are as follows:

1. What is the employment discrimination experience of Americans with MS with respect to the demographic characteristics of individuals who file allegations with the EEOC? These persons are known as "Charging Parties."
2. What is the employment discrimination experience of Americans with MS with respect to the nature of discrimination alleged to occur? All charges involve some allegation of an adverse action by employers, and these are known as "Issues."
3. What is the employment discrimination experience of Americans with MS with respect to the industry designation, size, and location of employers against whom EEOC allegations are filed? These employers are known as "Respondents." In rare instances, Respondents may be labor unions or employment agencies.

4. What are the legal outcomes or Resolutions of the EEOC investigatory process with respect to allegations brought by Charging Parties with MS? These Resolutions may favor either the Charging Party (“With Merit;” i.e., discrimination did occur) or the Respondent (“Without Merit;” i.e., discrimination did not occur).

3. The national EEOC ADA research project

The procedure followed in this study is to first describe the employment discrimination experience of adults with MS and then to compare those experiences with those of a general disability group (GENDIS) comprised of people with physical, sensory, or other neurological conditions. Data available in the database maintained by the EEOC in its Integrated Mission System (IMS), and its predecessor the Charge Data System (CDS), were used in the study. From the approximately two million records involving allegations of employment discrimination,¹ a “study dataset” was extracted to include only those variables related to the research questions.

To protect the identity of specific Charging Parties and Respondents, the extraction process adhered to specific guidelines so that the resulting dataset had the following characteristics:

1. The unit of study is an allegation; it is not an individual Charging Party, nor an individual Respondent. A single Charging Party may bring more than one allegation (e.g., complaints involving both wages and promotion), or may bring the same allegation on more than one occasion (e.g., in 1993 and again in 1998).
2. Only unique allegations that do not involve recording errors or duplications are included in the study dataset.
3. To maximize confidentiality, all information regarding Charging Parties and Respondents was purged except for age, race/ethnicity, gender, disability status, Standard Industrial Classification (SIC code), number of employees, and location (a broad US census tract region).

4. Study data were strictly limited to allegations brought under Title I of the ADA. Allegations brought under other federal employment statutes that are not directly related to disability status including the Civil Rights Act, Equal Pay Act, Age Discrimination in Employment Act, and the Family and Medical Leave Act were not considered. Further, due to the wide variations in state anti-discrimination statutes based on disability, state charges were also excluded to maintain a consistent definition of both disability and discrimination.
5. To maintain consistency in definitions and procedures among the study variables, only allegations received, investigated, and closed by the EEOC were included. This required the exclusion of allegations referred by EEOC to litigation for disposition in civil court, federal or state.
6. Charges of retaliation (i.e., charges that an employer retaliated against the employee based on actions to seek protection under the ADA) were excluded because complaints of this nature do not pertain directly to the existence or consequence of disability.
7. Only allegations that were closed by the EEOC during the study period, defined as July 26, 1992 (first effective date of ADA Title I) through September 30, 2003 (last full fiscal year for which data are available) were included in the study dataset.
8. Open allegations (still under investigation) were excluded from the study. This exclusion exists to insure that all allegations in the study dataset are “closed,” and as such are known to be with Merit (reasonable cause for discrimination) or Without Merit (no reasonable cause for discrimination).

The resulting study dataset includes 328,738 allegations of employment discrimination under ADA Title I that were received, investigated and closed by the EEOC during the study period (11.2 years). These were divided into groups on the basis of disability status including the following two:

- *Multiple Sclerosis*: 3,669 allegations involving MS, although the severity of the condition is unknown. Referred to as MS, this is the target study group for this research.
- *General Disability*: 170,941 allegations involving identifiable physical, sensory or neurological impairments, but excluding MS (see Table 1, introductory article). This study group, known as

¹These confidential records were obtained from the Equal Employment Opportunity Commission (EEOC) through an Interagency Personnel Agreement (IPA) and a Confidentiality Agreement involving the EEOC, Dr. Brian T. McMahon, and his employer (a state university).

Table 1
Issues involved in ADA Title I allegations: 1992–2003

Issues	MS (N = 3,619)		GENDIS (N = 168,705)	
	F	%	F	%
Discharge	1,081	29.9	52,104	30.9
Reasonable accommodation	792	21.9	34,681	20.6
Terms/Conditions	354	9.8	14,087	8.4
Harassment	242	6.7	12,787	7.6
Hiring	139	3.8	9,208	5.5
Discipline	122	3.4	6,112	3.6
Constructive discharge	107	3.0	3,971	2.4
Layoff	100	2.8	4,439	2.6
Other	20	0.6	1,029	0.6
Promotion	90	2.5	4,012	2.4
Wages	85	2.3	3,767	2.2
Demotion	92	2.5	2,845	1.7
Reinstatement	28	0.8	2,635	1.6
Suspension	31	0.9	2,308	1.4
Intimidation	48	1.3	2,206	1.3
Benefits	66	1.8	2,289	1.4
Assignment	64	1.8	2,428	1.4
Benefits/Insurance	40	1.1	1,162	0.7
Prohibited medical inquiry	11	0.3	726	0.4
Recall	19	0.5	1,071	0.6
Training	17	0.5	996	0.6
Union representation	11	0.3	683	0.4
Involuntary retirement	9	0.2	535	0.3
References unfavorable	10	0.3	326	0.2
Job classification	8	0.2	379	0.2
Benefits/Pension	6	0.2	338	0.2
Qualification standards	3	0.1	314	0.2
Seniority	5	0.1	275	0.2
Referral	3	0.1	234	0.1
Testing	0	0	178	0.1
Exclusion/Segregated union	7	0.2	162	0.1
Severance pay	6	0.2	122	0.1
Maternity	0	0	27	<0.1
Tenure	1	<0.1	67	<0.1
Waiver of ADA suit rights	2	0.1	45	<0.1
A early retirement incentive	0	0	44	<0.1
Posting notices	0	0	26	<0.1
Segregated facilities	0	0	32	<0.1
Apprenticeship	0	0	22	<0.1
Advertising	0	0	33	<0.1

GENDIS, serves as the comparison group for this study (GENDIS excludes MS files for purposes of this study only).

3.1. Limitations of the study dataset

In the current study, the population of interest includes all reported allegations of discrimination closed under ADA Title I that met the aforementioned extraction criteria. The researchers acknowledge that this is not the entire population of people with MS who have experienced employment discrimination. Allegations were removed from the dataset if they contained errors

or duplications, or if they would be investigated according to different statutes (which carry different critical definitions), or different jurisdictions, each of which may involve different critical definitions or methods of investigation. Allegations were also removed if they pertained to retaliation, “other disability,” record of disability, and regarded as or an associate of a person with disability. The researchers estimate that about 30% of all reported allegations were deleted for these reasons. In brief, the researchers chose to restrict their study population in the interest of consistent investigatory guidelines, procedures, and reporting. In addition to those files removed by the extraction process, there are an unknown number of incidents of discrimination that are not reported.

Due to an additional coding matter, allegations were also removed that pertained to retaliation, “other disability,” record of disability, and regarded as or an associate of a person with disability. Although these groups of allegations likely were derived in part from individuals with MS, no identifiers are available with respect to the specific impairment of the Charging Parties.

3.2. Project design and methods

The EEOC charge data were transferred to the lead author via zip disk. Data needed to answer the research questions were extracted, coded, refined, and formatted in Microsoft Access using the aforementioned criteria. The result was a study-specific dataset in which the underlying unit of measure is the frequency of allegations, a ratio level of measurement. The design includes a number of variables:

- Characteristics of the Charging Party include disability status (MS or GENDIS) as well as information for age, gender, and race/ethnicity. All are nominal measures except for age, which is a ratio measure. Parameters of Charging Party race/ethnicity are provided in Table 4 of the introductory article.
- Characteristics of the Respondent include location/region (nominal), industry designation or SIC code (nominal), and number of employees (interval). Parameters for the Respondent variables are provided in the introductory article, Tables 5–6.
- Issues (nominal) include 25 specific employment decisions such as hiring, promotion and discharge that may involve discrimination. Definitions of Issues are provided in the introductory article, Table 2.

Table 2

Industrial categories of ADA Title I respondents: MS vs GENDIS

Type of industry	MS		GENDIS	
	(N = 3,567)		(N = 166,262)	
	F	%	F	%
Agriculture	13	0.36	1,145	0.69
Mining	19	0.53	1,371	0.82
Construction	47	1.32	3,435	2.07
Manufacturing	504	14.13	32,051	19.28
Transportation/Utilities	345	9.67	15,406	9.27
Wholesale	62	1.74	3,188	1.92
Retail	322	9.03	17,829	10.72
Financial/Insurance/Real estate	246	6.90	6,754	4.06
Services	1,272	35.66	48,271	29.03
Public administration	300	8.41	15,759	9.48
Not classified	437	12.25	21,053	12.66

Table 3

ADA Title I case resolutions: 1992–2003

Resolutions	MS		GENDIS	
	(N = 3,669)		(N = 170,941)	
	F	%	F	%
Withdrawal w/ Benefits	246	6.7	10,480	6.1
Settlement w/ Benefits	372	10.1	14,231	8.3
Successful conciliation	69	1.9	3,587	2.1
Conciliation failure	226	6.2	8,481	5.0
No cause	2,330	63.5	113,073	66.1
Administrative	426	11.5	21,089	12.4

- Resolutions (nominal) describe a final EEOC determination as to whether or not discrimination actually occurred. Definitions of EEOC Resolutions are provided in the introductory article, Table 3.

3.3. Data analysis

To describe the characteristics of the study population and the population of respondent employers, the researchers used descriptive statistics such as means, standard deviations, frequencies, and percentages. The causal comparative aspects of the study were investigated using inferential statistics such as t-tests (to compare group means for the continuous dependent variable of age) and chi square tests of proportions for all dependent variables. To compensate for the effects of multiple testing, alpha levels were set conservatively at <0.01.

4. Results

The first research question concerns the demographic characteristics of ADA Title I charging parties who have MS and how they differ from the demographic characteristics of the GENDIS comparison group. The

three demographic characteristics considered in this investigation were age, gender, and race/ethnicity. The mean age for charging parties with MS was 42.47 years ($SD = 8.54$). The mean age for charging parties in the GENDIS group was 44.16 years ($SD = 10.46$). A Satterthwaite t-test revealed that people with MS were, on average, significantly younger than the GENDIS comparison group ($t(3,526) = -11.20, p < 0.001$). With regard to gender, charging parties with MS were 66.5 percent female and 33.5 percent male, whereas the GENDIS group was composed of 44.9 percent females and 55.1 percent males. A chi square analysis revealed that the MS group had a significantly higher proportion of females than did the GENDIS comparison group ($\chi^2[1, N = 174,428] = 676.61, p < 0.001$). The racial/ethnic profile of the MS group was as follows: 76.1 percent Caucasian, 12.1 percent African American, 8.7 percent Other, 2.2 percent Hispanic, 0.5 percent Native American, 0.3 percent Asian American, and 0.1 percent Mixed. The GENDIS group was 62.8 percent Caucasian, 20.7 percent African American, 7.4 percent Hispanic, 7.1 percent Other, 1.2 percent Asian American, 0.7 percent Native American, and 0.1 percent Mixed. A chi square analysis revealed that the MS group had proportionally more Caucasians and proportionally fewer African Americans, Hispanics, and Asian Americans than did the GENDIS comparison group ($\chi^2[6, N = 172,478] = 394.66, p < 0.001$).

The second research question involves the specific issues or discriminatory actions alleged by people with MS, in comparison to the issues alleged by members of the GENDIS group. Table 1 presents the most frequently cited issues in EEOC Title I allegations for both of the groups.

A chi square analysis revealed statistically significant differences in the pattern of issues alleged by people with MS in comparison to the pattern of issues alleged by the GENDIS group ($\chi^2[39, N = 172,324] = 119.30, p < 0.001$). Specifically, people with MS were more likely than the GENDIS group to allege discrimination related to reasonable accommodations, the terms or conditions of employment, constructive discharge, and demotion. People with MS were less likely than the GENDIS group to allege discrimination related to hiring.

The third research question examines differences between the MS and GENDIS groups in terms of characteristics of respondents (i.e., employers). Table 2 presents frequencies and percentages for both groups (i.e., MS and GENDIS) in terms of the SIC categories of respondent employers. A chi square analysis revealed

that people with MS were more likely than the GENDIS group to allege employment discrimination against employers in the service and financial/insurance/real estate industries. People with MS were less likely to allege discrimination on the part of employers in the agriculture, mining, construction, manufacturing, and retail industries ($\chi^2[10, N = 169, 829] = 202.755, p < 0.001$).

With regard to the size of ADA Title I respondents, people with MS most often filed allegations against employers with 501 or more workers (45.1%), followed in descending order of frequency by employers with 15–100 workers (33.1%), 101–200 workers (12.2%), and 201–500 workers (9.6%). Similarly, the GENDIS group most often filed allegations against employers with 501 or more workers (43.1%), followed in descending order of frequency by employers with 15–100 workers (33.5%), 101–200 workers (12.4%), and 201–500 workers (11.1%). A chi square analysis revealed that people with MS were less likely than the GENDIS group to file allegations against employers with 201–500 workers and more likely to file allegations against employers with more than 500 workers ($\chi^2[3, N = 174, 610] = 10.71, p < 0.001$).

From a geographic perspective, people with MS most often filed allegations against employers in the South United States Census Region (35.7%), followed in descending order of frequency by employers in the Midwest (32.1%), West (17.3%), North (14.8%), and Territory (<0.1%) regions. Similarly, people in the GENDIS group filed allegations against employers in the following regional proportions: South (40.4%), Midwest (29.8%), West (18.8%), North (10.6%), and Territory (0.4%). A chi square analysis revealed that people with MS were significantly more likely to file allegations against employers in the South and significantly less likely than the GENDIS group to file allegations against employers in the North ($\chi^2[4, N = 174, 606] = 101.51, p < 0.001$).

The final research question involves case resolution patterns in EEOC Title I ADA allegations. Table 3 presents frequencies and percentages, by group, for each main category of resolution reached by the EEOC during the 1992–2003 observation period.

For purposes of comparison, the researchers collapsed all case resolutions into two categories, merit resolutions and non-merit resolutions. Merit resolutions include withdrawal with benefits, settlement with benefits, successful conciliation, and conciliation failure. Non-merit resolutions include no cause and all administrative closures. Under that grouping scheme,

24.9 percent of allegations by people with MS were resolved with merit and 75.1 percent were non-merit resolutions. For the GENDIS group, the proportions of merit and non-merit resolutions were 21.5 percent and 78.5 percent, respectively. A chi square analysis revealed that people with MS were significantly more likely than the GENDIS group to have their allegations resolved in their favor (i.e., merit resolutions; ($\chi^2[1, N = 174, 610] = 32.55, p < 0.001$).

5. Discussion

Findings from this investigation require discussion within the context of the demographic characteristics of people with MS, the epidemiology of the disease, and existing literature on the employment concerns of this population. With regard to the characteristics of the charging parties (Research Question 1), it might appear at first glance that the group of people with MS who filed ADA Title I allegations has an overrepresentation of women (66.5% for the MS group as compared to 44.9% of the GENDIS group) and Caucasians (76.1% and 62.8% for MS and GENDIS, respectively). However, the approximately 2:1 ratio of women to men in the population of charging parties with MS is highly consistent with the proportion of women that is found in the population of people with MS at large. Two-thirds of people with MS worldwide are women [12], which means that gender issues play a prominent role in all research related to the employment and overall life adjustment of individuals with MS [20].

It is also well-documented that MS is much more common among people of European descent than it is among African Americans, Hispanics, or people of Asian extraction [10,12], which explains the seemingly disproportionate representation of Caucasians in the present group of charging parties with MS.

Demographically speaking, charging parties with MS appear to represent the broader population of Americans with MS. With regard to age, the finding that the MS group in this study was significantly younger than the GENDIS group is not surprising in light of the fact that people with MS tend to encounter significant employment obstacles, including employer discrimination, soon after they receive their initial diagnoses [6, 8]. Diagnosis of MS occurs most frequently between the ages of 30 and 40 [27], and the five years following diagnosis is marked by a precipitous decline in labor force participation [22,28]. This phenomenon means that older individuals with MS have, for the most part,

already disengaged from the work force, which leaves the sub-set of workers who file ADA Title I allegations younger in the MS group than in the GENDIS group.

At the same time, findings regarding patterns of issues indicated that adults with MS were more likely to perceive discrimination occurring in the retention, rather than the acquisition, phase of employment. Specifically, in comparison with the GENDIS group, the MS group reported proportionally fewer allegations of discrimination in hiring. This finding is consistent with research that has described adults with MS as “mid-career” or stable employees who are concerned more with keeping their jobs than with seeking new ones [15,22].

In comparisons with the GENDIS group, the people in the MS group were more likely to allege discrimination regarding reasonable accommodations, terms or conditions of employment, constructive discharge, and demotion. Unfortunately, outcomes following from the first allegation, failure to receive reasonable accommodations, could easily result in barriers to productivity and decreased “satisfactoriness” [2,15], culminating in actions such as discharge or demotion.

Reflecting a mutual interest in the worker’s continued employment, provision of reasonable accommodations is clearly a critical issue requiring effective communication between workers with MS and their supervisors, employers, and co-workers [14,22]. The perceived or alleged difficulty in securing these accommodations may also explain why many workers with MS report leaving the workforce voluntarily.

Issues related to terms of employment and demotion, which dramatically affects those terms, are often cited by people with MS as employment concerns [17, 25]. Specifically, dissatisfaction with insurance benefits available through employment is a frequent complaint voiced by adults with MS [18]. In addition to being very expensive, available policies are often insufficient to meet the health care needs of employees with MS. Rumrill et al. [25] discussed other problems with insurance including referral procedures for specialty health care under insurance plans; pre-existing condition exclusions; protections under the Health Insurance, Portability, and Accountability Act; and income maintenance benefits under LTD and STD policies. Employees with MS report facing problems of demotion when they return from paid or unpaid medical leave or when attempts to make reasonable accommodations to the worker’s usual position have failed.

The finding that people with MS were proportionally more likely than the GENDIS group to file alle-

gations against employers in the North and proportionally less likely to file allegations against employers in the South is emblematic of the geographic distribution of Americans with MS, which finds two-thirds of the American MS population residing in the northernmost 50 percent of the general populace [12]. Also with regard to the characteristics of ADA Title I respondents, the fact that people with MS tend to work in skilled, professional, technical, and managerial jobs in the light or sedentary exertional range [18,22,28] validates the finding in this study that people with MS were proportionally more likely than the GENDIS group to file allegations against employers in the service and financial/insurance/real estate industries and proportionally less likely to file allegations against employers in predominantly blue-collar industries such as agriculture, mining, manufacturing, and construction.

The appearance of larger employers as more frequent respondents in the data is, of course, consistent with the fact that they hire more employees and even more employees with disabilities [21]. It is also true that larger employers are more frequently involved with organized labor and, therefore, workers may be more aware of their protections in the workforce. Larger employers may also implement human resource and personnel practices that provide employees with more information about their rights vis-à-vis employment discrimination [19].

Several observations are possible pertinent to the finding those allegations by employees with MS were more likely to result in resolutions with merit (24.5% versus 21.5% respectively). First, it is clear that many of the allegations dealing with reasonable accommodations, terms of employment, constructive discharge, and demotion were serious in nature. Given that, early intervention efforts by disability management specialists [9] or vocational rehabilitation counselors are in order to help employees with MS identify and cope with on-the-job situations in order to decrease the need to file an official complaint with the EEOC or the event of prematurely exiting from the workforce.

As noted in previous research [25], a finding of no reasonable cause does not mean that tension between employees and employers is not present. Rather, the presence of an allegation, even if ruled without cause, is indicative of some contentiousness in the workplace. Employees with MS might benefit from additional information about what causes employment discrimination and how to proceed if they believe that discrimination is occurring. For example, workers with MS may need to review procedures for documenting and com-

municating instances of discrimination in the workplace [14]. They may need to review information regarding Title I of the ADA regarding such issues as reasonable accommodation (employer's right to choose), undue hardship (not all accommodations are reasonable), nature of business (accommodations are not allowed that change the nature of the business), direct threat to self and others (condition can not create threat in the workplace), and illegal questions in the interview (the interviewer can ask about essential functions and how person would perform them).

At the same time, it seems far more prudent to prevent contentious issues from becoming formal complaints. As D'Zurilla and Nezu [3] stressed, American workers and their supervisors need to improve their problem-solving skills, including problem identification, generation of alternative solutions, and solution implementation and evaluation. They emphasized that problem-solving training in the workplace had the potential to have a significant positive impact on employee morale and productivity. Other resources for problem solving and barrier removal are available as well such as the consumer consultation and information services available from the National Multiple Sclerosis Society such as Project Alliance, the Win-Win Approach to Accommodations, and Career Crossroads.

6. Conclusion

The validity of the findings in this study regarding allegations and resolutions is supported by the consistency between characteristics of the EEOC charging parties and other samples of adults with MS. Compatibility in age exists in that many people receive their diagnosis of MS in the third and fourth decades of their lives. As is the case in this study, women constitute about two-thirds of the adults with MS, and people with MS typically are found in the northern climes. It is also no surprise that people with MS would be employed by larger employers in jobs having fewer physical demands such as those in the service and finance/insurance/real estate sectors.

Findings from the study regarding allegations of discrimination and legal outcomes of those allegations clarify the types of barriers that individuals with MS face at the workplace. The allegations of adults with MS center on issues related to job retention and conditions of employment rather than on issues of discrimination in the hiring process. Investigation of these allegations by the EEOC resulted in decisions that approx-

imately one-fourth of the allegations have merit which clearly indicates the need to identify and rectify the factors that precipitate allegations with merit. The first step in doing so is to develop the employment policies and practices needed to reduce or remove problematic issues related to provision of reasonable accommodations, terms of employment, discharge, and demotion.

The second step involves helping adults with MS better understand how to solve on-the-job problems before they become so salient as to result in a formal complaint of discrimination or premature exit from the workplace. Helping both supervisors and employers become better communicators and problem solvers has been suggested as a way to improve the job tenure of individuals who are attempting to retain employment in the face of a chronic illness such as MS.

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