Challenges in Accommodating Mental and Physical Health Conditions: What Workplace Parties are Saying

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Work Disability Prevention and Integration Conference 2019
June 4-7, Odense, Denmark

Institute for Work & Health | Research Excellence Advancing Employee Health

Accommodating and communicating about episodic disabilities (ACED): A partnership to deliver workplace tools and resources to sustain the employment of people with chronic, episodic conditions

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Multiple Sclerosis Society of Canada

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Chronic health conditions in Canada

Many of the most common chronic diseases in Canada and other developed countries can be characterized as **episodic conditions**

- **Intermittent**
- **Invisible**
- **Unpredictable**

Examples: depression, anxiety disorders, arthritis, multiple sclerosis, diabetes, irritable bowel syndrome, migraine, some types of cancer, HIV

In the workplace

The **episodic**, **invisible**, and **unpredictable** nature of chronic conditions creates challenges in balancing:

- Workplace health communication and the protection of privacy
- Needs for support or accommodations and workplace productivity

Chronic, episodic health conditions and work

- Privacy legislation protects workers from having to disclose disease diagnoses and symptoms – the focus is on activity limitations
- Studies find that many workers report stress around the decision whether or not to disclose health needs at work
- A range of issues have been identified by workers related to whether, when, to whom, what, and why to disclose (or not)

(e.g., Claire et al., 2005; Vickers, 1997; Ragins, 2008; Chaudoir & Fisher, 2010; Gignac & Cao, 2009; Munir et al., 2005; Brohan et al., 2012; Oldfield et al., 2016; Toth & Dewa, 2014)

We’re missing the perspectives of workplace parties…

Research Questions:

What do workplace parties believe are key issues and challenges to disability prevention and support for workers with chronic, episodic health conditions?

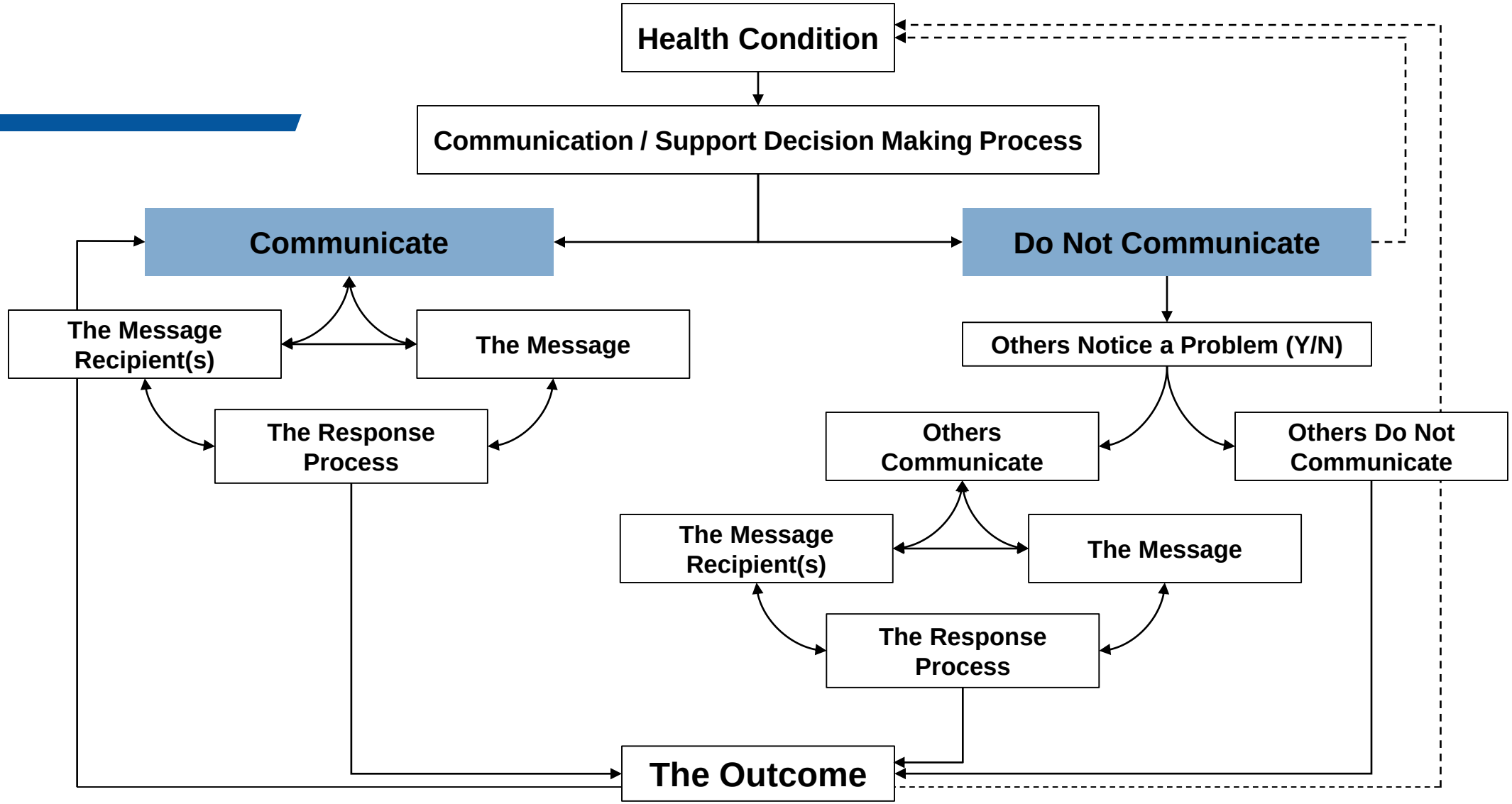
How do communication processes within a workplace facilitate or act as a barrier to disability prevention and support efforts?

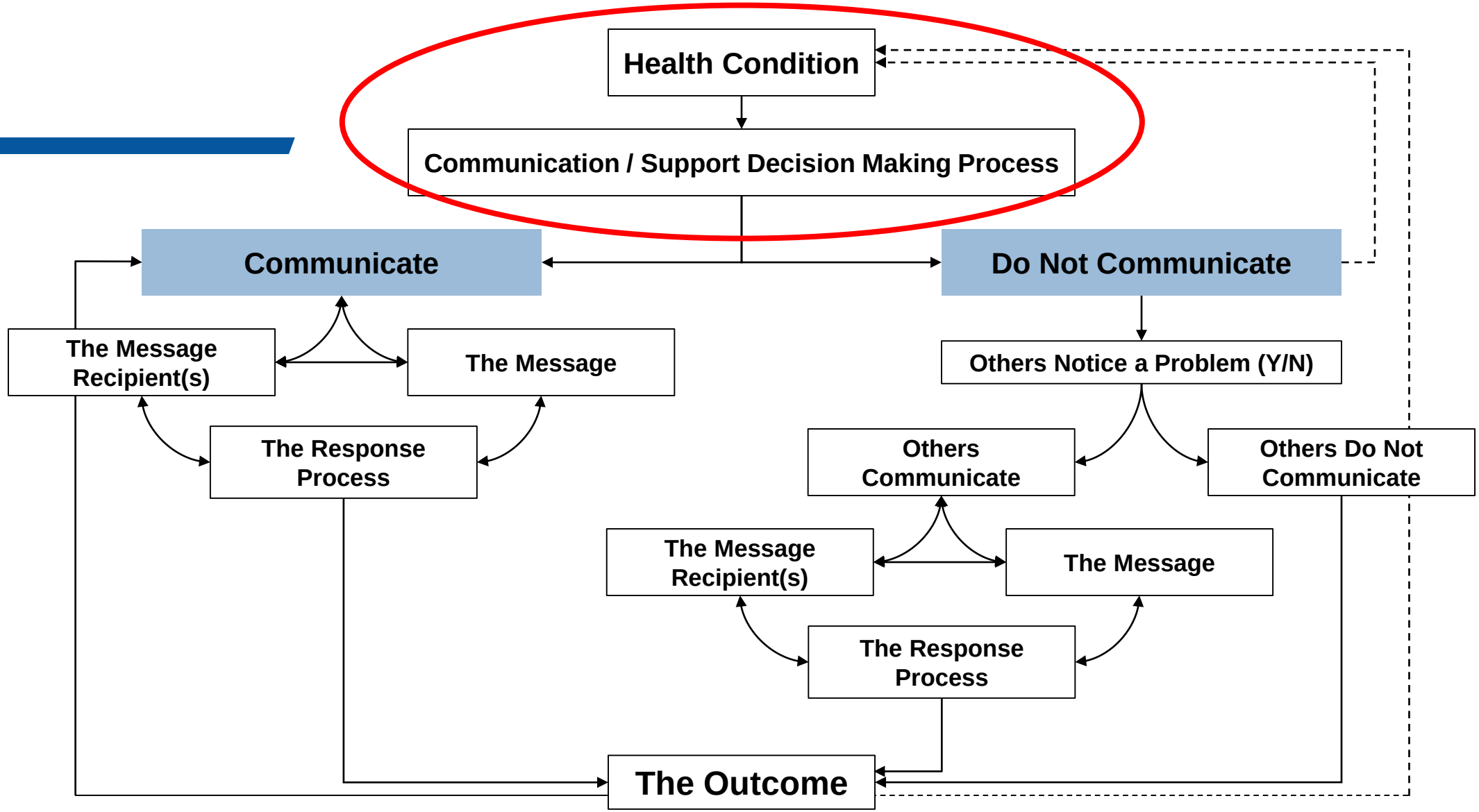
Study Methods

- Sample of workplace “key informants” involved in disability support
- Qualitative methods; in person & telephone interviews
- General topics probed:
  i. Existing communication and accommodation processes;
  ii. Successes and challenges in implementing and monitoring accommodation plans;
  iii. Who is/should be involved;
  iv. Contextual factors;
  v. Gaps in support and resources
- Qualitative content analysis

Results: Key Informant Demographics		N (%)	Mean (Range)
Gender	Female	20 (74%)	
	Male	7 (26%)	
Years in profession (mean, range)			19.5 (8-30)
Roles*	Disability manager	7	
	Human resources personnel	5	
	Managers/supervisors	5	
	Worker advocate/union representative	5	
	Labour lawyers	3	
	Small business owner	2	
	Medical director	1	
	Occupational health nurse	1	
	Key informants with an episodic condition	5	
Sector Served	Business/Finance/Professional Services	4	
	Education/Government	6	
	Healthcare	6	
	Manufacturing/Construction/Utilities	4	
	Service/Retail	1	
	Non-profit	1	
	Multiple Sectors	5	

* A participant could have more than one role (e.g., manager and person with a disability)


Health Condition
Communication / Support Decision Making Process
Communicate
Do Not Communicate
The Message Recipient(s)
The Message
The Response Process
Others Notice a Problem (Y/N)
Others Communicate
Others Do Not Communicate
The Message Recipient(s)
The Message
The Response Process
The Outcome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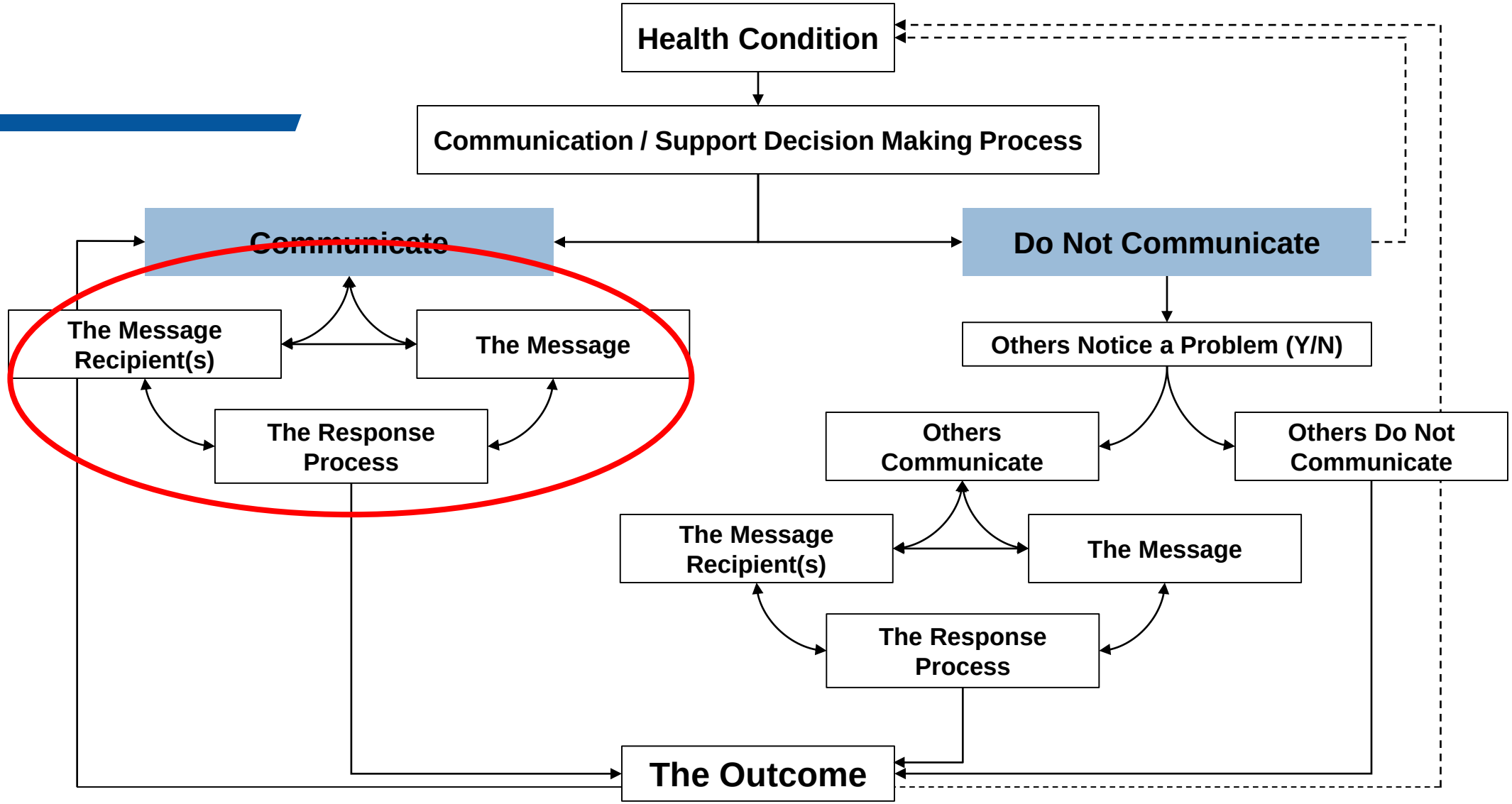
Context: Type of Health Condition

- Participants often noted similarities in the impact of diverse physical and mental health conditions on work
- However, mental health conditions were more likely to be associated with interpersonal tensions at work

Context: Type of Health Condition

"More commonly with a mental health condition, you've got subtler things: meltdowns, chronic lateness, inability to concentrate, disruptive behaviour, not fulfilling commitments, or not showing up for work regularly… When somebody's perception of their ability doesn't match the reality, then we have to take those very delicately" (Manager, public sector)

"It opens up a whole other level of activity if they're paranoid and they think that the whole world is against them…. It's a problem if they're not aware. It's really problematic." (Manager & HR, public sector)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Response Process: Challenges

Workplace parties differed in the implicit models they adopted to frame disability prevention and support

Medical versus biopsychosocial cultures

" … because our third-party providers have that [diagnosis], in most cases, it's a much smoother transition…. I find even return to work recommendations are more meaningful because they have the diagnosis. As you know, the most important thing is that people are properly diagnosed." (Disability manager, Utilities)

"Seventy five percent of cases do not involve a medical practitioner at all for six months – up till they go to long-term disability…. We're trying to accommodate people as opposed to manage their diagnosis, which is a complete and utter waste of time. You can't explain everything by medicine…by diagnosis, and you need to find some way to be fleet of foot and manage these because, if you don't, they go sour very quickly." (Medical director, Business/finance)

Medical versus biopsychosocial cultures

Why the differences?

- Some organizations have a strong history with compensation systems related to workplace injuries
  - A medical model may be familiar and a natural extension of current practices

- Some organizations struggle with health professional input
  - Health professionals are not able to provide the information needed for workplace accommodation plans
  - Workers can't always gain timely or appropriate access to health care professionals

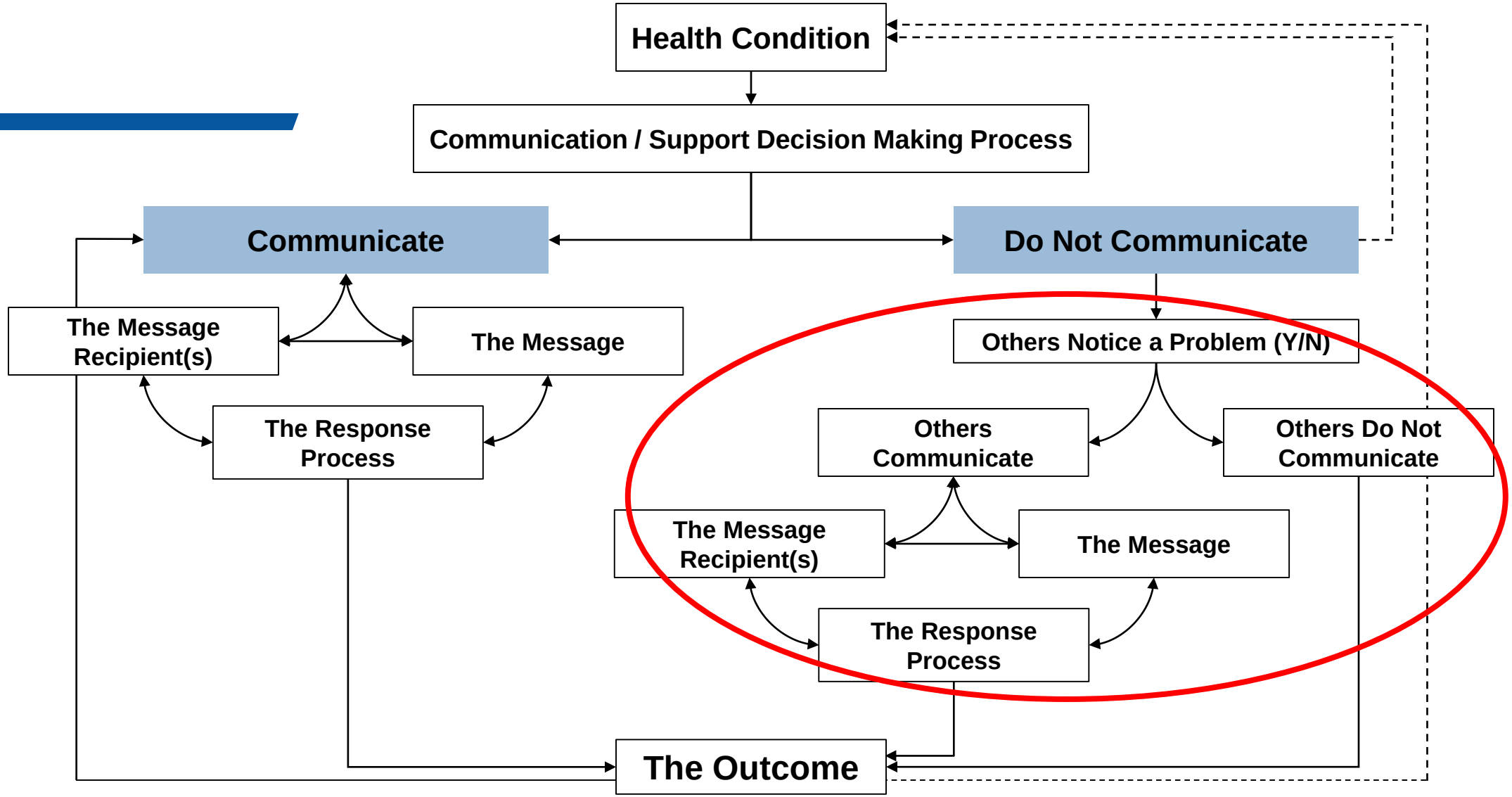
Response Processes: Workplace policies are not implemented in a vacuum

- Subjective evaluations and affective reactions play a role in responses to information received from workers (e.g., distress, helplessness, annoyance)
- When little information is provided, workplace parties try to “fill in the blanks” and speculate on what they “really think is going on” – it’s human nature
- In other cases, participants noted everyone was aware of a health condition. This created a privacy conundrum

Response Processes: Subjective Perceptions Matter

"If they don't have any information, they tend to feel minimized and … sometimes employers say that they feel hurt. They feel hurt that this person isn't talking to them directly….[And] people get curious. It becomes the puzzle of the week. 'They said that they have difficulty with focus and they said that they have difficulty with this. I'm thinking it must be this. Oh, no, it must be this….' You just get these crazy ideas..." (Labour lawyer representing workers)

"In a small office – you know how it is – people actually have relationships and so confidentiality is out of the bag. We couldn't have tried to pretend that [this person] wasn't away on a mental health disability. The place is just too small, and everybody saw the symptoms themselves. What position does HR have to take?" (Human resources professional)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Worker Does NOT Communicate; Workplace Steps In

- Prior to approaching a worker, workplace parties will go through their own decision-making process whether or not to communicate
- Among the most stressful situations for workplace parties are mental health manifestations that are denied/not recognized by workers

Worker does NOT communicate; Workplace Steps In

"This one individual was saying that people were talking about her… Staff would come in and do some work, and she would think that they were spying on her…. we talked to the physician, the psychologist about it, trying to get some information about accommodation – is she getting the right kind of treatment or does she need any treatment?... Not knowing a diagnosis was difficult…. She thought she was fine. We don't know if she was or not…. But really, she came very close to being fired." (HR professional, service sector)

"Truly with mania you generally don't know anything is wrong. It's very hard to have insight when one is manic … In fact, I had some insight, but I really needed friends to say, 'What's going on?'" (Worker advocate with bipolar disorder, professional)

Worker does NOT communicate; Workplace Steps In

- In larger organizations, formal communication is often triggered by reaching a threshold of work absences
- Labeled “attendance management” or “attendance support,” the programs trigger mandatory meetings, ostensibly to identify support needs
- Workers AND workplace parties acknowledge they can:
  1. Pressure workers into disclosing *something*
  2. Re-cast disability as a performance problem (i.e., progressive disciplinary actions needed)
  3. Focus future discussion on performance deficits and not skills and abilities
  4. Erode trust and confidence in the disability support process
- Some workers (especially with mental health issues) will admit to performance problems rather than risk disclosing a mental health issue

Worker does NOT communicate; Workplace Steps In

"What happens with episodic conditions is that they have incidental absences and… if they pass that ten-day threshold, then a progressive discipline approach is taken with them and that's not always the right approach to take for someone who just needs time off periodically to attend to their health" (Disability Manager, Healthcare)

"It sets up an urgency at the beginning because usually by the time they might involve [a disability manager] … they're quite high in the [attendance management] program….The employee, in a lot of situations, is not getting along all that well with management because they're being attendance managed…. It's a little harder for [a disability manager] to develop the relationship we need." (Disability Manager, Education)

Summary

Workplace parties recognized the complexity of the disability support process. Attention needs to be given to:

- Similarities and differences in the workplace impact of mental and physical chronic, episodic conditions
- Workplace cultures and the subjective perceptions, attitudes and beliefs that members of organizations hold – policies and practices are not implemented in a vacuum
- Unique challenges arising when workers are not aware of the onset of a flare or health episode
- The negative and potentially dysfunctional process instigated by attendance management programs that inadvertently characterize disability as a disciplinary issue

Thank you

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