ABSTRACT

Working Out Disability: Identification
and Workplace Health Promotions

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Using Scott, Corman, and Cheney's structurational model of identification, and building on existing communication and disability scholarship, this study provides scholars and organizations with a deeper understanding of disability in the workplace and the ways in which workplace health promotions serve as sites of organizational disidentification. This research conducts twelve semi-structured interviews with persons with disabilities (PwDs) who work at organizations with existing health promotion programs. This study finds that PwDs disidentify with workplace health promotions by not participating due to physical ability and program design, which pushes them towards workgroup identification. The implications of these themes are that organizations need to create more inclusive WHPs and that workgroup identification is stronger than disidentification with WHPs. This study may be used to help organizations understand their members, enable workgroup leaders to better support PwDs, and create programs that are both inclusive and empowering of persons with disabilities.

Working Out Disability: Identification and Workplace Health Promotions

by

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This thesis was born out of my desire to better understand the experiences of persons with disabilities and to be a champion for accessibility and inclusion in the workplace. I am thankful for each participant who partnered with this research and am honored to have heard their stories and learned from their experiences.

CHAPTER ONE

Introduction

Health promotion, as defined by the World Health Organization is, "the process of enabling people to increase control over, and to improve their health" (*Health Promotion*, n.d.). Workplaces provide many rich examples of health promotion. Onsite recreation centers, fitness programs, healthier food choices, activity trackers, and health-related messaging are just a few of the ways that workplaces seek to improve the health and well-being of employees (Burke et al., 2017; James & Zoller, 2018; Rojatz et al., 2016; Zoller, 2003).

Workplace health promotions (WHPs) can also serve as opportunities for professionals to express their personal identities in the workplace (Dailey & Zhu, 2017). As seen in Dailey & Zhu's work, individuals may identify as a runner, vegan, or yoga enthusiast (2017). By participating in programs that focus on physical activity, healthy eating, or mindfulness, these individuals are not only able to express these identities in the workplace, but also have the support of the organization to do so (Dailey & Zhu, 2017). And as personal values and identities—in this case, those relating to health—align with organizational values and identities, organizational identification occurs (Cable & DeRue, 2002). This organizational identification, a sense of oneness or connection with the organization, can positively affect job satisfaction, retention, and employee productivity (Jensen, 2011; van Dick et al., 2004, 2008).

Although WHPs provide dynamic contexts for workers to identify with their organization, not all individuals will identify with WHPs in the same way. Some individuals may have interests that do not align with existing programs, while others may view programs as exclusive to a specific population (James & Zoller, 2018; Zoller, 2003). For example, one study found that implementing CrossFit as a WHP was divisive in terms of gender, and it was only after resistance and negative feedback from employees that the organization created fitness alternatives such as dance and yoga (James & Zoller, 2018). The way and extent to which individuals identify with WHPs is important to consider, given WHPs influence one's identification with the organization at large (Stephens et al., 2014) but can also violate employees' privacy, ethical, confidentiality, and cultural boundaries (Ford & Scheinfeld, 2016), thus stimulating a process of organizational disidentification. To explore this process of (dis)identification through WHPs, this study looks at a unique population of professionals: persons with disabilities (PwDs).

Disability permeates all aspects of life for many individuals and influences the way they experience the working world (Baldridge & Kulkarni, 2017; Santuzzi & Waltz, 2016; Uppal, 2005). For some, disability is nonapparent, requiring them to navigate hidden and visible selves and the decision of when and how to disclose this unique identity (Valeras, 2010). For others, visible disability is an inescapable sign of difference from coworkers and may result in discrimination and unwanted prying into personal matters (Buzzanell, 2003; Duff & Ferguson, 2011). This study seeks to explore how PwDs identify with WHPs and how their WHP identification occurs alongside their organizational identification.

The study of human experience as it relates to WHPs is incomplete, as extant WHP literature rarely mentions the 7.6 million employed Americans (18 years and older) with a disability (*Current Population Survey*, 2020; Lauer et al., 2020). Morris (1991) reminds us that "the representation and exploration of human experience is incomplete as long as disability is either missing from or misrepresented in all the forms that cultural representation takes" (p. 85). For many of these individuals, the workplace is a difficult environment, evidenced by the over 480,000 charges of discrimination filed at the national level with the EEOC over the past twenty-three years (U.S. Equal Employment Opportunity Commission, 2019). It is our responsibility as scholars to pursue a robust understanding of human experience and to shed light on attitudes and systems that might discriminate against others.

Practically, this study is important for human resources professionals and workgroup leaders (often referred to as middle-management). Study results will serve as a resource for human resources professionals in the assessment, planning, implementation, and evaluation of employee programs for a diverse set of employees and, hopefully, ensure inclusive and accessible WHPs (Rojatz et al., 2016). For workgroup leaders, this study serves as a reminder that their leadership plays an important role in shaping the organizational experience of PwDs, especially in cases where WHPs may not be accessible. Theoretically, this study affirms the structurational model of identification as a helpful framework through which to understand identity and organizational identification. This research also points to the usefulness of this theory in understanding programs or activities in the workplace and the way in which they influence one's organizational experience.

In the following paragraphs, I will review the literature on identity, identification, WHPs, and disability. In this literature review, the reader will find that PwDs face unique challenges in the workplace due to the nature of this identity, and that identification with the organization for which one works is related to the expression of identity in the workplace. I begin by outlining the theoretical framework used in this study.

CHAPTER TWO

Literature Review

Theoretical Framework

The theoretical framework for this study is Scott, Corman, and Cheney's structurational model of identification in organizations (C. R. Scott et al., 1998). This framework focuses on the duality of structure in identities and identification, the regionalization of identities, and situated activities as a means to explain one's (dis)identification with their organization. The three pieces of this theory will be outlined in the coming section, and, by using these as the lens through which to view this research, we will gain a unique understanding of how identities and identifications structure the organizational experience of PwDs and how contexts such as WHPs may enable or restrain certain identifications.

Duality of Structure

Identity, at its simplest of definitions, is the answer to the questions of who one is and how s/he should act (Cerulo, 1997) . Identity is defined as the distinct and enduring characteristics that make up the self (Czarniawska-Joerges, 1994). These characteristics may be visible or physical, but they also include core beliefs, norms, values, assumptions, habits, or preferences — abstract concepts that manifest themselves in communication and action. Identities may also be defined as structures, sets of rules and resources that can be drawn upon to make sense of and engage with the world (Giddens, 1984). They

are sources of meaning and, in many instances, provide individuals with a sense purpose in life (Sommer & Baumeister, 1998; Sveningsson & Alvesson, 2003).

Individuals draw on their identities to express *identification* with specific targets. Identification is defined as "the process of emerging identity. . . the forging, maintenance, and alteration of linkages between persons and groups" (Scott et al., 1998, p. 304) and the development of "self-images that are reconstituted in the organization's image and values" (Miller et al., 2000, p. 626). It is also a state or emotion, a feeling of oneness between one's self and another entity (Mael & Ashforth, 1992; Meisenbach & Kramer, 2014).

Scott, Corman, and Cheney, in their structurational model of identification, state that identity (resources that define who we are) and identification (feelings of, or behaviors communicating, attachment), while unique concepts, exist in a unique duality (Scott et al., 1998). This assertion is rooted in structurational theory, the process by which action both produces and is mediated by rules and resources available to the actor. Thus, the result of our actions today may be a resource that we draw upon in future interactions (Giddens, 1981).

In the identity-identification duality, identities are appropriated in the expression of identification, which then can reproduce or strengthen identities (1998). The following example illustrates this idea: I consider one of my identities to be that of university employee. I express my identification with this identity and the university by talking about the university, wearing school colors, attending sporting events, and making decisions based on "how a university employee is expected to act." All of these actions reinforce my identity as an employee and increases my sense of oneness with the

university. Identity then is both a resource for, and a product of, identification (Scott et al., 1998).

Regionalization of Identities and Situated Activities

Identification is not static: it can form, fluctuate, and be altogether lost (Hazel & Nurius, 1986). This is due to the fact that individuals (and organizations) have multiple identities which exist on a spectrum of salience and compatibility/conflict with one another (Scott et al., 1998). The compatibility of a person's or organization's multiple identities is constantly shifting due to changes in these identities, interactions with others, and one's context. Likewise, one's identification changes over time and is situationally dependent (Scott et al., 1998). One's organizational identification may change in degree from one situation to the next.

The structurational model of identification looks at situated activities (actions or experiences in a specific context) and the role they play in compatibility/conflict of identities. This theory states that "situated activities both enable and constrain identification…by influenc[ing] the identities that are appropriated and reproduced in identification" (Scott et al., 1998, p. 323). In an organizational context, this means that activities—which happen to be shaped by our various identifications and identities—can enable or restrain feelings of oneness or connectedness with the organization by inviting or inhibiting the expression of certain identities (Scott et al., 1998). Continuing with the example from the previous section, one might say that my identification as a university employee cannot be fully understood without considering the activities in which I participate. It is the activities I take part in that influence and define my identification

with the university, and it is my identification that influences the activities in which I participate.

Theoretical Framework in Context

Organizational identity, much like an individual's identity, is a collection of their beliefs and values (He & Brown, 2013) and is often understood best through members' emotional and bodily experience of that organization (Harquail & King, 2010). For organizations who place an emphasis on health, and where one's experience with the organization is defined by participation in health-related programs, it could be said that workplace health promotions (WHPs) are an expression of organization identity (James & Zoller, 2018; Röttger et al., 2017). Some employees may easily identify with these workplace health promotions—thereby experiencing increased identification with the organization at large—due to compatibility between their identity and the organization's (Dailey & Zhu, 2017).

The theoretical framework for this study states that "in the context of specific work activities, both routine and nonroutine, various identifications are reflected, formed, and evoked" (Scott et al., 1998, p. 327). The theory also states that the very same activity that enables identification for one individual can lead to disidentification for another (1998). In the case of WHPs, certain employees—such as those with a disability—may experience differing degrees of (dis)identification based on their degree of compatibility/conflict with organization's identity as expressed through the WHP. To better understand the experiences of PwDs as they relate to WHPs and identification, we turn our attention to both WHPs and disability.

Workplace Health Promotions

The conversation surrounding health is no longer a private, personal endeavor. As of 2013, around half of all employers in the United States were actively engaging their employees in these conversations, suggesting their participation in a variety of wellness initiatives or workplace health promotion (WHP) programs (Mattke et al., 2013). Defined as "effective workplace programs and policies [that] can reduce health risks and improve the quality of life for American workers" (*Workplace Health Model*, n.d.), WHPs are created and sustained for the benefit of both the employer and employee (Dailey et al., 2018; Hunnicutt, 2001; Zoller, 2003). They can take the form of health education, fitness programs, recreation centers, lifestyle management, health information screening, competitive sports, and a variety of incentive programs (Farrell & Geist-Martin, 2005; Geist-Martin et al., 2003; Hunnicutt, 2001; Jensen, 2011; Zoller, 2003).

Past studies have found that WHPs can increase physical activity (Conn et al., 2009) and positively influence the diet of employees who participate (Maes et al., 2012). The competitive and social nature of many WHPs has shown to create a stronger sense of connection among coworkers and feelings of personal accomplishment (Quick et al., 2015). Participants in Quick and colleague's (2015) study expressed that they were proud of the weight they lost by taking the stairs instead of the elevator, saw an increase in muscle tone, and had fun in the process. In some cases, these feelings lead to increased job satisfaction (Parks & Steelman, 2008).

Workplace health promotions also provide an opportunity for employees to express their personal identities in the workplace (Dailey & Zhu, 2017). These identities may be athletic or health-conscious in nature, such as runner, vegan, or yoga enthusiast

(to name a few). As stated earlier in the literature review, Scott, Corman, and Cheney (1998) describe identities as structures that exist on a spectrum of compatibility and conflict with one another. Individuals draw on these structures to express identification with a specific target. In this case, one target of identification is the organization. As workplace and individual identities overlap and become more compatible due to participation in WHPs, individuals' identification with the organization—their "feeling of oneness with [the] larger collective" (Scott & Stephens, 2009, p. 371)—increases (Dailey & Zhu, 2017).

Organizations can benefit from WHPs just as much as employees. One result of a stronger relationship between employer and employee is decreased turnover, a major benefit, given the financial and operational burdens faced when attrition rates are high (DeJoy & Wilson, 2003; Scott et al., 1999). Healthier employees are also more present and productive (Conn et al., 2009; Kuoppala et al., 2008). These benefits, along with others such as lower health insurance costs and fewer on-site injuries are, some argue, the main reason workplace health promotions exist (DeJoy & Wilson, 2003). As Dailey and colleagues put it, "they make sense for an organization's bottom line" (2018, p. 614). Still, as discussed below, WHPs, and their implementation and use, have also been a site for criticism by academic researchers and practitioners.

While there are benefits to be found in workplace health promotions, there are also aspects of these programs that have led to concern and criticism among scholars and employees of organizations with WHPs. The challenge facing many workplace health promotions is that they are fraught with tension (Tang et al., 2016). Employees at organizations with WHPs can be confused by the goals of the organization, encountering

several lingering questions, such as "*Do they want me to become a better employee or a better person?ò and ñAm I here to work or am I here for wellness?ò* (Dailey et al., 2018). They may experience tension in the workplace when those who participate judge or mock those who do not (Zoller, 2003). And for others, workplace health promotions can act as a felt reminder that they simply do not fit the parameters of an ideal, "healthy" employee (James & Zoller, 2018).

Ford and Scheinfeld (2016) describe workplace health promotions as the overstep of organizations into the personal, and what many assume would be confidential, lives of their employees. Many WHPs require information from employees on their sexuality and sexual activity, such as the mandatory health screening administered by CVS to its employees (Murno, 2014). Other programs are structured around athletic competitions that may be difficult for individuals with underlying medical conditions (Kirby & Buzzanell, 2014). These programs can elicit feelings of unease, embarrassment, or fear in employees who may not want others to become aware of such personal information or who prefer to disclose this information on their own terms (Farrell & Geist-Martin, 2005).

Tensions build when workplace health promotions require individuals to give up control of personal information, yet simultaneously encourage employees to take control of their health. Scholars have described WHPs as sites where the burden of health is placed solely on the individual and removed from the organization or work environment (i.e., cases of injury, illness, stress, or burnout)(Dale & Burrell, 2014; Zoller, 2003). WHPs often depict health as a product of workers' own actions rather than the environment or system they work within (Ford & Scheinfeld, 2016).

Serving as yet another point of tension, participation in workplace heath promotions is often mandated or strongly encouraged (James & Zoller, 2018), but the programs themselves are not designed for participation by all individuals. As examples, many employees express frustration over workout spaces and programming that cater to the needs or interests of male employees (Zoller, 2004). Some organizations have been accused of failing to address the LGBTQ community in their health policies, provided benefits, and programming (Ford & Scheinfeld, 2016). And many WHPs are centered around physical activity—lifting, pushing, walking, running—that may be difficult or impossible for PwDs.

Concerns and criticisms such as these can lead to employee avoidance, resentment, or resistance of WHPs (James & Zoller, 2018; Zoller, 2003), thus directly opposing the stated intent of the programs to improve the quality of workers' lives. And yet, sometimes organizations fail to evaluate their programs (Mattke et al., 2013). If organizations take a critical look at their WHPs and listen to their members, they may find that their programs do not account for differences in sexual orientation or gender, but also fail to account for disability (Cook et al., 2016; Ford & Scheinfeld, 2016; Harrison & Lazard, 2015).

Disability

When it comes to defining disability, three contrasting models have received the most attention over the past few decades: the *medical, social, and affirmation models* (Shakespeare, 2006; Smart, 2009; Smart & Smart, 2006; Swain & French, 2000). Each model provides a definition and a framework for understanding where disability comes from and how able-bodied individuals and society at large should respond to disability

(Dirth & Branscombe, 2017). As discussed in forthcoming sections, these models are important because they shape how persons with disabilities (PwDs) experience the world and themselves (2017).

The *medical model* defines disability as a medical condition or impairment in need of treatment or rehabilitation (Smart, 2009; Smart & Smart, 2006). In 1980, the WHO stated that "disability is caused by disease, injury, or other health conditions. Persons with any impairment are therefore considered to have a disability, regardless of whether their impairment is associated with limitations in their daily lives" (*WHO Classification of Impairments, Disabilities and Handicaps*, 1980). Scholars argue that this model is focused on the individual as a victim of their functional limitations and defines them by their deficiencies or difference from the norm (Barnes & Mercer, 2005). This model has led to views of PwDs as defective or inferior and has been touted as a reason for stigma and discrimination of disability (Dirth & Branscombe, 2017; Wade & de Jong, 2000).

Whereas the medical model defines disability in terms of the individual, the second, *social model* "externalizes the disability, locating the source of 'difficulty' in a person's environment and social sphere rather than in the person/diagnosis" (Dirth & Branscombe, 2017, p. 415). This model turns the focus outward from the individual towards the environmental barriers and negative attitudes that result in exclusion of PwDs (Barnes & Mercer, 2005).

These barriers, not a diagnosis or condition, create disability (Shakespeare & Watson, 2001). The lack of a ramp or elevator into a building creates disability for certain people who may seek entrance into that building. Inaccessible education, communication

systems, or transportation are responsible for individuals' disability to learn, communicate or travel. Workplace health promotions that do not consider the abilities or needs of certain individuals may create disability as it pertains to pursuing a healthier lifestyle. This definition liberates individuals with impairments from the feeling that they are responsible for what they cannot do or the difficulty they experience navigating society and places responsibility on others to ensure equal access in all parts of society (Barnes, 2003; Tregaskis, 2002). It considers PwDs a minority group that has been marginalized, and focuses on equality as a civil rights issue that requires solutions at a collective, organizational, and societal level (Anspach, 1979; Hahn, 1985; Putnam, 2005).

The final model of disability is the affirmative model, which builds on "the liberatory imperative" of the social model and pushes back against themes of personal tragedy or disability as solely physical (Swain & French, 2000). This framework through which to understand disability (Michael, 1996) is described as "essentially a non-tragic view of disability and impairment which encompasses positive social identities, both individual and collective, for disabled people grounded in the benefits of lifestyle of being impaired and disabled" (Swain & French, 2000, p. 369). Swain and French argue that living with a disability can be valuable, interesting, and satisfying (2000). The goal of this model is not to ignore or deny the challenges or negative experiences associated with disability though; rather, this model seeks to affirm the uniqueness of PwDs and help them challenge presumptions about themselves and their place in this world. These three models serve as a reminder that disability, as a definition and as a lived experience, is multi-faceted and ever changing (Ferris, 2009). The following section highlights the

multi-faceted nature of disability and the challenges that many PwDs face, both internally and in their interactions with others.

Hypervisibility and Invisibility

Disability is personal, a lens through which one attempts to make meaning of self in the world (Johnstone, 2004), as well as communal, expressed through association with and a sense of belonging among the disability community (Dunn & Burcaw, 2013). In keeping with the social model, which views disability as the result of one's environment, disability is often fluid, varying across time and context (Forber-Pratt & Zape, 2017). Additionally, disability is unique in that, for some individuals, it seems to supersede all other identities, while for others, it remains an optional identity to express if they so choose (Valeras, 2010).

Julie-Ann Scott says that, "Disablement allows us socially and viscerally to be hyperaware that at no time is the body not facilitating who we are and how we experience the world" (2012, p. 106). To be disabled is to struggle with the reality that identities performed are always influenced (and may be overshadowed) by embodied identities (Scott, 2012). One might perform their identity as a woman or accountant through certain behaviors, emotional displays, or etiquettes, but these are all dependent upon and facilitated through the body (Brown, 2017). When this body is seen as atypical, it—and not the identities that are being performed—may become the focus of others' attention. In Buzzanell's (2003) study of a woman with a disability, she found that it took pregnancy—a reminder "that she also had the same body as other women"—for people to pay attention to her, to engage her in conversation, and to treat her as more than a disability and her wheelchair (p. 59).

Disabled workers have expressed feelings of being surveilled by other workers, who are looking for evidence of their humanity, and frustration at personal questions asked to satisfy the curiosity of others (Braithwaite & Japp, 2005; Brueggemann, 2002). Others strive

> to look as if I were not doing the disability thing…I have noted well the stigma and fear and loathing and curiosity and staring and general perplexity that hazes over a room when a disabled person visibly enters (Brueggemann, 2001, p. 814).

This fear and perplexity is often too much for able-bodied workers to handle, the result being that they ignore or marginalize PwDs (Thomson, 1997).

Not all disabilities are visible though. Epilepsy, auditory impairments, and asthma are just a few examples of invisible disabilities, those that are "hidden so as not to be immediately noticed by an observer except under unusual circumstances or by disclosure from the disabled person or other outside source" (Matthews, 1994, p.7). Individuals that fall into this category lack visible signifiers which help communicate this part of their identity. Because of this, they are often torn between the decision to disclose their disability or to "pass," to give others the impression that they do not have a disability (Ginsberg, 1996; Valeras, 2010). In this way, their disabilities are socially constructed and emerge through communication.

This decision making process is constant, with each interaction requiring PwDs to determine whether "to display or not to display; to tell or not to tell; to let on or not to let on; to lie or not to lie; and in each case, to whom, how, when, and where" (Goffman, 1963, p. 57). One young man, who cannot walk due to hemophilia, expressed his desire for a visible identifier that would save him from this constant decision making, saying, "I'd rather have my legs cut off so people could see it" (Park, 2000, p. 445). Individuals

with invisible disabilities express a host of other unique challenges as well, such as the pressure to conform to a predominantly abled society, the desire to express a part of their identity but fear that they may not be accepted, gratitude that they are able to pass as abled, guilt for identifying as disabled, and assumptions that accommodations are not for them (Valeras, 2010).

Disability cannot be defined by one set up descriptors, experiences, or emotions. However, there is a common thread that runs through much of the disability literature: the fear or experience of stigmatization and discrimination. Therefore, in the following sections, I explore policy that addresses disability discrimination, disablism, and insight for the workplace moving forward.

Americans with Disabilities Act

The Americans with Disabilities Act (ADA) is a comprehensive civil rights bill that "prohibits discrimination and guarantees that people with disabilities have the same opportunities as everyone else to participate in the mainstream of American life" (*Introduction to the ADA*, n.d.). One major focus of the act is employment, the goal being to increase job opportunities for PwDs, ensure equal opportunity and access to roles previously inaccessible, and provide accommodations in the workplace (DeLeire, 2000). Hailed as the "final proclamation that the disabled will never again be excluded" by Senator John McCain, the signing of the ADA was certainly a pivotal point in history for Americans with disabilities (136 Cong. Rec. S9684, 1990).

The ADA ushered in positive change for PwDs. Titles II and III set standards of accessible design for remodeled and newly constructed government and commercial facilities, public places, recreation facilities and more (Department of Justice, 2010).

Major corporations like 3M, Salesforce, Ernst & Young, and Facebook have disability hiring initiatives, and are benchmarked using the Disability Equality Index each year (*Disability Equality Index*, 2020). Some organizations have created disability-focused employer resource groups, such as Ability at AT&T, to foster community and "culture[s] of understanding, awareness, advancement and advocacy" (*Ability ERG*, 2020). And since 1990, there is legislation to lean on in cases of discrimination.

It is important to note that the existence of policy does not mean people will abide by it or that it will change the attitudes and perceptions of others. In their twenty-five-year retrospect of the ADA, Gould et al. (2015) argue that "knowledge of the ADA does not translate into changing attitudes about hiring people with disabilities." Job applicants are often met with the assumption that disability equals suboptimal job performance or inefficiency and, regardless of education level, are often placed in low paying roles (Santuzzi & Waltz, 2016; Sundar et al., 2018). Fear of accessibility costs keep some employers from pursuing candidates with disabilities (Duff & Ferguson, 2011; Sundar et al., 2018). Lastly, some employers are motivated by a belief in the ideal worker as one whose body is abled and "trouble free" (Duff & Ferguson, 2011; Kirton & Greene, 2015, p. 59).

Stigma, Disablism, and A Way Forward

These negative perceptions and the devaluation of those who deviate from social or societal norms is known as stigma (Chaudoir & Quinn, 2010; Pelleboer-Gunnink et al., 2020). It is this fear of stigma that keeps many individuals from disclosing their disability and seeking accommodations in the workplace (Buzzanell, 2003; Chaudoir & Quinn, 2010; Gould et al., 2015; Madera et al., 2012). This fear is not unsubstantiated though. In

many cases, stigma (which is primarily attitudinal) leads to disablism, the "discriminatory, oppressive, or abusive behaviors arising from the belief that disabled people are inferior to others" (Miller et al., 2004, p. 9).

While examples of stigma and disablism have been outlined in the literature review, it is important to note that these exist on both an individual and structural level (Dirth & Branscombe, 2017). At the individual level, this might look like everything from an inappropriate joke to passing someone up for a promotion because they are disabled to acts of violence. Structurally, disablism might be a workplace policy or program that fails to consider or actively excludes a person with a disability. Dirth and Branscombe (2017) express concern that many individuals fail to see disablism beyond the individual level. The reason, they argue, is two-fold: first, it is a product of the medical model which places all of the focus on the individual and their body, and second, it is a way to exonerate themselves from the shared responsibility that comes with structural discrimination.

Although these findings can be troubling, especially for PwDs and their advocates, organizational programs, policies, and people can intentionally and carefully work to create social support and positive experiences for PwDs (Hagner et al., 2015; Phillips et al., 2016). This begins with dominant group members' understanding of disability. For example, one study found that recognition of structural discrimination can lead to support of policy on behalf of PwDs and a more accurate understanding of their lived experiences (Dirth & Branscombe, 2017).

The workplace experience of PwDs is positively impacted when their able-bodied coworkers and supervisors gain a more robust understanding of disability and express

support for them (Dirth & Branscombe, 2017; Sundar & Brucker, 2019). This may include increased job satisfaction, higher rates of participation in events and activities, higher self-esteem and satisfaction with life, lower anxiety, and stronger identification with the organization (Bogart, 2014, 2015; Cook et al., 2016; Dailey & Zhu, 2017; Nario-Redmond et al., 2013; Sundar et al., 2018).

By bringing potential examples of structural disablism to light and offering a better understanding of how PwDs experience WHPs, the current study can act as a resource and catalyst for change, so that the positive experiences and emotions listed above are a reality for more individuals in the workplace.

Disability Scholarship

Literature on disability over the past decade covers a broad range of topics: sports and masculinity (Lindemann & Cherney, 2008), literature and art (Derby & Karr, 2015; Hall, 2016; Michals & McTiernan, 2018), technology (Goggin, 2019), higher education (Langørgen & Magnus, 2018), romantic and non-romantic relationships (Canary, 2008; Faw & Leustek, 2015; Liddiard, 2014; Nemeth, 2000; Nieweglowski & Sheehan, 2017), and body image (Calder-Dawe et al., 2020; Heiss, 2011). Scholarship is often intersectional, exemplified in articles that focus on disability and its relationship to race, gender, and sexuality (Banks, 2015, 2018; O'Donovan, 2013; Petersen, 2006).

Past scholarship published in *Disability & Health*, provides insight into the organizational experience of PwDs as it relates to workplace health promotions. Cook, Foley, and Semeah (2016) surveyed eighty-six people with physical, cognitive, and emotional disabilities in full-time and part-time roles to find out what types of health programs are available to them as employees, in addition to the reasons they do or do not

participate in these programs. Their survey, the Access to Worksite Wellness Survey for Employees with Disabilities (AWWSED), was then analyzed using descriptive statistics and regression modeling (Cook et al., 2016). They found that awareness (of programs and accessibility), cost, and time were barriers to participation, and that healthy and supportive colleagues led to increased participation. Their study provides insight into the experience of PwDs as it relates to workplace health promotions, and will be explored further in the present study with a methodology that allows for more detailed and nuanced responses from participants which may lead to more robust insight on this topic. More importantly though, the current research will look at how (dis)identification with existing WHPs impacts the way individuals connect to the organization at large. To better understand the experiences of PwDs as they relate to workplace health promotions and identification, and to provide organizations with a better understanding of program outcomes, I pose the following two research questions:

RQ1: How do persons with disabilities (dis)identify with workplace health promotions?

RQ2: In what ways do workplace health promotions enable or restrain organizational identification for persons with disabilities?

CHAPTER THREE

Methodology

This research explored the experience of persons with disabilities in the workplace. Specifically, this research looked at workplace health promotions (WHPs), the ways in which individuals (dis)identified with them, and the ways in which individuals identified with their organizations at large. A qualitative, inductive approach was taken to (a) allow for nuanced participant responses, (b) explore the WPH programs and disability without speculation or presumption, and (c) remain open to all responses (Kvale, 1996).

In this section, I describe my participant selection and methods used in data collection and analysis. I begin by describing the participants in this study and the way in which they were recruited. Second, I describe my position as the researcher, the benefits and challenges of this position, and how it connects to the methods used. Lastly, I describe in detail the methods used in both data collection and data analysis.

Research Context

The Americans with Disabilities Act As Amended defines disability "with respect to the individual" as "a physical or mental impairment that substantially limits one or more major life activities of such individual; a record of such an impairment; or being regarded as having such an impairment" (Americans with Disabilities Act of 1990, As Amended, 2009). While this definition falls within the medical model of disability, it was helpful as a guideline for participant recruitment, given that it is broad enough to include

disabilities that are apparent due to the presence of a wheelchair, cane, or hearing aid as well as those that are often non-apparent such as asthma, Crohn's disease, fibromyalgia, and visual or auditory impairments.

As a requirement for inclusion, participants in this study were full-time employees at organizations with existing WHP programs, programs that specifically encourage physical wellness (Zoller, 2003). Given the unique criteria required to participate in this study, purposeful sampling was conducted using a combination of critical instance and snowball sampling plans (Tracy, 2020). Starting with personal connections, I reached out to three individuals who I knew had disabilities, all of whom were willing to participate in this study. One of these individuals introduced me to a personal connection who was willing to participate as well. Another participant was introduced to me by an acquaintance who heard about my research.

I then reached out to professional connections in human resources and accessibility roles. While many individuals were kind enough to learn about the research, they were often unresponsive after the initial conversation. In some cases, I received confirmation that companies were interested in this research months after outreach, once I had ceased collecting data. Another challenge was that human resources professionals cannot legally disclose the names of employees with disabilities, and many were even hesitant to even pass information of this study along to others.

Ultimately, I turned to individuals who worked with benefits and found recruiting success by framing this study as a benefit to the work they do. Using keyword searches on the social networking platform Linkedin, I found and then messaged countless individuals with the request to learn more about their programs and share research that

could support their WHPs. It was through these individuals that I was able to connect with the majority of my study participants.

All prospective participants were emailed a recruitment message outlining the purpose of my research, their role should they choose to participate, and a consent form. Once they agreed to take part in this study, an interview date and time was sent via email.

Twelve individuals participated in this study, seven males and five females. All individuals have physical disabilities, though they vary in type. Six individuals have nonapparent or invisible disabilities ranging from spina bifida to Type 1 diabetes. The remaining six individuals have disabilities that are seen in their confinement to a wheelchair, absence of limbs, or involuntary body movements. Four participants were born with their disabilities, one was diagnosed in early childhood, and the remaining seven participants did not experience disability—either due to a traumatic accident or disease—until adulthood.

All participants are working professionals between the ages of 23 to 57. Industries represented by these participants were quite diverse, including aerospace, government, tech, higher education, healthcare, IT, construction, telecommunications, and scientific research. Each organization has a workplace health promotion, though they vary in design. Consistent with many examples in WHP literature, a few of the participants worked for organizations with onsite gyms and fitness classes. Others' organizations focused on health eating, walking instead of using the elevator, regular BMI checks, organization-wide 5K runs, and incentive programs with cash prizes. It is evident by the wide array of offerings among even a small sample size that the definition of a workplace health promotion is indeed broad (*Workplace Health Promotion*, n.d.).

Author Positionality

I am interested in the experiences of PwDs in part because I have lived with one for most of my life. The vision in my "good" eye fluctuates from 20/250 to 20/400, designating me as legally blind by the state of Texas (*Vision*, n.d.). This non-apparent disability has affected the way I navigate the world around me, from relationships to education to work to transportation. As I read articles on the topic of disability, I found myself resonating with many of the participants in various studies and the personal reflections of certain authors: I have experienced first-hand the internal struggle of whether or not to disclose my disability, the fear that others may see me as nothing more than a person with limited vision, and frustration due to things I cannot do or have difficulty doing.

Tracy, in her study on emotional labor and cruise ship employees, shows that there is value in sharing experiences with one's participants, and that the understanding gained through shared experience can lead to valuable insights (Tracy, 2000). In a similar fashion, I believe my disability was an advantage as a researcher, allowing me to connect on a unique level with participants and create an interview environment where they felt comfortable sharing their experiences and feelings. I briefly shared my history with disability at the start of each interview and explained to each participant that this research interest is born out of my own lived experience and the challenges I have faced. It is these challenges that allowed me to respond genuinely and to empathize with my participants. However, I recognize that being a researcher with a disability in this context is not without its challenges. I was mindful that my experience of disability is not the only experience. My struggles are not universal, nor are the ways that I have processed and

come to understand my own disability. Keeping these truths in mind throughout the process, especially in data analysis, was imperative in order to create scholarship that is honest and honoring of my participants.

Data Collection Procedures

Medium

Participants were given the option of conducting their interviews over the phone or via Zoom, a video conferencing tool that can record both audio and video conversations. All participants chose video conferencing for their interview, though one requested to keep their camera turned off. Zoom was chosen as the medium for the interview for three reasons. First, face-to-face interactions were not practical, given the fact that many participants lived out-of-state. Second, data collection took place during the COVID-19 health pandemic, a time when social distancing and reduced human contact were strongly encouraged. Third, it was the alternative most similar to face-to-face interactions. Face-to-face interactions give the sense of a natural encounter and are useful in building rapport with a stranger (Gillham, 2005; Shuy, 2003). Face-to-face interactions also allow for cues—such as facial expressions, posture, inflection, tone, and rate of speaking—that can provide additional meaning (Fielding & Thomas, 2008; Gillham, 2005). Finally, Zoom was chosen based on its widespread use as a free tool for connecting with colleagues, family, and friends.

Obtaining Consent and Ensuring Confidentiality

At the start of each interview, participants were asked to review the form of consent if they had not replied via email prior to the interview. Participants were then

reminded that this research is independent of their respective organization and were assured of anonymity and confidentiality. Where confidentiality is concerned, I changed names of individuals, organizations, and locations in all final pieces of scholarship. I have also been careful not to provide contextual information in the coming sections that may give away the identity of participants who desire to remain anonymous.

Interviews

Data was collected through semi-structured interviews with participants (Wengraf, 2001). All interviews were conducted using the same interview guide (see Appendix A), but the semi-structured nature allowed for further exploration and discussion of topics as they emerged (Stewart & Cash, 2013). Semi-structured interviews are also common in disability literature (Cardillo, 2010; Dunn & Burcaw, 2013; Forber-Pratt & Zape, 2017; Lindemann & Cherney, 2008; Scott, 2012; Valeras, 2010). This form of data collection is particularly appropriate for understanding the complex experience of PwDs because it allows for more compelling, nuanced, and detailed responses (Block & Weatherford, 2013; Do & Geist, 2000; Sparkes, 2002).

Interviews began with informal dialogue to build rapport and questions that the participant could easily answer, such as where they work and what they do for a living (Kornbluh, 2015). Once I judged that the participant was comfortable answering questions, I introduced questions that address their disability and workplace health promotions within their organization. To better understand each participant, I asked about their experience as a working professional with a disability. I also asked if they perceive their pursuit of healthy living as different than or similar to someone without a disability

like theirs and how or if this pursuit is facilitated through WHPs. Additional questions can be found in the interview guide (Appendix A).

One concern at the outset of this study was social desirability bias, "the tendency to present oneself and one's social context in a way that is perceived to be socially acceptable, but not wholly reflective of one's reality" (Bergen & Labonté, 2020). This bias occurs most often in research where a participant finds the subject to be particularly sensitive and in contexts where specific attitudes or beliefs are viewed as the norm (Grimm, 2010). In order to mitigate social desirability bias, I employed some of the techniques outlined in Bergen and Labonté's (2020) work on the subject, such as asking follow-up questions and ensuring hesitant participants that their opinions and experiences are not wrong.

Sampling and interviews continued until I reached a point of theoretical saturation, where no new information or themes emerged from the transcribed interviews (Creswell, 2007). In total, eight hours and 14 minutes worth of interviews were conducted, for a total of 178 pages of transcribed data. The average interview length was 41 minutes and 11 seconds, with the shortest coming in at 32 minutes and 22 seconds and the longest being 56 minutes and 56 seconds.

Data Analysis Procedures

Eight-plus hours of audio-recorded interviews were transcribed via a transcription service, Temi. Recordings and transcriptions were both stored on a password-protected computer, and all participants were assigned a pseudonym, both in the final report and all existing documentation, to ensure confidentiality.

All transcriptions were reviewed alongside the recordings for inconsistencies or mistakes. I also ensured that the transcriptions were typed in such a way as to remain true to the tempo and emotion of the original speaker (Braun & Clarke, 2006).

Thematic Analysis

During each interview, I made memos in a small journal. These memos—often consisting of a word, phrase, or question to myself—served as records of my developing ideas (Glaser, 1998). By writing down the elapsed interview time next to each memo, I was able to tie ideas to specific moments in the interview and recall them days or weeks later **(**Glaser, 1998**)**. Many of these memos developed into codes during the process of analysis once data collection was complete.

Transcribed data was analyzed qualitatively through thematic analysis, a method "for identifying, analyzing and reporting patterns (themes) in the data" (Braun & Clarke, 2006, p. 79). An inductive approach to this method was taken, whereby I did not code with the intention of fitting data into pre-existing codes or preconceptions, but rather sought to let the data drive my analysis (2006, p. 83).

I began the first phase of thematic analysis (Braun & Clarke, 2006) and immersed myself in the in the data, familiarizing myself through reading, rereading, and "marinating in the data, jotting down reflections and hunches, but reserving judgment" (Tracy, 2013, p. 188). Once I read and reread the transcripts, I moved on to the second phase. The second phase in the process involved generating initial codes—searching for "the most basic segment…of the raw data or information that can be assessed in a meaningful way…" (Boyatzis, 1998, p. 63)— after familiarizing myself with the data. I manually coded data using Microsoft Excel, organizing all data into sixty-one primary

codes. A master list of codes, which contained inclusion criteria and examples for each code, was kept throughout the process. The following sentence was listed underneath the initial code Programs Inaccessible:

> Most of the programs that they advertise and make available don't really work out for me. There'll be some kind of exercise program or different things, and I think they even had a watch thing and an app that was going to be on the watch. Well, I downloaded it and it was all either walking or running.

The inclusion criteria for this code was: "Participant expresses an inability to participate due to the design of WHP and physical limitation." The participant is unable to use the app because it was designed for those who can walk and did not have an option for wheelchair workouts. Another code was Managerial Support, which had the inclusion criteria of "Participant explicitly, positively mentions manager (or supervisor) and/or their interactions with one another." Alexandra provides us with an example:

> My boss gives me a lot of leeway when it comes to needing to take my time or even not come in on short notice due to flare ups of pain. I'm free to set my own schedule for the most part, as long as I reach our monthly goals.

While the sentence is focused on the schedule, it is the manager who provides the leeway for this participant to arrive and leave when needed.

Once all of the data had been reviewed and coded, I moved on to the third phase in the process: sorting the codes into potential themes based on underlying ideas, a process not dissimilar to axial coding, described by Tracy as "grouping together various codes under one hierarchical 'umbrella' category that makes sense" (Tracy, 2013, p. 195). Codes such as *cohesiveness, managerial support* (given as an example in the previous paragraph)*, and workgroup* were collapsed into one theme based on the underlying idea of *workgroup connectedness*. Each code existed in its own column in Excel, with data extracts below it in separate cells. These columns were grouped together

and color-coded under the theme of *workgroup connectedness*. This process resulted in all but seven codes being grouped into twelve initial themes.

The twelve initial themes were reviewed against one another and collapsed into three main themes, each of which "captures something important about the data in relation to the research question and represents some level of patterned response or meaning within the data set" (Braun & Clarke, 2006, p. 82). Themes like *workgroup connectedness* and *employer seeks understanding* were both filled with examples of participants expressing closeness to their workgroup and their workgroup valuing who they are (and the things they value). These were combined to form a larger theme of *workgroup identification.* After coding the interviews, grouping codes based on themes, and collapsing themes into larger or main themes, I moved on to the fourth phase of the process: reading all of the data extracts under each theme to ensure that they formed a coherent pattern and a reviewing the themes in relation to the entire data set. Once I confirmed my three themes, I began the process of defining and explaining the heart of each theme and how it fits into the larger narrative of my research.

Author Stance

Describing the data collection and analysis process in this methods section is critical to establishing credibility as a qualitative researcher and ensuring accurate findings and interpretation of the data. While qualitative research is somewhat subjective, I used the practice of member reflections to share my findings with participants and ask for their insight (Tracy, 2020). James Charlton, author and disability rights activist, once said, "Nothing about us without us" (Charlton, 1998). His life's work is fighting for the inclusion of people with disabilities in the creation of policies or programs that impact

their lives and research conducted about them. Wanting to honor this statement and the work of Charlton and others, each participant received a copy of emerging findings based on all conducted interviews. Participants had the opportunity to respond to my analysis, provide clarification, and point out problems with my research (Tracy, 2020). This process is called member checking, and it is used to "[establish] a strong beachhead toward convincing readers and critics of the authenticity of the work" (Lincoln & Guba, 1985, p. 315). Although I hoped to provide a summary of findings that resonated with each individual participant and their specific experience, discussion and analysis portrayed themes common to the majority of participants (Corbin & Strauss, 2018).

CHAPTER FOUR

Findings

Introduction

Thematic analysis of twelve interviews resulted in three main themes: *physical inability, program design,* and *workgroup identification*. The first research question looked at how persons with disabilities (PwDs) (dis)identify with workplace health promotions (WHPs). The second research question asked about the ways in which WHPs foster or impede organizational identification for PwDs. The findings of this study have revealed that, as it relates to RQ1, PwDs disidentify with most WHPs by not participating, which is due to physical inability and program design. Concerning RQ2, disidentification with WHPs did not primarily restrain organizational identification. This was unexpected: given that identification with WHPs resulted in stronger organizational identification in previous research (Dailey & Zhu, 2017), the opposite was assumed. However, the results are due to the existence of strong workgroup identification. Using examples and excerpts from the interviews, the themes listed here are showcased and explained in the next section.

Research Question 1: Disidentification with Workplace Health Promotions

Scott, Corman, and Cheney (1998) state that "activities influence the identities that are appropriated and reproduced in identification" (p.321). It is through activities that identification with certain targets (such as an organization) are either enabled or constrained (1998). Research Question 1 asked the question, "How do persons with

disabilities (dis)identify with workplace health promotions?" The data collected and analyzed shows that persons with disabilities (PwDs) primarily disidentify with workplace health promotions (WHPs) by not participating, which is due to physical inability and program design. This disidentification will be explored in the upcoming section.

Emergence of Disidentification in this Study

Workplace health promotions at participants' organizations consisted of mobile apps to track steps, healthy lunches, onsite gyms or fitness classes, programs that encouraged taking the stairs, programs that encouraged hydration and spending time outdoors, office-wide 5K races, mandatory health screenings, and incentive programs with monetary rewards for all types of physical activity (from swimming to cleaning the house). While the majority of participants do not participate, it is worth noting that two individuals took part in their WHPs. Jordan, an IT professional, says, "We all do 5Ks together (though I have to walk), everyone eats the healthy lunches together, and we pitch into the filtered water dispenser fund." Some incentive programs, like the one at Audrey's medical practice, allow her to participate even with her T6 spinal cord injury. "You could put in your own options [for physical activity]…like swimming, which I do a lot of in the summer. I do have a hand bike that I use a lot too, so I could do that. But they didn't have any wheelchair specific things on the list." The flexible nature and low barrier to entry and participation in both of these programs resulted in increased activity, healthier diet, and feelings of connection with peers, which is consistent with previous research (Conn et al., 2009; Maes et al., 2012; Quick et al., 2015). However, conversation about participation is still marked by disability ("though I have to walk" and "they didn't

have any wheelchair specific things on the list"). These comments are a reminder that disability is an ever-present consideration and influence (Scott, 2012) and that participation may not equal full identification with a program.

The majority of participants did not identify with WHPs and did not participate. Disidentification was due to two reasons: program design and physical inability. These two reasons are closely related and at times difficult to completely separate from one another. To understand why this is the case, it is helpful to remember the two long-standing models of disability which were discussed in the literature review: the medical and social models. The medical model of disability explains disability as primarily physical, the way in which an individual's makeup deviates from the norm (Barnes & Mercer, 2005). The social model of disability "externalizes the disability, locating the source of 'difficulty' in a person's environment and social sphere rather than in the person/diagnosis" (Dirth & Branscombe, 2017, p. 415). It is easy to place these two models at odds with one another, but the social model of disability would not be needed if individuals did not have a need based on some sort of physical characteristic. In a similar fashion, program design is an issue because of physical inability and physical inability is an issue because of the way programs were designed. For this reason, I talk about these two themes as one theme in the following section.

Theme 1: Physical Inability and Program Design

Matt and Olivia explained well the logistics of living with a disability and their frustration with program design. "Most people can go to the gym and work out and only focus on that. But I'm constantly having to look at what my blood sugar is at and see if I need to drink a Gatorade or exercise," says Olivia. This constant checking makes it

difficult to participate in group classes or take part in workouts that require intense focus. Matt explained the logistical challenges that face individuals with a wheelchair:

> "The logistics of going in and changing my clothes, getting into workout gloves, working out, and then, going and getting in the shower... I can do all of those things, but, if you're in a corporate environment and you only have an hour for lunch, you can dress down, go work out, fly into the shower and dress back up again in 45 minutes to an hour. That's very difficult to do because it's harder for me to change clothes. It's harder. Everything that is necessary to do you're able to do, it's just more complex and takes longer. That's always a consideration...it's two hours. It's two hours in a day to do that."

The exasperation was evident in his tone and in the punctuated, repeated words of "It's harder…it's harder." and "It's two hours. It's two hours in a day…" What is interesting about both of these experiences, especially Matt's, is that both individuals *can* workout. Olivia needs time to rest or workout longer, and Matt needs more time to change clothes and shower, but the activities are possible. It is the way these activities are situated within time that has created frustration and has, ultimately, led to disidentification with them.

Some participants attempted to participate in WHPs, only to find that they were not spaces that were accessible. After expressing his frustration about the time it takes to workout during the day, Matt shared that he was excited when he found out that his company would provide him an activity tracker and mobile application so that he could work out on his own time. Unfortunately, the application his company uses does not have a way to track his movement: "Most of the programs that they advertise and make available don't really work out for me…they even had a watch thing and an app that was going to be on the watch. Well, I downloaded it and it was all either walking or running." In this case, the organization chose and promoted a platform that was not designed with PwDs in mind.

Some, like Alyssa, attempted to take part in yoga classes similar to ones that she had previously participated in at home. This only resulted in frustration:

> Even that can be a challenge because my body can't physically bend the same way. One time I…couldn't do it correctly. One of the instructors kept trying to help me and I said, 'No, just let me adapt it to make it work for me.' …if I'm going to work out, I just want to work out.

Alyssa's organization offered a WHP opportunity that she initially identified with, as it was an activity that she already took part in. However, the instructor's desire for her to participate in a specific way, one that was difficult due to her disability, resulted in disidentification with the WHP.

One participant in this study—Sam, whose movements are confined due to early-onset arthritis—found that there were no fitness class options that she could participate in and, unlike Audrey, no options for her to engage with her company's health incentive program. Kelly is unable to run, which means she cannot participate in her office's primary WHP, the 5K race. Daniel, a professional with no arms and shortened legs and whose company promotes its onsite gym, says, "I don't think I could go to a gym. At least I've never experienced them being the most accommodating places for somebody with a disability to go workout." Daniel doesn't participate in his company's WHP because he assumes, based on past experiences with gyms, that the program design will make it difficult to participate. In his case, past disidentification informs the present and keeps him from exploring his company's WHP.

Physical inability and program design led to frustration and feelings of being "other." Alyssa captures these feelings well:

> There are signs at almost every elevator on campus that say, "[We] take the stairs." And that makes me mad every time I see one of those. I understand where they were coming from - I don't remember whether it was a wellness or an energy

> saving motivation - but it makes it so exclusive. And I ask myself the question, 'Well, am I not a [member of the organization] then?'

She is frustrated by the implication in the WHP promotional language that to be a true member of the organization one must participate. Alyssa explained that while she knows this initiative was not designed with malicious intent or a desire to make keep people from identifying with the organization, it still causes her to question if she is wanted as a member of the organization. In an attempt to find a solution and feel more connected to her organization through WHPs she says:

> I wish [my organization] would create some kind of adaptive workout program, something you could do at your pace or in your own way. You can advertise it as generally as you want and say, for example, that it's for people who have back issues. That's half the population. That could reach people who have back issues, have trouble walking or running for a variety of reasons. . . And you can advertise it to everyday people in a way that includes but doesn't highlight disabilities.

The issue for Alyssa and many participants was not that WHPs included activities they were unable to do (though this was certainly a frustration), but that there were no activities offered that they were able to do. There were no alternatives for Kelly, who cannot participate in her office's 5K race, or for Daniel, who has trouble working out in traditional gym settings. Overall, there was little effort put forth to create inclusive WHPs for the other participants.

Scott, Corman, and Cheney write that "activities influence the identities that are appropriated and reproduced in identification. Only in particular situations…will a person identify in particular ways" (Scott et al., 1998, p. 321). The organizations represented in this study are — to the chagrin of their members — not influencing identities that can be used to identify with their WHPs, but rather are influencing a disability identity and creating disidentification with their programs. This disidentification with WHPs may lead

to disidentification with the organization at large, if the inverse of Dailey and Zhu's research holds true (Dailey & Zhu, 2017).

Research Question 2: Organizational Identification as it Relates to WHPs

Research Question 2 asked the question, "In what ways do workplace health promotions enable or restrain organizational identification for persons with disabilities?" The data collected and analyzed shows WHPs primarily enabled organizational identification for PwDs, yet not through the WHPs themselves. Because WHPs failed to provide support and inhibited authentic displays of self for PwDs, the existence of WHPs encouraged PwDs to further identify with and seek support within their workgroup, and therefore their organizations. This disidentification will be explored in the upcoming section.

Theme 1: Disidentification with WHPs pushes PwDs toward Workgroup Identification

The findings of the previous section demonstrate there is much work to be done in terms of accessibility and inclusivity for PwDs in the workplace. However, a common theme among seven of the twelve participants was that their organizations are working to understand the challenges that persons with disabilities (PwDs) face. Some organizations are conducting surveys and publishing findings, others are inviting their employees to speak directly to leadership. For example, Daniel has been invited to speak directly to the C-level executives on multiple occasions. Others are simply asking genuine questions and listening with compassion. In each case, the primary advocate or supporter exists within the participant's specific workgroup within the organization.

When asked about feelings of connectedness, overlapping values, and support within the organization, participants immediately spoke of their workgroup. These smaller organizations were described as "teams," "families," and "comrades." Matt describes his workgroup as ." . .a family. We work hard, but we also spend time together outside of work. We know about each other's lives, our kids...we ask about those kinds of things." For Matt, identification is found in the context in which he is known and where he knows others. Alexandra describes her department as "a living organism that has its own values and does things differently than other departments." The organization at large is not one she readily identifies with. Instead, she identifies with her workgroup because it operates in a noticeably unique way compared to the organization at large and communicates values that align with hers.

Metaphors are used throughout organizational literature to describe organizations and members' experiences within those organizations (Cornelissen et al., 2008; Michael-Tsabari & Tan, 2013; Olson & Gorall, 2003; Ouchi & Jaeger, 1978). Metaphors connect one's experience and imagination, help members make sense of their organization, and "guide [members'] perceptions and interpretations of reality. . ." (Cornelissen et al., 2008, p. 8). The family metaphor, specifically, is often used to describe organizations characterized by high retention rates, a sense of belonging among members, and relationships among employees that go beyond the workplace (Michael-Tsabari & Tan, 2013; Ouchi & Jaeger, 1978). With the family metaphor comes a sense of cohesion, described as an emotional bond similar to that of a biological family (Olson & Gorall, 2003). The metaphors used by participants in this study evoke a sense of cohesion, belonging, and identification with their workgroups. By describing their workgroup

experiences in these ways, participants reinforced the bond they shared with their workgroup, a bond stronger than any potential organizational disidentification resulting from disidentification with WHPs.

Participants also expressed feeling "very connected" and having "good relationships." Daniel describes his experience here:

> Being in a big company, I feel like you can definitely get lost in the shuffle. But I look more specifically within my team than [the company at large] and, you know, those are the people that I really spend time with. I feel a kind of oneness with them.

In instances where participants had issues relating to their disability, it was their direct supervisor who advocated for them. Michael explains:

> There were a couple of instances [where I was treated poorly or had a need because of my disability], you know, but my manager was always there. They stepped in and supported me. They made sure I got what I needed and didn't stop 'til it was resolved. They did more for me than anyone, even HR.

Michael experienced stigma and disablement by others in his organization. Given his experience, it would not be surprising to hear that Michael did not feel a sense of closeness or belonging in his organization. However, workgroup identification – understood in part through the support of his supervisor – outweighed the other negative experiences that might lead to organizational identification. Ben continues this sentiment, stating, "I really do have a good relationship with [my manager]. I tell them everything and there's nothing I wouldn't go to him with if I were having an issue."

Randall talked about his workgroup as the place where he felt he could be himself:

> In most environments I have to edit myself. I want to explain things [about my invisible disability] to people but don't want them to view me as sick or weaker. . . I don't want them to feel sorry for me or wonder if something I'm doing is because of my disability. So I hide who I am. That's why I don't participate in [my

> organization's WHP]. I don't feel any of that [in his workgroup] though. They know me.

One of the reasons Randall does not participate in WHPs is because he does not want to reveal his invisible disability for fear that he might be seen as *sicker* or *weaker*. And yet he desires to be his authentic self, disability and all. Because he does not identify with his organization's WHP, he leans into the part of the organization where he does feel comfortable revealing his disability: the workgroup. This is where Randall says he is the most authentic version of himself.

Olivia experienced something similar in that the workgroup is the place where she feels advocated for, where she does not have to seek out accommodation. She expressed that WHPs were designed in such a way that "the burden is almost always going to be on the person that is disabled to advocate for themselves," while in her workgroup she says that ." . .you are given what you need to do your job well."

In what ways do WHPs enable or restrain organizational identification for persons with disabilities? Based on Dailey and Zhu's study (2017), one might assume that if PwDs disidentified with WHPs then their identification with the organization would be restrained. This was not the case for the majority of participants though, participants who strongly identified with their workgroup. Workgroup identification seemingly offsets or overshadows any disidentification with WHPs and serves as the lens through which individuals view their experience with the organization. In fact, WHP disidentification may enable workgroup identification. In two instances we see that workgroups provide something that WHPs do not: the opportunity to be oneself and active support for the needs of PwDs. In a way then, WHPs enable workgroup identification by failing to provide support and inhibiting authentic displays of self, which leads individuals to find

what is lacking elsewhere. WHP disidentification that pushes PwDs toward workgroup identification will be discussed in further detail in the coming chapter.

CHAPTER FIVE

Discussion

Introduction

This study offers insights into the workplace experiences of persons with disabilities (PwDs) as it relates to identity, identification, and workplace health promotions (WHPs). The research questions sought to explore not only how employees (dis)identified with workplace health promotions (WHPs), but also how their (dis)identification enabled or restrained identification with their organization. Results indicated that participants disidentified with WHPs, but that this did not necessarily result in disidentification with the organization; rather, individuals expressed identification with their workgroup. These findings are fully explained in the previous chapter.

This study extends WHP literature by focusing on the experiences of a population of individuals absent from the majority of the existing literature. Practically, this study will help human resources professionals and decision-makers within organizations (re)design programs that are accessible to PwDs, by examining ways in which individuals disidentify with WHPs. The findings also suggest the need to emphasize the importance of supervisors and workgroups. Theoretically, this research affirms the structurational model of identification as a helpful framework through which to understand identity and organizational identification. This research also points to the usefulness of this theory in understanding programs or activities in the workplace and the way in which they influence one's organizational experience. Additionally, this study builds on and

discusses the idea of disidentification as it pertains to WHPs. Both practical and theoretical implications are discussed further, followed by the study's limitations and directions for future research.

Theoretical Implications

Workgroup Identification

The current study demonstrates that PwDs often develop strong identification with their workgroup, team, or department. This is likely due to the fact that most employees spend their organizational life working and interacting with a smaller group of people. As more time is spent with the workgroup, it becomes more familiar and attractive than the organization as a whole, which may lead to strong degrees of identification (Marique et al., 2014; van Dick et al., 2008). The structurational model of identification states that during situated activity, some identifications are more likely than others, and become increasingly more likely as individuals continue in that activity (Scott et al., 1998). If work is viewed as an activity, and that activity takes place primarily in a small workgroup, it is not surprising that individuals identify strongly with their workgroups. Moreover, for organizations at large, workgroup identification has been positively linked to identification with the larger organization, assuming there is a perceived value congruence or similarity between the two targets of identification (Bartels et al., 2007; Marique & Stinglhamber, 2011).

WHP Disidentification

In addition to time spent with workgroups, identification with workgroups and disidentification with WHPs is due to the identities that are affirmed in each of these

contexts. In their study on disidentification and the NRA, Elsbach and Bhattacharya suggest that "organizational disidentification is a self-perception based on. . . a cognitive separation between one's identity and the organization's identity" (Elsbach & Bhattacharya, 2001, p. 393). They go on to describe disidentification as one's distancing from a group due to the perception that they are not the prototypical or normal member of that group (2001).

The identities affirmed by WHPs are often identities of athleticism, health, competitiveness (Dailey & Zhu, 2017). These can be perceived as identities of able-bodiedness by PwDs, especially when program design makes it difficult, if not impossible, to participate. In workgroups though, one's identity as a member of the group is not necessarily in conflict with disability (though there may be instances of conflict between disability and workgroup identities beyond the scope of this research, these two identities were not seen to be in conflict within the scope of this particular study). And as was described earlier in this study, when one's identity (values, norms, etc.) overlaps or is compatible with that of their organization or workgroup, they begin to identify with that particular entity (Scott et al., 1998).

Research shows that organizational disidentification can lead individuals to publicly criticize, voice their opinion, or actively work against the organization (Elsbach & Bhattacharya, 2001). For some, it is easier to define themselves through the organizations they disidentify with than the ones they do (2001). In other words, it is easier for some to define themselves by what they are against or where they don't belong than what they are for or where they do belong. However, while this is the case for some individuals, many individuals will simply leave the organization they disidentify with and

seek identification with another organization in order to create a sense of internal balance (Elsbach & Bhattacharya, 2001; Steele, 1988).

What is interesting about the current study is that, as a result of their perceived difference from the WHP identity, PwDs did not take action by disidentifying with the organization, publicly criticizing, or looking externally for organizations with which to identify. Instead, they further invested in the organization, identifying with their more immediate workplace environment: the workgroup. We see on display in this study what Scott and colleagues noted, that "expressions of disidentification may increase the salience of another organizational identity" (1998, p. 307).

While the data does not provide timelines of when each participant began to feel close to their workgroup and when they first disidentified with WHPs, it may be the case that individuals leaned into their existing workgroup relationships because the opportunities to identify with other parts of the organization were not accessible. Cook and colleagues' study on disability and WHPs showed that the workgroup was instrumental in individuals choosing to participate in WHPs (2016). The current study builds on this research and shows that workgroups act as a support when individuals are unable to participate in WHPs. Additionally, WHP disidentification is seen to enable organizational identification by pushing PWDs toward workgroup identification.

Structurational Model and Multiple Identities

The structurational model of identification posits that individuals have multiple personal and organizational identities that, to varying degrees, are either compatible or in conflict with each other (Scott et al., 1998). Earlier in the literature review, I outlined three models of disability that were conflicting/compatible to varying degrees: the

medical, social, and affirmative models. For the one who identifies with the medical model, disability is rooted in the body. For one who identifies with the social model, it is societal or organizational structures and policies that create disability. For one who identifies with the affirmative model, both physical and societal realities are taken into consideration and disability is unique and beautiful in and of itself. The findings from this study showed that participants embraced both the medical and social models as lenses through which to view their disability identity and reasons for their disidentification with WHPs, represented in themes of disidentification due to physical inability and program design.

Participants like Matt described himself as having a body that requires more thought to use due to his T12 fracture, where "things in the body [went] from automatic to manual. And manual override says that you really have to think about things in greater detail." Another participant, Daniel, says, "I was born with my disabilities. . .When I was born, it was deemed to be a limb deformity. So, yeah, I've been disabled all my life." In both of these cases, disability identity is rooted in the body. And yet, both participants expressed that their inability to do certain things was due to forces outside of themselves, namely, program design.

Matt *can* work out but is unable to do so during the workday because of time constraints and unable to do so with the company activity tracker because it was not designed with non-walkers in mind. Daniel expressed earlier in the study: "I don't think I could go to a gym. At least I've never experienced them being the most accommodating places for somebody with a disability to go workout." He goes on to say that "in general, [going to a gym]'s been pretty hard, because it's the biggest place I see my disability."

He sees himself as disabled because of the way gyms are designed. Using these two participants as examples, we see that multiple identifications and identities exist within the identity of disability itself. The degree to which they are compatible/conflicting, the activities or environments that enable them, and the way these identifications and identities manifest themselves in the lives of PwDs might be worth pursuing in future research.

Practical Implications

The results of this study have practical implications for human resources professionals (especially those who focus on benefits) and workgroup leaders. These findings suggest that current WHPs are in need of reevaluation and that workgroups play a vital role in the organizational experience of PwDs. Below I offer practical implications and advice for moving forward.

The current study shows that WHPs are not designed with PwDs in mind. There are programs that focus on broad, inclusive activities such as spending time outdoors, eating healthy, or drinking more water, but these are in the minority. As discussed in the findings section, the majority of participants disidentified with WHPs because of physical inability and program design. The primary frustration was that there were not any opportunities that were inclusive of the existing physical ability of PwDs. The implication here is not that companies should get rid of any activity that isn't inclusive of all PwDs, but that they should create additional opportunities, as well as alternative ways to participate in existing opportunities.

Some participants shared the alternative activities they took part in on their own time, but not every individual looked for an alternative. If organizations care about and

desire to reap the benefits of the good health of their employees, their human resources department would do well to consider adding classes that are more inclusive, giving individuals credit for a wider selection of activities in their incentive programs, researching more inclusive activity trackers that work for non-walkers, and communicating health initiatives in a way that does not "other" individuals within the organization. As an example: instead of discontinuing an annual 5K race because it may not be inclusive of certain PwDs, a company may consider adding different categories and distances to the race and talking about the race in more inclusive language. Instead of calling it a run or a race (implying a focus on speed), an organization may call it a 5K run/walk/ride.

If an organization has employees who work in Diversity & Inclusion or Accessibility, they should be brought into this conversation and consulted on future WHPs. Human resources departments may also consider following the lead of Daniel's organization (who invited him to speak to C-level executives) and invite PwDs from across the organization into the planning process. If an organization has yet to consider disability, studies like this will be beneficial in providing a range of WHPs, disabilities, and experiences from which to learn.

The current research suggests that PwDs find connection and support at the workgroup level, and that their workgroup identification is not negatively impacted by their disidentification with WHPs. In fact, it is the workgroup identification that may create a stronger overall organizational identification. Existing scholarship states that workgroup leaders can positively impact the lives of PwDs (Cook et al., 2016; Dirth & Branscombe, 2017; Nario-Redmond et al., 2013; Sundar et al., 2018; Sundar & Brucker,

2019). In light of the current study, workgroup leaders should ask questions and listen intently, ensure accommodations for PwDs, affirm disabilities before and after disclosure, and remind PwDs that they have a place in the organization even if they do not feel that when it comes to existing WHPs.

Study Limitations and Future Research

In furthering the study of organizational identification and PwDs, I suggest a few possible directions for future research. First, researchers should examine the experiences of multiple PwDs at the same organization or alongside the experiences of abled individuals. The present study's insight into workplace health promotions and organizational identification is somewhat limited because it is both small in sample size and it isolates a specific group of people within the organization. The small current sample size is due to three factors. First, the decision to conduct semi-structured interviews resulted in fewer participants than a survey posted online or emailed to potential participants. Second, persons with disabilities are not legally obligated to disclose their disability to the public or their employer, and if they do disclose this information to an employer, that information is not accessible to the public. Because of this, the process of seeking out and connecting with potential participants was lengthy and circuitous at times. Lastly, my timeline for research did not allow for extended periods of participant recruitment.

It is impossible to account for every type of disability or organizational experience in one's sample, given the diversity of both. However, the purpose of this study is to provide insights into the lived experiences of PwDs as they relate to WHPs

and to help organizations understand how these participants encounter and navigate WHP expectations and health stereotypes (Tracy, 2020).

This study focused on identity, identification, and WHPs. However, two participants expressed disidentification with diversity conversations at their organizations, feeling as if the conversations were not inclusive of disability. Future research may examine whether or not this is a widespread phenomenon, how this impacts one's perception of their organization, and practical ways in which inclusivity can be more inclusive.

Conclusion

It is my hope that this study impresses upon readers the importance of the disability experience within the organizational context. This study employed qualitative methods and thematic analysis to investigate the experience of persons with disabilities as it relates to workplace health promotions and identification in the workplace, in an effort to help others better understand the disability experience and the effects of workplace health promotion design. The result of thematic analysis was three main themes: *physical inability, program design,* and *workgroup identification*. Participants described disidentification with workplace health promotions due to physical inability and program design, as well as enabled identification with their workgroups. It is this workgroup identification that is instrumental in creating positive experiences in the workplace, especially when workplace health promotions are reminders of inability or are difficult to participate in. Although this is a limited view into these topics, it provides a unique understanding of the experience of persons with disabilities that has been missing from literature of workplace health promotions.

APPENDIX

APPENDIX

Interview Guide

[Introduction: define workplace health promotions, summarize study purpose, preview topics for discussion, explain interview confidentiality, receive verbal consent from participant]

I'd like to begin by getting to know you and learning about your disability…

- Can you tell me about your disability?
- Are there challenges in being a working professional with a disability? If so, can you tell me about them?

Let's talk about your experience at your current organization…

- Can you tell me about your current role?
- How long have you been with your current organization?
- What does your company value? How do these values align (or do not align) with your own?
- How would you describe your degree of connectedness to the organization?
- How do you perceive yourself in relation to your organization?

Now, let's talk about health and your organization…

- In your opinion, how does your organization define healthy living?
  - How do you know? What is it that the organization does that conveys this?
- How would you describe people's feelings towards [WHP]?
- Do people engage with these initiatives?
- Do you participate in any work-related health programs/activities?
  - If yes, are there challenges to participating based on your disability?
  - If no, could you tell me why?
- In what ways is your pursuit of healthy living different than or similar to someone without a disability like yours?

- Imagine you were in charge of a health initiative at your organization. What would your program look like? How would you communicate this program to others?

Now let's talk about the organization at large…

- What resources/people do you go to if you need anything relating to your disability?
- If you could change anything about the way your organization discusses disability, what might you change?

Closing question…

- Is there anything that we did not discuss that you would like to share?

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