

## Facilitating a Positive Culture for the Disclosure of Workers' Disabilities within a Higher Education Institution

**Malcolm Day**

University Nottingham, School of Health Sciences, UK

**Corresponding author:** Malcolm Day

✉ Malcolm.day@nottingham.ac.uk

Assistant Professor, University Nottingham, School of Health Sciences, Queens Medical Centre, Nottingham

**Tel:** +44 (0) 115 823 0640**Citation:** Malcolm D. Facilitating a Positive Culture for the Disclosure of Workers' Disabilities within a Higher Education Institution. *J Hosp Med Manage.* 2017, 3:1.

### Abstract

**Background:** Within the UK, an individual is disabled if he or she has an impairment that has a substantial and long-term negative effect on their ability to undertake daily activities. Once a disability is disclosed the employer has a legal duty to make reasonable adjustments at work for the employee (there are similar requirements in the EU and the USA). However, because of the stigma often associated with disability many individuals are fearful of disclosure as they may be discriminated against. This apparent fear seems to be reflected in the disability disclosure rate for English universities, which in 2014 was 3.9%.

**Aims and Objectives:** This action research study aims to encourage a disability friendly culture so that the disability disclosure rate within an English higher education institution can be improved upon. This is achieved through the provision of a volunteer social intervention program that enables workers to make an informed decision regarding disclosure; and enables co-workers, supervisors, and managers to explore their responsibility towards disabled staff in the workplace.

**Method:** A pilot intervention program has been initiated. This includes the provision of a confidential peer to peer support service for disabled staff; and a series of disability awareness seminars for co-workers, supervisors, and managers. A mixed methodology is used to evaluate these interventions. This includes a qualitative analysis of reported cases and a quantitative analysis of responses to a participant satisfaction survey.

**Results:** Feedback from users of the peer to peer support service and those who participated in disability awareness seminars has confirmed the effectiveness, relevance, and suitability of the pilot intervention program.

**Discussion:** The trustworthiness of the study is confirmed. Limitations are also highlighted. It is accepted that the results of the pilot study should be treated with caution as participating numbers are low.

**Conclusion:** The research team have been able to confirm the potential of peer to peer support and disability awareness in establishing a disability friendly culture for the institution. However, at this stage no attempt has been made to establish cause and effect. Therefore, further empirical evidence is needed to confirm the benefits of this type of intervention.

**Keywords:** Action research; Disability disclosure; Disability discrimination; Higher Education, Program evaluation; Social intervention; Social stigma

**Received:** December 29, 2016; **Accepted:** January 09, 2017; **Published:** January 14, 2017

## Introduction

UK equality legislation states that an individual is disabled if he or she has an impairment that has a substantial and long-term negative effect on their ability to undertake daily activities [1]. In 2012 it was estimated that 46% of UK working aged people in employment were disabled [2]. The Disability Living Foundation [3] estimate that disabled people make up 19% of the UK working population. The Equality Act, introduced in the UK in 2010 states that once a disability is disclosed to an employer, the employer then has a duty to make reasonable adjustments at work for the employee. There are similar requirements in the US, and in EU member states. For example, the Americans with Disabilities Act (ADA) was introduced in 1990 and is a federal law that requires employers with 15 or more employees to make reasonable accommodation to the known mental and physical limitations of disabled employees [4]. Within the EU, Article 27 of the Convention on the Rights of Persons with Disabilities, or CRPD states that reasonable accommodation should be provided in the workplace to persons with disabilities. All EU member states have signed the CRPD treaty.

However, despite the above legislation disclosing a disability to an employer is a very personal decision with potentially far reaching consequences for the employee. For example Schrader et al. [5] indicate that disclosure is likely to lead to: lowered supervisor expectations, isolation from co-workers and an increased likelihood of termination from employment. In the UK, the Universities and Colleges Union (UCU) has also found that once disability is disclosed disabled staff are more likely to be subjected to performance management and capability procedures [6]. Therefore, disclosure is not undertaken lightly, and sometimes not at all. For example, the University of Central Lancashire or UCLAN [7] found that the stigma often associated with mental health problems was a common reason for non-disclosure. While a study by RADAR [8] has shown that 75% of those working in senior management roles who had an option to conceal their disability still chose not to do so. A UCLAN study [7] found that disclosure could be made easier by environments becoming more "disability friendly." Ways of achieving this included having a key contact person to advise and support disabled staff considering disclosure, and providing disability awareness training for managers and supervisors. Key to the development of a more disability friendly culture is an understanding of the social model of disability [9]. This is reflected in the United Nations Convention on the Rights of Persons with Disabilities [10] which, for example states that: "disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others."

In other words, people become disabled because of the way society is organised rather than a person's impairment. Therefore, the social model of disability advocates for the removal of any barrier that can restrict choices for disabled people, and when these barriers are removed disabled people can be independent and have choice and control of their lives. Indeed, the UK Higher Education Equality Challenge Unit [11] has stated it is more

cost-effective to plan adjustments than to correct unpredicted mistakes. This realisation is (perhaps) reflected in disability disclosure rates for English universities which have shown an increase from 2.2% in 2003/04 to 3.9% in 2012/13 [12].

The University of Sherwood's 2015 annual diversity report shows that the number of staff disclosing a disability is only 2.1%. This figure has remained fairly constant for the past 3 years and is almost half that of the national disclosure rate reported by ECU in 2014. As a consequence, the Disabled Staff Network (DSN) at the University of Sherwood is working with Human Resources (HR) and campus trades unions to develop strategies that will improve disclosure rates, and has designed a volunteer intervention programme to assist in these activities.

The DSN is one of several equality networks that exist within the University of Sherwood. Over the past year membership has increased from 28 to 46 members. The DSN meets quarterly. As requested by DSN members there is no attendance record, and no minutes are kept of these meetings. Instead, notes from the meetings are circulated by the chair for verification and action. Once confirmed, these notes are submitted to the Staff Equality and Diversity Committee (SEDC) for further discussion. The SEDC reports directly to the university's Equality Diversity and Inclusion Board, which comprises of members from Senate. The DSN chair is a member of SEDC. The DSN aims to: develop a culture of positivity and a spirit of openness that will enable disabled staff to: contribute more effectively to the overall work of the university; empower disabled staff to become more proactive in policy decision making; and develop strategies to improve the university's disability disclosure rate. The DSN produces annual terms of reference, which include a work plan. However, the work of the DSN is confounded by having no available budget to support its activities. Also, departmental heads are reluctant to release members to attend meetings. Until recently, the university has not met requests from disabled staff to recognise the social model of disability in its charter of incorporation; or to consult with disabled staff prior to the introduction of new policies and procedures that may disadvantage individuals with a disability - as recommended by the Equality and Human Rights Commission [13]. Also, until recently, the university has been unable to implement a disability leave policy as recommended by the Equality Challenge Unit [14]. These omissions have driven the work of the DSN since 2015.

## Methodology

An action research approach has been adopted using mixed methodology [15] this includes a qualitative analysis of narrative from reported cases and a quantitative analysis of participant satisfaction surveys using descriptive statistics. Action research or AR is a value laden process carried out by practitioners who see themselves as agents for change, who work in a collaborative way to bring about changes that will improve their working practice [16]. The participatory, and democratic nature of AR, is outlined by Meyer [17] who states that during AR participants play an active part - both in the research and the change process. Other terms are used to describe AR include community-based study and co-operative enquiry [18]. This terminology seems

wholly appropriate given the aims of the DSN, which focus on inclusivity and the empowerment of disabled staff. Koshy [18] describes the characteristics of AR. *First*, it is a process that involves action, evaluation, critical reflection, and based on the evidence gathered-subsequent changes to practice. *Second*, AR is participative and collaborative; it is undertaken by individuals with a common sense of purpose and is based on reflective interpretations made by participants. *Finally*, AR involves problem-solving and the solution to the problem leads to improvements in practice.

### The research action plan

Practitioners involved in planning AR will often engage in a process of self-questioning and clarification about their intended research. McNiff and Whitehead [16] have given a useful account of this process and their work has assisted the DSN to develop an action research plan [19] which is now outlined. What is the main concern? The university's 2015 annual diversity report shows that the number of staff disclosing a disability is 2.1%. This figure has remained constant for the past 3 years. The aim of the DSN is to improve upon this figure.

**Why is there a concern?** Disability legislation indicates that there are significant advantages in disclosing a disability, including reasonable adjustments at work. However, the literature suggests that low disability disclosure rates may be indicative of an oppressive or discriminatory culture.

**What can be done about the situation?** The DSN aims to develop a disability friendly culture [7] that will facilitate the disclosure of workers' disabilities. *First*, by providing guidance and information that will enable workers to make an informed decision regarding disclosure; and *secondly* by educating co-workers, supervisors and managers, so that they might be better prepared to support disabled staff at work.

**How should evidence be gathered to demonstrate the project has been successful?** By undertaking an analysis of narrative from reported cases and an analysis of participant satisfaction surveys in an attempt to identify the effectiveness, relevance and suitability of the interventions delivered.

**How will the validity of any emergent claims be tested?** An account of the beliefs and assumptions about the nature of the research problem will be tested at UCU's disabled members' standing committee, and at conference. For example, UCU's Annual Equality Conference.

**How will any conclusions be checked to see that they are reasonably fair and accurate?** The term "trustworthiness" is used in qualitative research as an alternative to reliability and validity, which are terms used in quantitative research [20]. Further, Babbie and Mouton [21] define trustworthiness as a need to demonstrate: credibility; transferability; dependability and confirmability (see discussion).

### The intervention programme

The program includes the provision of [1] a confidential peer to peer guidance and information service that enables workers to

make an informed decision regarding disclosure; and (2) lunchtime disability awareness seminars for co-workers, supervisors, and managers so that they might become more aware of their responsibilities with regard to disability in the workplace and be able to comply with the requirements of the Equality Act of 2010 and the Public Equality Duty, which was introduced as part of the Equality Act in 2011. Each of these interventions are now discussed in more detail.

### The peer to peer disability support service

This service provides confidential guidance and information on disability issues for all grades of staff who work at the university. The service is not intended to be a substitute for other professional services provided by the university. Rather, any guidance and information provided is based on the lived experience of disabled staff who work at the university. The peer to peer disability service provides information concerning the pros and cons of disclosing a disability and how reasonable adjustments can be made at work. Disabled workers are provided with an opportunity to discuss their fears and concerns with an individual who has had personal experience of these issues, so that they may reach an informed decision regarding disclosure. The service is a completely confidential and all correspondence with individuals is destroyed once their queries have been answered. Nineteen individuals have contacted the service via electronic mail over a 6 month period. For example, non-academic members of staff have indicated:

"I wish to disclose my disability to my employer but I am unaware of how to do this. I have poor memory and I struggle to remember key dates and times. I've been using the read and write software for my dyslexia and I've been in touch with the National Dyslexic Association who have recommended apps for my smart phone which I am currently looking into. However, I really need something I can use at work".

Also: "One of the items raised at the recent, and excellent, disability awareness seminars was making a reasonable adjustment agreement with managers. I do not have one in place at the moment and have put this idea forward to my managers. It would be really helpful to me to be able to talk to someone who has had experience of devising an agreement and the rulings of reasonable adjustment. I am registered as a disabled staff member. I have inflammatory arthritis and have suffered from this for many years. It affects me all the time; limiting my abilities, but from time to time I slip into severe relapse. I am recovering from such an episode at the moment."

While academic staff have indicated: "I have a progressive eye condition which limits the amount of reading I can do and have had to give up driving. I'm not really in need of any adjustments at the moment as I am making those myself by working in different ways. But I thought I should declare my eye condition in case I might need adjustments in the future."

Also: "I am a lecturer. I don't consider myself to be disabled, but I do have a couple of long-term medical conditions that have

some impact on my day-to-day job. I haven't disclosed these to the university but my husband is always telling me that I should. I would be interested in talking to the peer to peer disability support service to discuss whether I should disclose these conditions."

These cases are typical of the enquiries received, which mostly relate to advice on disclosure (if appropriate) and reasonable adjustments.

### Seminars for co-workers and managers

A series of lunchtime seminars have been developed to support the introduction of the peer to peer support service. The seminars introduce co-workers and managers to the social model of disability and how this impacts on the daily working lives of disabled people. An outline of each of the seminars is now given.

#### First seminar

**Disability discrimination:** The Public Equality Duty introduced in 2011 states that public bodies must: eliminate discrimination, harassment, victimisation and any conduct prohibited the Equality Act. The idea of unconscious bias and how this may contribute to disability discrimination within the workplace is explored during this seminar.

#### Second seminar

**Enabling not disabling:** Is disability a charitable, medical or social construct? What barriers exist in the workplace for disabled people? What are the rights of people who are disabled? How can people with a disability challenge discrimination and assert their rights? The issues that enable or disable the person with a disability are explored.

#### Third seminar

**Disability disclosure:** The university's 2015 annual diversity report reveals that the number of staff disclosing a disability is 2.1%. This is 50% less than the target referenced in the university's strategic plan for 2010-2015. Further, this figure has remained constant for the past 3 years. This workshop will explore the factors that enhance and inhibit disclosure of disability at work.

#### Fourth seminar

**Reasonable adjustment:** When an employer knows of a person's disability, they are under a duty to make reasonable adjustments. This seminar will discuss personal experience and case study relating to reasonable adjustments that have been made at work and will explore what is regarded as best practice in this area.

#### Fifth seminar

**Supporting the disabled person at work:** The UN Convention on the Rights of Persons with Disabilities states that "...disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others." This seminar will explore the ways in which the DSN and the university is working to reduce barriers at work for disabled staff.

### A volunteer model of delivery

The university encourages volunteer activity. It does this through its volunteer award scheme and by recognising a citizenship category within individual workload plans. The work of the DSN is based on a volunteer model of delivery. Members of the DSN give their time freely to progress disability issues within the university. However, experience shows that the volunteer approach is more sustainable if interventions are first piloted (and then refined) before they are fully implemented – hence the purpose of this paper. The DSN chairperson leads the project. He is a member of the School of Health Sciences and has been able to negotiate 160 citizenship hours in his workload plan to set up the project. The project lead is supported by individuals from the DSN who have undertaken successor training so that they may eventually assist in the delivery of the peer to peer support service; or take over delivery of the disability awareness seminars. Campus unions are also supporting the project. For example, the Universities and Colleges Union (UCU) have promoted the disability awareness seminars via their online newsletter, and through their local network of departmental representatives. The local UCU office also provides some administrative support for DSN activities.

### Ethical issues

The UK Department of Health [22] state that evaluation of service provision does not require research ethics committee approval. However, ethical guidelines for service evaluation still need to be followed. There is a need to ensure that: individuals give their informed consent to participate; information is treated in confidence; participants can opt out of the study should they wish to do so. As the number of staff who declare a disability is low it is also important not to disclose biographical data so that participants can remain anonymous.

### Results

This report relates to the first cycle of evaluation that has been conducted since commencement of the pilot intervention programme in April 2016. Therefore, results are tentative and need to be treated with caution. The evaluation has been conducted in two parts, as follows: (1) an analysis of the feedback received regarding the peer to peer support service; and (2) analysis of feedback from those who attended the disability seminars. Each of these interventions (both 1 and 2) were considered for their effectiveness, relevance, and suitability. These terms are now defined. First, effectiveness - the degree to which the intervention has been successful in producing a desired outcome. Second, relevance - the degree to which the intervention is appropriate to the needs of service users. Lastly, suitability - the degree to which the intervention is appropriate for the situation or context. These are the success measures that were adopted by the DSN (see action research plan).

### Evaluation of the peer to peer disability support service

At the time of this report the service had dealt with 19 enquiries from academic and non-academic staff over a 6-month period.

Two academic, and one non-academic staff commented on the delivery of the service. Their responses have been categorised in **Table 1**. The analysis that gave rise to the categories in **Table 1** is now discussed.

### The effectiveness of the service

**1(a) Suggesting options and strategies.** One academic indicated: "Thank you very much indeed for your very helpful reply. I didn't realise there were all these options open to me, and it is reassuring to know that there is the opportunity to get more support, and to have alternatives in how I respond to these issues." In this case, the support included referral to the DSN. The alternative that was explored was to wait until promotion was confirmed before disclosure took place. This would avoid the (possible) effect of unconscious bias during the selection for promotion process.

**1(b) Querying policy.** The second academic was noted to have said: "I have asked for clarification on classification of medical appointments and whether or not they should be taken as a sick day. My manager is now raising this with HR."

**1(c) Achieving full disclosure.** Finally, the non-academic respondent indicated: "Thanks for the advice. I've disclosed my disabilities to my manager. I have also contacted Access to Work. I'll keep you posted."

Chronic impairments and medical conditions may generate a greater level of sickness absence. Therefore, distinguishing between general sickness absence and disability-related sickness absence may help to prevent the disadvantage that is often experienced by disabled people during the recruitment and promotion process [14]. Access to Work is a UK Government programme that enables the disabled person to stay in work by providing funding for any reasonable adjustments made by their employer, for example, specialised equipment.

### The relevance of the service

**2(a) The lived experience of disclosure.** The non-academic respondent indicated: "Thank you for getting back to me, and for the document outlining the PPDS. Having read the document, I would like to use the service. I have been given very little notice of my performance review, and I feel that because of my learning difficulty".

**2(b) Accomplishing a degree of lucidity.** One academic commented: "Thank you very much for kindly taking the time to talk with me, it was extremely helpful to discuss the various options and ramifications of the decision, and to have greater clarity on how to navigate the process. I am extremely grateful to have this support in place." This individual had been introduced to the pros and cons of the university's guidelines for working with disabled staff, which outline the institutions process for disclosure. This enabled the service user to accomplish a degree of clarity or lucidity regarding the possibilities for disclosure.

**2(c) Achieving congruence.** The second academic indicated:

"Yes, very helpful information. I'll look into the self-referrals." In this case, the advisor had suggested a self-referral to the university's occupational health service, rather than waiting for the manager to make the referral. It appears this was similar to the service user's initial thoughts who, after the advice was given, felt more confident to undertake this. Thus, a degree of congruence had been achieved between advisor and service user before any further action is taken.

The document explained how the peer to peer support service is based on the lived experience of disabled staff who have disclosed their own disability. It appeared that once this was confirmed the service user felt more secure in outlining the nature of his/her problem.

### Suitability of the service

**3(a) The fitness of information:** One academic member of staff commented: "You have supplied the overview that I have been seeking for 3 years!" It appears from the punctuation that this individual valued the appropriateness or fitness of the information provided.

**3(b) The properness of information:** The non-academic member of staff commented: "Thank you for the information. This was priceless!" It is clear from the punctuation that he/she valued the timeliness or properness of the information provided.

Finally, it is important for the reader to understand the limitations of this analysis. Although the number of responses was low, non-responders were not followed up. This was because it was necessary to maintain the veracity of the service by strictly applying the ethical guidelines agreed with participants. However, changes have now been made to the way in which future data is to be collected. This should assist in the development of a more rigorous approach towards data analysis and the confirmation of categories (see discussion).

### Evaluation of the disability awareness seminars

Ten seminars were delivered on two different university sites to 76 members of academic and non-academic staff. Those who participated in the seminars were asked to complete a standardised participant satisfaction survey. The survey consisted of 11 items relating to the teaching and delivery of the seminars and participants were asked to indicate anonymously whether they were satisfied or dissatisfied with each of these

**Table1:** Success measures and their categories (peer to peer support service).

1. Effectiveness	2. Relevance	3. Suitability
(a) Suggesting options and strategies	(a) Lived experience of disclosure	(a) Fitness of information
(b) Querying internal policy	(b) Accomplishing lucidity	(b) Properness
(c) Achieving full disclosure	(c) Achieving congruence	

**Table 2:** Results of participant satisfaction survey (disability awareness seminars) adapted from day [19].

Effectiveness (N=27)
96% [26] indicated that the seminar leader was knowledgeable
96% [26] were satisfied that the course had met their expectations
96% [26] indicated that the quality of instruction was good
Relevance (N=27)
85% [23] were satisfied that the content of the seminars were relevant to their work
93% [25] were satisfied that seminar objectives had been clearly identified to them
96% [26] found the distributed materials helpful
Suitability (N=27)
96% [26] were satisfied the seminar content was organised and easy to follow
96% [26] indicated the meeting room and facilities were adequate and comfortable
93% [25] indicated that course participation and interaction was encouraged
93% [25] indicated that the time allocated for the course was sufficient
89% [24] indicated that adequate time was provided for questions and discussions

items. Twenty-seven (35%) completed the survey - the majority indicating they were satisfied with the teaching and delivery of the seminars (**Table 2**).

Seminar participants were also asked to indicate whether the seminars would make a difference to the way in which they carried out their work. Thirty-five percent of respondents 27 indicated the seminars would make a difference, and 15% indicated the seminars would make a huge difference to the way in which they carried out their work. Thus, confirming the relevance of the seminars to the participant's work. The following comments were also received: "These seminars should be mandatory for all staff" Also: "All newly appointed managers should participate in these seminars." Thus, confirming the suitability of the seminars for staff training.

## Discussion

The feedback from participants suggests that the peer to peer support service is effective, relevant, and suitable for service users. The provision of appropriate and timely information (fitness and properness) and the approach taken by advisors in suggesting support mechanisms and alternative strategies for disclosure (suggesting options and strategies) has enabled service users to achieve a degree of clarity (lucidity) and to feel confident and secure when making a full disclosure to their managers (achieving congruence). Key to this process is the lived experience of advisors who have experience of disclosing their own disability, which service users appear to value and draw upon. These findings appear to be consistent with the work of UCLAN [7] who suggest that having a contact person to advise and support disabled staff who are considering disclosure is key to the development of a more disability friendly culture. The results presented in **Table 2** seem to indicate that the disability seminars have also been effective, relevant, and suitable in preparing co-workers, supervisors, and managers to work with staff who have

a disability. Indeed, participants indicated the seminars should be mandatory for all staff, and for newly appointed staff. However, despite these very positive outcomes there have been one or two issues that have impacted on the progress of the pilot study. These are now discussed.

## The impact of managerialism on the research process

Hart and Bond [23] have identified a typology of action research or AR. They outline a continuum in which four different types of AR are identified. These include experimental, organisational, professional and empowering AR. The experimental type is concerned with the discovery of general patterns that may serve as a basis for choices. The organisational type focusses on creating working relationships that are more productive and on overcoming resistance to change. Professional action research focusses on the development of healthcare professions to raise their status and develop research-based practice. Finally, at the other end of the continuum is the empowering type of action research, which is characterised by the espousal of an anti-oppressive position in which there is collaboration between and within vulnerable groups in society. The DSN were able to identify with the organisational and empowering elements of Hart and Bond's typology as their intervention brought together two distinct communities of practice (each with their own set of values and beliefs) in an attempt to facilitate an appropriate organisational culture for the disclosure of worker's disabilities. However, the values and beliefs expressed by HR specialists were found to be antagonistic to some members of the disabled community and this obfuscated the research process. For example, HR stated that a "business case" must be made for the peer to peer support service and that the service must be "sustainable". This use of this type of language appeared consistent with the managerialist approach that is now prevalent within UK higher education, which is heavily influenced by discourse and policy that is associated with performativity [24]. This is seen by some as a threat to professional autonomy [25,26] and influenced the collaborative nature of the research process in the following ways.

## The impact of managerialism on peer to peer support

The DSN were advised by HR that the university had a duty of care to its employees. *First*, to ensure that providers of the service were adequately trained. *Second*, to ensure that the service did not contravene health and safety or data protection requirements. With these points in mind a role description for the PPDS advisor was developed by DSN members and successfully negotiated with HR specialists. As a direct result of this negotiation 3 new PPDS advisors were appointed. The role description devised by the DSN defines the: (a) knowledge and understanding required of advisors; (b) training required by advisors, (c) advisor workload; (d) monitoring and supervision required of advisors; and (e) information governance procedures for advisors. Each of these (it was thought) would minimise the potential risk to the university, as follows.

**(a) Knowledge and understanding required of advisors:**

Advisors will have an understanding of the university's Equality and Diversity and Inclusion (EDI) governance structure. Also, knowledge of university policy and guidelines for managers working with disabled staff. They will also be required to have knowledge of the Equality Act and the Public Equality Duty; and an understanding of the role of external equality organisations, for example, the UK Equality and Human Rights Commission and the Higher Education Equality Challenge Unit.

**(b) Training of advisors:** This will include (as a minimum) the university's online equality and unconscious bias training. In addition, the advisor will be expected to complete: the university's advocacy training; or the calibre leadership programme for disabled staff; or have attended each of the five lunchtime disability awareness seminars provided by the DSN.

**(c) Advisor workload:** Since its inception the service has provided guidance and support to 19 individuals. Therefore, each of the 4 advisors can expect to deal with about 4 to 5 cases per month, each approximately one hour in duration. It is expected that the advisor will negotiate time for this with their head of department as part of their individual workload plan.

**(d) Monitoring of advisor caseload:** A short (confidential) report will be completed by the advisor and submitted to the chair of the DSN on completion of each case. A periodic review of cases will be undertaken by the DSN chair and an individual from HR to ensure that individual case load is manageable and the advisor is not under any undue stress. This periodic review will also enable the project lead to take a more considered approach towards data collection and analysis, and to identify emergent themes and trends, in the presence of a critical friend.

**(e) Information governance:** The advisor will be expected to comply with university guidelines for the use of information technology as well as the requirements for data protection. Therefore, correspondence with service users will continue to be treated as strictly confidential. To meet this requirement a new communications platform has been established. Access to this platform is strictly controlled by designated DSN administrators, including the PPDS coordinator.

## The lived experience of disability versus the demand for corporate identity

Managers raised concerns regarding the content of the disability awareness seminars that were devised by the DSN. These seminars used case studies to depict the "lived experience" of disabled employees at the university. These employees had struggled to disclose their disability and to achieve reasonable adjustment, and this was reflected in the seminar presentations. However, managers and HR specialists were concerned that the case studies should show the university in a more positive light. They therefore insisted that a series of on-line disability

awareness seminars be developed by the university's professional development department, which would demonstrate a more corporate approach to disability awareness. The DSN were concerned that the lived experience of disabled staff would be lost and that this would minimise the effectiveness of the on-line disability awareness training. Never the less, the DSN felt it important for HR to continue this work as formal disability awareness training for staff had never previously been offered by the university; and therefore agreed the DSN seminars would continue as a complement to the on-line learning provided by the professional development team.

## Trustworthiness and limitations of the pilot study

The methodology of action research is usually qualitative and developmental in its approach [18]. However, this does not detract from the need to ensure rigor. To this end the DSN has recognised the need to demonstrate trustworthiness during its research activities. The term trustworthiness is used in qualitative research as an equivalent to the concept of validity, a term used in quantitative research [20]. Further, Babbie and Mouton [21] outline strategies to ensure the trustworthiness of a study. These include the need to demonstrate credibility, transferability, dependability and confirmability. Each of these concepts and their applicability to the DSN's work are now discussed. For example, in this study, strategies to achieve *credibility* included the use of different research methods such as case study and survey - what is often referred to as triangulation [15]. Also, a tried and tested participant satisfaction questionnaire was used during the disability awareness seminars. Further, DSN members who attended the seminars were asked to check comments from the satisfaction survey to ensure an appropriate fit with the success measures devised for the evaluation process, which included the effectiveness, relevance and suitability of the seminars. A comparison with previous literature has also been made to test interpretations and emergent experience. For example, the ECU data on national disclosure rates has been particularly helpful in assisting the DSN to identify the shortfall at Sherwood University, while UCU literature has identified a possible explanation for this shortfall. Regarding: transferability and dependability a detailed account of the sampling framework and methodology has been given to allow the study to be repeated. It is accepted that sample size for the case studies was restricted due to the strict application of the agreed ethical guidelines and that a larger sample could have been drawn had these criteria not been applied. However, adjustments have now been made to case study supervision. This should ensure that a more accurate and detailed account of each case is available during subsequent cycles of evaluation.

Also, about: confirmability the adjustments made to case supervision will in the future include the use of a critical friend to confirm (or refute) emergent trends and themes during subsequent cycles of evaluation. In addition, an account of the researcher's beliefs and assumptions about the nature of the research problem has been tested at UCU Disabled Members Standing Committee, at UCU conference, and through publication [19]. Finally, the reader should note that no attempt

has been made (at this stage) to establish cause and effect. Rather, further empirical evidence is needed of the benefits of this type of intervention. Therefore, this programme should now be subjected to further and ongoing cycles of research, which will need to be appropriately funded.

## Conclusion

Equality legislation indicates there are some advantages in disclosing a disability to an employer, which may include reasonable adjustments in the workplace. The literature suggests that low disability disclosure rates may be indicative of an oppressive or discriminatory workplace culture. At the University of Sherwood the current disclosure rate is 2.1%. This is 50% less than the national disclosure rate reported by ECU [12]. The literature suggests that disability disclosure rates may be improved if a disability friendly culture is encouraged [7].

Examples of developing a disability friendly culture include the provision of support and guidance for disabled staff, and disability awareness training for managers. At the University of Sherwood, a pilot volunteer intervention programme has been introduced to facilitate an appropriate culture for the disclosure of workers' disabilities. This has led to the successful implementation of a peer to peer disability support service and the provision of disability awareness seminars for co-workers, supervisors, and managers - albeit with some minor modifications. The DSN and HR at Sherwood University are now interested to see what effect (if any) the modified volunteer intervention programme will have on future disability disclosure rates.

## Acknowledgements

My thanks to the Disabled Staff Network at Sherwood University, and to the Journal of Healthcare Communications.



## References

- 1 <https://www.gov.uk/definition-of-disability-under-equality-act-2010>
- 2 <https://www.gov.uk/government/publications/disability-facts-and-figures/disability-facts-and-figures#disability-prevalence-estimates>
- 3 <http://www.dlf.org.uk/content/key-facts>
- 4 <https://www.ada.gov/cguide.htm>
- 5 Schrader S, Malver V, Bruyere S (2013) Perspectives on Disability Disclosure: The Importance of Employer Practices and Workplace Climate. *Journal of Employee Responsibilities and Rights* 26: 237-255.
- 6 University and College Union (2015) Disabled Members Survey. Initial Findings. UCU Disabled Members Conference. UCU, London.
- 7 <http://www.kcl.ac.uk/sspp/policy-institute/scwru/pubs/2007/stanleyetal2007disclosing.pdf>
- 8 <http://www.disabilityrightsuk.org/sites/default/files/pdf/doingsenioritydifferently.pdf>
- 9 <http://disability-studies.leeds.ac.uk/files/library/Oliver-in-soc-dis.pdf>
- 10 <http://www.un.org/disabilities/convention/conventionfull.shtml>
- 11 <http://www.ecu.ac.uk/publications/enabling-equality-staff/>
- 12 [http://www.ecu.ac.uk/wp-content/uploads/2014/11/2014-08-ECU\\_HE-stats-report\\_staff\\_v19.pdf](http://www.ecu.ac.uk/wp-content/uploads/2014/11/2014-08-ECU_HE-stats-report_staff_v19.pdf)
- 13 <http://www.pfc.org.uk/pdf/equality-duty.pdf>
- 14 <http://www.ecu.ac.uk/guidance-resources/employment-and-careers/terms-conditions/managing-disability-leave-disability-related-sickness/>
- 15 Bryman A (2012) *Social Research Methods*. Oxford University Press.
- 16 McNiff J, Whitehead AJ (2011) *All you need to know about action research*. Sage Publications.
- 17 Meyer J (2000) Using qualitative methods in health related action research. *British Medical Journal* 320:178-181.
- 18 Koshy V (2010) *Action research for improving educational practice: A step-by-step guide*. Sage Publications.
- 19 Day M (2016) Facilitating a Positive Culture for the Disclosure of workers' Disabilities: Experiences of Developing a Pilot Volunteer Intervention Programme Within a Higher Education Institution. *Journal of Healthcare Communication* 2:1-8.
- 20 Guba E, Lincoln Y (1985) *Effective Evaluation: Improving the usefulness of Evaluation*. California, Jossey Bass.
- 21 Babbie E, Mouton J (2007) *The practice of social research*. Oxford University Press.
- 22 [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/213753/dh\\_133993.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213753/dh_133993.pdf)
- 23 Hart E, Bond M (1995) *Action research for health and social care: a guide to practice*. Open University Press.
- 24 Yokohama K (2010) *Government policy and ideology. Higher education's changing boundaries in two island kingdoms-Japan and England*. University Press, Baltimore.
- 25 Sachs J (2003) *The activist teaching profession*. Open University Press.
- 26 Nixon J (2004) *A profession in crisis*. In: Hayes D (eds.) *Key debates in education*. Routledge Falmer pp: 637-646.