INTERSECTIONALITY, WORK, AND WELL-BEING:

The Effects of Gender and Disability

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Intersectionality emphasizes numerous points of difference through which those who occupy multiple disadvantaged statuses are penalized. Applying this consideration to the workplace, we explore ways in which status-based and structural aspects of work undermine women and people with physical disabilities and diminish psychological well-being. We conceptually integrate research on the workplace disadvantages experienced by women and people with disabilities. Drawing on a longitudinal analysis of community survey data that includes a diverse sample of people with and without physical disabilities, we explore the claim that women with disabilities are burdened by greater disadvantage in work settings compared to men with disabilities and women and men without disabilities. We find evidence that in comparison with these groups, women with disabilities on average are more psychologically affected by inequitable workplace conditions, partly because they earn less, are exposed to more workplace stress, and are less likely to experience autonomous working conditions.

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The workplace was the focus of Crenshaw's (1989) influential legal review that introduced the intersectional frame of analysis for under-

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standing status-based inequality as a "matrix of domination" (Collins 1991, 222), in which aspects of various statuses interact with one another depending upon where one is located within the matrix. Highlighting disadvantages associated with hiring practices, income, working conditions, promotion practices, and the distribution of work, Crenshaw's (1989) pioneering analysis provides clear and compelling evidence that black women's workplace experiences are undermined by the dual effects of race and gender in ways that are qualitatively different from the effects of race or gender alone. Over the past several decades, the intersectionality framework has been expanded to include social class, age, ethnicity, sexuality, nationality, religion, and myriad other social characteristics (Bose 2012; Collins 1998; Dillaway and Broman 2001; Duffy 2005; Jyrkinen and McKie 2012; S. Turner 1999). Ubiquitous to these examinations is evidence that habitual practices and structural constraints within the workplace continue to impede women's progress and profoundly undermine women's well-being (Burgard and Lin 2013; Duffy 2005; Lennon 1994; Rosenfield 1989).

The experiences of working women with disabilities powerfully illustrate the continuing significance of status hierarchies within the workplace (Pettinicchio and Maroto 2017). Indeed, as the feminist disability scholar Rosemarie Garland-Thomson notes, "nowhere is the disabled figure more troubling to American ideology and history than in relation to the concept of work: the system of production and distribution of economic resources in which the abstract principles of self-government, self-determination, autonomy, and progress are manifest most completely" (1997, 46). Securing employment appears to be particularly difficult for women with disabilities; they are less likely to be employed than men with or without disabilities and women without disabilities (Lindstrom, Doren, and Miesch 2011; Pawłowska-Cyprysiak, Konarska, and Żołnierczyk-Zreda 2013). Those who do find work are more likely to be employed in part-time and low-skill jobs (Fesko, Temelini, and Graham 1997; Lindstrom, Doren, and Miesch 2011) and earn less than women without disabilities and men with and without disabilities (Doren, Gau, and Lindstrom 2011). For example, in 2014, women with disabilities working full-time were paid 67.3 percent of what full-time working men without disabilities were paid, and 82.5 percent of what their men counterparts with disabilities were paid (NWLC 2014). There also is some evidence that working women with disabilities are less likely to engage in self-directed or autonomous work than their nondisabled women counterparts and men with and without disabilities (Brown, Moloney, and

Ciciurkaite 2017), and they appear to experience a high degree of work-related stress (Moloney et al. 2018; Pawłowska-Cyprysiak, Konarska, and Żołnierczyk-Zreda 2013). Importantly, these stressors and constraints may negatively impact psychological well-being (Clumeck et al. 2009; Rosenfield 1989).

Given such observations, it seems intuitive that the experiences of working women with disabilities would be of paramount interest to feminist scholars who study employment. However, despite the growing number of social statuses that have been examined within the scope of feminist theory and research, the experiences of women with disabilities remain underexplored and minimally documented (Nosek and Hughes 2003; Garland-Thomson 1997). The handful of studies that have included working women with disabilities tend to focus on a single aspect of employment-related experience (e.g., income *or* workplace harassment) rather than on a more comprehensive set of experiences (e.g., income *and* workplace stress). Also problematic to our understanding of the experiences of working women with disabilities is the tendency for research on employment to entirely exclude people with disabilities (De Croon et al. 2004) or relegate findings concerning disability to footnotes or ancillary discussions (e.g., Mirowsky and Ross 2007). In fact, in the few circumstances in which working conditions among people with disabilities are the main focus of previously published research, they are discussed only as factors that influence the likelihood of qualifying for disability benefits (for a review, see De Croon et al. 2004). While these studies offer important insights, they necessarily shift attention to people with disabilities exiting the workforce and away from those with disabilities who remain in the workplace.

This analysis uses a feminist disability studies perspective (Garland-Thomson 2005) to highlight power differentials embedded in workplace conditions by examining multiple points at which two critical identity categories—gender and physical disability—may intersect to privilege or penalize employed adults. While there is no singular way to conduct intersectional analysis (Bowleg 2008; Choo and Ferree 2010; McCall 2005), we adhere to the view that it should be attentive both to how difference is expressed and what this means for those who are subjugated (Hancock 2007; Warner 2008). We also acknowledge the sociocultural and institutional contexts that inform our data, and their analysis (Bowleg 2008; Choo and Ferree 2010; McCall 2005).

In terms of the individual consequences of workplace disadvantage, analysis of depressive symptoms seems particularly apt. Feminist scholars

emphasize that women tend to report greater depressive symptomatology than men because this is a culturally normative and socially acceptable way for women to express dissatisfaction and unhappiness with social and relational contexts (Marecek 2006; Ussher 2010). Depressive symptoms are, thus, seen as useful for identifying cognitive vulnerabilities associated with social inequities for women (Ussher 2010). Notably, there is some evidence that depressive symptomatology may be particularly useful for understanding emotional upset among women with disabilities. As an illustration, in the general U.S. population, women are found to be more than twice as likely as men to experience depressive symptoms (Henderson et al. 1998; Nolen-Hoeksema, Grayson, and Larson 1999), but women with disabilities are estimated to be as much as 13 times more likely to experience clinically significant levels of depressive symptoms than women in the general population (Hughes et al. 2001). Because not all studies have found gender differences in depressive symptoms among people with disabilities (Breslin et al. 2006; Forsell 2000), there is some concern that the potential confounding of somatic symptoms of depression and disability-related symptoms in prior research may underestimate the psychological toll associated with physical disability for women (Brown 2014; Nosek, Hughes, and Robinson-Whelan 2008). To provide conceptual clarity and avoid conflating depression with physical disability, our depressive symptoms scale excludes somatic complaints.

We examined, over a three-year period, the impacts of gender, severity of physical disability, and observed differences in work conditions on depressive symptoms. Drawing on two waves of data from a community survey of working adults (N = 1,473) in Miami-Dade County, Florida, we assessed the impact of physical disability severity on six dimensions of work experience: income, occupational prestige, unsafe work conditions, workplace stress exposure, job autonomy, and job creativity. Although most intersectional studies are qualitative (for an exception, see Pettinicchio and Maroto 2017), we utilized a survey-based approach because it is suggested for foundational investigations of the material consequences of overlapping characteristics (Steinbugler, Press, and Dias 2006), though we wish to acknowledge that analysis of self-reported identity categories may obscure heterogeneous experiences to some degree. We also note that an ideal intersectional analysis would consider aspects of race, gender, class, age, and sexuality along with disability (Veenstra 2011). However, there are too few cases in our data set to effectively consider these myriad factors in conjunction with our central analytic variables. We assert that in social or institutional contexts (e.g., the workplace) where available research is scant, researchers need not take an all-or-nothing approach.

Close examination of even two intersecting identities may offer invaluable insights and spark future research. Further, we offer a contribution to the literature by highlighting the experiences of multiply-marginalized groups within a specific institutional context—that of the workplace (Choo and Ferree 2010).

While this examination critically explores the thesis that a working environment that is nonresponsive to variation in disability severity among its employees undermines their workplace experiences and personal well-being, it should be emphasized that for several reasons this is likely a conservative estimate of the effects of disability. First, although the disability severity measure assesses variation in activities of daily living (ADLs) (e.g., personal hygiene, eating), instrumental activities of daily living (IADLs) (e.g., walking without aid, ability to stand from sitting), and physical mobility, it does not consider the presence of environmental barriers or distinguish between the presence of an impairment and the effects of impairment on one's lived environment (Garland-Thomson 1997). We also are not able to explicitly assess the impact of social barriers or ableist attitudes on workplace experiences. Additionally, while the data include a representative sample of men and women whose primary disability is a physical impairment, people who are primarily disabled because of an intellectual or psychological impairment were not included in the study sample.

In the following, we briefly summarize the literature on work and well-being. We then consider how employment conditions and their benefits—or lack thereof—vary by gender and disability status. Using this summarized literature as our foundation, we describe our conceptual model and four hypotheses.

Work and Well-Being

The conceptualization of work used in social and psychological research was long ago expanded from status features, such as occupational prestige and compensation (Nam and Powers 1965), to incorporate multiple structural dimensions of paid work, including the ability to engage in labor that is autonomous and creative or self-expressive, and the experience of pleasant working conditions or, alternately, on-the-job strains such as working under time pressure and with frequent interruptions in unpleasant surroundings (Kohn and Schooler 1973, 1982). While work-related status characteristics are generally differentiated from these other dimensions, each individual attribute is distinguished empirically as a unique dimension of work (Smith et al. 1997) and found to contribute independently to mental health (Lennon 1994; Mirowsky

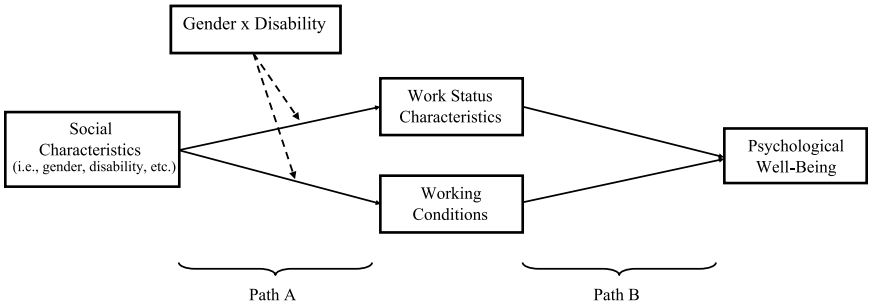

FIGURE 1: Conceptual Model of the Associations between Status Characteristics, Work Status Characteristics, Working Conditions, and Psychological Well-Being

NOTE: Model is based on Eckenrode and Gore's (1990) discussion of the transmission processes through which work affects well-being.

and Ross 2007; Ross and Wright 1998). These mental health effects appear to be additive—that is, occupying higher status and better-paid positions is emotionally rewarding; laboring in safe, low-stress environments offers additional psychological benefits; and engaging in creative, autonomous work is further satisfying (Burgard and Lin 2013; Mirowsky and Ross 2007).

Both the status-based and structural aspects of work are thought to be salient for psychological well-being partly because they are so often absent in paid employment, which often lacks extrinsic rewards or the satisfaction of self-directed labor. Eckenrode and Gore's (1990) model of the transmission processes through which work affects well-being, for example, emphasizes the additive effects of negative work experiences for well-being. This perspective acknowledges that social characteristics, such as gender, disability status, age, and ethnicity, have a fundamental influence on work status characteristics (e.g., income and occupational prestige) and working conditions (e.g., unsafe working conditions, workplace stress exposure, job autonomy, and job creativity), as illustrated in Path A of Figure 1. These indicators of the quality and content of individuals' work experience, in turn, affect psychological well-being, as indicated in Path B of Figure 1. Thus, work status characteristics and working conditions are a conduit through which social disadvantage is internalized (Eckenrode and Gore 1990).

Perhaps nowhere is this more dramatically illustrated in feminist studies than in research concerning working women, who, on average,

report less psychological benefit from employment than men. This research indicates that low status occupations and poorly functioning work environments are associated with higher levels of depressive symptoms for both women and men (Clumeck et al. 2009; Rosenfield 1989; Theorell et al. 2015). However, because working women are more likely to occupy lower-paid and less-prestigious positions (Messias et al. 1997; Rosenfield 1989; Whooley et al. 2002), report greater workplace stress exposure (Clays et al. 2007; Shields 1999, 2006), and engage in less-creative and less-autonomous work (Clumeck et al. 2009; Goodman and Crouter 2009) than their male counterparts, they tend to experience greater depressive symptomatology than working men. Taken together, these observations indicate that women's comparatively lower status compared to men affects their employment status and work experiences, thereby eroding their psychological well-being, as outlined in the conceptual model presented in Figure 1.

Incorporating the Experiences of People with Disabilities

Although there is a dearth of research on the significance of status-based and structural aspects of work for psychological well-being among people with physical disabilities, several strands of inquiry support linkages similar to those hypothesized for gender. First, although people with disabilities may desire different work schedules (Schur 2003; Wilkin 2013) or training opportunities (Michna, Kmieciak, and Burzynska-Ptaszek 2017) compared to their non-disabled peers, disability status does not appear to play a role in which job characteristics are deemed meaningful. For example, analysis of the 2006 General Social Survey[1] found that respondents with and without disabilities similarly identified the following as "very important" job characteristics: high income, opportunities for advancement, interesting work, ability to work independently, absence of harsh conditions, and work provides feeling of accomplishment (Ali, Schur, and Blanck 2011).

Despite similar ideal characteristics, finding work with these attributes may be particularly elusive for people with disabilities because of lingering prejudice and stereotypical attitudes held by employers (Altman 1981; Lengnick-Hall, Gaunt, and Kulkarni 2008; Luecking 2008). Lengnick-Hall, Gaunt, and Kulkarni's (2008) study of employer hiring preferences found widespread prejudice among respondents; employers feared that employees with disabilities would lack critical skills and/or knowledge, incur increased costs (due to health care, accommodations, lawsuits, etc.), and/or negatively impact customers or coworkers.

Certainly, many employers hold positive views of people with disabilities—but, as one review of this literature emphasizes, positive affirmations do not tend to correspond with actual hiring practices (Luecking 2008). Moreover, it may be difficult to challenge prejudicial attitudes and stereotypes because people with disabilities, underrepresented in professional and managerial careers (Ali, Schur, and Blanck 2011), tend to lack institutional authority (Luecking 2008). Thus, there are some grounds for hypothesizing that people with disabilities, because of their comparatively disadvantaged status compared to people without disabilities, are less well positioned to derive psychological well-being from work because they are more likely to experience lower-paid and less-prestigious positions and poorer working conditions (e.g., unsafe or hazardous conditions, higher workplace stress, and less-autonomous and less-creative work), as also indicated by the conceptual model presented as Figure 1.

In much the same way, numerous intersectional analyses have documented that the combined effects of multiple disadvantaged statuses are qualitatively different than the singular effects of each status (Bose 2012; Duffy 2005; Jyrkinen and McKie 2012; S. Turner 1999), it also seems plausible that disability-based disadvantages may intensify the effects of gender-based disadvantages. This possibility can be represented by the introduction of interaction terms in Path A of the conceptual model presented in Figure 1 (included with dotted arrows), and it is generally supported by the numerous disadvantages experienced by working women with disabilities previously noted in relation to occupational status and workplace experiences (Brown, Moloney, and Ciciurkaite 2017; Doren, Gau, and Lindstrom 2011; Moloney et al. 2018; Pettinicchio and Maroto 2017).

Although this research supports an expectation that the double burden of sexism and ableism in the workplace is psychologically impactful, the potential impact of disability severity is less certain. Indeed, Lederer and colleagues' (2014) review of the work-related disability literature notes that the vast majority of studies in this area conceptualize disability as a static condition without further specification. This approach may have advantages in terms of comparing various groups of people (e.g., women, racial/ethnic minorities, etc.) with and without disabilities. However, this approach cannot assess whether different levels of disability affect people differently (Brown, Moloney, and Ciciurkaite 2017). Thus, in addressing the question of whether the effects of gender vary as a function of disability, we pay careful attention to the salience of experiencing various levels of disability.

In summary, previous research suggests that gender influences employment status and working conditions, and therefore indirectly impacts psychological well-being (Hypothesis 1), and that physical disability may similarly influence well-being because of its indirect link with lower work status characteristics and working conditions (Hypothesis 2). We additionally tested the hypothesis that the effects of gender are moderated by the effects of disability severity (Hypothesis 3). We tested these hypotheses controlling for the sociodemographic characteristics of age and race/ethnicity.

METHODS

Data are derived from a two-wave panel study of Miami-Dade County, Florida residents undertaken to examine the social determinants of mental health problems among individuals with and without chronic physical health conditions. Based on national age, gender, and race/ethnicity-specific rates of disability, and on the Miami-Dade County demographic structure, approximately 10,000 households were randomly screened to develop a sampling frame that would allow a sample within which people with chronic physical health conditions were significantly overrepresented. Participants with and without physical disabilities were matched on age, sex, area of residence, and race/ethnicity. The study sample was drawn so that there was equal representation of the four major racial/ethnic groups comprising approximately 95 percent of all Miami-Dade County residents (non-Hispanic whites, Cubans, non-Cuban Hispanics, and African Americans). Additional details regarding this sampling procedure are described by R. Turner, Lloyd, and Taylor (2006).

A total of 1,986 first-wave interviews (W1) were completed in 2000-2001, with a success rate of 82 percent. W1 study participants included 1,086 adults screened as having no physical disability and 900 adults who self-reported or were reported by a family member as having a physical disability. Given the oversampling of people with physical disabilities, it is inaccurate to suggest that this sample is representative of the Miami-Dade County population. However, the sample can be taken as representative of people with physical disabilities in Miami-Dade County and of their nondisabled age, gender, and racial/ethnic counterparts. As noted in Table 1, the sample is highly similar across gender with respect to age and racial/ethnic characteristics.

TABLE 1: Means, Standard Deviations, and Ranges for Study Variables by Gender (N = 1,473)

	Women (n = 832)			*Men (n = 641)*		
Characteristics	*Mean*	*Standard Deviation*	*Range*	*Mean*	*Standard Deviation*	*Range*
Depressive symptoms	12.692***	7.628	0-44	10.509	6.900	0-41
Severity of disability	26.503***	12.294	5-77	23.312	10.792	7-80
Income	5.166***	3.508	0-15	7.318	3.806	0-15
Occupational prestige	3.408**	1.686	1-7	4.579	1.672	1-7
Unsafe work conditions	2.537***	3.338	0-8	3.501	3.301	0-8
Workplace stress exposure	3.339***	4.046	0-45	2.776	3.747	0-40
Job autonomy	3.646***	4.771	0-12	4.859	5.034	0-12
Job creativity	2.999***	3.929	0-12	3.853	4.054	0-12
Age	58.210	17.345	20-93	56.705	17.257	20-93
Racial/ethnic distribution (%)						
Non-Hispanic white	189 (22.71)	—	0, 1	159 (24.72)	—	0, 1
African American	265 (31.87)	—	0, 1	177 (27.54)	—	0, 1
Latino	378 (45.42)	—	0, 1	305 (47.74)	—	0, 1

NOTE: One-way analyses of variance (ANOVAs) of mean differences indicated, ** significant at .01; ***significant at .001. One-way ANOVA for age and chi-square tests for race/ethnicity revealed no significant contrasts by gender.

Respondents were re-interviewed three years later. Excluding the 100 W1 participants who died in the interim and 59 W1 participants who were too ill to be interviewed, the second wave of interviews (W2) achieved a success rate of 82.5 percent. This analysis includes the 1,473 respondents who are currently or previously employed and provided complete responses to study questions during both the first and second wave of interviews. Summary statistics for all study variables by gender are found in Table 1.

Measures

Depressive symptoms. The occurrence of depressive symptoms was estimated using a modified version of the 20-item Center for Epidemiological

Studies Depression Scale (CES-D) (Radloff 1977), for which there is ample evidence of reliability and validity. Measuring symptoms rather than diagnoses enabled us to capture distress in individuals who would not otherwise seek assessment and receive a diagnosis. However, symptom measurement is not tantamount to a diagnosis and should not be viewed as such (Radloff 1977). As previously noted, this abbreviated 14-item measure excludes somatic complaints to avoid potential confounding of mental and physical health status. The omitted items include problems with eating, keeping your mind on what you are doing, effort, restlessness, talking, and getting going. The summated measure has high reliability ($\alpha = .83$) and produces results similar to the full scale.

Gender. Gender is coded 1 for women and 0 for men.

Disability severity. The measure of disability severity is an adaptation of the models of disability proposed by the World Health Organization (2001). Degree of disability was assessed by considering activities or abilities that are compromised, and the extent to which they are compromised. Pooling from several previously employed measures, this 19-item index ($\alpha = .91$) assesses difficulties related to the performance of ADLs (e.g., personal hygiene, eating), IADLs (e.g., housework, shopping), and physical mobility (e.g., walking without aid, ability to stand from sitting). The full list of items included in this measure is presented in Table 2.

Work status characteristics. *Income* was measured with 16 categories of personal annual income before taxes in the last year measured in $5,000 intervals, ranging from 0 (no personal income) to 15 (income of $135,000 or more). *Occupational prestige* was coded according to Hollingshead's (1957) seven occupational prestige categories. The occupational prestige level assigned for each respondent is for his or her current or longest occupied position, whichever was higher.

Working conditions. *Unsafe work conditions* were assessed by a count measure of six conditions: the presence of physical or chemical hazards, fumes, extreme cold, extreme heat, wetness or high humidity, and noise or vibration (Cain and Treiman 1981). *Workplace stress exposure* was based on the employment component of Wheaton's (1994) chronic stress index. The measure is based on responses, ranging from not true (0) to very true (2), to five questions related to exposure to a difficult work environment, feeling underpaid, wanting a different job, and experiencing emotional and physical strain as a

TABLE 2: Items Used in Construction of Disability Severity Measure

Item	*Type of Measure*	*Reference*
Reach up and get a five pound object (such as a bag of sugar) from just above your head	Mobility–Physical Performance	Fries et al. (1980)
Bend down to pick up an object (like a piece of clothing) from the floor	Mobility–Physical Performance	Fries et al. (1980)
Turn faucets on/off	Mobility–Physical Performance	Fries et al. (1980)
Walk ¼ mile	Mobility–Physical Performance	Rosow and Breslau (1966)
Stoop or crouch down	Mobility–Physical Performance	Nagi (1976)
Lift ten pounds	Mobility–Physical Performance	Nagi (1976)
Sit for more than two hours	Mobility–Physical Performance	
7—Items asked of all respondents; response range: 1 = "easily" to 4 = "unable to do"		
Can you prepare your own meals	IADL	Lawton and Brody (1969)
Can you do your housework	IADL	Lawton and Brody (1969)
Can you dress/undress self	ADL	Katz et al. (1970)
Can you get in/out of bed	ADL	Katz et al. (1970)
Can you take bath/shower	ADL	Katz et al. (1970)
Can you get to the bathroom on time	ADL	Katz et al. (1970)
Can you climb up stairs	Mobility–Physical Performance	Rosow and Breslau (1966)
7—Items asked only of screened disabled; response range: 1 = "Easily" to 5 = "Completely Unable to do"		
Standing for long periods such as 30 minutes	Mobility–Physical Performance	Nagi (1976)
Standing up from sitting	ADL	Jette (1980)
Walking more than a mile	ADL	Jette (1980)
Moderate activities such as moving a table, pushing a vacuum cleaner, bowling or playing golf	ADL	Jette (1980)
Vigorous activities such as running, lifting heavy objects or participating in strenuous sports	ADL	Jette (1980)
5—Items asked of all respondent in the last 30 days; response range: 1 = "none" to 5 = "extreme/cannot do"		

result of one's job. Consistent with common practice, each score is a straight count of the number of stressors reported. *Job autonomy* was measured with a four-item scale articulated by Lennon (1994). The measure is a summed index ($\alpha = .79$) assessing the extent to which respondents feel they make decisions on their own, control the speed at which they work, have freedom to decide how to work, and have a supervisor that decides what they do and how they do it at work. Responses to each item range from never (0) to almost always (4). *Job creativity* was assessed with a three-item abbreviated version of the measure introduced by Mirowsky and Ross (2007), which considers the extent to which work is nonrepetitive, enjoyable, and provides learning opportunities. Responses to this summed index ($\alpha = .64$) range from never (0) to almost always (4).

Covariates. *Age* was employed as a continuous measure in years. *Race/ethnicity* is a set of dummy variables including non-Hispanic whites, African Americans, and Latinos. The "Latino" designation primarily represents individuals from Cuba and Central America. In all regression analyses, non-Hispanic whites represent the reference category.

Analytic Strategy

Path analysis using Mplus software (version 8.1; Muthén and Muthén 1998-2017) was utilized to examine the predictive significance of gender and disability severity for six dimensions of work status characteristics and working conditions at W1 and depressive symptoms at W2, net of the covariates. The first stage in the analysis considered whether, or the extent to which, the associations between work status characteristics, working conditions, and depressive symptoms are influenced by gender (Hypothesis 1) and disability status (Hypothesis 2). A formal assessment of the direct and indirect paths through which gender and disability, respectively, affect depressive symptoms applied the test procedures described by Muthén and Muthén (1998-2017) for Mplus software.

The next step in the analysis examined whether any of the paths through which gender indirectly affects depressive symptoms at W2 are conditional because of the moderating effect of disability on work status characteristics and working conditions (Hypothesis 3). To estimate potential moderating effects, we utilized test procedures for Mplus software described by Preacher, Rucker, and Hayes (2007) to provide estimates of interaction effects in path models.

TABLE 3: Partial Correlation Matrix of Depressive Symptoms, Gender, Disability Severity, and Select Covariates (N = 1,473)

	1	*2*	*3*
1. Depressive symptoms	1.000		
2. Gender (1 = female)	.088**	1.000	
3. Severity of disability	.191***	.133***	1.000
4. Income	−.133***	−.155***	−.233***
5. Occupational prestige	−.089***	−.129***	−.124***
6. Unsafe work conditions	.079***	−.076**	−.345***
7. Workplace stress exposure	.092**	.072**	.294***
8. Job autonomy	−.078**	−.120***	−.348***
9. Job creativity	−.088**	−.107***	−.362***

NOTE: The biserial correlation coefficients are presented for disability status and gender; for all other variables, the Pearson correlation coefficients are reported. **Significant at .01; ***significant at .001.

DIFFERENTIAL ASSOCIATIONS BETWEEN WORK STATUS CHARACTERISTICS, WORKING CONDITIONS, AND DEPRESSIVE SYMPTOMS

Table 3 presents the zero-order correlations of major study variables. It is noteworthy that depressive symptoms at W2 are associated with each of the predictor variables measured at W1: Gender, disability severity, unsafe work conditions, and workplace stress exposure are associated with greater depressive symptoms, whereas income, occupational prestige, job autonomy, and job creativity are associated with fewer depressive symptoms. The gender-based correlations provide some preliminary support for Hypothesis 1: Being a woman is positively associated with disability severity and workplace stress exposure, and negatively associated with income, occupational prestige, exposure to unsafe work conditions, job autonomy, and job creativity. The pattern of correlations by disability severity also support Hypothesis 2. Disability severity is associated with lower income, occupational prestige, job autonomy and job creativity, and greater workplace stress exposure.

The hypothesized associations between gender, disability, work characteristics, and depressive symptoms were further elaborated in the path analysis presented in Figure 2. The model fit criteria provided by Hu and Bentler (1999; comparative fit index [CFI] $>$ .95, root mean square error of approximation [RMSEA] $<$ .06, standardized root mean square residual [SRMR] $<$ .08) were used to assess the measurement of this model. Based on these criteria, there is consistent evidence of good fit for this model (CFI = 1.007; RMSEA = .031; SRMR = .018),

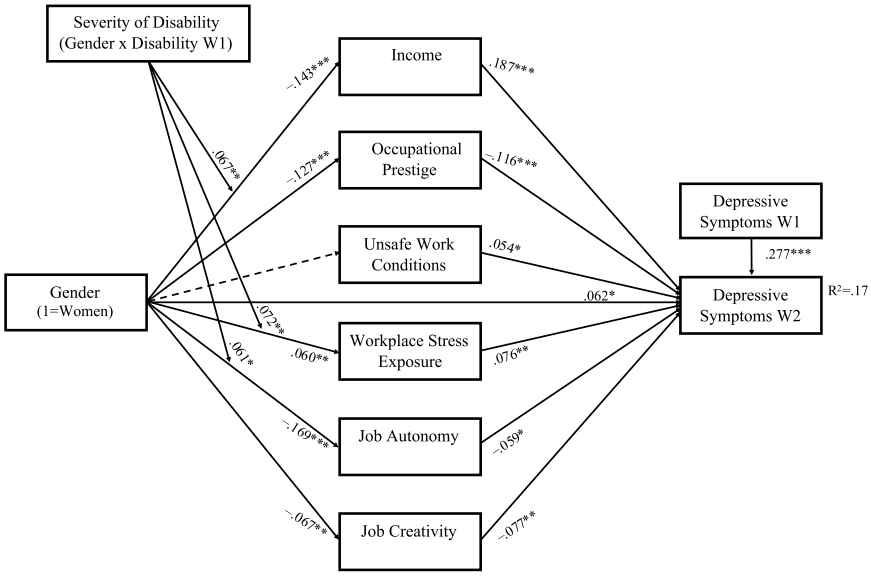

FIGURE 2: Path Analysis Relating Gender and Disability Severity to Work Characteristics and Depressive Symptoms (N = 1,473)

NOTE: Model controls for disability severity, age, and race/ethnicity. Standardized regression coefficient reported. A solid arrow indicates a significant effect; a dashed arrow indicates a nonsignificant effect. W = wave. ***Significant at .001; **significant at .01; *significant at .05.

and the chi-square statistic (1.293, p = .862) provides additional evidence of good model fit.

This model reveals that women, on average, experienced a greater increase than men in depressive symptoms over the study period. The standardized path coefficients from gender to work characteristics further demonstrate that net of disability severity and the sociodemographic covariates, women reported significantly lower income, occupational prestige, job autonomy, and job creativity, and higher workplace stress exposure than men. These factors, in turn, are associated with depressive symptoms in the anticipated directions. That is, income, occupational prestige, job autonomy, and job creativity are associated with a decline in depressive symptoms over the study waves, whereas unsafe work conditions and workplace stress exposure are associated with an increase in depressive symptoms.

For the sake of clarity in the model presented, findings concerning the effects of disability severity are not presented in Figure 2. However, the pattern of findings observed in this model is also highly consistent with

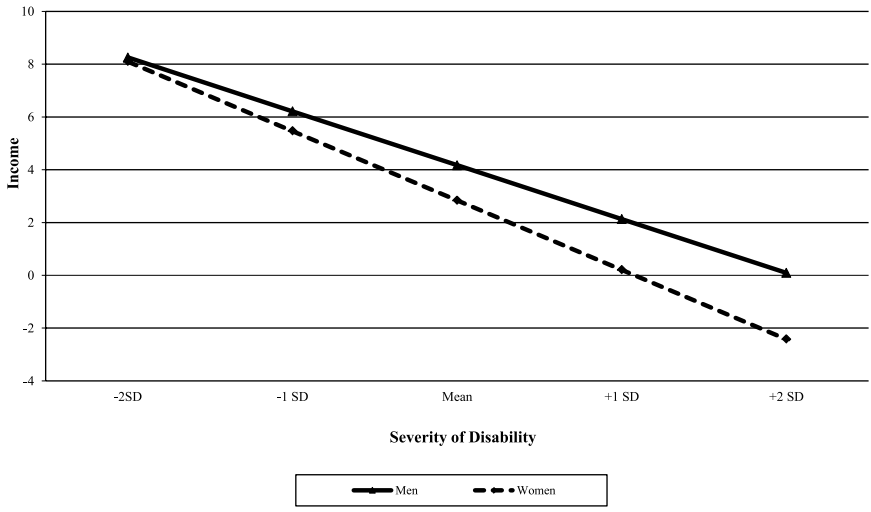

FIGURE 3: Gender Contrasts in the Effects of Disability Severity on Income (N = 1,473)

NOTE: Predicted values are based on W1 disability severity values at the mean and plus and minus one and two standard deviations. Calculations derive from the full model presented as Figure 2.

what was hypothesized (Hypothesis 2) and what is found in Table 3: Net of the covariates, greater disability at W1 is associated with greater depressive symptoms at W2 ($\beta = .139$, $p < .001$). Disability severity is also negatively associated with income ($\beta = -.232$, $p < .001$), occupational prestige ($\beta = -.114$, $p < .001$), job autonomy ($\beta = -.345$, $p < .001$), and job creativity ($\beta = -.351$, $p < .001$), and positively associated with workplace stress exposure ($\beta = .294$, $p < .001$).

Moderation tests further assessed whether the pattern of findings vary as a function of disability-based differences in the associations of gender with the work characteristics investigated (hypothesis 3). Partial support is found for this hypothesis in the significant interactions of disability severity and gender in the prediction of income, workplace stress exposure, and job autonomy. The significant interactions indicate that because women with disabilities earned significantly less, were exposed to significantly more workplace stress, and were significantly less likely to experience autonomous working conditions than women without disabilities and men with and without disabilities, they experience greater depressive symptoms on average than these comparison groups.

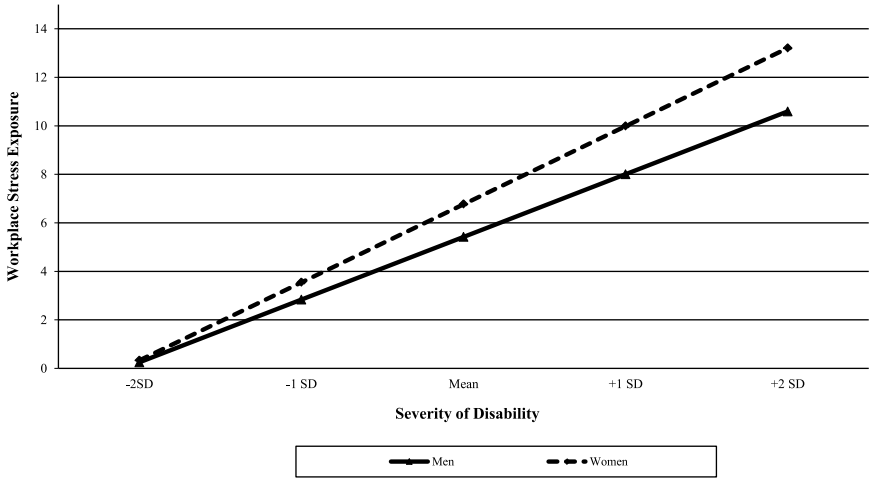

FIGURE 4: Gender Contrasts in the Effects of Disability Severity on Workplace Stress Exposure (N = 1,473)

NOTE: Predicted values are based on W1 disability severity values at the mean and plus and minus one and two standard deviations. Calculations derive from the full model presented as Figure 2.

These effects are elaborated upon in Figures 3 to 5, which present the predicted association of disability severity with income, workplace stress exposure, and job autonomy, respectively, based on the mean ± 2 SD values of disability severity. All calculations derive from the full model presented in Figure 2. The predicted values presented in Figure 3 indicate that the effects of income on depressive symptoms differ for men and women; importantly, this is because of the association between disability severity and income. Indeed, at the low end of the disability spectrum, there are essentially no differences between men and women in predicted income, whereas declines in predicted income as a function of disability severity are more pronounced for women than men. The difference on average between women and men with severe disabilities is the equivalent of two income categories, or about $10,000.

Similarly, as illustrated in Figure 4, experiences of workplace stress exposure are virtually identical for women and men with minimal disability. While greater disability is associated with greater workplace stress exposure for women and men, the stronger effect observed among women is predicted to result in women with more severe disabilities experiencing as many as 14 more workplace stressors on average compared to an increase of 10 stressors among men with severe disability. Figure 5 further reveals that the steeper

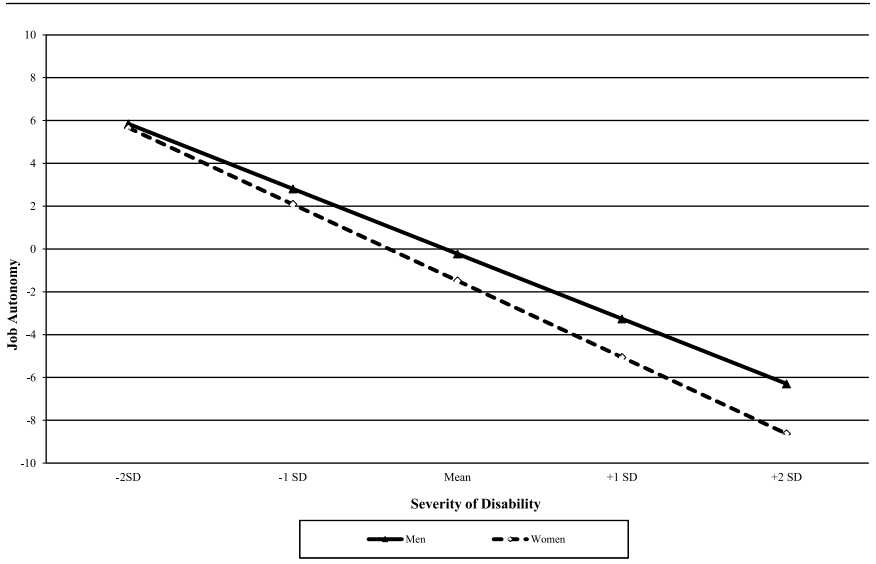

FIGURE 5: Gender Contrasts in the Effects of Disability Severity on Job Autonomy (N = 1,473)

NOTE: Predicted values are based on W1 disability severity values at the mean and plus and minus one and two standard deviations. Calculations derive from the full model presented as Figure 2.

decline in job autonomy occasioned by disability experienced by women relative to men results in about a two-unit difference between women and men with severe disabilities. In practical terms, this is roughly the equivalent of the difference between never and sometimes being able to decide how to work and choosing the speed at which to work, for example.

CONCLUSION

Our intersectional analysis demonstrates that the employment experiences of working women with disabilities are shaped by dual disadvantages associated with disability and gender, and that these disadvantages impact psychological well-being. The analysis first demonstrates that gender and disability indirectly affect well-being because of their association with numerous employment-related factors, including personal income, occupational prestige, exposure to a stressful workplace, job autonomy, and job creativity (supporting Hypotheses 1 and 2). Thus, were it not for their overrepresentation in low-paying, less-prestigious, stressful, less-autonomous,

and less creatively engaging positions, women and people with disabilities would derive more psychological satisfaction from their employment.

Building upon these observations, we then document that some of the employment-related paths through which gender affects well-being are intensified by disability, partly supporting Hypothesis 3. These findings are consistent with work by feminist disability scholars who found that women with disabilities experience the dual burden of sexism and ableism (e.g., Brown 2014; Garland-Thomson 1997; Hanna and Rogovsky 1991), and expand our understanding of how this burden undermines women's ability to achieve desired occupational circumstances. This analysis shows that because women with disabilities earn less on average, are exposed to more workplace stress, and are less likely to experience autonomous working conditions than women without disabilities and men with and without disabilities, they are more psychologically affected by inequitable workplace conditions than these comparison groups. These effects vary as a function of disability severity. Women and men with little or no disability appear to experience relative parity in income, experiences of workplace stress exposure, and autonomous working conditions, whereas the most pronounced disparities are observed between women and men with more severe disabilities. This is compelling, in part because it suggests that a failure in prior research to account for the effects of disability severity may misspecify the effects of both gender and disability.

These findings have tangible implications for scholars and activists alike. As Ridgeway and Kricheli-Katz (2013) note, an intersectional framework is useful for identifying promising areas of focus for bringing about structural change. The disadvantages in income, workplace stress exposure, and job autonomy documented here may be particularly salient targets in future efforts. For example, some of the renewed energy in 2016 surrounding the enforcement of the Lilly Ledbetter Fair Pay Act of 2009 might be usefully directed at addressing the unfair compensation patterns observed among women with disabilities (NWLC 2014), and perhaps especially those who are most severely disabled.

This analysis also raises important questions concerning how gender organizes workplace experiences for those with disabilities. A feminist orientation calls to mind variously the gender norms, conceptions of masculinity and femininity, institutional practices, and power differentials in interactional contexts that give rise to these differences. The perspective of feminist disability scholars further stresses that these are fundamentally *women's issues* (Garland-Thomson 2005).

Considering the ways in which gender and disability intersect, thus, calls attention to the need for feminist scholars to be more attentive to the salience of disability, and the ways in which its omission limits the field. Following are just a few examples related to women and work that exist at the intersection of our sociocultural landscape and institutional norms (Bowleg 2008; Choo and Ferree 2010; McCall 2005). Women with disabilities are left out of conversations about the segments of women for whom the so-called "glass ceiling effect" remains most relevant (e.g., Barreto, Ryan, and Schmitt 2009; Cotter et al. 2001). There is also virtually no interest in presumptions made about physical, intellectual, or psychological functioning in discourse related to the gendered division of labor, despite its epistemological grounding in corporeal differences (Chodorow 1978). Additionally, women with disabilities tend not to be included in discussions on work–life balance issues, though they often face competing demands related to work and their families' care, transportation, and household needs, along with various disability-related concerns (Moloney et al. 2018; Timmons et al. 2001). Similarly, although gender is well recognized as a key predictor of unpaid household work (Bianchi et al. 2000), factors of disability are rarely considered. For each of these examples, the inclusion of disability might serve to document how power differentials embedded in this social institution persist in undermining women whose bodies do not look or function in certain ways (Garland-Thomson 2005).

Such an intersectional feminist disability studies perspective has further implications for intersectional investigations that do not include disability. As an illustration, one of the questions raised by the work-related disparities we document concerns how both outright and indirect forms of workplace discrimination drive or underlie these disparities. There are now hundreds of intersectional studies on workplace discrimination that describe the pervasiveness of prejudice, stereotyping, major-life discrimination, day-to-day discrimination, and social isolation in the work day for women who occupy various disadvantaged statuses (for a review, see Pascoe and Richman 2009). Discrimination is also an organizing theme in several subfields of disability studies (Charlton 1998). Much of the work of feminist disability scholars in these areas elaborates on the work of more mainstream feminist scholars to acknowledge the complexity of discriminatory experiences and appraisals, and the feelings of self-devaluation that may result (Belgrave 1990; Dyck 1995; Miller and Major 2000; Nosek and Hughes 2003). This work describes dimensions of discrimination

less developed in other areas of intersectional research, such as the unwanted sympathy, blame, shame, social alienation, and outright rejection experienced by women with disabilities (Nosek et al. 2001; Nosek and Hughes 2003). It also demonstrates how unwanted forms of attention often co-occur in ways that are both paradoxical and deeply demeaning, and it further acknowledges that not all women with disabilities experience discrimination or suffer when they do (Brown 2014; Joachim and Acorn 2000; Miller and Major 2000). The relevance of this work for understanding other axes of inequality seems clear and intuitive.

Several limitations of this study merit further comment. First, it is important to emphasize that the data employed in this study are from two waves of data collected three years apart and likely provide only a snapshot of the complex processes underlying variation in psychological well-being among the groups central to this analysis. Future research would ideally consider how changes in disability status and severity, and the range of factors considered, influence psychological well-being across multiple points in time. The effects observed may also vary depending upon the type of disability involved, its duration and severity, and whether it is visible to others (Joachim and Acorn 2000; Nosek and Hughes 2003; Rohmer and Louvet 2009). Because this sample was heterogeneous with respect to health conditions included in the subsample of people with disabilities, individual categories included too few cases to examine these issues. Additionally, this study represents the relatively unique population of Miami-Dade County, and it is uncertain whether the findings are generalizable to other areas. However, because regional and national studies in the United States, Canada, and Europe have reported consistent patterns of association between gender, physical disability, work, and psychological well-being (Breslin et al. 2006; Clays et al. 2007; Jyrkinen and McKie 2012; Lennon 1994; Theorell et al. 2015), the current study may provide a useful framework for future investigations in areas where women and people with disabilities experience employment-related disadvantages.

Perhaps the most significant limitation of this study was our inability to capture the full spectrum of intersectional factors. There are too few cases in our data set to effectively consider variation in the variables central to this analysis, for example, autonomous versus non-autonomous, creative versus uncreative, high paying versus low paying jobs, etc.,) by race/ethnicity. Further, the survey instrument was not designed to detect

persons who identify as non-binary or transgender, or as sexual minorities. Focusing on disability as it intersects with binary gender categories while excluding these other identities likely obscures important subgroup differences in employment experience and psychological well-being.

Relatedly, our quantitative analysis relies on the analysis of identity categories. While these analyses are an important step in establishing a priori relationships, they cannot capture fully these participants' heterogeneous experiences or their complex web of resources and challenges. To deepen the structural analysis we present here, future work should consider utilizing a qualitative or mixed-method approach to better explore the lived, intersectional experiences of people with disabilities in the workplace (for example, see Moloney et al. 2018).

Despite the aforementioned limitations, this study provides an important step forward in disability-centered intersectional analysis. In addition to stimulating insights about the experiences of working women with disabilities, the findings generate novel questions concerning the intersection of gender and disability that may be addressed in subsequent research.

NOTE

1. The General Social Survey is a biannual full-probability, personal-interview survey of U.S. adults conducted by NORC at the University of Chicago.

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