To Wear Hijab or Not: Muslim Women's Perceptions of Their Healthcare Workplaces

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This study explored relationships among women's choices to disclose a possibly stigmatizing religious persuasion, and their organizational citizenship, commitment, and justice perceptions. Hijabis perceived greater support from and were more committed to their organizations than non-hijabis; the two groups did not differ in overall organizational justice perceptions. Multivariate analysis found that the combination of wearing hijab, performing externally oriented citizenship behaviors, and being organizationally committed were significantly related to a woman's perception that her organization was interactionally just, but not that it was distributively or procedurally just. Positive organizational outcomes resulting from encouraging workers to disclose stigmatizing characteristics are discussed.

INTRODUCTION

Since 9/11 the media have implicitly stereotyped Muslims as aggressive terrorism supporters whose way of thinking is anathema to Western values (Peer, 2010; Schevitz, 2002). Muslims are assumed to be intrinsically more religious than Christians or Jews (Fischer, Greitemeyer, & Kastenniüller, 2007), and Muslim women have been viewed as the recipients of unequal treatment, suppressed by their (male) family members (Bartkowski & Read, 2003). However, a prominently reported *New York Times* poll showed that U.S. Muslims are thriving (Goodstein, 2009). "American Muslim women, contrary to stereotype, are more likely than American Muslim men to have college and post-graduate degrees. They are more highly educated than women in every other religious group except Jews. American Muslim women also report incomes more nearly equal to men, compared with women and men of other faiths" (Goodstein, 2009, p.11). Given such a mixed message, it is not surprising that organizations may be unclear about how best to treat Muslim employees fairly.

This study explored relationships among U.S. Muslim women's self-identification, perceptions of workplace discrimination and fairness, and workplace involvement. It drew on the discrimination and stigma literature to examine religious expression and its consequences for Muslim women working in healthcare organizations. We distinguished between physicians, whom we defined as "professionals," and non-physicians in order to explore difference between Muslim women who do and do not wear hijab, and between professionals and non-professionals.

RELIGION AS STIGMA

Stigmas are personal characteristics labeled as flaws within a certain social context (Ragins, 2008); a person with a stigmatizing characteristic is viewed as being in a separate, stereotypical group of lower status (Link & Phelan, 2001). The U.S. has a history of stigmatizing minority religion groups such as Catholics and Jews (Fox, 2007; Gitelman, 1973; Rosenfield, 1982). Since the 9/11 2001 attacks, sociopolitical events such as terrorist atrocities anywhere in the world seem to heighten anti-Arab reactions (Oswald, 2005). Moreover, U.S. official reactions—e.g., tougher travel screening measures for people traveling from 14 predominately Muslim countries, and bans on some groups purportedly with religious affiliation (Burns, 2010)—may exacerbate bias and negative public reaction to Muslims (Peer, 2010). From 2003 to 2007, discrimination cases against Muslim travelers and hate crimes increased, while across the media, defamation and bias "spread widely" (ADC Research Institute, 2008), with a shift away from stigmatizing specific groups or nationalities, e.g., Arab nationals, to a vilification of Islam as a faith (McGurn, 2009). In contrast to studying majority reactions, this paper examines the stigmatized individuals' perceptions, cognitive processes, and beliefs (Crocker & Major, 2003; Miller, Smith, & Mackie, 2004).

Religion as Invisible Stigma: The Decision to Disclose

Like gender preference or illness, religious persuasion can be an invisible social identity. When the religion is viewed negatively, disclosing that religious affiliation in the workplace could stigmatize an individual (Clair, Beatty, & MacLean, 2005). Research shows, with very little doubt, that stigmatization has negative consequences on the stigmatized individual (e.g., among others Beals, Peplau, & Gable, 2009; Clair et al., 2005; Cottrell & Neuberg, 2005; Crocker, Voelkl, Testa, & Major, 1991; Goff, Steele, & Davies, 2008; Halperin, Pedahzur, & Canetti-Nisim, 2007), which implies that those who profess stigmatized religions are likely to keep them invisible. However, some people choose to reveal invisible stigma characteristics and to encounter the resulting bias (Ragins, 2008). Disclosure can be verbal (Clair et al., 2005), but in some religions, disclosure can be though clothing. In the U.S. for example, some Jewish women choose to wear hair-covering wigs, some Sikhs choose to wear the Kara and/or other articles of faith, and some Muslim women choose to wear headscarves, usually called hijab in the U.S. (Williams & Vashi, 2007).[1] Wearing an hijab, which covers the hair, neck, and shoulders, discloses an otherwise hidden religious preference, and we expect that hijabis, i.e., women who wear hijab, will perceive more workplace stigmatization, discrimination, and other negative reactions than their colleagues.

Perceived Status Consequences of Disclosure

Stigmatizing another person means to exercise power over that person (Link & Phelan, 2001); in addition to being stereotyped and discriminated against, a stigmatized person looses status. It follows that:

> *Hypothesis 1A. Muslim women who believe that religious discrimination has negatively impacted their status or career in the past are less likely to disclose religious affiliation by wearing hijab.*

According to status characterization theory (Joseph Berger, Cohen, & Zelditch, 1972), individuals perceived to have characteristics or capabilities that result in better overall organizational performance are accorded higher status and accorded greater resources and rewards. Such people, with specialized educations and/or accumulated expertise are often called professionals. Following Friedson (1983), here professionals are defined as physicians, one of the traditional, independent professions. In social contexts, professional group members are expected to contribute disproportionably more toward successful group outcomes without regard to actual successes (Joseph Berger, Rosenholtz, & Zelditch, 1980; Chizhik, Alexander, Chizhik, & Goodman, 2003). Both high and low status group members associate professional behaviors--and rewards--with anyone who merely possesses the hi-status characteristics, e.g., physician's

credentials (J. Berger, Ridgeway, & Zelditch, 2002). Second-order expectations, i.e., what individuals think others expect of them, may even determine the individuals' behavior more than first order expectations, i.e., what individuals expect of themselves (Troyer & Younts, 1997).

One reward professionals expect is professional control over the services they provide (Eliot Friedson, 1970; Larson, 1977), through "exclusive ownership of an area of expertise and knowledge" (Evetts, 2003, p.30). Control over and demonstration of expertise by providing health services is such a reward for physicians. Anything that impedes their ability to provide health services directly challenges physicians' professional status and standing. If a patient refuses treatment from a physician because she displays a stigmatizing characteristic, for example, the consequence is not just one instance of bias, but is an actual threat to the physician's professional status and power (Link & Phelan, 2001) and thus to her career. In addition, second-order expectations mean that if a biased patient rejects a physician's services and prefers treatment from a lower status group member such as a nurse, both higher status physicians' and lower state nurses' working and relative status positions are altered. While both physicians and non-physician will be impacted by religious bias, physicians, being higher status, may lose more than non-physicians. Merely witnessing an instance of another physician not being allowed to practice her profession because she was stigmatized may have the same impact (Ragins, 2008). In sum, then, based on status theory we hypothesize that:

> *Hypothesis 1B. Muslim women who witnessed or were the subject of negative outcomes due to religious affiliation in the past are less likely to disclose their religion by wearing hijab in the present.*
> *Hypothesis 1C. Muslim female physicians who have witnessed or were subject to discrimination's negative outcomes are less likely than a non-physician to wear hijab.*

Perceptions of Organizational Support

People with invisible stigmatizing characteristics are more likely to disclose those characteristics if they perceive organizational support for other groups with differences. The organization's culture, practices, or policies (Ragins, 2008), or its positive diversity climate (Clair et al., 2005; Ely & Thomas, 2001) may signal its support of diverse groups. When such "safe haven" (Ragins, 2008, p.205) arrangements exist, employees feel valued and protected within the organization, regardless of their personal characteristics. Therefore:

> *Hypothesis 2A. Women who perceive more support from their organizations are more likely to wear hijab.*

Many physicians are associated with organizations in which professional activity is recognized as the organization's "major goal activity" (Etzioni, 1964, p.82). Accordingly, professionals' needs are of primary importance, so organizational arrangements meet those needs. For example, in hospitals, physicians are the primary health services providers, so hospitals' arrangements suit physicians. However, in contrast to bureaucracy's usual heteronomous arrangements, physicians usually operate quite autonomously even when their work is carried out within a bureaucracy structured to meet their needs (Barnett, Barnett, & Kearns, 1998; Britten, 2001). Indeed, because their group memberships and ties may be more important to them than their organizational ties, physicians may be less likely than other organizational members to view the organization as supportive (Hekman, Bigley, Steensma, & Hereford, 2009; Scott, Ruef, Mendel, & Caronna, 2000). Specifically, a physician is likely to view any organizational arrangement that might impede her professional autonomy as unsupportive, especially if "ideologies of professional work bump up against ideologies of administrative organization" (Bunderson, 2001, p.717). In contrast, non-physicians may not expect autonomy nor associate autonomy with organizational support, so we hypothesize that:

Hypothesis 2B. Professionals (physicians) are less likely to perceive that their organizations are supportive than non-professionals.

Religion as Social Identity: Disclosure or Deployment

The groups to which we belong and are consigned help each of us define a personal social identity. Age, gender, ethnicity, language, or other obvious marker or characteristic may identify groups, but invisible characteristics may also signify identity (Clair et al., 2005). "Invisible social identities are common in organizations," (Clair et al., 2005, p.79) and, in addition to sexual preference, include chronic illness, disability, mixed-race heritage, or religion. A U.S. Muslim woman whose social identity includes religious group membership may choose to discuss her religion with co-workers or she might choose to wear hijab. However, wearing hijab "places the religious convictions of Islamic women on their sleeves" (Bartkowski & Read, 2003, p.88). It signals that the wearer's social identity is strongly associated with Islamic community membership while it simultaneously challenges her co-workers to confront preconceived stereotypes (Creed & Scully, 2000) of Islam, of Muslims in general, and of Muslim women in the workplace in particular. On-lookers cannot be ignorant of the hijabi's religion, and her clothing may actually force any who see her to confront the legitimacy of U.S. socially constructed stereotypes. Wearing hijab becomes identity "deployment" that "has the principal effect of politicizing the personal" (Creed & Scully, 2000, p.394) through clothing choice, with the result "that the values, categories, and practices of individuals become subject to debate" (Bernstein, 1997, p.537-38) related to the group. For example, if an hijabi's performance at work should be sub-standard, other people may associate poor performance with being Muslim, even if performance and religious conviction are unrelated. Thus, the hijabi risks corroborating or elaborating negative stereotypes through her clothing choice, in addition to any personal risks she may incur. Given the risks and given that wearing hijab in the U.S. entails identity deployment, wearing hijab becomes more than a personal expression of faith. By challenging colleagues' and others' perceptions, the hijabi can become a social change advocate at micro, workgroup, and macro, societal levels.

ORGANIZATIONAL CITIZENSHIP

There is considerable personal downside for individuals who conceal stigmatizing characteristics. First, concealing stigmatizing characteristics usually requires maintaining an uncomfortable "façade of conformity" (Hewlin, 2009). There is the constant struggle to balance social identities, one of which is invisible to co-workers, and the ambiguity and possible awkwardness associated with masquerading as being in a social group when one is not actually part of that group (Clair et al., 2005). People with concealed characteristics face uncertainty about having them accidentally revealed by someone from another social situation, and about experiencing work relationship changes if they are disclosed (Ragins, 2008). Workplace uncertainty leads to workplace stress and anxiety (Rumens & Kerfoot, 2009; Stephan, Stephan, & Gudykunst, 1999). Workplace stress is often termed emotional exhaustion (Cropanzano, Rupp, & Byrne, 2003) or emotion-related strain (Chang, Johnson, & Yang, 2007). Emotion-related stressors and the resulting negative affectivity (Chang et al., 2007) have been associated with decreased job performance (Cropanzano et al., 2003). Social exchange theory would indicate that an employee concealing an invisible stigmatizing characteristic at work will associate the resulting emotion-related stress with the work organization, will decrease behaviors that benefit the organization as much as possible, and will associate with organizational members as little as possible. While, employees in negative affective states are likely to try to maintain a satisfactory core task performance level in order to avoid official sanctions, discretionary organizational citizenship behaviors may decrease because they are not officially recognized nor subject to official penalties (Chang et al., 2007; Cropanzano et al., 2003; Tyler & Blader, 2003). Positive affective states and organizational citizenship behaviors are positively related (Ilies, Scott, & Judge, 2006) so we hypothesize that employees experiencing stress due to social identity concealment and negative affectivity may discontinue citizenship behaviors in contrast to those who disclose:

Hypothesis 3A. Hijabis are more likely to engage in organizational citizenship behaviors than their non-hijab wearing colleagues.

By wearing hijab, a woman invites challenge to U.S. negative stereotypes imputed to Muslim women. To counter the stereotype, an hijabi must be seen in a favorable light by others. Employees who engage in organizational citizenship behaviors garner reputations as organizational contributors (Salamon & Deutsch, 2006), enhance their social status (Bowler & Brass, 2006; Flynn, 2003; Snell & Wong, 2007), and thus gain favor among colleagues. Moreover, impression management theories suggest that individuals with social motives are more likely to engage in outward-directed citizenship behaviors that have an impact beyond the group or organization and that advance social and organizational agendas while simultaneously providing individual benefits (Bolino, 1999; Grant & Mayer, 2009). Thus, we further hypothesize that:

Hypothesis 3B. Hijabis are more likely to engage in forms of outward directed, instead of inward-directed, organizational citizenship behaviors than non-hijabi colleagues.

ORGANIZATIONAL COMMITMENT

Belonging to and being accepted by a group helps people define themselves and their status and to view themselves positively (Correll & Park, 2005; Tyler & Blader, 2003). Feelings of positive self-identity and self-worth engender loyalty and commitment toward the group reinforcing these feelings (Brockner, Tyler, & Cooper-Schneider, 1992). Those with possibly stigmatizing characteristics may more highly value acceptance as group members and be commensurately more committed than those without the characteristic. Further, Rupert et al. (2010) found that cultural minorities are more organizationally committed, in general, than are majorities. These two generalities imply that women who wear hijab in the workplace will be more committed to their organizations than those who choose not to wear hijab, but physicians' organizational commitment may be subordinated to their professional organization commitment (q.v., Perceptions of Organizational Support section, above).

Hypothesis 4A. Hijabis are more likely to be organizationally committed than non-hijabis.

Hypothesis 4B. Female Muslim physicians are less likely than female Muslim non-physicians to be committed to their organizations.

PERCEPTIONS OF WORKPLACE JUSTICE AND FAIRNESS

When employees perceive that they are being treated fairly and justly, they are more likely to be satisfied with workplace and managerial treatment (Lamertz, 2002). Fair treatment, that is, organizational justice, can be distributive, procedural, or interactional (e.g. Cohen-Charash & Spector, 2001; Colquitt, 2001; Colquitt, Wesson, Porter, Conlon, & Ng, 2001; Fortin, 2008). Distributive justice pertains to outcomes fairness (Fortin, 2008), judged according to perceptions of equity, equality, and appropriate input/output ratios (Colquitt, Scott, Judge, & Shaw, 2006). Procedural justice relates to fairness of processes used to determine outcomes and make decisions (Colquitt et al., 2006; Fortin, 2008). Interactional justice's two "subfacets" (Colquitt et al., 2006), interpersonal and informational justice, deal with decision makers' respect for others, and the accuracy and completeness of information they provide, respectively (Colquitt, 2001). Justice has been associated with outcomes such as organizational citizenship behaviors, commitment, low turnover, and performance (Colquitt et al., 2001). Moreover, the relationship between commitment and "extra-role" organizational performance appears to be stronger than its relationship with "in role" performance (Lavelle et al., 2009, p.338).

People going beyond core task requirements to engage in citizenship behaviors, are likely to view themselves and their organizational group positively, to feel positively about their own identity as a group

member, and to feel loyalty and commitment toward that group (Grant, Dutton, & Rosso, 2008). Beyond that, engaging in organizational citizenship behaviors engenders more organizational citizenship behaviors (Penner, Midili, & Kegelmeyer, 1997), just as prior organizational commitment engenders more organizational commitment (Brockner et al., 1992). Given the positive relationship between citizenship behaviors, commitment, and positive affectivity, it makes sense that more organizational citizenship behaviors, especially extra-role behaviors, would prompt greater organizational commitment and vice versa, and that the resulting positive affectivity would impact perceptions of organizational fairness and justice.

> *Hypothesis 5. Compared to non-hijabis, hijabis are more likely to perceive that their organizations treat them fairly and with justice and, at the same time, to be more committed and to engage in more citizenship behaviors.*

In summary, then, we hypothesize that prior instances of discrimination and organizational support help a woman decide whether or not to wear hijab in the workplace, and wearing hijab will impact a woman's organizational citizenship behaviors, commitment, and justice perceptions.

DATA AND MEASURES

Female members of two U.S. Muslim healthcare professional organizations were asked to be respondents via on-line survey. Demographic items were usually scored categorically, but respondents' perceptions of their jobs, workplace environments, and colleagues were dichotomously or Likert-scaled. Several items invited open-ended responses. In total, 119 responses were recorded.

Measures
Consequences
Perceptions of consequences were measured with "direct" and "perceptual" questions. The direct questions, dichotomously coded, were in the form, "I have witnessed . . . " or "I have experienced. . . ." Perceptual questions asked if respondents believed their careers had suffered due to racial or ethnic affiliation discrimination. If a respondent believed she had been discriminated against in terms of her career--hiring, promotion, and/or advancement--she was accorded a score of "Yes, perceived past discrimination = 1;" otherwise discrimination perception was recorded as "No, perceived no discrimination, or don't know = 0."

Perceptions of Environmental Support
One dichotomously scored item ("Islam is seen positively at my organization") and nine 5-point Likert-scaled items measured organizational and environmental support perceptions. Principal component analysis of Likert-scaled items showed that they represented three (Eigen values >1.5) constructs. Direct oblim rotation showed that all variables were highly correlated with their respective construct (all loadings greater than .67), so factor scores were used in further analyses.

Organizational Citizenship Behavior
Organizational citizenship behaviors may contribute to bringing extra resources into the organization from outside, or they may positively impact internal processes by benefiting the workgroup's psychological atmosphere, "outside" and "internal" citizenship, respectively. The first was measured with one binary response question: "Do you recruit for your organization?" The second consisted of four items measuring group function attendance with possible responses ranging from "never" = 0 to "every week" = 4. These four items were first summed and were then assigned a score of 0 = "little or none," when the summed score was 4 or less, or 1 = "some or a lot" for sums above 4.

Organizational Commitment

Using principle component analyses, these eight items, scored on a 7-point Likert scale, were reduced to two constructs, which we called "emotional" ("feelings" about the organization) and "demonstrated" (talking about or doing things for the organization) commitment. Regression factor scores resulting from direct oblim rotation were used to compare hijabis with non-hijabis. Then, due to unequal variances and small numbers, the two constructs were further reduced to two binary variables: scores above the mean factor score on commitment were scored 1 = emotional (or demonstrated) commitment, or 0 = not emotionally (or demonstratively) committed.

Fairness and Justice

Twelve items, eight based on comparisons to other healthcare organizations, and four based on within-organizational interactions, were rated on 5-point Likert scales and were highly correlated with each other. Principle component analysis showed that, in general, the items represent the three justice constructs supported in previous research, i.e., distributive justice, process fairness, and interactional fairness. Appendix A shows all questions and their related constructs.

RESULTS

Contrary to our expectations, almost half (49.6 percent) of the women answered "yes," to the question "Do you wear hijab in the workplace?" All other demographic characteristics are summarized in Table 1.

TABLE 1
DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS, IN PERCENTAGE
(May not total to 100% due to rounding error)

Characteristic					
Wears hijab	Yes 49.6	No 50.4			
Is a physician	Yes 27.0	No 73.0			
Region of the country in which employed	North East 26.3	South East 7.9	Midwest 57.0	West 8.8	
Type of organization in which employed	Hospital or medical center 30.3	Integrated system/ HMO 16.0	Military 4.2	Research or educational 18.0	Other 26.1
Current position	Management 19.3	Clinical care 27.4	LT, home, or mental care 14.5	Education/res-idency training 38.8	
Highest education completed	Baccalaureate or less 21.0	Masters degree 21.0	Professional degree 35.3	Doctoral degree 5.9	No response 16.8
Hours worked (mean = 52 hours/week)	40 hours or less per week 44.0	41 – 60 hours per week 26.6	61 – 75 hours per week 11.0	More than 75 per week 18.3	

Perceptions of Consequences and Support

χ^2 analysis first showed that women who have had a patient decline their services (Pearson χ^2 p = .027 and Fisher's exact test p = .032), and who experienced discrimination in their careers (Pearson's χ^2 and Fisher's exact test both p = .003) are significantly less likely to wear hijab than those who have experienced neither. Adding the characteristic of being an MD or not resulted in very small groups, making χ^2 tests inappropriate, but percentages would indicate that MDs who have had a patient refuse services are less likely to be hijabis than those who have not had patients decline services. χ^2 tests also showed a significant difference (Pearson χ^2 p = .019, Fisher's p = .024) between the two groups based on the binary item "Islam is seen positively in my organization," although the three organizational support constructs were not significant indicators.

Given the number of respondents and the insignificance of some items, a parsimonious logistic regression model was run to predict a woman's choice of wearing hijab or not in the workplace. The model included two binary items (discrimination impacted career; Islam seen positively) and an interaction term ((being an MD)*(having services declined))(see Table 2). Overall, this model was found to significantly increase accuracy at predicting whether a woman would choose to wear hijab or not (decrease in –2LL of 20.747;p = .000), even though the interaction term does not add significantly to the model.

TABLE 2
RESULTS OF LOGISTIC REGRESSION (WITH THREE VARIABLES ONLY): DO PERCEPTIONS OF CONSEQUENCES AND PERCEPTIONS OF ORGANIZATIONAL SUPPORT DIFFERENTIATE HIJAB STATUS?

Step	-2 Log Liklihood	Change in –2LL χ^2	df	sig	Cox & Snell R^2	Nagelkerke R^2
0	120.044					
1	99.296	20.747	3	.000	.212	.284

Variable	β	s.e.	Wald	df	sig	Exp β
Discrimination has impacted career *	2.701	1.100	6.026	1	.014	14.900
Islam seem positively in organization *	-1.305	.510	6.546	1	.011	.271
Being an MD by having prof. services declined	1.619	1.196	1.833	1	.176	5.047
Constant	.339	.412	.675	1	.411	1.403

* Reference category for dichotomously scored variables

The data, thus, provide support for Hypothesis 1A, but not for Hypothesis 1B. Women who believe their careers have been negatively impacted in the past by discrimination are less likely to choose to wear hijab, but having patients refuse services or witnessing a colleague being discriminated against did not impact a woman's choice. We also found support for Hypothesis 2A, that women who perceive organizational support are more likely to wear hijab than those who do not perceive support, but for hijabis, the organizational support must be specifically directed at acceptance and support of Islam and Muslims instead of being generally supportive of all individual differences.

To test hypothesis 2B, logistic regression was used to determine if Muslim women's perceptions of organizational support differentiated physician status. Even though prediction improved from 54 percent to 61.5 percent correctly identified, these are not significantly different, so Hypothesis 2B is not supported.

Univariate Analyses: Examining Variables One-by-one

Univariate analyses of characteristics hypothesized to be associated with hijabi status were insignificant for organizational citizenship, alone, and organizational commitment, alone. However, contrary to our expectations, women who are hijabi physicians are significantly more likely to report being emotionally committed to their organizations than non-hijabi physicians (χ^2 p =.05), so hypothesis 5B is not supported. Hijabis do not significantly differ from non-hijabis with regard to overall organizational justice perceptions, but hijabis perceived greater respect and fair treatment from their supervisors (χ^2 p = .087) than non-hijabis. Interestingly, hijabi physicians perceive that their pay and fringe benefits (χ^2 p = .02), the consideration they receive when they make mistakes (χ^2 p =.03), and the respect they get from their supervisees (χ^2 p =.02) are significantly fairer than their non-hijabi physician colleagues.

Multivariate Analyses: Examining the Variables Together

Using multivariate analyses, we tested how well the three constructs 1) hijabi status, 2) outside or internally directed citizenship behaviors, and 3) emotional or demonstrated commitment predicted scores on the three justice constructs--distributive, procedural, and interactional justice, then we checked results by testing how well the first three predicted the underlying individual items comprising the three justice constructs. Variance-covariance matrices were equal for analyses (Box's test of equality), except as noted.

Wears Hijab, Performs Outside Citizenship Behavior, and Demonstrates Commitment

Wearing hijab, performing outside organizational citizenship behaviors, and reporting demonstrated organizational commitment, together, were shown to be significantly related to a woman's perception that her organization was interactionally just (F for Pillai's Trace, Wilks; Lambda, Hotelling's Trace, and Roy's Largest Root, p ≤ .047; 92 d.f.), but not distributively or procedurally just. Variables' variance-covariance matrices may not be equal (Box's test of equality), so the statistics may not be robust, but the confirmatory univariate tests support the multivariate tests.

Wears Hijab, Performs Outside Citizenship Behavior, and is Emotionally Committed

Women who wear hijab, engage in outside organizational citizenship, and are emotionally committed to an organization are significantly more likely to perceive that their organization is distributively fair (F ratio for all four statistics, p ≤ .012; 39 d.f.). The univariate tests show that this especially appears to be the case regarding perceptions of fair contract (p = .034) and salary fairness (p = .005).

Wears Hijab, Performs Internally Oriented Citizenship Behavior, and Demonstrates Commitment

Women who wear hijab, engage in internally oriented citizenship behaviors, and demonstrate their organizational commitment are significantly more likely to perceive greater procedural (F ratio for all four statistics ≤ .034; 44 d.f.) and interactional justice (F ration on all four statistics ≤ .02; 85 d.f.) in their organization as shown by a significant three-way interaction among independent variables on both process and the interactional justice. Box's test shows that equal variance-covariance matrices may not be assumed for the interactional variable, but univariate tests add support for the multivariate findings.

Wears Hijab, Performs Internally Oriented Citizenship Behavior, and is Emotionally Committed

The combination of these three independent variables was not found to significantly impact any of the justice variables.

DISCUSSION

Results confirm that if a Muslim woman perceives a favorable environment and few negative consequences, she will be more likely wear hijab, even though by wearing hijab, a woman may move beyond mere religious disclosure to political message deployment through clothing (Bartkowski & Read,

2003; Creed & Scully, 2000). While active disclosure has a considerable downside (Clair et al., 2005; Cottrell & Neuberg, 2005; Goff et al., 2008; Halperin et al., 2007; Hewlin, 2009; Ragins, 2008), we have argued that there is a downside to non-disclosure (Chang et al., 2007; Cropanzano et al., 2003). Results show that the benefits accruing to diversity friendly organizations could be substantial: employees may more completely deploy their social identities (Creed & Scully, 2000), which can, in turn, lead to increased organizational citizenship, commitment, and perceptions of organizational fairness and justice. Fair treatment is associated with positive outcomes such as job satisfaction, rule compliance, decreased conflict, and greater organizational performance (Cohen-Charash & Spector, 2001; Colquitt et al., 2001; Lamertz, 2002) instead of the organizational withdrawal and job dissatisfaction associated with unfair treatment (Chang et al., 2007; Cropanzano, Bowen, & Gilliland, 2007; Hosmer & Kiewitz, 2005). In addition, demonstrated commitment appears to be important for justice perceptions. Organizations might take greater advantage of hijabis' seeming predisposition for performing outside citizenship behaviors; such behaviors allow hijabis the potential to deploy their identities strategically as "collective action" (Bernstein, 1997, p.537) outside the organization and also to demonstrate organizational diversity practices to outsiders. Using highly motivated hijabi employees to recruit or speak for the organization should thus benefit both organization and employee.

Our expectation that there would be few hijabis in the workplace was not supported by our quantitative analysis, but open-ended answers paint a slightly different picture than the numbers. In response to the question, "If you do not wear hijab, please share your thoughts on why you do not wear hijab," non-hijabis' answered, "I knew my patients would not like a covered woman," "(I was) afraid of judgment and hostility both from within (the) Muslim community, from employers/school, and from family," "I am afraid of discrimination by my employer, co-workers, and patients," "I actually was afraid to wear hijab at a VA hospital in a suburban area," or "I am not ready to accept that kind of rejection (that comes with wearing hijab)."

Professional organizations may differ from non-professional ones (Scott et al., 2000), so these professional women may face different circumstances regarding discrimination than other Muslim women in the workplace. First, the women all work in the professionally oriented healthcare setting. However, while higher work group status has been suggested as a mitigator of discrimination (Schaffer & Riordan, 2011), Van Laer (2011, p.1219) also found that workplace discrimination is the "micro expression of macro-level power dynamics." Our survey did not deal specifically with immediate work groups, but speaking as professional group members, our respondents made comments such as, "I do not yet feel that I have incorporated being Muslim into my professional identity." These women did not feel that workgroup status, even if high, allowed them to show demographic differences by wearing hijab and they are very cognizant of the political and power nuances conveyed by hijab. For example, non-hijabis said, "I hate that it (hijab) has become such a lightning rod as far as who people think you are or what you stand for," "I don't want to bring politics into the mix and I feel that it's better that I maintain a modest dress code without drawing any extra attention by the hijab."

Another difference may be the nature of the work, itself. The helping professions like medicine, are characterized as being more tolerant of individual differences (Rumens & Kerfoot, 2009) because they are supposed to help all people regardless of individuals' characteristics. This may imply that helping-profession organizations are also more tolerant and supportive of employees' individual differences. However, until relatively recently in the U.S., the professions have been occupied almost exclusively by men, usually of Anglo-Saxon descent, and analysis of the professions has been almost silent on the subject of gender (Davies, 1996; Rumens & Kerfoot, 2009). Some have argued that professionalism and Weberian bureaucratic structures developed side by side under 19th and early 20th century Western patriarchal norms, which assumed Protestant male dominance (Davies, 1996; Reed, 1996; Rumens & Kerfoot, 2009). An alternative argument is that in the early days of the professions, those who could afford professional services demanded dealings only with respectable persons and so "insisted on dealing with 'gentlemen'" (Macdonald, 1995, p.124), a circumstance leading to professional patriarchy. From either viewpoint, there is no *prima facie* evidence that professional organizations offer more support for diversity than others.

LIMITATIONS

Enrolling study participants was challenging because reaching them was difficult, and because of the nature of the study. The number of respondents is, therefore, relatively small and may not represent the population. There may be a self-selection bias favoring hijabis because an hijabi introduced the study to potential participants. It was difficult to locate reliable demographic data about U.S. Muslim women, particularly Muslim women in healthcare occupations, so it was difficult to compare our sample with the population. Finally, U.S. Muslims are most heavily represented in California, New York, and Illinois (Pew Forum on Religion and Public Life, 2009), yet more than half of our sample is Midwestern. Regarding the survey, the phrasing on organizational fairness and justice questions may bias answers: some questions asked for industry comparisons, while others asked for organization or colleague comparisons. Colleagues' personalities may impact scores on the latter but not the former.

We have shown that hijabis perceive greater support from and are more committed to their organizations than non-hijabis, but it should be noted that two additional factors not included in this study may increase their organizational commitment. First, hijabis may report more organizational commitment than non-hijabis <u>because</u> of their perceptions of the organization's support (Rhoades & Eisenberger, 2002), but this direct relationship was not explored here. Secondly, hijabis may <u>display</u> greater organizational commitment than non-hijabis without actually <u>being</u> more committed because doing so adds to their positive image and furthers their political agenda.

CONCLUSIONS

For this study, we built on the discrimination and stigma literature, especially drawing on research pertaining to hidden stigmatizing characteristics. Although religion is mentioned in that literature, sexual preference or disease is more often the context. The comments of women who choose not to wear hijab support the stigma literature and our expectation that hijab exposes its wearer to negative outcomes; the data analyses support our somewhat counter-intuitive social identity perspective argument that wearing hijab involves many considerations beyond the possible resulting negative reactions. The take-home lesson for managers seems to be that mindful cultural intelligence (Thomas, 2006) is necessary even in U.S.-only based organizations. Despite the media's mixed message, the immense added benefit Muslim women, both hijabis and non-hijabis, can bring to an organization may reward managers' effort to fully engage them, resulting in considerable organizational benefits.

Among our respondents, it appears that deploying identity is associated with good organizational citizenship behaviors, greater organizational commitment, and perceptions of greater organizational fairness and justice. Our analysis did not determine direction of causation between these three, but our results do offer an intriguing exploration of possible relationships. Given the benefits accruing to organizations from good citizenship behaviors, organizational commitment, and perceptions of organizational justice (Chang et al., 2007; Colquitt et al., 2001; Cropanzano et al., 2007), urging employees to fully deploy social identities in the workplace apparently makes good business sense. At the least, our study suggests that encouraging workplace disclose of hidden characteristics would benefit organizations. U.S. managers should not shy away from workplace discussions of the Muslim hijab, in specific, and religion, in general, despite continuing media focus on French Muslim women's clothing, and the lengthy history of similar problems in other EU countries (Giddens, 2004). Like other nations, the U.S. has a history of religious, racial, and ethnic discrimination, but our study implies that U.S. organizations in the present would be more likely to gain maximum benefits from their workforces if such a history is not repeated with U.S. Muslim women.

ENDNOTE

1. There is a relatively large literature that discusses both the exact English meaning and the meaning in context of the Qur'anic verses often cited as the basis for wearing hijab, but no

consensus has been reached. Moreover, whether or not wearing hijab is enjoined by the Qur'an is not the topic of this paper. We merely observe that some Muslim women choose to wear hijab in the workplace and some make the opposite choice. In addition, while this paper discusses organizational factors that may influence a woman's choice about wearing hijab in the workplace, we do not claim that organizational factors are the sole reasons for that choice.

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APPENDIX A

INDIVIDUAL ITEMS USED IN SURVEY AND CONSTRUCTS BASED ON PRINCIPAL COMPONENT ANALYSIS

Which of the following describe your position? (categorical—management, clinical care, LT , home, or mental health care, education or residency training, other)

Which of the following types of organizations best describe your current work setting? (categorical—hospital or medical center, integrated system or HMO, military organization, research or educational organization, other)

In a typical week, how many hours would you estimate that you work in your office, outside your office, or at home on tasks related to your career?

What was the highest level of education you completed excluding technical school? (baccalaureate or less, some post baccalaureate or masters degree, professional degree, e.g., MD, doctoral degree, e.g., PhD, EdD, ScD)

Do you wear hijab?   (yes/no)

Consequences
Direct

Have you ever been witness to any incidents or circumstances in which a fellow worker's career in healthcare was affected by racial/ethnic discrimination? (yes/no)

If you provide patient care, has a patient/client declined your care/services because of religion, name, perceived cultural affiliation, or accent? (yes/no)

Indirect

In my career, I have been negatively affected by racial/ethnic discrimination (5-point Likert scale)

In the past five years, do you feel that you failed to be hired because of your race/ethnicity? (yes/no or don't know)

In the past five years, do you feel that you failed to be promoted because of your race/ethnicity? (yes/no or don't know)

In the past five years, do you feel that you failed to receive fair compensation because of your race/ethnicity? (yes/no or don't know)

In the past five years, do you feel that you were discriminated against in career advancement because you have an accent or speak in a dialect or dress differently than others? (yes/no or don't know)

Organizational support

Islam is seen positively in my organization   (agree/disagree)

Perceptions of Muslims' treatment in the professions and the organization

Muslim professionals usually have to be more qualified than others to get ahead in my organization (5-point Likert scale)

In the healthcare industry, other professionals have greater opportunities to advance than Muslim professionals   (5-point Likert scale)

Other professionals share career related information with Muslim professionals (5-point Likert scale)

Evaluations are equal for whites, minorities, and Muslims (5-point Likert scale)

There are limited opportunities for Muslims to advance in their careers (5-point Likert scale)

Perceptions of support for Muslims in the workgroup

Muslim professionals generally receive more support from their supervisors than do other professionals (5-point Likert scale, reversed)

Muslim professionals get more employee support than non-Muslims (5-point Likert scale, reversed)

Perceptions of the general environmental conditions

The quality of relationships between Muslims and other racial/ethnic groups could be improved (5-point Likert scale)

The quality of relations between Muslims and other professional groups could be improved (5-point Likert scale)

Citizenship behaviors
Outside citizenship behavior

Are you involved in recruiting for your organization? (yes/no)

Internal citizenship behavior

As part of the healthcare team, you may or may not be involved in the following non-work activities with both minority and white professionals from your organization. Please indicate how often.

Informal lunches (never/< every 3 months/≥ every 3 months/≥ every month/every week)

Informal dinners (never/< every 3 months/≥ every 3 months/≥ every month/every week)

Activities after work (never/< every 3 months/≥ every 3 months/≥ every month/every week)

Attending cultural events (never/< every 3 months/≥ every 3 months/≥ every month/every week)

Organizational commitment
Emotional organizational commitment

I do not feel a strong sense of belonging to my organization (7-point Likert scale, reversed)

I do not feel 'emotionally' attached to this organization (7-point Likert scale, reversed)

This organization has a great deal of meaning for me (7-point Likert scale)

I do not feel like 'part of the family' at this organization (7-point Likert scale, reversed)

Demonstrated organizational commitment

I would be very happy to spend the rest of my career at this organization (7-point Likert scale)

I enjoy discussing my organization with people outside it (7-point Likert scale)

I really feel as if this organization's problems are my own (7-point Likert scale)

I think I could become as attached to another organization as I am to this one (7-point Likert scale, reversed)

Organizational Fairness and Justice
In comparison to other healthcare organizations

When compared to other in the field of health care, how do you rate the fairness with which you have been treated by your organization in the distribution of the following rewards? (5-point Likert) (Rewards are fairly distributed if they are related to prevailing market standards, effort, training, experience, and achievement of objectives; the more effort, training, experience, and the higher the achievement, the more rewards there should be.)

Employment contract

Length of severance pay

Salary

Paid professional membership dues

Continuing education tuition/support

Promotions

Recognition

Physical facilities

Within the organization

Indicate how fairly you believe you are treated regarding: (5-point Likert scale)

The sanctions and treatment I receive when I make a mistake.

The degree of respect and fair treatment I receive from those who supervise me.

The degree of respect and fair treatment I receive from the employees I supervise.

The amount of independent thought and action I can exercise in my job.