ACCOMMODATING DISABILITY IN THE WORKPLACE: THE IMPACT OF ORGANIZATIONAL TRUST

The results of a qualitative field investigation of employer factors contributing to difficult disability accommodations in the workplace are reported. Arbitration cases and in-depth interviews are analyzed using grounded theory techniques. Four key variables emerged: managerial recalcitrance, accommodation investigation, disabled employee involvement, and organizational culture.

Approximately 23% of North Americans over the age of fifteen are limited in activities at home, work or school on a continuing basis lasting at least six months (Statistics Canada, 2000/01). The cause of the limitation may be due to a physical condition, mental impairment, learning disability or a combination of health problems. While younger workers are less likely to experience these difficulties, by the time North Americans retire at sixty-five the rate of disability is as high as 42% (Statistics Canada, 2000/01).

Individuals with disabilities are protected from discrimination by the Canadian Charter of Rights and Freedoms (1982). The law strives to ensure that disabled employees are protected, but it also asks employers to look beyond fitting someone who is different into a workplace made for the able-bodied. It asks us to rethink the processes of work in a way that ensures inclusion as opposed to grudging assimilation.

When an employee becomes disabled the impetus of inclusion, in both the legal and moral sense falls heavily on the employer. It is incumbent on employers to consider alternative arrangements intended to allow disabled employees to work in some capacity. They are required to make every reasonable effort, short of ‘undue hardship’, to find an accommodation (Lynk, 1998, p. 966). The employer must do more than simply investigate whether an existing position might be suitable. Efforts must be made to determine whether other positions in the company might be appropriate, or whether a job description might be adapted to fit the employee’s capabilities. The employer must look at all other reasonable alternatives and the efforts must be both genuine and thorough (Lynk, 2001).

In some cases the employee returns to work, progresses from modified work to full duties or is permanently accommodated with relative ease. In other situations, however, the accommodation process is protracted and rife with conflict. The employee is shuffled from department to department or there are multiple attempts to return that fail (Butler, Johnson, and Baldwin, 1995) ultimately resulting in dismissal or arbitration.

This paper reports the results of a qualitative field investigation focusing on themes that emerged in the employer’s domain and asks: what are the employer factors that contribute to difficult disability accommodations in the workplace? Data from 72 arbitration cases, 23 in-depth interviews as well as collective agreements, policies, and procedures were analyzed using grounded theory techniques of coding and constant comparison. Four key employer variables
played a significant role increasing the likelihood of accommodation complexity, they included organizational culture, managerial recalcitrance, accommodation investigation, and disabled employee involvement in the RTW process.

**Literature Review**

Disability studies have touched on a broad range of topics, and the body of literature restricted to investigations of the workplace and employee return-to-work (RTW) following disability is in itself very substantial (Krause et al., 2001b). It incorporates studies from a wide range of disciplines including management, medicine, and rehabilitation. The research has shown that demographic factors such as age (Gunderson and Hyatt, 1996), education (Daly and Bound, 1996), and length of service with the employer (Dasinger et al., 2001) can impact the likelihood of a return to work following disability. Job task characteristics such as heavy physical or repetitive labour (Andersson, Svensson, and Oden, 1983; Dasinger et al., 2000), and occupations with high psychological demands and low control (Infante-Rivard and Lortie, 1996, Krause et al., 2001a) are more likely to result in disability and less likely to engender positive RTW’s.

One area that has garnered substantial research attention is the relationship between disabled employees and their managers. Krause et al (2001a) found in their study of 434 employees with low back pain, that low supervisor support reduced return-to-work rates by 21% (Krause et al., 2001a). And, where employers contact the worker frequently and early in the disability process, disability duration decreases (Larsson and Gard, 2003; Tate, 1992b). Disabled employees themselves emphasize the importance of the employer when asked about factors that hinder or promote RTW. They stressed that empathy, frequent contact, shared decision-making, and coordination with medical providers could substantially facilitate the process (Shaw et al., 2003). Informing fellow workers of possible changes in task assignments when the absent employee returns was also important, and it was suggested that when coworkers lack such information, there is a higher incidence of envy and harassment (Atkinson and Butcher, 2003; Nordqvist, Holmqvist, and Alexanderson, 2003; Ponak and Morris, 1998).

Studies examining responses to disability have often focused on managerial attitude (e.g. Jackson, Furnham, and Willen, 2000). Although most employers are interested in the rehabilitation process and wished to cooperate, they perceive problems regarding financial and organizational limitations (Larsson and Gard, 2003; Lee and Newman, 1995). Informal requests for accommodation are common and managers typically assess performance issues, fairness to coworkers, responsibility for disability onset and the magnitude of the request before making any decision to comply (Florey and Harrison, 2000). Stereotyping has not been found to affect managerial appraisals of disabled employees, however it does impact expectations regarding future performance (Colella and Varma, 1999). In addition, research testing the impact of subordinate disability on leader-member exchange relationships found that supervisors report statistically higher quality relationships with disabled subordinates when the subordinate displays ingratiating behaviours (Colella and Varma, 2001).

When negative attitudes or reactions to disability accommodation exist, managers may employ resistance strategies to discourage employees from activating the process. They may refuse or be reluctant to recognize disabilities, particularly for employees with non-apparent (invisible) conditions (Harlan and Robert, 1998).

Although the research on accommodation and RTW is extensive, there are some concerns about the approaches that have been taken. First, the research from most disciplines is primarily
theoretical. Only two models have been developed; the phase theory of disability from medicine/rehabilitation (Krause and Ragland, 1994) and the Stone and Colella (1996) model from management, which proposes a series of variables predicting the perception and treatment of disabled individuals at work (Stone and Colella, 1996). Both theories are relatively recent so publication of hypothesis testing is limited.

A second concern is that while Stone and Colella’s (1996) theory provides the most complete articulation of factors potentially impacting workplace disability, it is based on an amalgamation of theories from other disciplines rather than observations from the field. The theory also assumes that the disabled employee is capable of performing the work. Research from Butler, Johnson and Baldwin (1995) shows that employees returning to work after a disabling incident may not be capable of resuming their pre-disability positions, even when modified duties or work hardening programs are in place (Butler, Johnson, and Baldwin, 1995).

A final criticism of disability RTW research is that there is a tendency to rely on large populations from WCB databases and to use return to work, or time on disability, as the outcome variable. This method fails to capture quality of work life after a disabled employee returns.

Other researchers have echoed the concerns expressed here and recommend exploratory qualitative research to identify new factors that are barriers to RTW. They also highlight the importance of tapping the personal experience of participants in the RTW process by using mixed methods research, including transcribing interviews, content analysis, and field observation (Krause et al., 2001b).

Methods

The research conducted for this paper attempts to incorporate the recommendations above and mitigate some of the concerns with the existing RTW and accommodation research. Qualitative methods of data collection and analysis were utilized in order to identify emerging themes and explain field observations with the objective of developing hypotheses for future investigation.

Data collection and analysis proceeded in two phases. Phase I involved examining secondary data from grievance arbitration awards in three Canadian jurisdictions. Utilizing a unique methodological approach, 72 arbitration cases were analyzed not for legal content, but as a source of historical and observational data. The cases are an unobtrusive observation of the interaction between disabled workers and their employment setting. The historical record is accurate, vetted by a third-party arbitrator after extensive hearings involving union and management. Testimony from the grievor, physicians, occupational health practitioners, and other relevant parties is cited in the cases.

Preliminary analysis of the cases resulted in the development of a detailed coding guide. All 72 legal cases were then systematically re-coded by three auxiliary raters. Just over 1,500 single-spaced pages of documentation were analyzed for 76 grievors.

Phase II incorporated primary data collection through in-depth interviews with managers, union representatives, occupational health workers and disabled employees who had previously experienced or were currently undertaking a return-to-work. A semi-structured interview protocol was developed using the categories distilled from the arbitration cases as a guideline. Critical incident technique (Flanagan, 1954) was used to illicit issues the participants perceived to
significantly contribute to the outcomes of accommodations. They were specifically asked to consider factors that differentiated between successful and unsuccessful accommodations. Recalled fact situations and perceptions were recorded and later transcribed. Interviews were done in person, and lasted from 60 to 180 minutes. A total of 23 interviews were conducted with 22 participants who were recruited through unions and the occupational health departments of both private and public enterprises. In order to balance the focus on difficult accommodations arising from the large sample of arbitration cases (which by definition had negative outcomes), and to allow comparisons, a concerted effort was made in phase II to include participants who had experience with successful accommodations.

Data collection was limited to unionized settings in order to ensure consistency across phase I and phase II data sets and to control for procedural justice differences between unionized and non-unionized organizations. In addition to the arbitration cases and interviews, secondary data was collected from participating organizations in the form of collective agreements, policies, procedures and return to work documentation.

Generalizability of the results from this research is limited by the small sample size and by the focus on unionized environments. Bias may also be present because the number of difficult arbitration cases far outweighs the number of interviews where positive experiences were related.

**Results**

**Managerial Attitude: Recalcitrance and Bias**

“How we treat them is the main thing, that’s probably the biggest thing...like if you don’t go up and say oh I’m so glad you are back ...we are going to help you out here and get you back on track...if you don’t do all those kinds of things you have lost the employee.”

The first factor that emerged from the data analysis was the importance of managerial attitude toward the disabled employee, and how commonly perceptions of managerial bias or recalcitrance were harboured. The data suggests that in many instances the perceptions may indeed be accurate. Managerial autonomy with respect to accommodation arrangements can present an opportunity to exercise preferential treatment. So absent detailed and consistently applied RTW polices, some workers reap the benefits of exceptional accommodations, while others are forced to accept inflexible and unfavourable positions thrust upon them by less than supportive supervisors:

“let’s not kid ourselves you could have the best employee who has an ailment now that you have to deal with and you might try to bend some of the rules because he has been your best employee ...But then, in the same vein, it’s like well, if I’m going to treat this person so special, I’m going to go beyond my undue hardship to accommodate him on short term or long term basis, yet I’ve got six people over here that I forced out of work because they don’t fit the system right now.”

Evidence supporting the existence of recalcitrance was found in a number of arbitration cases (e.g. Finning Ltd., 1995; Alberta Children's Hospital, 1997). For example in the Finning Ltd. case there were indications managers were using a minor disability to fabricate an
opportunity to terminate the disabled employee. The grievor had 21 years seniority and a relatively minor, but chronic, wrist injury. The employer offered to accommodate the grievor in the lowest paying and least secure position in the company. The offer included the demand that he "perform the full tour of duties without exception" (Finning Ltd., 1995, p.4). Union officials believed the demands of the accommodation offer were setting the grievor up for failure, and that other more suitable accommodation was available but the offer made was deliberately harsh because of managerial bias. The arbitrator agreed with the union, and the grievance was upheld (Finning Ltd., 1995).

Even managers who readily acceded to the ethical principles of accommodation sometimes found it difficult to accept the obligation to accommodate workers from other areas of the organization, especially when those requirements arose frequently or unexpectedly. They were influenced by the practical challenges associated with having to accommodate. Developing an accommodation plan may itself be time-consuming and expensive, or it may be difficult for managers to build cohesive, consistent teams if the requests are generated externally. There was also a level of discomfort exhibited when managers, accustomed to dealing with paper and product, were forced to interact on the very personal level required by disability accommodation. Finally, operational incentives that reward based strictly on production or penalize managers for accommodation expenses that are outside of their control, may further dampen accommodation enthusiasm:

“So there is a negativity around always having to take these injured people and you know what, it takes away the ability to select your staff based on ability and how they fit into the team.”
“The operations people don’t have the time or the energy or the creativity to accommodate people easily, they just say oh you can’t do this, you might as well go home.”
“I think that part of the problem is that they have a whole series of production incentives, financial incentives for managers.”
“They would rather somebody else deal with the nitty gritty stuff and then they just walk in at the end and make decisions.”

Perception of managerial recalcitrance may develop even when bias does not necessarily exist, and can still lead to deterioration of the employment relationship. For example, in Community Lifecare Inc. there was no permanently available modified work for the grievor due to the fact that two other employees were already being accommodated. Yet the employee was convinced the organization had not done all it possibly could to find an alternative: "I could not understand why a modified position could not be created for me when they had already created it for two other staff members that still work the modified position today." (Community Lifecare Inc., 2001, pg. 7). Her perceptions of recalcitrance and bias were what ultimately lead to the arbitration (see also Sault Area Hospital, 2001).

Managerial recalcitrance, whether perceived or genuine, is important because it escalates conflict, and impacts the quality of accommodations offered as well as the disabled employee’s commitment to the organization and the RTW process. It was further felt that managerial expressions of enthusiasm for the accommodation plan and welcome for the returning employee were observed and mimicked by coworkers. Some managers suggested that encouraging disabled employees to get treatment as soon as possible following illness or injury, then periodically checking in with them to ensure they are progressing (without pressure to return to work), acts to mitigate negative perceptions:
“A lot of it depends on the manager. The manager’s body language, the manager’s attitude plays a lot. We’ve got some managers that are really, really good and their staff will buy into it more than the manager who’s really reluctant, doesn’t want this person back unless she’s going to be able to do 100%. And that, you can see the attitude of the staff with that.”

**Employee Involvement**

“When asked in cross-examination why he made the harassment allegation, the grievor said three things. First, he was not being treated the same as other employees; second, he did not want to be absent due to his handicap and it did not help the situation when he was told not to be absent; third, he was not able to have any input into the meetings to discuss his absences.” (Greater Victoria Hospital Society, 1998, para. 69).

The second theme that emerged from the analysis of the data was the frequent exclusion of the disabled employee from accommodation planning. The exclusion is not necessarily intentional. However, the evidence suggests that if it is not explicitly incorporated into the employer’s roles and responsibilities in the disability accommodation process, it is likely to be left unattended. This means that the individual with the most information about capabilities, restrictions and the actual performance of job duties has little input into the modified work design.

There were a total of 42 cases in which there was some attempt to return the employee to work following the illness or injury. The level of disabled employee involvement in accommodation planning for the arbitration cases was assessed by coders as very involved (4 cases), somewhat involved (13 cases), or not at all involved (25 cases). This means that in 62% of unsuccessful accommodations, the central figure in the process was excluded from employer meetings regarding work options or even from scheduling appointments for third party medical assessments (e.g. Chevron Canada Resources, 2000).

Employees who were somewhat involved were generally contacted about returning to work, but discussions were frequently conducted over the telephone. Occasionally a meeting including the disabled employee would be arranged however, they often occurred after the relationship had already become hostile. In the Woodland Windows case the majority of RTW discussion occurred via telephone, so offers of accommodation were not documented. The employee did not come away from the conversations with a clear understanding that accommodations would be made and subsequently did not show up for work. When the employee failed to attend, the employer assumed he was “deliberately milking the system” and suspended him for two weeks. (Woodland Windows Ltd., 1997, para. 56). (See also Community Lifecare Inc., 2001; VSA Highway Maintenance Ltd., 2002).

In the contradictory cases where the employee was very involved in the accommodation, other factors contributing to difficult accommodations were dominant, such as difficult coworker relations (Canada Safeway (a), 1998), or grievor animosity (Goodyear Canada Inc., 1998).

The primary result of excluding, or only minimally involving the disabled employee is misunderstanding regarding the employee’s abilities, willingness to work, or the employer’s desire to have the employee back in the work force. Unless the employer invites the employee to attend planning discussions, the employee is unlikely to be aware of the options considered, production concerns and scheduling limitations that impacted the final accommodation offer.
This may inadvertently raise questions in the minds of even successfully accommodated employee’s regarding the level of effort or the quality of the accommodation:

“Some people they can find light duties for and others are just supposed to go back to work….She was doing paperwork, I was doing (full duties). How does that work?”
“Told myself on the job, she didn’t but yet they can find other things for her to do and not me…”

**Investigation**

“The supervisor said, well, you know, I want a note from (your physician) every month...It ended up the manager then was wanting it every week and my doctor got mad and he says I’ll tell you what, I’ll write them out daily. He said, I’m getting tired of this garbage...they’re just doing nothing but harassing you.”

The third theme revealed in the data was ambiguity and confusion on the part of both managers and employees regarding the balance between sufficient investigation of disability and employee harassment. In 64% of the cases where the grievances were upheld, arbitrator’s stated that the employer’s failure to properly investigate contributed to the conclusion that the duty to accommodate was not met. Another 14% of these cases were policy grievances, which means that only 22% of the companies in the sample had completed thorough investigations. Arbitrators found that employers failed to gather sufficient data regarding the extent of the employee’s illness (Mainland Sawmills, 2002; Niagara Structural Steel, 2001), the employee’s functional capacity (VSA Highway Maintenance Ltd., 2002), or possible job task adjustments (Sault Area Hospitals, 1999; Shuswap Lake General Hospital, 2002) prior to dismissing the disabled employee for either culpable or non-culpable reasons.

In other cases supervisors who were suspicious of diagnosis validity sometimes over-investigated, crossing the confidentiality line with persistent and invasive requests for additional medical information (e.g. Providence Health Care, 2001; Thermal Ceramics, 2001):

“If we don’t like the response, depending upon, you look at the type of injury or ailment it is, and it doesn’t fit with what the normal guidelines are for those type of ailments or injuries, then we will send questions back to the physicians and make suggestions, have you looked at this, have you looked at that.”
“The information that they are seeking is becoming more and more invasive. Which in turn is I think…putting people under a great deal more stress, because again it is that whole issue of having to justify.”

Not all requests for information were driven by suspicion, many managers were genuinely concerned about the health and welfare of their employees, or were seeking information in order to plan for the return or develop strategies to deal with longer term absences. Regardless of the rationale, however, unless the manager is particularly skilled with communication or has a long term and positive relationship with the employee, there may be a perception that the employer is pressuring the employee to return too early:

“I want to know their true progress...are they truly being monitored, are they getting the right help groups or whatever…”
“Look if I can better understand your problem, I can work with you to help you fix it.”
“When you go back to work on a modified, they can’t wait to get you back to work, they don’t give a shit what you do as long as you are back to work so it looks good on them.”

The ability to determine the appropriate level of investigation lies in the nature of the inquiries and in the assumptions driving the investigation. Exploration that is genuinely intended to uncover the best possible work opportunity is appropriate and in fact necessary to successful accommodation. The implications of failing to investigate thoroughly include the increased probability of grievance filing and risk of defeat in costly arbitration cases, productivity losses resulting from placing permanently accommodated employees in suboptimal roles, and increased health and safety costs for problems that might remain unidentified if investigations are inadequate. It can logically be argued that better research will result in revelation of more and better modifications and will decrease communication errors among the parties. On the other hand, investigation that is driven by an attempt to reveal evidence of malingering risks triggering stress reactions, depression, complaints of harassment and breach of confidentiality.

Culture and Trust

“We need to reinvest, change our culture....We have to bring in so many new people, let’s get them trained properly right off the bat. Let’s get them involved in the ongoings of their day to day jobs so that we don’t create the same problems that we’ve had in the past.”

The final employer theme was unearthed through the interview process, as opposed to the arbitration cases, and revolves around the concept of organizational culture (Schein, 1985). Two cultural archetypes emerged; high and low trust organizations.

High trust organizations or business units embraced the moral imperative to accommodate disability. Policies in these institutions specifically stated that inclusion of the disabled employee in the accommodation process is imperative. They ensured additional personnel were in place during the RTW so that the burden of heavier duties, left incomplete due to the disabled employee’s restrictions, were not placed on the shoulders of coworkers, thereby provoking resentment. Managers at these organizations viewed employees as resources that were difficult to replace and employer/employee trust was automatically embedded in the relationship unless an event occurred which damaged that expectation:

“You know your relationship with your staff is based on trust…So when I hire them it’s full blown trust. You’re here, I trust what you are going to do and away we go.”

High trust organizations were not immune from the pragmatic challenges of the search and appropriate implementation of the duty to accommodate, but there was an underlying assumption that those claiming illness or injury were truly disabled and should be offered support from managers and peers. Managers were flexible and creative in developing accommodation plans and were more likely to investigate every possible avenue. Healthy coworkers identified with disabled staff and accommodated employees were more satisfied with accommodation outcomes. They viewed coworkers as team mates or friends and did not feel stigmatized or ostracized. They indicated managers and peers offered both physical and emotional support throughout the accommodation process:

“Everybody just works together, everybody is watching out for everybody else.”
“Nobody treated me any differently, ‘cause I mean, like, I say, a lot of them had been there. So they know what it is like to be injured and off.”

“They are just being more helpful you know, or telling me not to do something or whatever and it’s not that I wasn’t ok to do it…it’s just nice that somebody is saying you don’t need to do that.”

“My return to work with (my managers) has been wonderful. I’m fortunate. I will stay where I am because of them. I think you need to respect who you work for and it goes both ways.”

Low trust organizations, on the other hand tended to battle with ensuring accommodations did not violate principals of equity and fairness. Accommodations were perceived as creating an unfair burden on coworkers and disabled employees were excluded from decision-making. Policies, procedures and language reflected substantial animosity among stakeholders and the emphasis was on ensuring no opportunity was present for anyone to get more than their fair share. The assumption underlying the policy approaches and managerial behaviours in low trust organizations was that unless the disability was substantial, the cause was observed, or could be objectively verified, those claiming illness or injury were likely to be malingering. Even if evidence of disability was clear, accommodated employees were sometimes punished with the least desirable shifts and duties:

“The whole system that (the corporation) has established is predicated on, it seems like the old military model of malingering. It just seems to be predicated on the idea that everybody is out there scamming the system, and therefore you have to put in this really coercive system to make sure that nobody is getting away with anything they shouldn’t.”

Union-management relations in these low trust organizations were particularly strained. Unions were described by managers as political institutions with little concern for the welfare of the employees under their protection. The antagonistic relationship between the employer and the union impacted the accommodation process in two ways. First, union officials were accused of obstructing accommodation attempts by refusing to cross-group employees or delaying communications. Secondly, the lack of trust created a barrier to communications between occupational health workers and returning employees. Instead of case workers being allowed to act as medical problem-solvers, they became political pawns:

“They won’t come and see me unless they bring a union rep. And now I have been told that if they bring a union rep. I must have someone from management in the room…So, to just kind of have a nice working relationship like a nurse taking care of an employee, developing a relationship, confidentiality, trust, you know, it’s just a huge barrier.”

Successfully accommodated employees in low trust organizations were convinced RTW plans were developed because of forced compliance with disability legislation as opposed to genuine concern for the employee’s welfare. Health and safety efforts were seen as inadequate or simply for show. Managers were portrayed as uncaring, vindictive and inflexible. Coworkers resented accommodated employees and were unlikely to offer physical or emotional support. Those on modified duties were scrutinized for participation in any physical activity (on or off duty) that exceeded assumed limitations. And, if a disabled employee was discovered exceeding restrictions no assistance was provided, however the coworker was quick to notify managers and suggest scamming. Employees felt watched and peers were not to be trusted. Even where employees were not on modified duties, coworkers were kept at arms length:
“I think they kick you when you are down.”
“They don’t care, you are a number, it doesn’t matter what you do, you are a number.”
“They (coworkers) are watching the time”
“Peer pressure is a huge factor in not being able to return people to appropriate work because, you know, some employees might think that the modified duties is sissy work or that … so and so is just goofing off, he is on modified duties just because he doesn’t want to work…I think that that can come from management as well as other employees, that there is a perception that modified duties, that is just a scapegoat not to pull your weight, or do your job.”

Disabled employees in high trust organizations have a higher probability of successful accommodation because managers are more likely to believe the disability is legitimate and therefore search more thoroughly for appropriate modifications. They are also more likely to offer verbal support. Coworkers take their cues from managers and are more apt to offer physical support and less likely to exert pressure to improve productivity that may result in the employee exceeding restrictions and re-injuring. In addition less time and emotional effort will be spent legitimizing a disability and the employee will be less likely to develop psychological problems secondary to the RTW process itself.

**Discussion and Conclusion**

Of the numerous employer variables that could possibly impact RTW outcomes, this study highlighted the four that those most intimately involved in the process identified as the principal contributors to difficult accommodations. The research suggested that where managerial bias, confusion regarding investigation limits, exclusion of the disabled employee from planning and low trust cultures exist, conflict and poor communication dominate.

Stone and Colella (1996) predicted that organizational characteristics influence the way disabled employees are treated in the workplace. They hypothesized that standardization and impersonality in bureaucratic organizations would disadvantage disabled employees who may be unable to conform to customary practices (Stone and Colella, 1996).

Our research supports this supposition, and adds the element of trust to the equation. Trust is defined as placing oneself in a position of personal risk based on the expectation that the trustee will not behave in a way that will result in harm to the trustor (Atkinson and Butcher, 2003). Trust is not considered calculated and embedded, but rather is learned and reinforced (Atkinson and Butcher, 2003). Based on our field observations, we would suggest that learning and reinforcement perpetuate and ingrain trust, or distrust, into an organization. We would further suggest that organizations with low trust cultures attract and maintain employees with similar belief systems. When employees of these organizations become ill or injured they are regarded with suspicion by managers and peers.

We would therefore hypothesize that low trust engenders recalcitrant/biased managerial attitudes toward disability accommodation. This negative attitude results in (a) poor efforts to investigate accommodation opportunities, (b) over-investigation of illness legitimacy, and (c) exclusion of the employee from accommodation planning. Our second hypothesis proposes that peers take their cues from managers whose behaviour mirrors their own assumptions about malingering. Peer response to disability in low trust organizations is therefore to withhold physical and emotional support from a returning employee.
Finally, we would propose that even where bias does not exist, accommodated employees in low trust organizations may harbour their own suspicions about managerial motives resulting in decreased commitment to the RTW plan. The responses of all parties contribute to escalating conflict and distorted communication, ultimately increasing the probability of difficult accommodation.

References


