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'Management of Equity and Diversity'

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Abstract

COVID-19 has brought acutely to wide attention a range of inequalities in working life, including the gendered household division of labour. However, it has also offered opportunities for more inclusive working practices such as home working. The support for a diverse workforce can be considered 'diversity management' which attempts to harness the benefits of diversity for organisational gain. Through a discussion of the intersectional experiences of often marginalised employees, this chapter explores the discriminations reported by many employees. We focus specifically on disability, presenting historical and contemporary explanations of disability at work, with illustrative examples. The chapter concludes with suggestions for more inclusive practices at work to benefit both employees and employers.

Keywords:

Disability, Diversity, Equality, Gender, Inclusion

Introduction

Recent global events including the COVID-19 pandemic have sharply revealed the diverse needs and experiences of workers. The move to remote or teleworking for many white-collar employees has put the spotlight on caring responsibilities, digital inequalities and increased risks to poor physical and mental health. This chapter discusses the experiences of diverse workers, particularly experiences of discrimination, and strategies which can be employed by employers to move towards inclusion in the workplace. We begin by setting out diversity management and then move towards discussions of gender and racial inequalities at work (the experiences of LGBTQI workers are discussed elsewhere in this handbook), and then focus specifically on disability inequality at work.

We draw on academic research, best practice and case studies from our own work to illustrate the experiences of disabled workers and identify ways forward towards disability inclusion.

Diversity management

Many countries have anti-discrimination legislation that is designed to protect the traditionally marginalised, discussed further later in this chapter. In the UK, the *Equality Act (2010)* offers protection against discrimination on the grounds of nine protected characteristics. These are: sex, gender reassignment, race and ethnicity, pregnancy and maternity, disability, religion, age, marriage and civil partnership and sexual orientation. The legislation also allows a limited degree of protection based on dual characteristics, for example, a female employee who is disabled. The Equality Act 2010 is strongest in the prevention of discrimination and harassment in health, education, transport, housing, and accessing public services and businesses, where organisations are legally obliged to anticipate the needs of people defined by protected characteristics. However, in the employment and disability context, employer organisations are only legally obliged to react to requests from employees who made may need some form of workplace adjustments.

A feature of contemporary organisations is the increasing evidence of workplace diversity management. This can be seen as important recognitions of an increasingly diverse workplace. This workforce diversity includes a wide variety of visible and hidden differences between workers. Successful management of these differences can improve organisational productivity. (Kandola and Fullerton, 1998, CIPD 2018). Much of the responsibility for diversity managements falls to individual line managers who increasingly have responsibility for human resource management (Richards et al., 2019). However, most research and practice within diversity management focuses on gender and race/ethnicity, with little emphasis on disability. The chapter will now move to a brief consideration of the most frequently researched protected characteristics.

Gender

Despite equality legislation in many countries, women's progress in paid employment still faces constraints. A gender pay gap persists whereby we see the average earnings of men and women differ, with women earning less than men (Ausperg et al., 2017). This has historically been explained by women's over-representation in lower paid work, and part time work. However, there is also an equal pay gap, where, despite legislation women are paid less than men for doing the same work across several sectors in the UK including science and engineering (O'Neill, 2019), medicine (Moberly, 2019) This pattern is replicated across the world with evidence of a gender pay gap within job roles in Japan (Estévez-Abe, 2013), North America (Meara et al., 2020), Brazil (Guimarães and Silva, 2016) and Denmark (Smith et al., 2011).

Employment is still characterised in many countries by horizontal and vertical job segregation (Siboni et al. 2016). Horizontal job segregation refers to the types of occupations occupied by men and women, for example we tend to see women focused in occupations associated with caring (e.g., teaching), while men are often found in sectors such as construction. In contrast, vertical job segregation refers to where men and women sit in hierarchies, for example, women are more likely to be found in more

junior (and lesser paid roles), while disproportionately, more men can be found in senior roles. This is particularly so in female dominated sectors such as teaching, social work and nursing (Lane and Flowers, 2015). There is increased understanding that discrimination contributes to the persistence of the gender pay gap across the world (Lips, 2013). Similarly, as occupational fields become more female dominated, it is reported that pay in those fields decreases (Miller, 2016).

Race and ethnicity

Turning to the race pay gap, it is a complicated picture. Overall, data in the UK suggests that there is a significant pay gap between White employees and those from ethnic minorities, with the most recent data suggesting a pay gap in London in excess of 20% (ONS, 2019). Data from the UK government shows the national trends in employment each year. The most recent data shows a range of employment trends for different ethnic groups (Gov.uk, 2020). There are differences in employment rates, with White people of working age more likely to be in employment than all other ethnic groups in the UK. Conversely, White people are also less likely to be unemployed. The data shows variations between minority ethnic groups, with those from Pakistani and Bangladeshi backgrounds the least likely to be in employment.

Historically, within the UK there was also a 'colour bar'. This term originated in South Africa as a reference to the Mine and Works Regulations Act (1912) which gave white workers a monopoly on skilled operations. Over time though, 'colour bar' was used to refer to a collection of government regulations, employment practices and legislation to prevent black people from competing for certain categories of job (Durrheim et al., 2011). The UK 'colour bar' also functioned to prevent workers from ethnic minority backgrounds from certain forms of employment. As Mclvor (2013) points out, the UK's race-relations at work differ from other countries' due to a complex colonial history and a skills shortage after World War II. Many studies illustrate the marginalisation and discrimination that people of colour report in the workplace. Many readers will be familiar with the Black Lives Matter movement which started in the United States in response to police killings of African American men and women and has subsequently become a global movement towards racial equality. More recently researchers have started to ask if Black lives matter within organisations, taking the Black Lives Matter movement from police violence towards understanding persistent discrimination in the workplace and ethnic pay gap (Brynin and Güveli, 2012). Opie and Roberts (2017) explored whether Black lives matter in organisations, concluding that historically the lives of White employees in the global north have been privileged by not experiencing workplace racism and as a result, not having to navigate the additional obstacles faced by ethnic minority colleagues (Offermann et al., 2014). For example, black women report being routinely discriminated against due to the texture and colour of their hair (Greene, 2011). Despite this, there are numerous reasons to encourage ethnically diverse workplaces as they cultivate dynamic workplaces where organisations can utilise varied perspectives, opinions and problem-solving abilities in strategic decision making (Krome, 2014). As such it is important for employers to work with, elevate and support Black and other racialised employees to establish and sustain workplace inclusivity and recognise the value of diverse lived experiences.

Disability

Disabled people experience considerable difficulties in relation to employment, and for that reason are the focus of this diversity management chapter. They represent a heterogeneous group with varied experiences and challenges. However, before moving to a discussion of these lived experiences it is first necessary to define disability including the use of disability language in this chapter.

Models of disability

Historically, disability has been considered from a medicalised perspective, whereby 'disability' resides within the individual and the medical profession's aim was to remove the illness or condition which caused the disability. For example, efforts were made by medical communities to 'cure' Autism or Asperger's Syndrome. However, this approach not only stigmatises disability and medical conditions and neglects the experiences and voices of disabled people, it also does not recognise the disabling effects of the built and social environments which we all occupy (Richards, 2012). In response to the medical model of disability, disability theorists and activists developed the Social Model of Disability, which draws a distinction between 'impairment' (e.g., a medical condition) and disabling barriers in the environment (Oliver, 1983).

Under the Social Model, disability is not the condition, but the social oppression faced by those diagnosed with an impairment interacting with an environment which is not accessible or inclusive. Therefore, under the Social Model, we do not use person-first language (person with a disability), rather we say 'disabled person' to show we understand that the person is disabled by their environment not their 'impairment'. Doing so moves us away from considering the disabled person from being the problem, towards recognising the disabling effects of the environment in which people live and work. If we use the social model of disability, we can consider carefully how our actions, policies and practices might be disabling to people with impairments. Disability scholars, however, such as Shakespeare (2006), have constructively criticised the Social Model of Disability for neglecting the role of impairment in the lived experience of disabled people. Nevertheless, the social model remains a remarkable and useful tool that holds society accountable for constructing disability. The social model has helped in shifting the conversation from focusing on 'fixing' individuals to how we might better accommodate diverse human needs (Williams and Mavin, 2012). Indeed, one of the core notions of the Social model is that society creates disability and "*it is the society that has to change not individuals*" (Oliver, 1996, p. 37). Use of the model enables improved awareness of how to refer to and interact with disabled employees as well as address the physical accessibility of the workspace. This awareness, or organisational knowledge can be referred to as 'Disability literacy'. Therefore, employers must be aware of social barriers (e.g., stigma) and physical barriers (e.g., lack of wheelchair ramp or lift) experienced by disabled workers.

More recent disability theorising has been linked closely with feminists' understandings of gender whereby gender is seen as a form of social oppression. Similarly, Thomas (1999) argues disability as social oppression, whereby those designated with 'impairments' are oppressed by those designated without 'impairments'. This social *relational* model of disability builds closely on the social model of disability, by exploring the political,

emotional, material, economic, structural and personal dimensions of disability (Thomas, 2004). By doing so we can create opportunities for understanding how disability is created and reproduced as a result of unequal social relationships (Goodley, 2013). For example, for some disabled people, disability is not part of their self-identity; it is a product of discrimination and prejudice, seeing themselves as 'normal' unless treated differently by others (Watson, 2002).

Both the social model and the social relational models shift the focus away from an illness or impairment, towards understanding how the physical and social aspects of work disable employees. This shift is important for managers as it allows us to understand how adjustments at work can help to support disabled people not only to access employment, but to thrive at work.

Disability at work

We shed light and provide insights on disability at work, particularly in British employment. In most of the management and organizational studies and literature, disability is under-researched (Ozbilgin et al., 2011). Most disability work in Human Resource Management (HRM) is informed with medicalised and individualistic viewpoints (Williams and Mavin, 2012). Management and organisational literature are paying less attention to the voices and knowledge of disabled people (Williams and Mavin, 2012). Under the British *Equality Act* (2010), a person is legally considered as disabled if the person has "a physical or mental impairment that has 'substantial' and a 'long-term' negative effect on their ability to undertake normal daily activities" (*ibid*). This definition was incorporated from the *Disability Discrimination Act* (DDA, 1995:2005), the preceding piece of disability-related legislation in the UK. Despite the introduction of legislative protections for disabled people in the UK, offering workplace protections from discrimination and harassment and ostensibly enabling disabled people to access, and remain in secure work), many academics and activists have expressed reservations about its efficacy (Bambra and Smith, 2010; William, 2016). The employment gap between non-disabled working age people and their disabled contemporaries in the UK has not improved since before the DDA (1995) static (Jones and Wass, 2013), and there continues to be criticisms from disabled people of ableist workplaces and reports of overwork completed by disabled workers across the global north (Johnsson et al., 2010; Pagan, 2018; Stergiou-Kita et al., 2016; Wells et al., 2013). Particular criticisms of UK equality legislation and key explanations for ongoing disability exclusion in more enlightened times, includes how such legislation puts the onus on employees to know and act upon their rights and, how UK employer obligation is limited to reacting to employee requests for adjustments. With many of the above in mind, in this section we discuss the misconception of dis/ability and productive work, including the disabling and undervaluing of disabled people at work or in employment, and provide strategies for disability inclusion at work or organisations.

The misconception of dis/ability and productive work

Disability at work is an important and stimulating topic (Turner, Bohata and Thompson, 2017). Work and productivity are central to policy based and legislative definitions of disability (Rose, 2015). However, the assumption that disability is an inability to do productive work hardly reflects the reality of the lived experience of disabled people at work (Adams, Reiss and Serlin, 2015). The in/ability to perform productive work has been

important to the meaning of disability across cultures (Turner et al., 2017). The problem is that disability is misunderstood for different reasons. Firstly, amongst these reasons is the absence of a neutral language for a collective or global understanding of disability which has influenced how disability is perceived and understood (Clark and Marsh, 2002; Loeb, 2013). Loeb (2013) illustrates that disability may be perceived with negative associations (e.g., feeling of stigma or shame) in some cultures and could make individuals feel reluctant to self-identify with disability. In contrast, in other cultures, disability may be perceived in terms of severity. For example, someone who can walk within their home but are not capable of walking to the market, may consider their impairment effects as not severe enough to be considered having a disability even though their daily activities are restricted. Therefore, there is a notion of cultural differences that influence the perception or interpretation of disability.

Similarly, the prefix '*dis*' in disability carries a negative connotation that portrays disabled people as the binary opposite of non-disabled (people without impairments). Historically, notions of disability resulted in moral judgements. Often based in religious or cultural traditions, they suggested that the presence of disability implied evil or idleness in the individual or sometimes punishment for past offences (Harpur, 2012). Though many of these historical prejudices have diminished over time, they have a legacy – particularly in relation to idleness. The label of 'disabled' continues to inform negative assumptions and misconception that disabled people are not able, or willing, to be productive at work. The difference between abled and disabled bodies has become paired with the notion of the productive body in a manufacturing industrial system. As a result, disabled people have come to be understood in terms of being non-productive or deficient (Adams et al., 2015). This has shaped widely held misconceptions of disability. It is important to understand that disability is not the opposite of ability. Rather, the opposite of disabled is not abled or able-bodied but non-disabled or enabled (GOV.UK, 2018). Useful models or tools that help address these misconceptions of disability and provide a meaningful solution for societal or social change are the previously mentioned Social and Social Relational Models of disability.

Disabling disabled people at work

In 2011, the World Health Organisation's (WHO, 2011) report on disability acknowledged that the employment rates of working-age disabled people are lower compared to non-disabled people in developing and developed countries even though most disabled people can do the same jobs as their peers if the workplace is supportive. As Turner and colleagues (2017) identify, discrimination, productivity norms, prejudice in the workplace, and inflexible social security systems for disabled people are factors affecting disabled people's opportunities in employment. They represent both supply and demand issues related to accessing and maintaining secure work and are indicative of institutional discrimination which systematically marginalises disabled people via established laws, customs and practices and established through broadly shared values, beliefs and attitudes (Yeo and Moore, 2003). In response to these obstacles, disability research and activism has been focused on challenging institutional discrimination (Barnes, 1992a) in organisational systems that support ableism (discrimination towards disabled people in favour non-disabled) and disablism (discrimination against disabled people).

Alongside supporting disabled workers, it should also be incumbent on employing organisations to ensure robust health and safety protocols are in place to avoid occupational illness and impairment. Some conditions are concentrated in specific sectors, for example, in the Dutch construction industry, Musculoskeletal conditions (including lower-back pain) have been recognised as a leading cause of morbidity, long term absence and disability (Burdorf et al., 2005). Likewise, studies suggest that amendable occupational factors (e.g., poor social support or not receiving a homecoming brief) amongst British Armed Forces personnel could result in disability such as Post Traumatic Stress Disorder [PTSD] (Iversen et al., 2008). Some occupational conditions result from exposure to specific substances, such as asbestos. Others are a complex combination of poor organisational health and safety measures, limited access to medical support for employees and limited social security systems for ill health forcing people to return to work before they have recovered. Appropriate health and safety precautions in the workplace are important to avoid employee injury or illness, and the potential subsequent litigation, but also to protect disabled workers who may have additional needs for some situations. For example, in the event of a building evacuation, it benefits all employees to have clear exit routes free from obstacles.

Undervaluing disabled people in employment

Exploring diversity management in relation to work provides the opportunity to critique the nature of work itself and a lens to understand the economic mechanisms that continue to undervalue people who cannot meet productivity standards (Turner et al., 2017). In modern society, work not only helps to construct an individual's identity as an adult, but it also provides an opportunity to demonstrate capability by constructing a connection between income and autonomy (*Ibid*). In the United Kingdom (UK) and the United States the dangers that surround industrial workplaces has provided the possibility for legal compensation to injured workers, however, this legislation operates to portray those with existing impairments as expensive burdens at work (Rose, 2017). One particular example is that of Ford Motors Company where newly disabled workers did not have their financial needs met by their employer nor receive compensation (*Ibid*).

In the UK, social policy has created the 'disability category' by separating those considered incapable of doing productive work due to their age or impairment, from workers with non-disabled and therefore interchangeable bodies. Non-disabled, and therefore presumed more productive, workers are favoured in the industrial system while workers in the 'disability category' are excluded and marginalised (Turner et al., 2017). There is extensive evidence that disabled people are undervalued in employment at the micro (e.g. poor disability management at work) and macro (e.g. government policies) level. Stone (1984) stated that the contemporary 'disability category' was constructed by '*industrial capitalism and the welfare systems it engendered*' (Turner et al., 2017, p. 2). Stone stressed that the medical management of 'disability category' serve as an instrument of the state in controlling the supply of labour and facilitate class interest (Barnes and Mercer, 2010). In recent years, this same argument has been made by social policy scholars such as Baumberg (2016) and public health scholars specialising in work and employment (Bambra, 2011).

The first major British legislation to address the employment needs of disabled people was the *Disabled Person's Employment Act* (1944), after World War II to provide and

keep disabled people (men) in employment and included both 'demand-side' and 'supply-side' measures (Hyde, 2000; Woodin, 2015). The 'demand-side' measure obliged employers with more than 20 employees to ensure that at least 3% of their workforce were disabled workers. However, most employers were under quota and only 10 prosecutions were made of employers that have failed to comply. The 'supply-side' measures included job-search advice, financial incentives for employers and 'rehabilitation' for disabled workers (Hyde, 2000). This legislation corresponded with further social policy alterations that provided out of work sickness benefit payments to those not in work, as well as the establishment of the UK's National Health Service (NHS) in 1947. There is an argument that access to out of work welfare payments, and health services that were free at the point of delivery limited the enthusiasm of disabled people to return to work, a notion that still has currency now (Garthwaite, 2011). An alternative argument points to the inflexibility of welfare provision in the UK, both historically and currently, highlighting how disabled people face the removal of welfare support if they are deemed capable of work, irrespective of whether there is work available to them. This early legislation significantly influenced contemporary social policy regarding the labour force and disability. It highlights the financial insecurity of disabled people seeking long term employment and illustrates the importance of inclusive workplaces to provide economic security to disabled colleagues.

Disabled people still live with medicalised and other discriminatory assumptions that posit disabled people as not being able to achieve a reasonable standard of living with their efforts as a result of their physical or psychological impairment (Barnes, 1992b). Despite the rejection of such assumptions by disabled people and their organisations (Barnes, 1992b), disabled people remain less likely to be in employment in comparison to non-disabled people. The UK employment rate among working-age disabled in 2016 was 46.5% (4.1 million) in comparison to 84% of non-disabled people (Brand, 2018). The proportion of working-age disabled people (44.3%) who are economically inactive or unemployed is almost quadruple the proportion of non-disabled people (11.5%) who are economically inactive or unemployed (Brand, 2018). These figures put ableism and disablism into perspective in employment and highlight the disproportionate disadvantage in the UK labour market (Barnes and Roulstone, 2005). This employment gap is the result of institutional and organisational discrimination, economic inequality, poor diversity management and limited meaningful inclusion in UK workplaces. Rectifying this requires further research attention, improved strategies for disability inclusion and appropriate means of enforcement (Barnes, 1992b).

Varied experiences of disability

When many people think of disability they imagine a wheelchair user and associate this with specific accessibility requirements, such as ramps to access office buildings or reserved parking spaces at work. However, 'disability' covers a very broad range of conditions, health issues and impairment effects or symptoms. In this section we consider three broad categories to explore this variety: 1) hidden impairments; 2) life limiting impairments and 3) stigmatised impairments.

Within the UK, disability has a legal definition whereby a person is seen as disabled if they have any condition which affects their day-to-day functioning for 12 months or more

(Equality Act (2010)). There are a number of conditions which automatically confer protection under the *Equality Act* (2010) including cancer and HIV (Gov.uk nd). The definition within the US *Americans with Disabilities Act* (1990) is broadly similar, requiring a formal record of such an impairment (eeoc.gov, nd) which, consequently, requires that the individual in question has a formal medical diagnosis. For several conditions, such as endometriosis, fibromyalgia and a selection of mental health conditions, employees can spend many years securing a diagnosis during which time access to workplace support and adjustments can be difficult (if not impossible) to secure.

An important aspect to disability that employers must consider, is that it is not necessarily apparent that an individual is disabled. 'Hidden' impairments can raise several workplace obstacles for individuals who need to consider how to disclose their condition in order to access workplace support. As Richards and Sang (2016) highlight, such 'impairments' can include neurodiversity, a term which covers a range of so-called neurological impairments such as autism, ADHD, dyslexia, and dyscalculia, which are all associated with a range of negative employment outcomes. The case study below shows the difficulties that a disabled man at work might experience in managing a hidden impairment which he believes is stigmatised.

Case study

Brian works as an engineer for UKTrains [nationwide train company in the UK], where he has worked for 25 years. After several distressing incidents at work, such as when Brian was laughed at by colleagues for making spelling errors in his written work, reminiscent of Brian's childhood experiences at school many years before that, Brian approached his family doctor and was referred to a learning specialist. The learning specialist diagnosed Brian as dyslexic, and recommended he see the UKTrains occupational health team to develop a strategy for workplace adjustments. Brian reluctantly met with the occupational health team and reported that he was very embarrassed as he was worried he would be laughed at and that he would not be taken seriously by his team and colleagues should they find out he is dyslexic. He tells the occupational health nurse that he feels undermined at work by the 'mistakes' others have pointed out in public and he has been asking his wife and daughter to proofread his work before he submits it for his team to see. The Occupational Health Nurse advises Brian that there is an array of options for support including software he can download to his work laptop, and he should speak to the IT manager to secure this software. Six months later Brian has not approached the IT manager stating that he is too embarrassed to do so and he does not want the IT manager to know he is disabled as he fears gossip will be spread and he will be laughed at again. Brian continues to rely on his wife and daughter for proof-reading and other support and has kept his diagnosis secret from his team.

Brian's experiences show the difficulties which can be experienced by disabled employees whose condition or impairment requires disclosure in order to be accommodated. Those who are living with conditions which are hidden, such as autism or dyslexia face a range of dilemmas at work and discrimination which can lead to complaints made to employers (Van Wieran et al., 2008). From Brian's description of his working life, we can learn that he fears stigma and due to the forced requirement to

disclose in order to secure any adjustments, he has elected to continue to hide his condition and remains struggling at work. An employer may wish to consider whether their reporting requirements fulfil the requirements of the local legislative frameworks and the associated impact on Brian's and therefore company performance. It can be difficult for employers to accommodate the additional specific needs of some employees if they have not disclosed information relating to those needs. Key organisational solutions to this include establishing a positive inclusive atmosphere where employees feel confident disclosing health conditions or medical diagnosis. To cultivate employee comfort and confidence of this kind it is important that organisational materials and policies provide the clear and unambiguous message that workplace diversity and resultant increase in perspectives, creativity and experience, is welcomed in the work environment. This would be an instrumental first step in creating a more inclusive workplace, where workforce diversity is a strategic priority and welcomed.

Life-limiting conditions

Experiences of illness and impairment are incredibly varied and encompass limitless symptom trajectories, varied prognoses and social impacts. Though many HRM policies assume that after a period of sickness, an employee may recover, this is increasingly not the case, for example over half of all people diagnosed with cancer in the UK right now, are alive 10 years after being diagnosed (Cancer Research UK, 2020). The risk of acquiring a long-term health condition increases with age, and the UK – as with the rest of the world – has an ageing workforce. To address this, this section explores the management of disabled staff experiencing long-term, life limiting conditions in the workplace, with a specific focus on cancer. Cancer offers a useful lens by which to explore managing diversity at work as it is experienced as an acute illness and long-term condition, with a collection of treatment options including surgery, chemotherapy and radiotherapy. There are over 200 types of cancer, with a range of prognoses trajectories including receiving curative treatment through to terminal diagnoses (National Cancer Institute, 2020). As with many impairments and long-term health conditions, the risk of being diagnosed with cancer increases with age (US Cancer Statistics Working Group, 2013). As the global workforce ages, it is likely that the number of people who are in work when diagnosed with life limiting illnesses such as cancer will increase.

The management of employees diagnosed with life limiting conditions is likely to involve use of sick leave, sometimes for lengthy periods, or frequent short absences. In many workforces it is possible to support this, and employees benefit from clear guidelines and access to information about what occupational sick pay they are entitled to. Employers who benefit from skill retention will need to reflect on how to maximise the employees time at work and limit the cost of their absence. Musculoskeletal health conditions, stress, and cancer are the most common reasons why employees take sick leave in the global north (Brage et al., 2010; Kim, 2017; Young and Bhaumik, 2011).

Sometimes symptoms experienced by employees with life limiting conditions can be managed for long periods of time, however in other instances, there is no effective treatment and employees experience a reduction in their capability. This can result in fear and distress relating to their job. Across the world, work provides the primary source of income for most households, and life limiting conditions pose a substantial threat to domestic budgets. From an employee perspective, it is often important to maintain an

income, irrespective of their prognosis or because work can be a helpful distraction from their illness (Grunfeld *et al.* 2013). In other instances, work is not compatible with their situation or employees may rather spend their remaining time with family and friends, and to get their affairs in order. Whatever choice a person makes it is reasonable to expect sensitivity and support from their employer, though there is extensive evidence that employees experiencing life limiting conditions are subject to mistreatment by their employing organisation, referred to as 'healthism' (Roberts and Weeks, 2018).

As discussed previously in the section 'Undervaluing Disabled People at Work', there are numerous different global legislative contexts regarding workplace protections for people experiencing illness or disability. In the UK cancer is defined as a disability under the *Equality Act* (2010). As a result, UK employers are obliged to make efforts to accommodate the additional needs of employees with cancer to allow them to work and apply for jobs equally to non-disabled colleagues. Referred to as 'reasonable adjustments', workplace accommodations can include alterations to the physical environment, working hours or organisational policy. There has been some speculation that the legal definition of cancer as a disability in the UK and use of the *Equality Act* (2010) might have resulted in the improved management of employees with cancer in UK workplaces. However, there is extensive evidence that people experiencing long-term and life limiting conditions experience negative employment outcomes (Bambra, 2011; Bartley *et al.*, 2004). US citizens with long-term and life limiting conditions are protected under the Americans with Disabilities Act (1990), but report similar employment outcomes (Lerner *et al.*, 2000). This suggests that disabled employees with cancer face mistreatment in the workplace even where they are subject to specific legislative protections, this reflects the wider experiences of disabled workers with conditions and diagnoses other than cancer.

There is increasing evidence that the provision of workplace accommodations for employees with life limiting conditions across Europe and North America is lacking (Mehnert, 2011; Vornholt *et al.*, 2018). In the UK this has resulted in a trade union campaign called 'dying to work' to demand better workplace support for employees with terminal diagnoses (Trade Union Congress, 2020). The support currently available reflects that offered to disabled employees more broadly in that it manifests as managerial goodwill rather than entitlement and that employer provisions of support are individualised and unplugged from the structural exclusion of disabled workers (Foster, 2007; Remnant, 2019; Shuey and Jovic, 2013). The employment rate of people with cancer mimics wider disability employment gaps (De Boer *et al.*, 2009), and accounts of poor management from employees with cancer correspond to criticisms of ableist workplaces and reports of overwork reported by people with disabilities across the global north (Johnsson *et al.*, 2010; Stergiou-Kita *et al.*, 2016; Wells *et al.*, 2013).

In the context of a globally ageing workforce life limiting illnesses such as cancer will become more prevalent amongst the working age population. There are pessimistic projections about the quality of work across the global north, which fosters an increasing sense of precarity (Standing, 2011) especially for older workers and workers experiencing poor health. Ill-health also poses a challenge to employers though, who may have concerns about employee capacity and performance in the event of illness, team morale and the loss of skilled workers. However, individual employers can address these issues

by engaging in supportive and inclusive practice that adequately responds to health-based diversity in the workplace. Below is an example of good workplace support for an employee diagnosed with life-limiting cancer.

Case study

Dave and Pete are both shift supervisors at a large private factory. The factory employs over 500 employees and is a major feature of the local economy and community. The factory has excellent employee retention, with most employees working there for over 10 years, forming close friendships with their colleagues. The organisation is part of a multi-national corporation and has in-house human resources and occupational health teams.

Dave and Pete have line management responsibilities (they supervise 12-hour shifts). One of their employees, Trevor, a worker in his late fifties, requested some annual leave. On returning from this leave Trevor asked for a meeting with Dave and Pete. He explained to them that during his annual leave he had experienced some symptoms and had gone to the doctor. He had been told that he had cancer and was waiting to hear back about his prognosis.

Both Dave and Pete reassured Trevor that they would do all that they could to support him and both managers requested cancer-specific workplace training which they then attended. They asked Trevor if it would be alright to refer him to their occupational health team and to let human resources know. They explained that he did not need to take annual leave to attend further appointments, but to let them know with as much notice as possible and they would cover his shifts.

Unfortunately, it was bad news and Trevor was given a terminal diagnosis. He needed to take time off for treatment but expressed a strong desire to continue working. Between the three of them, they decided on a short weekly phone call to keep Trevor in the loop. Dave and Pete also arranged a meeting with Trevor and occupational health staff. Between them they came up with a plan to keep Trevor as engaged as possible with work. At first, while his symptoms were manageable, this included working shorter shifts, completing fewer physical tasks and supporting on-the-job training for more junior colleagues. As his symptoms became less manageable, Dave and Pete met with human resources and health and safety staff, they wrote a risk assessment and altered organisational policy to allow for Trevor to be on site in the workplace cafeteria and staff rooms to meet with his colleagues.

As Trevor entered the last months of his life, a human resources representative visited him at home to discuss financial matters. Throughout his sickness he received full pay (he was contractually obliged to full pay for 12 months sickness). It was agreed that he would remain on the pay roll until he died, meaning that his wife would receive both his death in service payment, and pension. Trevor was reassured that his wife would be financially secure when he died.

This case study offers a collection of examples of good practice for organisational management. In the first instance, the organisation responded to managerial requests for condition-specific training, meaning that the managers felt comfortable approaching Trevor and discussing his needs with him. It also meant they were aware of their legal

duties to Trevor (in the UK, under the Equality Act (2010)). They considered the options available to them to meet the business needs of their employer. This resulted in Trevor passing on his specialist skills as part of an informal training programme, meaning that his important skills were not lost by the organisation, and his role became less physical. They also considered Trevor's needs as an employee, which resulted in small changes in policy, allowing Trevor to access the organisation's property legally and safely during his illness. Their management was fully transparent, and Trevor was party to all financial negotiations. Not only was this beneficial to Trevor's morale, but also to the morale of his colleagues who saw an example of an employer that supported employees in tragic circumstances. Improving disability inclusion is often perceived as an expensive burden but as this case study shows, several workplace accommodations were relatively low cost and made a meaningful difference when implemented in the workplace (Rose, 2017).

There are some important ways that employers can support staff with life limiting conditions, including small and medium size organisations with limited financial resources. A key feature of the above case study was employer transparency. Keeping an employee informed and discussing the available options for their support can help employees feel valued. It also offers a positive example to other employees, facilitating continued employee goodwill. The above case highlights that there is both a moral and business case for employers to provide sensitive support of employees with life limiting conditions.

Disability and intersectionality

Intersectionality was coined by Kimberle Crenshaw (1991) to reveal the ways that racism and sexism interact to qualitatively affect the experiences of Black women. The term intersectionality is commonly used to explain how categories of difference intersect in complex ways, although Crenshaw's work specifically refers to the experiences of Black women. More recently there have been attempts to understand how disability and ableism interact or intersect with other protected characteristics. Data suggests that disability may interrupt men's sense of masculinity at work, with negative consequences for career progression, particularly within male dominated industries (Sang et al., 2016). Further, bodily processes which are not themselves 'disability' could impact a person's life to the extent it does constitute disability. There are issues when stigmatised experiences or bodily processes are involved which are gendered, for example, gynaecological health conditions. While bodily processes such as menstruation do not qualify as disability, if there are associated gynaecological health conditions which affect a person's day to day working life they may fall under 'disability'. Taylor (2019) draws on a recent case, [Davies v Scottish Courts and Tribunal Service](#), in Scottish law where serious effects of menopause were ruled to confer protection under the UK Equality Act, where such effects constituted disability in their severity and duration. An increasing number of employers are implementing 'period leave' whereby those who experience problematic menstruation can take a limited number of days off work (Kohli, 2020). Such employer initiatives may help to overcome the debilitating effects of pain and heavy menstrual bleeding which many women and trans/non-binary people report during the first few days of their period (Sang, 2017). Disability can intersect with other protected characteristics to inform the patterns of privilege and disadvantage employees may experience at work. It is therefore

essential that managers and human resource management practitioners are sensitive to these intersecting patterns.

Strategies for disability inclusion

It is important, when working towards disability inclusion at work, to work with disabled people. This could be via a disability staff group where disabled employees are able to give feedback on proposed changes at work to ensure that there are no unintended negative consequences for disabled people.

Some strategies include:

- Changing the environment not the person for example, consider how your working practices and culture may place disproportionate burdens on certain staff who are living with a chronic health condition.
- Setting up a disabled staff network. Such networks can allow staff to provide input into new policy and the design of new working environments.
- Making workplaces more inclusive for example through disability training, flexible working and the provision of disability leave, whereby absences related to disability (e.g., hospital appointments) are not calculated as part of an employees' absence record
- Working with trade unions to embed disability awareness at the strategic levels in organisations. Working with trade unions, and taking a collective approach, allows employers to move beyond the limited equality legal framework which is largely set up to promote individualistic and reactive approaches to managing disability.

These strategies can be considered when reading the below case study. In the case of Alexandra is apparent that the implementation of the above strategies could prevent some of the issues she faced due to workplace mismanagement.

Case study

Alexandra is a project manager working for a large employer in England. In that last 2 years Alexandra has developed an, as yet undiagnosed progressive neurological disorder which affects her mobility. There are days where she uses a wheelchair, and other days where she can walk short distances. Alexandra's line manager is very sympathetic and is keen to support Alexandra to be able to attend work. Alexandra approached her employer's occupational health team who suggested she would benefit from a designated parking space near the front door of the building she works in. After approaching the Director of Estates, Alexandra was told that she would need to complete a 12-page form on why she requires a designated parking space. Alexandra completed the paperwork, although she was very embarrassed at having to disclose to someone she did not know and was then told by the Director of Estates that since she did not have a confirmed diagnosis, she would not be allowed a designated parking space. This caused Alexandra considerable distress. Following raising a complaint with Human Resources, Alexandra was allocated a parking space that was 2km away from her office. Alexandra had to challenge this decision and was finally awarded a parking space by the front door of her office. However, many days when Alexandra gets to work, her parking space has been taken by another colleague and she has to return home and miss work.

Alexandra's story is a typical one. We can see that there were many barriers put in Alexandra's way as she tried to secure herself a workplace adjustment. The onus was on Alexandra to secure her own adjustments, which involved an exhausting and bewildering journey of navigating an organisational bureaucracy just to secure adjustments she had a legal right to (remember that England is part of the United Kingdom where the Equality Act (2010) gives disabled employees a legal entitlement to reasonable adjustments). Alexandra's story also shows us that adjustments do not need to be costly, despite the fears of many employers. However, when these adjustments are not available or are difficult to access there is harm caused to both the employee and the employer. Good practice would be to make these processes as straight forward as possible, removing unnecessary bureaucracy and enabling colleagues to keep their medical details confidential. In this example this might mean a shorter document to complete to ensure accessible parking. An established workplace staff disability network could have meant that Alexandra's workplace was already more inclusive and avoided the obstacles she experienced altogether by having improved access routes and clear, supportive policy. The provision of disability training could well have meant colleagues inappropriately using accessible parking bays would be more sensitive to the potential needs of others.

Working with trade unions can also be a productive avenue for disability inclusion. Studies conducted in the UK have demonstrated that trade unions can act as powerful advocates for disability inclusion in employer policies (Bacon and Hoque, 2015), as well as offering facilitation for disabled people and their interests in workplaces through networks of trained disabled staff representatives and caseworkers (Richards and Sang, 2016). Employers and human resource managers should also consider working with local disability advocacy groups, which are often led by disabled people. In general, it is important for managers to remember the principle of accessibility, whereby if work is organised in a way which is accessible for disabled people it will be accessible for all employees.

Summary

Globally workforces are becoming more diverse although gender, race and disability pay gaps are still evident. Women, disabled people and people of colour report a range of disadvantages at work, many of which may result from intersections of disadvantage. Research and practice show that disabled people experience discrimination at work, and this can be particularly acute for those living with stigmatised conditions. However, there is considerable scope to improve marginalised people's working lives which will benefit employees and improve organisational performance. Strategies for inclusion can benefit from working closely with representatives of marginalised employees and trade unions to ensure inclusion measures support both employee and employer needs.

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