

Models of disability in practice: Accounting for the experiences of disabled employees in the workplace.

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Research shows that disabled workers often have negative experiences in the workplace (e.g., Burchardt, 2005; Newton et al., 2007; ONS, 2013). However despite the wealth of empirical evidence on discrimination and stigma, theoretical models of disability remain inadequate in comprehensively explaining the work experiences of disabled employees. This paper contributes by investigating whether the medical or social model of disability is best equipped to illustrate the work experiences of disabled persons. In addition, unlike most studies (e.g., Hoque and Noon, 2004; Roberts et al., 2004; Van Wanrooy et al., 2013) which differentiate between sector of employment, we instead consider the foci of organisations. This factor is important as according to Person-Organisation Fit theory, the type of organisation can influence employee outcomes (Boon et al., 2011).

Much of the disability literature focuses on the contention between the medical and social model of disability (see: Oliver, 1990; Shakespeare, 2006; Thomas, 2007). The former conceptualises disability as a personal tragedy, where the focus is on the individual's functional limitations (Barnes and Mercer, 2005), while the latter states that disability and disadvantage are the result of the inequitable manner in which society is organised (Oliver, 1990). According to the social model, if society is organised to include the needs of the disabled person, then disadvantage would not exist. Amidst a plethora of debate about the inadequacies and limitations of these models to effectively explain disadvantage and discrimination in the labour market and society (see: Llewellyn and Hogan, 2000; Shakespeare and Watson, 2001; Thomas, 2007), there remains a literary lacuna on which model is *actually* reflective of practice and whether either can explain the differences in workplace experience.

The methodology used was inductive and qualitative, and attributed expert status to participants in lieu of researchers or medical professionals (see: Albrecht, 1992). The sample comprised of 30 disabled graduates, who had experience of work since the Disability Discrimination Act 1995 was introduced. Semi-structured interviews were recorded and transcribed verbatim. Then data were interpreted using Braun and Clarke's (2006) recommended guidelines on thematic analysis. Positive and negative experiences of work were assessed by the subjective perceptions of participants.

The data show that participants working in disability roles in the voluntary sector had the most positive experiences of work. This perception was reported as a direct result of feeling "normal" in an organisation that did not stigmatise disability and any existing stigmas associated with disability were more easily challenged. For example, Lisa explained that her office was the sort of place "*where if you are disabled you fit in*". In addition, the ease and accessibility of adjustments and the feeling of helping others in a similar position further

fortified positive experiences. For example, Rebecca shared that she can ask for help without being afraid that her colleagues will think she is incapable or “*stupid*”.

In contrast, disabled participants working in non-disability related roles had the least positive experiences of work. In particular, those working in the private sector fared the worst. The reasons were reported as one’s disability identity not being easily accepted and having difficulties in accessing adjustments. For example, Clareshared that when she “*moved to another area outside the deaf field it hit me how big a problem it was being deaf*”.

In view of these findings we propose that in disability organisations the social model is embedded into the culture of the organisation and therefore disabled people are not seen as different. This facilitates their Person – Organisation fit. In contrast, in non-disability related organisations, the medical model was more prominent- where disability was objectified and adjustments were more difficult to secure, despite formal equality policies. This finding supports the notion of the “empty shell” hypothesis by Hoque and Noon (2004) and therefore participant experiences were more likely to be negative.

The practical implications of this paper are two-fold. Firstly, the data supports the notion that difference needs to be mainstreamed, as argued by Liff (1999). In addition, the paper points to the benefits of a flexible structure for adjustments and provision to more accurately support the needs of disabled workers. However, despite the apparent success of the social model to de-stigmatise disability, there was still room for acknowledging impairments, which points to the Impairment Effects model by Thomas (2007).

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