EMPLOYEES' PERCEPTION OF THE FACTORS THAT PREVENT DISCLOSURE OF DISABILITY STATUS TO THE EMPLOYER: CASE OF A SELECTED HIGHER EDUCATION INSTITUTION

By

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ABSTRACT

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There is an increase in the number of people with disabilities entering, and in the workplace. Industrialised countries are encountering a workforce that is ageing, which makes the prevalence of disability, due to chronic illness amongst employees, more evident. However, even with legislation and policies that support people in the workplace, such as the Employment Equity Act 55 of 1998, the Broad-Based Black Economic Empowerment Act 53 of 2003 and the Code of Good Practice on Disability in the Workplace, many people still choose not to disclose their disabilities. Therefore, the main purpose of the study is to identify the perceived factors that could possibly prevent the disclosure of disability in the workplace.

The study was conducted at one of the universities in the Western Cape. The study was qualitative in nature and made use of semi-structured interviews. Ten participants took part in the study and comprised of two academic staff members from each of the faculties on the main campus. Content analysis was used to analyse qualitative data where various themes and subthemes emerged. The results of the study yielded that, overall, the participants had a common understanding of disability and the majority defined it using the Medical Model. Findings also revealed that participants lacked an understanding of the disability policy for staff members but a few had knowledge of the practical side of the student disability policy. Thereafter, the factors that possibly prevented disclosure were identified. The factors included lack of awareness and knowledge in the workplace about disability, the lack of knowledge of the support structures and activities available to staff with disabilities. In addition, the disclosure process of disability in the workplace; how the disability impacts on employees work; the type of disability and, the stigma attached to having certain disabilities and the fear of being judged were also identified.

It is anticipated that the results of the study could assist the university in devising ways to reduce or eliminate barriers and this could lead to an increase in the number of disability disclosures. Disability disclosure may offer reasonable accommodation where necessary and requested, and this allows individuals with disabilities to perform

vital functions of their job efficiently and productively. In addition, disability disclosures may also lead to an improved BBBEE scorecard and better attainment of EE targets.

Keywords:

Disability, medical model, social model, disability types, disability disclosure, disclosure process, nondisclosure, workplace, higher education institutions, disability legislation.

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DECLARATION

I declare that *Employees' Perception of the Factors that Prevent Disclosure of Disability Status to the Employer: Case of a selected Higher Education Institution* is my own work, that it has not been submitted before for any degree or examination in any other university, and that all sources I have used or quoted have been indicated and acknowledged as complete references.

Euneece Audrey Van der Bergh   Date: September 2019

Signed: _____

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Chapter 1 - Introduction

1.1 Introduction

According to the World Report on disability by the World Health Organization (2011), it was estimated that over a billion people are living with some kind of disability. The report further mentioned that the number is growing due to ageing populations. Based on the 2011 Census of South Africa, the disability prevalence slightly increased from 7.5 % to 7.7% (Statistics South Africa 2016). Industrialized countries are encountering a workforce that is ageing, which makes the prevalence of disability due to chronic illness amongst employees more evident (Truxillo & Fraccaroli, 2013 as cited in Vornholt, Villotti, Muschalla, Bauer, Colella, Zijlstra, Van Ruitenbeek, Uitdewilligen & Corbière, 2018). As a result, individuals with disabilities are usually identified as a precious resource in the workforce for both the public and private sectors respectively (Vornholt et al., 2018).

Therefore, changes in organizations and policies are vital for improving the employment of people with disabilities in the workplace (Jans, Kaye & Jones, 2012). However, employees with disabilities are reluctant to disclose their disability/disabilities to their employer, even though there are legislation and guidelines that support them and protect them from discrimination. The legislation and guidelines include the Employment Equity Act 55 of 1998 (EEA), the Broad-Based Black Economic Empowerment Act 53 of 2003 (BBBEE) and the Code of Good Practice on Disability in the Workplace (2007).

The BBBEE Act encourages the employment of black people with disabilities. Organizations that act in accordance with the Act receive BBBEE points; therefore, disability disclosure is encouraged, as it will increase the points the business has. This, in turn, increases the BBBEE rating that leads to a more desirable business as a service provider or supplier. In addition, the EE Act protects people with disabilities against unfair discrimination and entitles them to affirmative action measures (Employment Equity Act, 1998).

The Code of Good Practice, on the other hand, is a guide for employers and employees on key aspects of promoting equal opportunities and fair treatment for people with disabilities as required by the Act (Code of Good Practice on Disability in

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the Workplace, 2001). In addition, the code is intended to help employers and employees understand their rights and obligations, promote certainty and reduce disputes, to ensure that people with disabilities can enjoy and exercise their rights at work.

However, legislation can only protect employees if they formally disclose their disabilities (Santuzzi, Waltz, Finkelstein & Rupp, 2014). Similarly, the United Kingdom has legislation such as the Disability Discrimination Act of 1995 and, more recently, the Equality Act of 2010 that protect people with disabilities from discrimination. In 2007, a project was undertaken by the Equity Challenge Unit (2008) in the United Kingdom (UK) to evaluate various issues affecting the decision of disability disclosure of staff in Higher Education settings. This project was undertaken to ascertain the huge discrepancies in the number of Higher Education staff who disclosed their disabilities to their employer and reported in the Higher Education census. This was an indication that not all Higher Education staff with disabilities were disclosing their disabilities to their employer. Likewise, a study conducted at a university in the UK, by Munir, Leka and Griffiths (2005), reported that for partial disclosure, academics were least likely to disclose a chronic illness to their line manager, that is, Heads of Departments.

Therefore, the question arose, even though legislation is in support of people with disabilities in the workplace, why would many employees with disabilities still choose not to disclose their disabilities to the employer? Many factors influence and prevent disability disclosure in the workplace. An individual's views about disclosure are heavily impacted by the nature of their disability, visibility, the stigma associated with the disability and the number of disabilities (Jans et al., 2012). Greene (2000, as cited in Munir, et al., 2005) stated that a variety of factors like type and severity of illness, stigma, and access to support influenced the disclosure of disability. Lowton (2004, as cited in Wilton, 2006) believed that disclosure was a concern for people with disabilities and caused anxiety as they anticipated the potential for discrimination and dismissal, in addition to concerns about loss or renegotiation of identity when disclosing a disability. One of the major factors that prevent disclosure in the workplace is the belief that the individual who discloses their disability would significantly reduce their chances of being hired or keep an existing position (Wilton, 2006). Boman, Kjellberg, Danermaker and Boman (2014) conducted a secondary analysis on Sweden's Statistics of the Labour Market which concluded that the likelihood of people with

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hearing disabilities were amongst the highest to be employed, whereas, people with psychological disabilities were the least. Thus, inferred that people with hearing disabilities were likely to disclose their disability more frequently than those with psychological disabilities, as it is the least desired disability to have in employees.

A study regarding employee decision-making about disclosure of a mental disorder at work, was conducted by Toth and Dewa (2014) at a post-secondary educational institution in Canada, it discovered that employees automatically went into a state of non-disclosure that could be ascribed to the fear of stigmatization in the workplace because of the mental disorder. As a result, there has to be an incident or change that takes place that would influence the employee to disclose their disability, that is, the decision-making process. It is usually in that decision making phase where employees may possibly weigh the pros and cons of disclosure and decide that a state of non-disclosure is best. Grasping the decision-making process of the disclosure can help employers create effective interventions, policies, or programmes that help to minimize stigmatization in the workplace. In so doing, empowering employees who desire to disclose without being afraid of negative consequences (Toth & Dewa, 2014).

Some individuals with qualifying disabilities may choose not to disclose since they do not need accommodations, thus, resulting in the underrepresentation of individuals with a disability in the workplace (Von Schrader, Malzer & Bruyère, 2014).

1.2   Rationale of the study

The rationale for this study was to identify perceived factors that prevent employees from disclosing their disabilities. These factors can be used as a starting point to determine if they are actual factors of prevention faced by employees with a disability or disabilities in the workplace. Once the actual factors of prevention of disability disclosure are identified, measures can be put in place to try to eliminate those barriers. This may increase the disclosure of disability status by more employees.

There are many advantages to disclosure for both the employer and the employee. Disclosure leads to reasonable accommodation where necessary and requested. These accommodations allow individuals with disabilities to perform the vital functions of their job efficiently and productively. Usually, the accommodations that are needed cost very little to nothing at all (Solovieva, Dowler & Walls, 2011). Solovieva et al.,

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(2011) found that there are many benefits to accommodation whether direct or indirect. Some of the most commonly identified direct benefits of providing accommodations included qualified employee retention, increased worker productivity, and the cost-free training of a new employee. Indirect benefits of accommodation included better interaction with co-workers, an increase in the company morale and overall productivity of an organization.

Furthermore, disclosure and subsequent accommodations could result in the possibility of fewer people with disabilities leaving employment, thus, greatly increasing job tenure (Campolieti, 2007 as cited in Pennington, 2010). This was also proven in a self-reported survey conducted in Australia by Kirk-Brown, Van Dijk, Simmons, Bourne, and Cooper (2014) where disability disclosure was positively linked to job tenure since individuals with multiple sclerosis, who disclosed their condition to their employer, experienced higher job tenure. Another advantage of disclosure was workplace culture where employees felt at ease to self-disclose a disability. This served as an informal indicator of the employer's success in achieving a supportive workplace culture. Furthermore, seeing that their colleagues with disabilities are fairly treated can further build employee loyalty and commitment toward the organization. As a result, disclosure helps employers capitalize on the benefits of workplace disclosure (Von Schrader et al., 2014).

A review of the literature revealed that a number of studies, both quantitative and qualitative, have investigated the factors that prevent disability disclosure amongst the student population in institutions of higher learning. For example, Blockmans (2015), which looked at drivers for and barriers to disability disclosure of thirteen students with physical impairments at five Higher Education Institutions in Belgian. Similarly, a study done at an English Higher Education Institution in the UK by Jacklin (2011), where she looked at the perspective of a 'non-declaring' disabled student and what factors may have affected the student's decision not to declare her disability status and how this affected her experience in higher education. Another study conducted by Higbee, Katz, and Schultz (2010) in the USA, reported that due to a lack of acceptance of "hidden" disabilities students chose not to disclose a disability, and therefore not to make use of available support and academic accommodations. Hence indicating that a lack of acceptance can foster a state of non-disclosure. However, very few studies have been done on factors preventing disability disclosure of academic staff members

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at universities in the South African context. This may reveal the existence of gaps in understanding the factors that affect disability disclosure of university employees. Therefore, this study attempted to assist in filling the gap and contribute to the field of disability disclosure of university academic staff members.

Problem statement

Academic staff members at universities in South Africa are not disclosing whether they have a disability.

1.3 Research aim and objectives

Based on the research problem identified, the aim of the study was to investigate the perceived factors that prevent the disclosure of disability status by academic staff members to the employer.

1.3.1 Research objectives:

- To determine if there was a common understanding of the concept of disability amongst academic staff members.
- To determine the knowledge of the university's disability policy for staff amongst academic staff members.
- To identify the perceived factors that prevent disability disclosure amongst academic staff members.
- To explore the perceived effects of disability disclosure amongst academic staff members.

1.3.2 Research Questions:

- Is there a common understanding of the concept of disability amongst staff members?
- What knowledge does academic staff members have of the university's disability policy for staff?
- What are the perceived factors that prevent disability disclosure?
- What are the perceived effects of disability disclosure?

1.4 Thesis outline

This thesis consists of five chapters:

Chapter 1 Introduction. Comprises of the introduction, background of the study, research problem, rationale of the study, research aim, questions, and objectives, and the layout of the rest of the thesis.

Chapter 2 Literature Review. The literature review covers literature on disability, disclosure, and legislation dealing with disability in the workplace.

Chapter 3 Research Methodology. This chapter covers the research methodology that is employed in the study. The research approach, participants, data collection methods, data collection procedure and the data analysis techniques are discussed. In addition, the ethical considerations that need to be adhered to during the data collection procedure are also discussed.

Chapter 4 Presentation of the Results and Discussion. The main results of the findings are discussed and summarised.

Chapter 5 Conclusions and Recommendations. This is the last chapter. This section discussed the significance and limitations of the study and recommendations are given for future studies.

1.5 Conclusion

This chapter presented an overview of the study. It covered the background, research problem, rationale for the study and the research aim and objectives. It also gave a brief explanation of the various chapters that are to follow in the thesis. The following chapter will review the literature on disability, disclosure, and legislation dealing with disability in the workplace.

Chapter 2 - Literature Review

2.1   Introduction

Legislation, such as the Bill of Rights, guarantees equality before the law and freedom from discrimination. In ensuring the right is granted, the Employment Equity Act 55 of 1998 was established to eliminate unfair discrimination in the workplace. However, people with disabilities can only experience the benefits of the protection and reasonable accommodation of the Act if they choose to disclose their disability/ disabilities to their employer (Toth & Dewa, 2014). Present day professional guidance advocates for the disclosure of disability, though it is optional (Yeowell, Rooney & Goodwin, 2018). Therefore, it is surprising that people with disabilities are usually reluctant to disclose their disability in the workplace; instead, they automatically revert to a situation of non-disclosure (Toth & Dewa, 2014). For this reason, in an effort to try to understand disability disclosure in the workplace, the current chapter reviews and provides an overview of the literature relevant to the subject matter of the study. It will provide insights and discussions on the definition of disability and disclosure, models on disability disclosure, types of disabilities in the workplace, forms of disclosure and the decision-making process. In addition, factors that prevent disclosure of disability in the workplace, staff members with disabilities, and disability non-disclosure in Higher Education Institutions will be discussed. Various aspects pertaining to legislation dealing with disability will be presented.

2.2   Defining disability

There is no single definition of disability. The definition of disability depends on the perspective in a given context (Palmer & Harley, 2012). A popular definition proposed by the UN Convention on the Rights of Persons with Disabilities states, "people with disabilities are characterized with long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others" (UN Convention on the Rights of Persons with Disabilities, 2006). The World Health Organization (WHO) (1980) established the International Classification of Impairment, Disability and Handicaps (ICIDH) and defined disability in the context of health experience; "as any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being". Of recent, WHO revised the

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International Classification of Functioning, Disability and Health framework (ICF) and defined disability as a blanket term for impairments, activity limitations and participation restrictions. This definition aims at integrating both, the medical and social models of disability. Therefore, disability can be attributed to personal factors, environmental factors and the health condition of an individual.
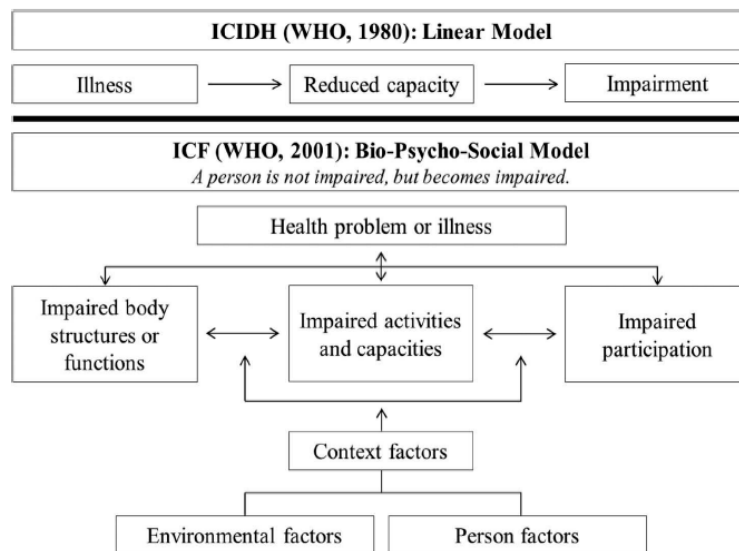
Figure 2. 1: Comparison of the new ICF model to the old ICIDH model

Source: Vornholt, K., Villotti, P., Muschalla, B., Bauer, J., Colella, A., Zijlstra, F., Van Ruitenbeek, G., Uitdewilligen, S., & Corbière, M. (2018). Disability and employment – overview and highlights. European Journal of Work and Organizational Psychology, 27(1), 40-55. doi:10.1080/1359432X.2017.1387536

Figure 2.1 is a graphical description of the definitions of disability. Firstly, disability is defined in a linear movement by the International Classification of Impairment, Disability and Handicaps whereas, the International Classification of Functioning, Disability and Health depicted disability as being multidimensional.

2.3 Models of disability discourse

A number of disability models have been developed; the Medical Model and the Social Model of Disability Discourse being the most popular (Haegele & Hodge, 2016). The Medical and Social models should not be seen as opposites as they both have their advantages and disadvantages. Instead, both models add to the understanding of disability as no single model can fully explain disability (Mitra, 2006). Likewise, there have been numerous hybrid models developed, for example, the bio-psycho-social

model by the International Classification of Functioning, Disability and Health, which was very influential (Palmer & Harley, 2012).

2.3.1 The medical model

In the beginning, disability was viewed from a religious discourse reflecting the views of Western Judeo-Christian society (Clapton & Fitzgerald, 2005, as cited in Humpage, 2007). As time progressed, the advancement in the medical and scientific field gave rise to the evolving nature of medical and science profession that overtook societal values and curing procedures as prescribed in the religious discourse. From the Medical lens, disability is an individual impairment that can be treated by the use of medical procedures, guidance and control of the medical professionals (Oliver, 1990, as cited in Humpage, 2007). Medical professionals viewed the work they performed from a medical or biological perspective, therefore, perceived disability as a biological outcome (Brittain, 2004). This view on disability indicated that the limited functioning of an individual was considered a deficiency (Mitra, 2006). The degree to which a person was able to function in particular roles and activities was the only determinant or measure of disability (Jette & Badley, 2000, as cited in Pledger, 2003). Within the medical model, the defining characteristic of a person with a disability was represented by the disability the person possessed, in turn, this affected the beliefs that those who functioned "normal" in society had towards them (Fitzgerald, 2006 as cited in, Haegele & Hodge, 2016).

The treatment of persons with disabilities is focused on removing the cause of or repairing the impairment (Bingham, Clarke, Michielsens & Van de Meer, 2013). The Medical Model proposed that challenges confronted by people with disabilities were independent of a broader physical, political or sociocultural environment (Brittain, 2004). However, some disabilities were unable to be removed or rectified with the use of medical advances (Haegele & Hodge, 2016).

Nevertheless, the Medical Model also has its shortcomings. Firstly, professionals in the medical field did not necessarily bear in mind what people with disabilities may have wanted or valued. Instead, they constructed labels and categories grounded on the person's bodily function (Haegele & Hodge, 2016). Secondly, the Medical Model had a pessimistic view of disability, whereby people with disabilities were addressed as sick and talked about in a deficit model orientation (Mitra, 2006). Therefore, the

dialect used may have had an effect on how others in society talked about and engaged with people with disabilities (Brittain, 2004).

2.3.2 The social model

On the other hand, there has been a change in the discourse of disability from the Medical Model that is commonly referred to as the old paradigm. The Social Model of disability has nine versions and is considered the new paradigm (Mitra, 2006). The versions include: the social constructionist version found in the United States; the social model version found in the United Kingdom; the impairment version; the oppressed minority (political) version; the independent living version; the post-modern (poststructuralist, humanist, experiential, existential) version; the continuum version; the human variation version; and the discrimination version (Pfeiffer, 2001).

The Social Constructionist Version (United States)

The Social Constructionist Version of the Social Model views disability as a social construct. In social situations, there is an interaction between stigmatized and normal people. People with disabilities are stigmatized by people who are regarded as normal or do not have disabilities. In addition, the identities of people with disabilities are constructed based on that disability or characteristic that makes them different Goffman (1963). However, there are shortcomings to this version of disability. Firstly, disability is viewed as unable to be changed. Secondly, defining disability according to social roles blames the individual with a disability for not complying. Therefore, this corroborates with the Medical Model that gives emphasis to the individual changing and not the society (Pfeiffer, 2001).

The Social Model Version (United Kingdom)

The Social Model version of the United Kingdom asserts that disability is caused by society and requires social change to rectify it (Mitra, 2006). This can be attributed to the society failing to provide appropriate services and sufficiently guaranteeing the needs of people with disabilities are fully taken into consideration in its social organization (Oliver, 1995, as cited in Pfeiffer, 2001). Pfeiffer (2001) stated that doctors often made decisions about social issues that were unrelated to medicine. Furthermore, the authorities who were responsible for the various social concerns that were of importance to people with disabilities often had the power to determine the

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needs of people with disabilities. However, they were not liable to help people with disabilities to meet those needs. According to the social model, disability is an individual tragedy and pathology. This version of disability states that societal structures place individuals with disabilities at a political and economic disadvantage in society. However, the Social Model could be interpreted in a manner that omits certain impairments and individuals may feel estranged from other individuals who have disabilities.

The Impairment Version

Critics of the Social Model such as Paterson and Hughes (1999) stated that impairment and personal experience are left unnoticed, however, they should be incorporated in the social model. It is said that impairment differentiates individuals with disabilities from other individuals. Therefore, if the impairment is removed, all individuals are the same. The impairment version is dismissed by advocates such as Branfield (1999), who contended that everyone has an impairment of some kind and therefore this version was not well defined enough to be utilized. However, Paterson and Hughes (1999) stressed that this impairment version gave fault to individuals who have the impairment and not to the social structures who create this disadvantage. Thus, the reintroduction of viewing impairment as a tragedy that can be fought against (Branfield, 1999).

The Oppressed Minority (Political) Version

The Oppressed Minority (political) version states that discrimination and segregation is prominent towards individuals with disabilities. They face architectural barriers in addition to attitudinal, sensory, cognitive and economic barriers. Individuals with disabilities are treated as second-class citizens as their experiences may be similar to an oppressed minority group (Mitra, 2006). Corker (1999) contends that the major issue with this version was that it had an insufficient theoretical basis. This version needs to retreat from the notion that all experiences can be expressed in dichotomy terms because this limits what individuals with disabilities are able to do and understand. On the other hand, this version provides insights that can be included in the research. This version is also very useful in understanding the behaviour of individuals with disabilities.

The Independent Living Version

The Independent Living version of disability regards the individual with a disability as an accountable decision maker (DeJong, 1979). Within this version of disability, the individual with the disability has the right to choose or refuse professional advice. Refusal of professional advice does not constitute a limitation of their social rights in society. Thus, the individual with a disability has the basic right to choose (DeJong, 1979). The problem arises with the professionals and others as they have a controlling attitude, insufficient support services, and various barriers that are cognitive, sensory, attitudinal, architectural and economic. The problem can be solved through self and system advocacy, removal of barriers and outcomes decided upon by individuals with disabilities. Morris (1991, as cited in Pfeiffer, 2001) stated that there is nothing about the people without the people. This version seeks to support these rights, and in the absence of these rights, the support is unattained or will be short-lived.

The Post-Modern, Post-Structuralism, Humanist, Experience, Existentialism Version

This version of disability focuses on cultural studies and annotates that culture is a political and social construct (Foucault, 1980, as cited in Pfeiffer, 2001). It vigorously analyses existing knowledge to find the basic orientations and unstated assumptions applied to disability and individuals with disabilities. There are questions around whether it is likely to reconstruct a theory of modern society and culture as a result to understand a situation such as disability. Furthermore, this version is separated from reality and is irrelevant to the individual with a disability encountering barriers and discrimination; and is in desperate need for service (Pfeiffer, 2001).

The Continuum Version

Overall, the various versions have some commonality as they all relate or represent disability in some way. Zola (1989, as cited in Pfeiffer, 2001) stated that the interaction between the environment and the impairments of individuals created problems faced by these individuals. The quality of life of individuals with disabilities and society as a whole can improve by making adjustments in employment policies, transportation and housing. Many people will eventually, acquire a chronic illness and or activity limitations, therefore, universal adaptions are required in order to prevent the

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separation of individuals with disabilities that exist in society today. The continuum version is regarded as more of a nuance than a developed version of a disability model. However, this version is useful in explaining why individuals without disabilities (non-disabled) should be concerned about the needs and experiences of individuals with disabilities (Pfeiffer, 2001).

The Human Variation Version

According to the Human Variation version, individuals with disabilities experienced discrimination because of the manner in which people viewed and reacted to them and not because of shared group characteristics. Scotch and Schriner (1997, as cited in Pfeiffer, 2001) suggested that the foundation of any useful paradigm of disability should be multidimensional in the nature of the disability. However, there was a major concern in arriving at a consensus on the definition of disability since the definition should encompass various impairments, cultural implications and social settings in which a barrier to a particular individual with a disability is of insignificant effect to another (Zola, 1993a, as cited in Pfeiffer, 2001). The Human Variation Model is linked to the limitations of social institutions that did not cover the extensive differences in the population of individuals with disabilities. Thus, institutional efficiency established on standardization does not work for individuals with disabilities.

Therefore, a social system that is flexible in fully accommodating an individual with disability results in the disability ceasing to exist. Even though discrimination exists, there is an inability of social systems to react to human variations. In spite of stereotyping and discrimination disappearing, individuals with disabilities would still face problems. Two issues are addressed by the Human Variation version. Firstly, it is dependent on the notion of normal, which is culturally bound and can be viewed as ambiguous as the consensus of what is the normal way of carrying out a particular function is not clearly defined. Secondly, the Human Variation version is based, in part, on the misunderstanding of the ADA, which is a civil rights statute, and not an entitlement of any sort as suggested by Pfeiffer (2001).

The Discrimination Version

This version of disability originates from the notion that many individuals with disabilities live their lives normally as though they do not have a disability. It is only

when they have experienced acts of discrimination based upon artificial barriers in society that they feel disabled. This discrimination is caused by the shortage of adequate architectural access, and or attitudinal, cognitive, sensory and economic barriers. Therefore, individuals with disabilities feel as though they are being treated unfairly as compared to their non-disabled counterparts. Ultimately, it is the discrimination thread that makes sense of the various versions and brings them together.

Discrimination plays a prominent role in understanding disability; therefore, disability is a policy issue and not a medical or health issue. However, when disability is regarded as a policy issue, disability rights become civil rights. The right of a person with a disability to be treated in a fair manner in the same way as others is a civil right and civil rights are not dependent on the availability of funds or appropriation thereof (Waddington, 1996, as cited in Pfeiffer, 2001). Particular individuals receive privilege in society and others have to fight for equal treatment. Wildman (1996, as cited in Pfeiffer, 2001) stated that some people receive benefits while others, such as those with disabilities, are told that it is costly.

The 'General' Social Model

Every social model has similarities concerning determining and analyzing the notion of the disability discourse. Hence, a further review of the various models will be done in conventional terms as the 'Social Model' (Haegele & Hodge, 2016). According to the Social Model, the term disability and impairment are separate. Impairment is an irregularity of the human body, whereas, disability is the limitation of activity brought about by society. In this way, an individual does not have a disability, instead, the person experiences disability (Putnam, 2002). The Social Model of disability discourse regards disability as a social construct and an outcome of society's absence of mindfulness and concern about those who may have a need for some adjustments to live full productive lives. In addition, Smeltzer (2007) denoted that the Social Model does not take into account medical diagnosis, illness or injury in its definition of disability. Instead, the public is the reason for disability, which is an outcome of an environment created for the able-bodied majority. Therefore, the Social Model proposed that solutions should be aimed at society rather than the person (Bingham et al., 2013). According to Brittain (2004), there is a need for stringent policies that

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should be put in place to protect and prohibit discrimination against people with disabilities. This will not only change people's perceptions of disability, but will apprehend offenders, thereby, uplifting the constitutional rights of victims or people with disabilities. Actions like these could change society from one that discriminates against people with impairments to one of social inclusion (Palmer & Harley, 2012).

However, one shortcoming of the Social Model of disability discourse is that the model is unsuccessful in addressing impairment as a noticeable attribute of a person, which is a vital part of their lived experience (Palmer & Harley, 2012). It is clear that the Social Model tries to split impairment from disability entirely (Bingham et al., 2013). Another shortcoming of the Social Model is that it does not take into consideration the differences among people with disabilities. The model does not consider other differences such as sexual orientation, race or gender (Fitzgerald, 2006, as cited in Haegele & Hodge, 2016).

Therefore, it is evident that various models provide definitions of disability and have notable limitations to them because no single model fully defines disability. In addition, these models articulate that human life can only be represented to a certain extent, as it is not definite and precise (Llewellyn & Hogan, 2000).

The 'general' Social Model of disability was used as the operational basis of the study. The Social Model recognizes and directs attention to the social and structural environment of society. The model also shows how people with disabilities can be integrated into society and enjoy the same basic human rights and fundamental freedoms as others through the arrangement and modification of society. With a specific focus on the work environment, removing environmental barriers will enable employees with disabilities to be productive without the need of self-identification and requests for accommodations (Shigaki, Anderson, Howald, Henson & Gregg, 2012).

2.4 Types of disability in the workplace

There are various types of disability and the extent to which it influences an individual's life can vary from minor to severe. Some disabilities may be visible and easy to notice, such as physical disabilities, for instance, amputation. On the other hand, non-visible disabilities are difficult to detect and they include psychiatric disabilities, for example, post-traumatic stress disorder (Santuzzi et al., 2014).

Some of the common disabilities include blindness (total loss of sight), visual impairment (partial vision), congenital disability (a physical impairment from birth), deafness (total loss of hearing), hard-of-hearing (limited hearing loss varying from minor to significant), epilepsy (normally demonstrated by seizures or involuntary muscular contractions), mental disability (psychiatric disability as a result of a biological, physical, psychological or chemical disorder of the brain), cognitive disability (substantially below average intellectual functioning), motor disability (resulting from damage to the central nervous system), paralysis / spinal cord injury (hemiplegia affects full or partial paralysis of one side of the body caused by brain damage) and speech impairment (limitation or difficulty to understand speech patterns) (Fasset, 2009).

However, not all disabilities are acknowledged or considered in the workplace because most workplaces seldom give a positive response to behavioural changes in relation to performance. Consequently, illness-related participation disorders are particularly appropriate in the domain of work (Vornholt et al., 2018). In the workplace, the type and degree of disability experienced is an outcome of the individual's body or functional impairment and the work setting, which consists of the work demands and environment the individual with the impairment is faced with (Vornholt et al., 2018). Ultimately, in the South African workplace, an individual is considered to be disabled if they meet all three criteria requirements as set out in the definition of disability in the Employment Equity Act 55 of 1998. The Act states that disability is viewed in relation to its effect on the person in the context of their working environment and not the diagnosis or impairment. Therefore, an individual with a disability; 1) has a physical or mental impairment; 2) that is long-term or recurring and 3) substantially limits the individual's prospects of entry into, or advancement in employment.

2.5 Defining disclosure

Disclosure is the act of an individual informing another of an issue which another individual may not know. Initially, it is the action taken in exposing or acknowledging a characteristic (Santuzzi & Waltz, 2016). According to Charmaz (1991, as cited in Charmaz, 2010), disclosure is a revelation about oneself whereby an individual expose something which he or she considers not to be completely visible or known to another individual or individuals. Similarly, Brohan, Henderson, Wheat, Malcolm, Clement,

Barley, Slade and Thornicroft (2012) defined disclosure or self-disclosure as the course of action of conversing information about oneself verbally to another person.

In connection with disability, Stanley, Ridley, Harris and Manthorpe (2011) defined disclosure as the sharing of information on the subject of disability to an employer or institution of higher education when it is realised that it is an irreversible action and that information would be kept possession of and that completing a confidential monitoring form does not constitute disclosure. Disability disclosures consist of intentions, identity claims, contingencies, and confessions. As a result, disclosure can expose the individuals' deep-seated concerns and indicate the individual's possible future. After disclosure, it is impossible to take back regardless if it is not heard or remembered. Concisely, disclosures are private, identifying, irreversible, but often, involuntary (Charmaz, 2010). However, Ellison, Russinova and MacDonal-Wilson (2003) stated that disclosure might not always be deliberate.

2.6   Forms of disclosure

Disclosure is a complex behavioural process that cannot be limited to disclosure or non-disclosure. Therefore, disclosure is considered within four dimensions namely: 1) voluntary or involuntary (is disclosure under the individuals control or is the illness visible in speech, behaviour or appearance); 2) full or partial (which aspects of the illness to disclose); 3) selectiveness (e.g. whether to disclose widely or to select individuals only); and 4) timing of the point at which disclosure is made (e.g. at pre-employment stages or once employed) (Brohan et al., 2012). Likewise, Rocco (2001, as cited in Pennington, 2010) stated that when determining whether to disclose a disability, the person must take into consideration when and to whom to disclose the disability. Disclosure is in conjunction with deciding the worth of the disclosure, the possible encouraging and discouraging reaction from others and the worth of the accommodations that can be achieved. Munir et al. (2005) mentioned two forms of disclosure, namely partial self-disclosure and full self-disclosure.

Partial self-disclosure is the process whereby an employee informs his/her line manager about having a chronic illness, whereas, full self-disclosure is when the employee informs their line manager about how that chronic illness affects him/her at the workplace. Furthermore, Stanley et al., (2011) defined disclosure, specifically partial disclosure, as revealing one disability where the person has a number of

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disabilities or downplaying the effect or degree of a specific disability. Individuals with non-visible disabilities can exercise a certain degree of control in relation to disability disclosure as they can partially control how they are viewed and dealt with. On the other hand, individuals with visible disabilities could possibly carry out some level of control over deciding whether to disclose their disability in particular situations, such as in cyberspace (Bowker & Tuffin, 2002, as cited in Stanley et al., 2011) but their control is limited to such settings. Alternatively, individuals with non-visible disabilities might decide to disclose partially or not at all over various environments and situations (Stanley et al., 2011). Ragins (2008, as cited in Irvine, 2011) perceived that disclosure is not an all-or-nothing phenomenon but takes place on a continuum, meaning that it happens in and outside the work environment.

2.7   Disclosure decision-making process

Disclosure is defined as a process instead of an event (Stanley et al., 2011). Brunner (2007, as cited in Irvine, 2011) differentiated the understanding of the disclosure and the mechanics of disclosure. The understanding of disclosure is seen as what it is, and the mechanics of disclosure is how it takes place. Charmaz (2010) stated that for individuals with chronic illnesses, the disclosure would hardly cease to exist. Hence, comprehending the disclosure decision-making process could help employers to generate successful programmes, policies or interventions that can devise ways of decreasing stigma in the workplace. Thus, reducing the reluctance of disclosure by employees in the workplace due to the fear of negative consequences (Toth & Dewa, 2014).
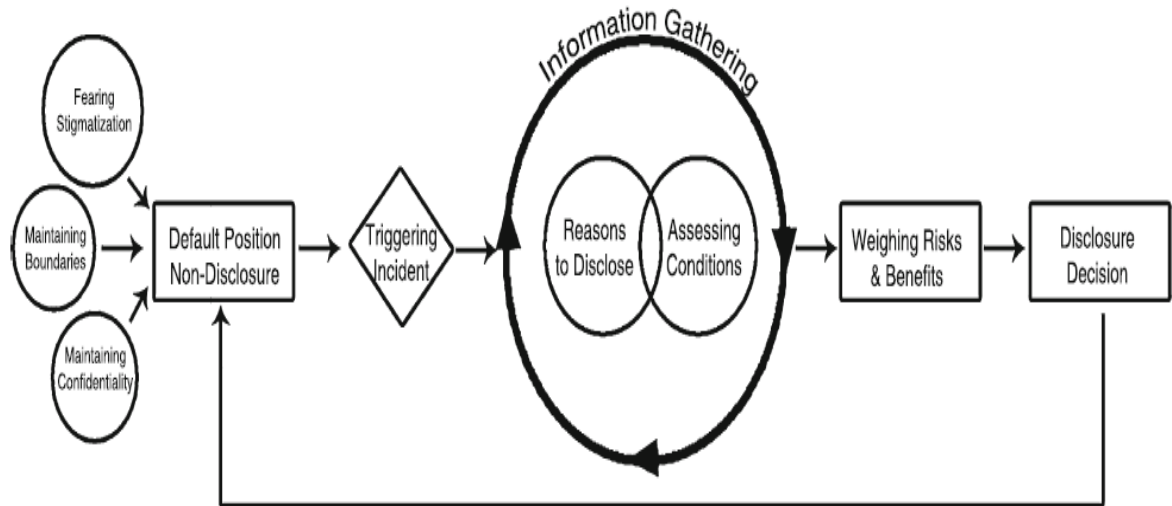
Figure 2. 2: The disclosure decision-making process

Figure 2.2 illustrates the pathway followed by an employee with a mental disorder in the disability disclosure decision-making process in the workplace. As depicted in Figure 2.2, employees start from a position of disability non-disclosure in stigmatized conditions. This can only be changed if there is a significant reason to shift away from this automatic state of non-disclosure. The decision-making process is represented as a risk-benefit analysis, through which employees evaluate the risks and benefits in the prevailing situation as they evaluate it.

2.8 Factors that prevent disability disclosure in the workplace

The factors that prevent or discourage the disclosure of disability in the workplace are classified into three, that is, personal, environmental and systematic (Association on Higher Education and Disability, 2013). Personal factors include the type of disability, personality, self-identity, experiences of the individual, attitudes and conditions. Environmental factors encompass co-workers, managers, organizational culture and the physical environment. Lastly, systematic factors involve wider structures such as policies, legislation, supports and grants on local and national levels pertaining to work and equality.

Disclosure by individuals with physical or visible disabilities is seen as more of a discussion of acknowledgement of the disability rather than a disclosure (Jans et al., 2012). The acknowledgement/disclosure of a disability is more prevalent as sensory and physical impairments require a greater need for physical accommodations in the workplace (Wilton, 2006). On the other hand, individuals with hidden disabilities (non-visible) see disability disclosure as more of a personal choice and do not require physical accommodations. Similarly, in a case study done by Frndak, Kordovski, Cookfair, Rodgers, Weinstock-Guttman and Benedict (2015) on employed multiple sclerosis patients in Buffalo, New York, findings indicated that patients had doubts concerning the disclosure of their diagnosis at work, dreading harassment, early termination or other forms of discrimination. In addition, continued positive performance, fear of discrimination and new-hire status prevented individuals from disclosing their disability status to their employer. The findings also suggested that some individuals did not disclose their diagnosis until the visibility of their disease made the disclosure an explanation more than a revelation. How individuals saw themselves also influenced whether they would risk disclosure, or if they viewed disclosure as risk (Charmaz, 2010).

In a qualitative study done by Wilton (2006) on agency clients' work experience in Canada, the findings of the study revealed that individuals with disabilities viewed disability disclosure as a challenging situation. Individuals chose not to disclose their disabilities to overcome negative outcomes such as job loss. Similarly, a study by Dewa (2014) in Canada focusing on worker attitudes towards mental health problems and disclosure reviewed that the fear of damaging an individual's career was the main cause of non-disclosure of mental illness in the workplace. Avoiding negative attitudes, stigma and actions by colleagues were among the other factors that caused non-disclosure of people with mental health issues in the workplace. This is in conjunction with the focus of a study by Evans, Edwards, McGregor and Upton (2016) on staff in the Australian Public Service Sector which found that individuals with disabilities are reluctant to disclose their disability due to fear of losing their health care benefits, jobs and future career opportunities. In addition, people with disabilities feared that people would focus more on their disability instead of the skills and abilities they possess.

In a research study by Goldberg, Killeen and O'Day (2005, as cited in Pennington, 2010), results indicated that the stage of recovery within an individual with a psychiatric

disability determined whether they would disclose their disability. As individuals were close to recovering, they were unlikely to disclose their disability. In addition, in an attempt to blend in with fellow work colleagues, individuals with disabilities adhered to non-disclosure. Goffman (1963, as cited in Vickers, 1997) also mentioned that employees would make use of strategies such as passing and/or covering to escape stigmatization. Passing refers to the behaviour taken on by the individual with a disability to try to pass as an individual without a discrediting stigma. Whereas, covering is behaviour undertaken by an individual with a disability to hide any trace of a condition that causes stigmatization and known to others. Both of these techniques could be of use to people with disabilities, however, it depends on the situation and the disclosure policy they prefer. Vickers (1997) stated that there were dominant reasons why people chose not to disclose their illness to their employer unless they were coerced to do so. Some of the reasons included low self-image, negative attitudes and social pressure, stigmatization and labelling by people in the workplace, and evasion of the pressure related to legal corrective measures. Likewise, Irvine (2011) also mentioned discrimination and stigma as reasons for non-disclosure of mental health problems in the workplace.

The work environment was also a factor that could constrain people to disclose an impairment. A study by Wheat, Brohan, Henderson and Thornicroft (2010) that investigated mental illness disclosure in the workplace revealed that employers displaying a tendency of stigma are likely to discriminate employees with mental illness from promotion opportunities. Findings also revealed that managers and other employees working with people with mental illnesses displayed a propensity to micro-manage cynical behaviour, harmful gossip, and other slight ways of social exclusion that would discourage disability disclosure by others in the workplace.

Ellison et al. (2003) conducted a study using a national mail survey in the United States of America (USA) on workplace disclosure among professionals and managers with psychiatric conditions. Findings revealed that all individuals chose non-disclosure of their disability due to the problems that might arise for them and the need to retain their jobs. Nearly all non-disclosure participants in the study considered it an attempt to be perceived as normal as everyone else, as disclosure would not make this possible. In addition, concern around biased work evaluations was mentioned, as

disclosure would have an effect on subsequent promotions. Ellison et al. (2003)'s findings also revealed that there were also concerns about whether colleagues would gossip or avoid them if they were to disclose their disability. Some of the individuals did not disclose because they were advised not to do so by their therapist.

Another factor that may prevent employees from disclosing their disability status was that they might not be aware of their disability or identify as having a disability. In a study by Irvine (2011) about disclosure of common mental health problems at work, asserted that employees did not necessarily did not disclose their mental health issues because they never perceived what they were going through might need the participation or involvement of their employer. However, regardless of an employee acknowledging that they have an impairment and it qualifies as such in the legislation, it is not assured that the employee will identify or associate themselves as a person with a disability (Mpofu & Harley, 2006, as cited in Santuzzi & Waltz, 2016).

Disability identity is a dynamic concept and Figure 2.3 illustrates the various factors that influence the way in which an individual develops a disability identity. Disability identification in the workplace is influenced by numerous factors such as the intra-individual experiences of impairment, the interpersonal interactions of individuals, the environment of the organization, and the societal level changes that affect the boundaries of category inclusion.

Dynamic Nature of Disability Identity
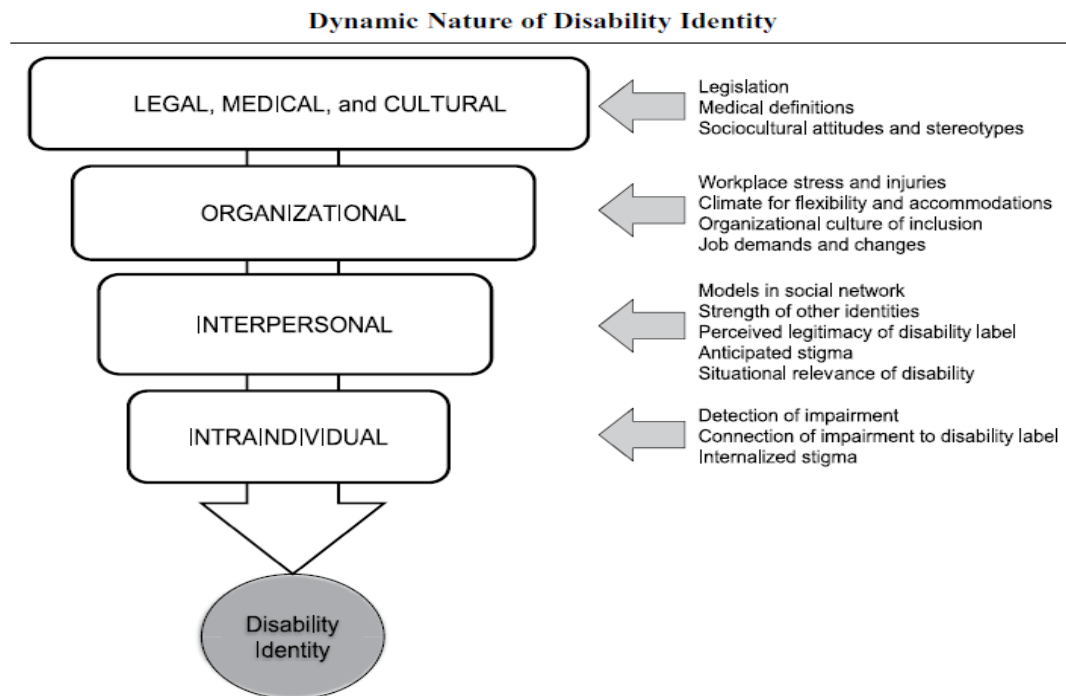
Figure 2. 3: The formulation of a disability identity

Nonetheless, an individual may not see their disability as their main identity in the workplace and may view their occupational identity as a more important means of identification in the workplace (Santuzzi & Waltz, 2016). However, when a disability identity is developed it forms part of a multifaceted concept of self that exists in addition to other identities, such as role, personal and social. It is also not a fixed feature and it is changeable over time and circumstances (Barnartt, 2010, as cited in Santuzzi & Waltz, 2016). Therefore, disability identity or the lack of disability identity may prevent an employee from disability disclosure in the workplace.

Overall, many factors prevent disability disclosure in the workplace. Some factors are situational and unique to the environment where the disability is present. It is also clear from the literature that there are certain factors that appear frequently in studies of disability disclosure in the workplace. Against this backdrop, Ellison et al. (2003) purported that the prominent factors that affect disability disclosure are not limited to fear of discrimination, stigmatization, and biased work evaluations or lack of promotion.

2.9 Staff with disabilities in Higher Education Institutions

Higher Education Institutions have continually shown interest and reported extensively on the prevalence and issues of students with disabilities, however, this was not the case when it came to staff with disabilities. Shigaki et al., (2012) reported that there was a popular belief that public universities are environments that embrace diversity and aim to meet the needs of students with disabilities. In contrast, this was not the case for the workforce in Higher Education Institutions as it is an under researched.

Nonetheless, in recent times, from an international perspective, there has been a growing interest in knowing the prevalence of staff with disabilities in Higher Education Institutions. In the United Kingdom, there has been an extensive focus on staff with disabilities in higher education. Advance HE (formerly Equality Challenge Unit) released its annual report entitled the Equity and Higher Education Staff Statistical Report for 2018 which reported on the disability disclosure rate of academic staff that has remained continuously lower than those of professional and support staff. The report also gave an extensive breakdown of the various staff with disabilities and the types of impairments that they possessed. It also covered the profile of staff by their activity, contract type and disability status, thus made it possible to compare disclosure rates and trends over time.

In South Africa, the statistics on staff with disabilities in Higher Education Institutions is scant. The Statistics on Post-School Education and Training in South Africa report for the year 2016 that was released in March 2018 described the number of staff in Higher Educational Institutions based on gender, population group and personnel categories, however, it did not cover the breakdown of staff with disabilities. Furthermore, due to all staff with disabilities not reporting their disability to their institution, the figures were based primarily on those who reported having a disability, resulting in an under-reporting of staff with disabilities in Higher Education Institutions.

2.10 Disability non-disclosure in Higher Education Institutions

As previously stated, few studies have been conducted on the factors preventing disability disclosure of academic staff members in Higher Education Institutions, especially in the South African context. In a study by Munir, Leka and Griffiths (2005) on the predictors for self-disclosure of chronic illness at work by employees at a United Kingdom (UK) university, employees were asked to complete a questionnaire about

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the management of chronic illness at work. Findings revealed that for partial disclosure, academic staff members were not very likely to disclose a chronic illness to their line manager or Head of Department. This was due to the flexible work hours that they had. In turn, it made it easier for them to control and hide their ailment while being at work, therefore not needing to disclose. In addition, Beatty (2001, as cited in Munir et al., 2005) stated that disclosure was less likely among professionals like teachers as there was pressure in maintaining competence, reliability and credibility. However, the study did not specifically identify barriers to disclosure such as poor self-esteem and fear of rejection.

In a study done by the Equity Challenge Unit (2008) that investigated factors impacting disability disclosure of employees in the UK Higher Education Institutions, it was found that, regardless of the efforts by employers in creating disability awareness campaigns, disability is a multi-faceted psychosocial issue that is triggered by a myriad of factors and remains embedded in people's insecurities. In addition, it would be unlikely that all staff with disabilities would disclose their disability to the institution irrespective of the support that is provided. Furthermore, the study found that even though some employees may meet the legal definition of disability, they might be unaware of it and others may choose not to associate with this term as part of their identity. Equity Challenge Unit (2008)'s findings concurred with the Equality Forward (2007)'s findings which proposed that the fear of negative consequences was as a major factor which individual's considered before disclosing their disability to the employer. The authors further noted that disability disclosure may negatively affect future job opportunities.

Shigaki, Anderson, Howald, Henson and Gregg (2012) conducted a study with a U.S. university's faculty members that aimed to understand the degree to which employees were aware of disability issues, barriers and supports. Findings divulged that the majority of respondents did not disclose their disability, whereas, some respondents indicated that even though they experienced a physical or mental condition that restricted their functioning at work, they failed to regard it as a disability. This lack of self-identification was attributed to the fear of undesirable work outcomes, such as an unwelcoming work environment, harassment by colleagues or managers, or hostility. It is clear from the results that some employees were uncomfortable being given

sympathetic accommodation because of disability disclosure to the employer. The study also noted that it was not ideal for employees to disclose their disability to the Human Resources Department upon employment (Shigaki, et al., 2012). Furthermore, the procedure for gathering information was suboptimal, as it did not take into account those employees who may have acquired or developed a disability after their time of appointment. Therefore, having considered these facts, it was likely that the reported figures of people with disabilities in the higher education institution were under-represented (Shigaki, et al., 2012).

From the reviewed literature, it is evident that factors preventing disability disclosure vary from institutions to institution and from individual to individual. However, there are common factors that prevent disability disclosure of staff in Higher Education institutions that are not limited to fear of negative outcomes, discrimination, social exclusion, and lack of understanding of one's own disability status.

2.11 Brief overview of the University under study

The university under study is a historically disadvantaged institution. During the Apartheid era, the university was a predominantly "Coloured" institution of higher learning. In 1960, the institution's first group of students consisted of only 166 individuals who enrolled for limited training in positions of low and middle level, schools, civil service and other institutions designed to serve a separated Coloured community. Post-Apartheid, the university made greater strides towards transformation by formalising its 'open' admissions policy to all South African students, paving the way for rapid growth (Mirfin, 2015). By 2016, the university had a student population of 21 797 spread across 7 faculties namely Arts, Community and Health Sciences, Dentistry, Education, Economic and Management Sciences, Law and Natural Science. To accommodate this growing number of students, for the same year, the university had a workforce of 1 631 staff members made up of academic, administrative and technical/support (Annual Report, 2016).

Priding itself on its great progress around transformation, the university values and is committed to diversity, equity, inclusivity and fairness (IOP, 2016). Therefore, university policies are reflective of these values and beliefs. Particularly when it comes to staff and students with disabilities. The university has a disability policy for students and a separate policy for staff members with disabilities.

As the study focused on employees with disabilities, attention will be given to the Policy on Staff with Disabilities and the legislation that influences it. The Disability policy covers various aspects such as the Definition of Disability, Reasonable Accommodation for People with Disabilities, the Recruitment and Selection Process, Retaining People with Disabilities, and Confidentiality and Disclosure of Disability. In addition, the policy promotes the rights of individuals as enshrined within the RSA legislation such as the Bill of Rights, The Employment Equity Act, the Labour Relations Act and the Broad-Based Black Economic Empowerment Act.

In the disability policy document, the university contextualises disability in the workplace by stating that it concentrates on the effect a disability has on an individual in the context of the working environment and not on the type of impairment itself. Under the Definition, the university has Section 1 of the Employment Equity Act 55 of 1998 as the definition, which defines disability or people with disabilities as "people who have a long-term or recurring physical or mental impairment, which substantially limits their prospects of entry into, or advancement in, employment". Under Reasonable Accommodation for People with Disabilities, the document refers to Section 1 of the Employment Equity Act again, whereby defining reasonable accommodation as "any modification or adjustment to a job or to the working environment that will enable a person from a designated group to have reasonable access to or participate or advance in employment". Further, under this section the university states how it will be committed to reasonably accommodating staff with disabilities in the workplace, if it is evident that an individual has a disability or they have disclosed.

However, the university will not accommodate individuals if it imposes an unjustifiable hardship to the university. Under Recruitment and Selection, the policy lists the process the committee should follow during the recruitment and selection process. It also includes the procedures taken in the advertisement of posts, the selection panel, job offer, conditions of employment and, training and development. Under Health and Safety, the document states that the university will provide and maintain a safe and healthy working environment. In addition, the policy states that the university is under no obligation to employ an individual if the university can show that the individual with a disability would constitute an actual risk to themselves or other people, which could

not be removed or minimized by appropriate accommodation. Under Pre-Benefit Medical Examination, the document states that, employees may need to undergo medical examination or tests before becoming members of employee benefit schemes that are available within the employment relationship. The tests conducted are to ensure an individual's suitability for membership and has nothing to do with the individual's capability to carry out the inherent requirements of the job. As a result, the university may not refuse to recruit, train or promote any individual just because that individual was denied membership to a benefit scheme. Under Retaining People with Disabilities, the document states that the university will, where possible, make every effort to reintegrate an employee who has become disabled during employment, back into the workplace. The line manager will establish with the employee if the disability can be reasonably accommodated and where rational encourage early return-to-work.

If practical, the Dean/executive member will search different avenues of work to ensure that employees are not required to discontinue their employment. Under Termination of employment, the document states that the university will terminate the employment relationship in the event the university is incapable of retaining the employee in employment. The university will provide the employees with appropriate assistance and ensure that when they do terminate, that they do not make use of any criteria that will either, directly or indirectly discriminate against people with disabilities. Lastly, under Confidentiality and disclosure of a disability, the document states that the university will protect the confidentiality of an employee when they have disclosed and ensure the information is kept separate from the general records of the employee. Individuals can conceal their disability status but must keep in mind that if the university is unaware of the disability they are under no obligation to provide accommodations. Furthermore, it states that employees can disclose their disability at any time, even if no immediate accommodations are required (HR Policy Document, 2014).

In addition, the University Institutional Operating Plan of People framework aims at increasing the equity and diversity of its staffing profile. The document stipulates black South African male and female, women and people with disabilities as a priority. This is to ensure historic inequalities are addressed and that the workplace is representative of a larger society. In 2016, of the 1 631 staff population at the university, only 18 permanent staff members declared a disability to the university (EE

Plan, 2016). Declaring a disability remains a challenge, hence the university has introduced awareness workshops to help and improve the number of disability disclosures amongst university staff.

2.12 Disclosure and the law

When employees acquire a disability they are confronted with the decision whether or not to disclose their disability at work. From a legal standpoint, disclosure of disability at work varies from country to country.

2.12.1 Disability disclosure in the United States of America

The Americans with Disabilities Act (ADA) was established in 1990 as the main piece of legislation protecting and promoting people with disabilities in employment. The ADA was the original federal disability-based anti-discrimination law that pertained to a comprehensive range of workers (Burkhauser, Schmeiser & Weathers, 2012). The Act defines disability as "a physical or mental impairment that substantially limits one or more major life activities." According to the ADA, a person with a disability needs to either have a record of the impairment or possess an impairment. Under the definition of the ADA, a person does not have to have a disability that is affected by the Act. In addition, the Act is not very precise about the timing of disabilities (Bell & Heitmueller, 2009). The ADA has five titles to it. The first one, however, covers the prohibition of any form of discrimination against individuals with disabilities in all employment-related activities, such as hiring, pay or benefits. A job candidate is not required to disclose a disability to their potential employer; but only at the time of receiving a job offer. Furthermore, the ADA requires that employers provide individuals with disabilities with reasonable accommodations. These accommodations should be successfully implemented and should not constitute an undue hardship to the employer (Vornholt et al., 2018).

2.12.2 United Kingdom

The Disability Discrimination Act (DDA) of 1995 was a civil rights law introduced in the UK. It defines disability as a physical or mental impairment that has a substantial and long-term adverse effect on the individual's ability to carry out normal day-to-day activities. Long-term adverse effects refer to conditions that have lasted 12 months, will be lasting for 12 months or will last for the rest of the individual's life (Bell &

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Heitmueller, 2009). Similar to the ADA, the DDA aims to eliminate barriers to employment for individuals with disabilities. However, additional costs imposed by legislation such as hiring and firing, potential lawsuits and adjustment costs may lower employment rates instead of raising them (Bell & Heitmueller, 2009). The Disability Discrimination Act has been repealed and replaced by the Equality Act in 2010, with the exception of Northern Ireland, where the Act is still relevant. The Equality Act was created to ensure consistency and fairness in the workplace environment and compliance with the law. To achieve this, the Equality Act provides employers with comprehensive instructions in dealing with individuals with disabilities (ACAS, 2010). The same groups that were covered in previous legislation, such as the Disability Discrimination Act, are now all covered in the Equality Act under 'protected characteristics'.

The Act limits the conditions for when employers can ask health-related questions prior to having offered the person a job. The Act also extends power to a tribunal to make recommendations so that an organization   may take steps to remove or decrease the effect of discrimination for all employees.

2.12.3 South Africa

The RSA adopted the UN Convention on the Rights of Persons with Disabilities (CRPD) and its Optional Protocol in 2006. Prior to the convention, individuals with disabilities had the same general rights as everyone else, even though they were not always able to exercise them fully. It is for this reason that the CRPD went beyond simply reiterating the rights and created new rights. The CRPD also provided details to states on the procedures to ensure those rights were upheld, as it is the initial human rights convention to protect individuals with disabilities (Harpur, 2012). Hill and Blanck (2009, as cited in Harpur, 2012) stated that once ratified, the challenge was to ensure the implementation. The CRPD should be considered as a roadmap for transformation and not merely as a technical standard.

The CRPD has been instrumental in promoting disabled people all over the world. Numerous organizations are now engaging with the CRPD and calling on states to ratify and implement the convention. South Africa heeded to the call on becoming a signatory to the CRPD, although Burns (2011) argued that the government has not been carrying out its obligations and responsibilities as per the CRPD. Prior to

becoming a signatory, the South African Government also passed additional pieces of legislation linked to disability such as the Promotion of Equality and Prevention of Unfair Discrimination Act (PEPUDA) of 2000.

Promotion of Equality and Prevention of Unfair Discrimination Act (PEPUDA) of 2000

The PEPUDA of 2000 aims at preventing, prohibiting, and eliminating unfair discrimination; hate speech and harassment. The act is in line with the Constitutional rights which states that no one may unfairly discriminate against any person on the ground of disability, including:

- denying or removing from any person who has a disability, any supporting or enabling facility necessary for their functioning in society;
- contravening the code of practice or regulations of the South African Bureau of Standards that govern environmental accessibility; and
- failing to eliminate obstacles that unfairly limit or restrict people with disabilities from enjoying equal opportunities or failing to take steps to reasonably accommodate the needs of such people.

However, the implementation of the policies had a minimal effect on the lives of a large community of individuals with disabilities in South Africa. Some of the main causes have been attributed to 'policy evaporation' within South Africa due to a shortage of budgetary distributions, the lack of experienced professionals assigned to ensure successful implementation of these policies, and also the existence of procedural bottlenecks (Dube, 2005).

In addition, South Africa has released the Integrated National Disability Strategy of 1997, which attempted to guide and contribute to the development of persons with disabilities and to promote and protect their rights. The guide in itself states that there is a severe shortage of information on the nature and popularity of disability in the country. Through its research, it is estimated that 5 to 12% of South Africans have a moderate to severe disability.

Legislation dealing with disability in the South African workplace

People with disabilities are often confronted with challenges in their everyday lives and more so in the workplace. Abroad, America has legislation such as the Americans with

Disabilities Act 1990 and the United Kingdom has the Disability Discrimination Act and the recent Equality Act 2010, which assists individuals with disabilities in the workplace. Domestically, South Africa has the Employment Equity Act 1998.

South Africa has various protective legislation such as the Children's Act 38 of 2005 for children and the Older Persons Act 13 of 2006 for older persons. However, legislation pointed towards the rights of people with disability is non-existent (Basson, 2017). Conversely, South Africa has passed various other legislation and policies in an attempt to assist and protect marginalised groups such as people with disabilities in the workplace. As stated in the Bill of Rights, article nine, "there shall be no discrimination against disabled persons and legislation shall provide for measures to promote the progressive opening up of employment opportunities for disabled men and women, the removal of obstacles to the enjoyment by them of public amenities and their integration into all areas of life" (Bill of Rights, 1993).

The Employment Equity Act 55 of 1998

The Employment Equity Act 55 of 1998 advocates for equality in the workplace by promoting equal opportunity and fair treatment in employment through the removal of unfair discrimination. In addition, it put into effect affirmative action measures to amend the disadvantages in employment experienced by designated groups such as blacks (Africans, Coloureds and Indians), women and people with disabilities. The act further aims to ensure equitable representation in all occupational categories and levels in the workforce. In addition, the Code of Good Practice on the Key Aspects of Disability in the Workplace (2001); and the Technical Assistance Guide to the Employment of Persons with Disabilities (2004), aids in clarifying the application for the Employment Equity Act in the workplace.

The EEA just like the ADA, DDA and Equality Act requires that employers are to provide reasonable accommodations to employees with disabilities in the workplace when requested and needed, and to ensure the recruitment and selection process is accessible to persons with disabilities (Mitra, 2008). It should, however, be noted that the ADA, DDA and Equality Act protects people with disabilities in all aspects of life, whereas the EEA of South Africa merely refers to people with disabilities in the workplace or in employment.

The International Labour Organization   states that most employers perceive people with disabilities as having restricted working abilities, and problematic when it comes to the termination of employment due to the protection afforded to them as legal rights. However, the Act indicates that the employer may terminate employment if an employee lacks the capability to meet or fulfil the job requirements, and where reasonable accommodations cannot be made (Maja, Mann, Sing, Steyn & Naidoo, 2011). Mitra (2008) notes that although employers could sometimes try and avoid the expense of possible litigation with regards to the termination of the employment relationship, they also find it easier to discriminate during recruitment since it is very hard to identify and sue against discrimination in the hiring process.

Therefore, anti-discrimination legislation creates the image that people with disabilities cannot be employed due to their limited capabilities, hence, special treatment within the workplace is needed (Maja et al., 2011). Therefore, legislation is ambiguous and can cause individuals not to disclose their disability in the workplace or, not to do so early in the recruitment and selection process. Vornholt et al. (2018) viewed it as hard for individuals with invisible disabilities since legislation and policies did not sufficiently protect them in the workplace. This supported earlier assertions by Burns (2011) who pointed out that, individuals with mental illness or disability experienced various forms of discrimination and inequality in their day-to-day lives.

Broad-Based Black Economic Empowerment Act 53 of 2003

The Broad-Based Black Economic Empowerment Act (BBBEE) 53 of 2003 was established as a means to rectify past racist apartheid policies and to improve the economic participation of black people, including those with disabilities, in the South African economy (Werksmans Attorneys, 2014). The act was amended in 2013 by the B-BBEE Amendment Act 46 and came into effect in 2014. In addition, there were also changes to the generic Codes that came into effect in 2015 (Werksmans Attorneys, 2014). Previously, the generic codes had seven elements but were reduced to five namely:

1) Ownership
2) Management control
3) Skills development
4) Enterprise and Supplier development

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5) Socioeconomic Development

The Codes refer to the Codes of Good Practice on Black Economic Empowerment. It may be sector specific or have a general application. With the focus on the employment equity and skills development of the generic scorecard, certain targets were to be attained in a certain period i.e. from year zero to five, the particular entity needed to have 2% of black people with disabilities employed in its workforce. This then results in full BBBEE points being awarded for that period. For the period from year six to ten, the particular entity will then need to have 3% of black people with disabilities employed in its workforce. For attaining these respective targets, two BBBEE points are awarded to the entity (Newman, 2013).

To meet the requirements of the skills development of the BBBEE Act, the skills development expenditure must use 0.3% of its leviable amount on specified learning programmes, particularly for black employees with disabilities. For attaining these targets, three BBBEE points are awarded to the entity (Newman, 2013).

From an employer or organizational perspective, employers would encourage the disclosure of disability in the workplace as this would assist organizations in meeting their employment equity plan. Maja et al., (2011) stated that non-disclosure does prevent the organization from acquiring the benefits of employment equity status. Unlike the BBBEE, the Employment Equity Act penalises organizations for non-compliances and financial penalties vary from R1 500 000 to R2 700 000 depending on the number of contraventions. Therefore, the high cost of penalties serves as an incentive for designated employers to implement their employment equity plan and to ensure they actually meet their intended targets as continuous non-compliance will not be tolerated (Basson, 2017). Organizations are indirectly forced to adhere to the legislative requirements of BBBEE and EEA. However, this method of compliance has controversies, as employees may feel pressured to disclose a disability out of compliance and to satisfy their employer to meet the quota requirements, and not out of the free will, thus, discriminatory treatment. In addition, this can trigger negative attitudes towards people with disabilities by employers, managers, colleagues and unions. Organizations that fail to meet the target requirements encounter or view people with disabilities as a burden instead of a valuable asset to the organization whilst other employees may view the targets as creating unfair segregation in the

labour market. Thus, reinforcing pessimistic attitudes towards people with disabilities in the workplace, and fostering a state of non-disclosure by individuals with disabilities.

The Labour Relations Act 65 of 1995 (LRA)

The Labour Relations Act 65 of 1995 (LRA) was put in place to assist individuals in the event they acquire a disability, be it through ill health or injury, during the course of their employment. The Act stipulates that an employer may not dismiss a person on the grounds related to disability without conducting an investigation and offering reasonable accommodation where necessary. It is only in instances where the employee is not capable to perform the required duties of his or her job as a direct result of the disability, that their employment contract could be terminated. However, an employer is required to provide evidence to validate the claim and make sure that there is substantive and procedural fairness in carrying out the dismissal. In the event of unfair dismissal, the employee may challenge the dismissal with the Commission for Conciliation, Meditation and Arbitration (CCMA), while being entitled to Unemployment Insurance Fund benefits (UIF).

As noted in the review of the legislation, it was evident that there was a real effort by the legislature to promote the rights of people with disabilities within the workplace. This is evident in the present day as people with disability are protected by the LRA, BBBEE and the EEA. In spite of individuals with disabilities being protected by legislation against discrimination, many individuals still choose non-disclosure due to fear of stigmatization especially individuals with non-visible disabilities (Vornholt et al., 2018).

2.13 Conclusion

A review of the literature showed that disability disclosure or the lack thereof is a controversial topic that has raised debates among researchers. The current chapter discussed the theoretical and conceptual frameworks underpinning this study. This section provided the definitions of disability, forms of disclosure and factors that prevent disclosure of disability in the workplace. The empirical literature on disability was thoroughly emphasised, with particular reference to staff with disabilities in Higher Education Institutions. The next chapter will discuss the methodology employed in the study in an attempt to answer the research question. .

Chapter 3 – Research methodology

3.1 Introduction

Chapter 1 highlighted the aim of the research, which was to understand the perceptions of academic staff on the factors that prevent the disclosure of disability status to the employer. Chapter 2 covered the relevant conceptualization of disability, theories of disability and empirical literature on disability disclosure in the workplace. The preceding chapter also delved into the factors that prevent disclosure and relevant legislation in dealing with disability. The current chapter describes the research paradigm, approach, design and methodology choices employed in the study to answer the research questions. This chapter outlines the research plan in terms of its approach, rationale and sampling. The chapter also gives a description of the research instruments, data analysis methods employed, data coding and strategies to ensure data quality.

The interpretive research paradigm guided the methodology of this study since the researcher made use of personal and interactive means of gathering data. In addition, qualitative data was collected with the use of interviews to elicit the individual's perception and experience. As stated by Terre Blanche and Durrheim (1999), the interpretive research paradigm considers individual's subjective experiences as real and can be understood when interacting with them using qualitative techniques. Lastly, the chapter discussed the ethical issues considered in the study.

3.2 Research Purpose

The study sought to investigate employees' perceptions of the factors that prevent disclosure of disability status to the employer. In an effort to understand the perceptions of staff better, the study comprised of lecturers in a Western Cape university. The research took a snapshot view of the perceived factors that would prevent them from disclosing their disability status to the University. From a review of literature, most academic staff with disabilities did not disclose their status as a result of fear to be prejudiced, for example in a study conducted by Munir et al., (2005) in the UK, the verdicts revealed that academic staff in universities do not always disclose their disability status at work.

Given the University's Institutional Operating Plan, one of its goals is the People Framework, where it aims to increase the equity and diversity of its staffing profile and people with disabilities are of no exclusion. This is due to the University's efforts to address and rectify historic inequalities. However, many staff members face the challenge of declaring the existence of a disability. Nonetheless, the literature reveals that people with disabilities still face challenges of disclosing their disability status to the university. Therefore, determining the perceived factors that prevent disability disclosure can assist the university with insights to foster disclosure and inclusivity. The study anticipates that the results will foster interventions to increase awareness of disability disclosure.

3.3 Context

The context in which the study took place was the working environment of academic staff in a Higher Education Institution in South Africa, specifically in the Western Cape.

3.4 Research Paradigm

A research paradigm is a distinct set of concepts or thought patterns, including theories, research methods, postulates, and standards for what constitutes legitimate contributions to a field. It is an all-round system of interconnected practice that defines for researchers the nature of their enquiry along three dimensions namely ontology, epistemology and methodology (Terre Blanche & Durrheim, 1999). This means that it is important that the research questions fit plausibly within the paradigm. Thus, a research paradigm is crucial to the research design as it influences the manner in which the research questions are asked, as well as, how they will be studied. It also serves as perspectives that gives a rationale for the research and bind the researcher to a certain method of collecting, observing and interpreting data (Terre Blanche & Durrheim, 1999). The present study made use of an interpretive research paradigm and therefore, consists of the following dimensions as previously stated:

3.4.1 Ontology

According to Ritchie, Lewis, McNaughton Nicholls and Ormston (2014), ontology deals with the nature of reality and, what is known about the world. The ontological dimension of the current study was that participant's perception of the factors that prevent disability disclosure was their reality.

Thus the researcher used the ontological approach to understand the topic of interest at the University of the Western Cape.

3.4.2 Epistemology

Ritchie et al. (2014) points out that epistemology is centred on ways of knowing and learning about the world. The authors further argue that epistemology focuses on issues such as how can we learn about reality and what formulates the basis of our knowledge. In the current study, the participant's knowledge about disability was personal and subjective, whereas their perceptions of the factors that prevent disclosure are based on their experiences. Therefore, the researcher was actively involved in the meaning-making process with academic staff members.

3.5 Research Approach

There are two approaches to research namely quantitative and qualitative. The quantitative research approach entails the creation of data in quantitative form that can undergo thorough quantitative analysis in a formal and strict manner. On the other hand, the qualitative approach to research involves the subjective assessment of behaviour, opinions and attitudes. Research in such a case is a function of researcher's insights and impressions. A qualitative approach to research produces findings in a non-quantitative form or in a form that is not able to undergo rigorous quantitative analysis (Kothari, 2004). Therefore, this study made use of a qualitative approach where data was collected using interviews to ascertain the perceptions of employees on the factors of disclosing disability to their employer.

3.6 Research Design

Research design is the plan of how the researcher proposes on conducting the research (Babbie & Mouton, 2001). Similarly, it is a strategic framework for action that functions as a crossover between the research questions and carrying out the study. Furthermore, the plan or framework should be coherent to ensure it produces valid answers to the research question (Terre Blanche & Durrheim, 1999). To ensure the research design is consistent, the purpose of the study, the paradigm, the methodology and the context were integrated within the study. Given the nature of the phenomena under investigation and the paradigm adopted, the researcher employed a qualitative-exploratory design to gain an in-depth understanding of the perceived

factors that would prevent academic staff from disclosing a disability to the employer. Figure 3.1 is a graphical depiction of the research design used in the current study.
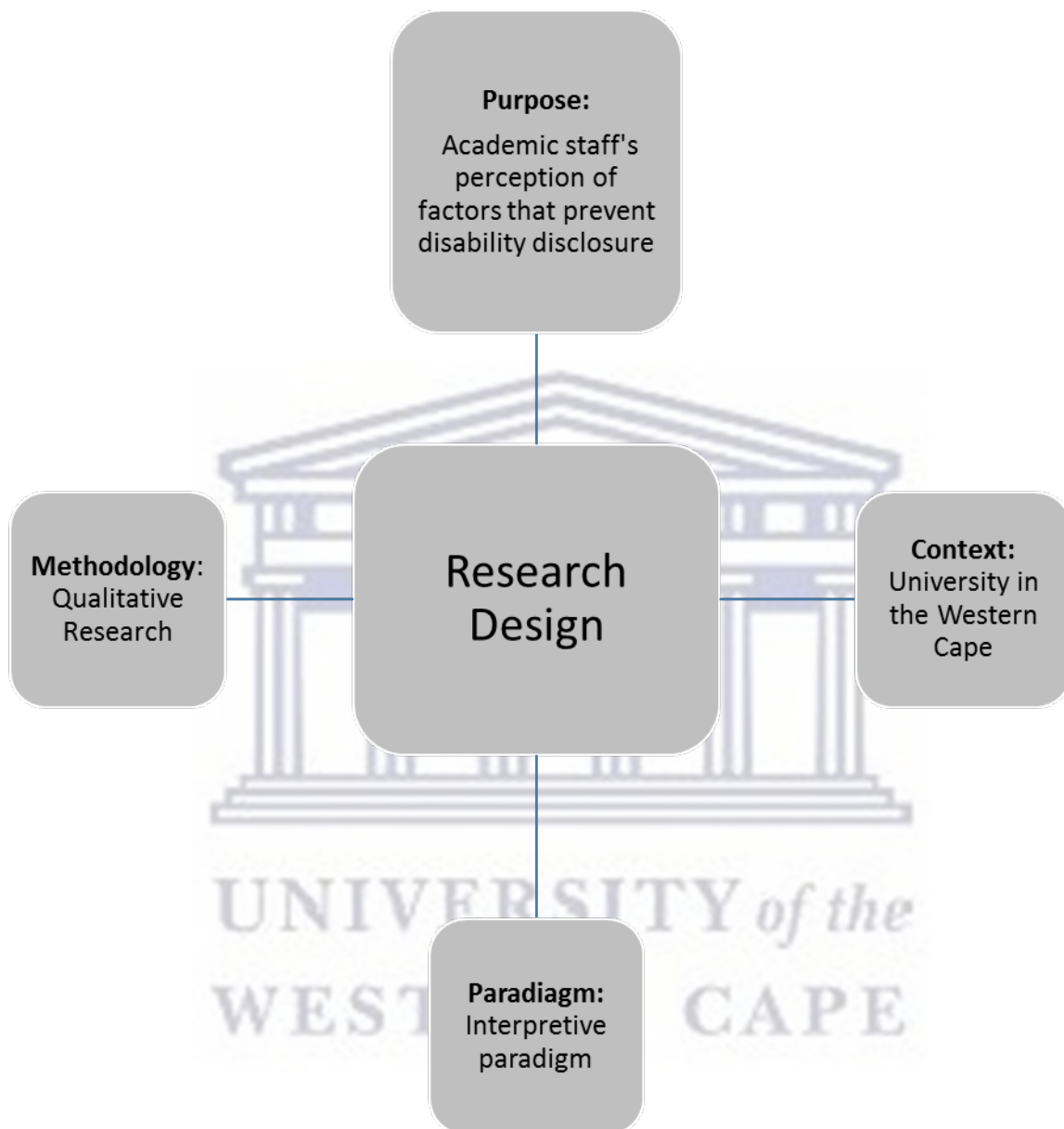
Figure 3. 1: Linking the research purpose, research context, paradigm and research methodology of the study

Source: Adapted from: *Terre Blanche, M., & Durrheim, K. (1999). Research in practice: Applied methods for the social sciences (p.33). Cape Town: University of Cape Town Press.*

According to Terre Blanche and Durrheim (1999), a research design follows four main principles in its classification. Research design is classified according to the type of study, data, data sources and the degree of control inherent in the study. The present

study was an empirical study that focused on an individual's perception of their work environment. Primary data was collected directly by the researcher, whereas secondary data existed prior to the researcher embarking on the study. The present study made use of primary data as the researcher collected data through interviews. In addition, the study made use of textual data from the interview transcripts. For the purpose of the current study, the researcher employed a less structured design in an attempt to establish rapport, trust and participation and subsequently increase the validity of the study.

3.7 Methodology

Methodology refers to how the researcher wishes to approach studying whatever the researcher thinks could be known practically (Terre Blanche & Durrehim, 1999). With the use of the interpretive paradigm, the researcher used personal and interactive means of gathering data. Therefore, in the present study the qualitative method used to collect data was individual interviews. This was to elicit the individual's perception and experience. As stated by Terre Blanche and Durrheim (1999), the interpretive research paradigm considers individual's subjective experiences as real and can be understood when interacting with them, and this is best achieved through qualitative techniques.

3.7.1 Population

A population can be described as the entire group of people, events or things of interests to the researcher that he or she desires to investigate (Sekaran & Bougie, 2009). The university in the Western Cape has a population of 894 part-time, permanent and fixed term contract academic staff members that are spread across seven faculties namely; Arts, Community and Health Sciences, Dentistry, Economic and Management Sciences, Education, Law and Natural Sciences.

3.7.2 Sample

A sample is a sub-unit of the population. By studying the sample, the researcher ought to be able to make inferences that are generalizable to the population of interest (Sekaran & Bougie, 2009). In the current study, the researcher used non-probability sampling, as this was more cost and time effective. In addition, the researcher chose samples based on the subjective judgement of the researcher rather than random

selection. Qualitative research predominantly makes use of purposive sampling. As the name suggests, members are purposefully chosen to represent a phenomenon, group, incident, location or type with regard to important criterion (Ritchie & Lewis, 2003, as cited in Maree, 2016). An important feature of purposive sampling is attributed to the criterion employed as a basis for sampling.

There are six criteria identified by Curtis, Gesler, Smith, and Washburn, 2000 (as cited in Maree, 2016):

1. The sampling strategy identified ought to be appropriate to the conceptual framework and research question(s) that are addressed by the researcher.

2. The sample chosen should most probably be able to produce valuable information on the kind of phenomena that are required to be studied.

3. The sample ought to increase the transferability of the findings.

4. The sample ought to produce credible descriptions/explanations.

5. The sample should take ethical perquisites into thought.

6. The sampling employed should be practical with regards to finance, time and accessibility.

The researcher employed a combination of purposive sampling and convenience sampling due to the difficulty of finding participants to participate in the study. The sample was homogeneous as they belonged to the same subculture that was academic staff. The choice of these individuals provided a detailed picture of the phenomenon under discussion. The researcher also made use of convenience sampling which allowed ease of access to participants (Maree, 2016). Overall, the study comprised of a sample of 10 participants. The researcher made use of only 10 participants due to the difficulty in finding more participants to take part in the study. There were two academic staff members from each of the five faculties on main campus. Academic staff members from the Dentistry, and Community and Health Sciences faculties were not included in the study, as these faculties were not located at the main campus of the university - the location where the research study was conducted.

3.8 Data collection instruments

Data collection instruments are specific procedures that determine data collection during the research process. The most common data collection tools that are used are the self-administered questionnaires, interviews, and/or focus groups (Maree, 2016).

3.8.1 Interviews

Interviews are a two-way conversation whereby the researcher asks participants questions for the purpose of data collection and to acquire knowledge about the beliefs, ideas, opinions, view and behaviours of the participant. The purpose of qualitative interviews is to understand the world through the eyes of the participant, and it can be an important source of information, on condition that it is used accurately (Maree, 2016). Data produced through interviews are founded on verbal communication and spoken narratives. The worth of the interview is based on the belief that participants are individuals who actively create their social worlds and can communicate insights verbally (Ritchie et al., 2014). There are different types of interviews namely structured interviews, semi-structured interviews and unstructured/ open-ended interviews (Maree, 2016). In the present study, the researcher made use of semi-structured interviews.

Semi-structured interviews

Semi-structured interviews in research confirm or support data emerging from other data sources. It is founded on a direction of investigation or exploration developed by the researcher prior to the interview (Maree, 2016). The researcher developed an interview guide prior to the interview (See Appendix 1). An interview guide is a set of questions or issues the researcher will cover with participants during the interview (Patton, 2002). The interview guide is created to ensure that the same or similar direction of inquiry is followed with all participants during the interview process. This made it possible to compare and contrast answers given by respondents during data analysis.

In addition to the questions listed in the guide, the researcher further probed the answers given by the participants. There are three types of probing strategies namely, orientation probing, elaboration probing, and clarification probing. Orientated probing involves the researcher asking the 'who', 'where' and 'what' questions based on the

answers given by the participant to ensure understanding. In elaboration probing, the researcher would encourage the participant to tell more about the specific example or answer given. In addition, clarification is a process whereby the researcher would rephrase what the participant said to ensure the understanding was correct (Maree, 2016). In the current study, the researcher made use of all three probing methods. For each participant, the probing used was determined by the answers the participants gave to the questions as listed in the interview guide.

Interviews can be conducted face-to-face or via telephone. In the present study, the researcher made use of face-to-face interviews as they have a high response rate. Moreover, interviewers are able to clear up any misunderstandings that occur and participants do not necessarily have to be literate to take part in the interview (Maree, 2016). Furthermore, in face-to-face interviews, interviewers can note the environment and can make use of non-verbal communication and visual aids (Neuman, 2000). In addition, highly skilled interviewers are able to pose all types of questions, even complex ones and make use of probing (Neuman, 2000). However, face-to-face interviewing can lead to bias as the appearance, wording of questions, tone of voice and the look of the interviewer may affect the responses of the participant.

3.9   Data collection procedure

After ethical clearance was granted from the university's Humanities and Social Sciences Research Ethics Committee, permission was sought and granted by the University's Registrar to conduct the study on academic staff members at the university. The University Staff Administration sent out an email to all staff members informing them about the study. The response rate was inadequate as there was only one staff member that indicated their interest in the participation of the study. However, the individual did not meet the criteria to participate in the study, as he was a Support staff member. Due to the non-response of staff, the researcher purposefully approached academic staff members directly, asking them their willingness to participate. However, there were challenges that were encountered, that is, academic staff were not always in their offices and due to the limited time of collecting data, (academic staff were very busy marking assignments and tests as final mark was due soon), it was not very easy getting participants.

However, the researcher managed to locate participants. Once found, the researcher provided academic staff members with cover letters informing them about the study. After indicating an interest in participating in the study, the researcher ensured that participants understood and signed the consent forms. Interviews were scheduled at the convenience of the participants. The semi-structured interviews took place on campus in the staff member's office. On a few occasions, students came to see the lecturers and the interviews had to be paused. Thus, the staff members' office might not have been the most conducive environment to conduct interviews. Nonetheless, interviews took place there and with participants' permission, the interviews were recorded on the researcher's mobile device. The researcher made additional notes as the interviews were being conducted, and subsequently, transcribed the interviews verbatim in Microsoft Word. After transcribing the interviews, the data was ready to be prepared for analysis.

3.10 Data analysis

In the data analysis phase, the researcher made use of the eight steps in the content analysis of qualitative data by Zhang and Wildemuth (2009). The steps are as follows:

Step 1: Data preparation

Interview transcription was the first step to ensure whether the data could be analyzed. Before transcribing, the researcher was faced with three questions namely:

1) Whether all questions that were asked during the interview be transcribed or only the questions as outlined in the interview guide.
2) Whether verbalizations should be transcribed literally or should it be summarized.
3) Whether observations should also be transcribed.

The answer to these questions was based on the research questions. However, the researcher attempted to transcribe everything as best as possible to ensure time was saved during data analysis.

Step 2: Defining unit of analysis

The unit of analysis is the simple unit of text to be classified during content analysis. In qualitative content analysis, individual themes are used as the unit for analysis. A theme can be stated in a word, phrase, sentence, paragraph or the entire document.

Themes were used as the coding unit, as one was searching for the expressions of an idea (Minichiello, Aroni, Timewell & Alexander, 1990 as cited in Zhang & Wildemuth, 2009). Therefore, there was an allocation of a certain code to a text chunk irrespective of the size, as long as that text constituted one theme that was relevant to the research question.

Step 3: Development of categories and coding scheme

Categories and coding schemes are developed from three sources:

1) Primary data
2) Earlier studies on the same or similar topic
3) And theories

Qualitative content analysis can make use of both inductive and deductive reasoning. Categories were developed inductively from raw/primary data, and used the constant comparative method (Glaser & Strauss, 1967 as cited in Zhang & Wildemuth, 2009). The constant comparative method systematically compares each text allocated to a particular category with each assigned to that category to ensure a full understanding of the theoretical properties of the category. Furthermore, the constant comparative method integrates the categories and their properties through the development of interpretive memos. The categories in the coding scheme were defined in a way that it was internally the same and externally varied as possible. Moreover, because the constant comparative method was used, the coding manual would evolve throughout the data analysis process.

Step 4: Test coding scheme on a text sample

Due to using a standardised process of analysis, it was recommended to develop and validate coding schemes early in the process. To ensure consistency, the text was checked with another coder for inter-coder reliability. In the event consistency was low, re-coding was done until the consistency was achieved.

Step 5: Coding of all the text

Once the uniformity of the code was reached, the coding rules were applied to the complete set of text. The coding process was checked frequently to avoid ambiguity. As new themes and concepts emerged, it was added to the coding manual.

Step 6: Assessment of the coding consistency

After the complete data set was coded, the coding was rechecked to ensure uniformity to minimise errors that might arise in the coding process.

Step 7: Conclusions drawn from the coded data or themes

This was a crucial step in the analysis process as the researcher made sense of the themes identified and its properties. The researcher made inferences and present reconstructions of the meanings derived from the data.

Step 8: Reporting on the findings

The final step in the analysis was to present the findings. The researcher presented the findings by using quotations and secondary data to support conclusions. When presenting qualitative data, the researcher aimed to find a common ground between description and interpretation. This gave the reader the background, context and interpretation representing the researcher's personal and theoretical understanding of the phenomenon under study. Patton (2002) states that there should be enough description to ensure the reader understands the interpretation and enough interpretation to ensure the reader understands the description.

3.11 Data Verification

When conducting qualitative research, the researcher aimed at ensuring that the data produced was trustworthy. The data should be verified to ensure trustworthiness of the data. Data verification refers to the process of examining the credibility, transferability and dependability of the research findings (Babbie & Mounton, 2001).

3.11.1 Credibility

Credibility refers to whether something rings true (Babbie & Mouton, 2001). Credibility can be accomplished through various procedures such as referential adequacy, member checks, persistent observation, prolonged engagement, triangulation and peer debriefing (Babbie & Mouton, 2001). In the current study, the researcher made use of referential adequacy and peer debriefing.

The researcher attempted to include people with disabilities as best as possible in the study to gain their perception/ reality about non-disclosure. Furthermore, the researcher spoke to HR to gain a general understanding of the sort of challenges they

face around disability and non-disclosure. The researcher also made use of the constant comparative method to ensure internal validity. In addition, ensuring the themes that emerged and identified were a true reflection of the data.

Referential adequacy refers to the materials available to document the findings to ensure good record keeping (Babbie & Mouton, 2001). The researcher made use of audio taping/recording. In addition, peer debriefing refers to when the researcher interacts with a peer of equal status. The peer is usually someone external to the context of the study, has a widespread understanding of the nature of the study and who the researcher can review perceptions, insights and data analyses with (Babbie & Mouton, 2001). The researcher peer debriefed with a peer researcher in the Industrial Psychology Department at the university. Peer debriefing ensures the credibility of the study. In addition, the researcher consulted her supervisor to gain further insight into the research process.

3.11.2 Transferability

Transferability represents the degree to which the findings of the study can be applied to other settings or with other respondents (Babbie & Mouton, 2001). Qualitative researchers are not mainly concerned with generalizations; therefore, they do not state that the information gathered in a particular context will be applicable to another context or the same one at another point in time (Babbie & Mouton, 2001). Therefore, the onus for demonstrating transferability is dependent on the individuals who wish to apply it to their specific context. In the present study, the researcher employed the following strategies to ensure transferability as best as possible (Guba & Lincoln, 1984, as cited in Babbie & Mouton, 2001).

The researcher collected and reported a detailed description of the data with adequate detail and exactness to allow judgement of transferability. Furthermore, the researcher employed, to some degree, purposive sampling. The researcher approached individuals who differ from one another in age, gender, faculty and the tenure of service in the university.

3.11.3 Dependability

Dependability represents the extent to which the same findings would be reported in a similar study using the same or similar respondents and in the same or similar

context (Babbie & Mouton, 2001). However, human perception and behaviour can change over time, hence; dependability should be taken into consideration to ascertain the steps taken in reporting the findings. The researcher ensured a detailed description of the data collection and data analysis procedures. Therefore, to confirm the dependability of the study, the researcher also consulted with a peer researcher and the researcher's supervisor to discuss perceptions and analysis of the data.

3.12 Ethical Considerations

When conducting social scientific research, it is important to follow an ethical code and to be aware of the ethical norms in a specific social research community (Babbie & Mouton, 2001). While conducting research, the researcher adhered to the ethical principles stipulated in the General Ethical Guidelines for Health Researchers (2008) as required by the Health Professions Council of South Africa. These ethical principles are best interest or well-being, respect for persons and justice. In addition, the researcher also adhered to some ethical issues mentioned by Sekaran and Bougie, (2009), and Babbie and Mouton (2001).

3.12.1 Voluntary participation

Many times social research constitutes an intrusion on people's everyday lives as it interrupts their normal activities (Babbie & Mouton, 2001). It is unethical to coerce participants to partake in research if they are not comfortable to do so (Babbie & Mouton, 2001). The researcher ensured that participation in the study was voluntary by reiterating to participants that their participation was voluntary and that if at any time they wish to withdraw from the process they are free to do so.

3.12.2 Informed consent

Informed consent was sought from all participants prior to the interviews. (Sekaran & Bougie, 2009). Before signing the consent form, participants received a cover letter explaining the purpose of the study, requirements from them as participants, and what will happen to the information gathered, such as the analysis and reporting procedure.

3.12.3 Anonymity and confidentiality

One of the researcher's primary responsibilities was to ensure that the information shared by participants were treated with strict confidentiality and that participant's privacy was guarded (Sekaran & Bougie, 2009). Babbie and Mouton (2001) make a

clear distinction between anonymity and confidentiality. Anonymity is when the researcher cannot recognize a given response with a given respondent, however, this was not the case in the current study as the researcher was aware of who the participant was whom the information was collected from as the study made use of face-to-face interviews. Confidentiality, on the other hand, is when a researcher is able to identify a particular participant's response but does not do so publicly. To ensure confidentiality in the study the researcher referred to participant responses as participant 1, participant 2 etc. until participant 10.

3.12.4 Transparency

In some instances, in the research process, researchers may be open with participants about them conducting research but may not be as honest about the purpose of the study (Babbie & Mouton, 2001). Researchers should be honest with participants about the aim and purpose of the study and ensure that they do not misrepresent the nature of the study (Sekaran & Bougie, 2009). In the current study, the researcher ensured transparency with participants by stipulating the aim and purpose of the study with the utmost honesty. In the cover letter and consent form, the researcher made known to the participants the aim and purpose of the study and what was required from them as participants. In addition, the researcher stated the risks involved in the participation of the study, however, the researcher ensured minimal to no risks experienced by participants.

3.12.5 No harm to participants

Voluntary participation and avoiding harm to participants are similar since they are difficult to maintain in practice (Babbie & Mouton, 2001). For this reason, issues should be handled with sensitivity to improve the researcher's tact to delicate areas of research (Babbie & Mouton, 2001). In the current study, the researcher did not know whether the participants had a disability or not as the study was open to all academic staff irrespective of their disability status. Therefore, the researcher made certain to ensure no harm to participants by being sensitive around the way in which questions were asked and probing was done, as disability is a sensitive topic to many individuals. In the end, ensuring the participants' self-esteem and self-respect was not violated (Sekaran & Bougie, 2009).

3.13 Conclusion

The current chapter covered the research design, paradigm and research methods employed in the study. Furthermore, the procedure for selecting participants, the data collection method, the data collection procedure, the data analysis and the data verification procedure used in the study were covered. Lastly, the chapter ended by discussing the ethical considerations that were adhered to during the study. The subsequent chapter will put forward an in-depth discussion of the research findings.

Chapter 4 – Presentation of the Research Findings

4.1 Introduction

The current chapter presents the main research findings based on the data collected using semi-structured face-to-face interviews. The qualitative data was analysed manually using content analysis to answer the research questions that shaped the study. This section will give a description of how data was analyzed to answer the research questions. The findings of the study were in some instances, presented verbatim. To begin, the chapter will start by providing some biographical details of the various participants.

4.2 Biographical details of participants

As previously stated in Chapter 3, the study consisted of a sample of 10 participants, and two participants represented each faculty. The faculties were Arts, Education, Economic and Management Sciences, Law and Natural Science. Although the researcher wanted to ensure equal sample distribution amongst male and female participants in the study, the actual sample consisted of 60% male participants and 40% female participants.

The age range of participants varied from the youngest participant being 28 years old to the eldest being 62 years old. Out of the ten participants, five were over the age of 50 years old. Two participants were thirty years old or under and the rest were in their forties. The tenure of the academic staff members at the university also ranged widely amongst participants. The lowest was 1 year and 35 years being the highest. In addition, five of the participants had 5 years or less of working experience as an academic staff member at the university whereas, the other five participants had over 10 years working experience as an academic staff member. Therefore, there was an even spread between "old" and "new" academic staff members. Table 4.1 depicts the biographical details of each participant. To ensure anonymity as best as possible the faculty in which the participant works was not indicated in Table 4.1. (Participants were listed according to the order of interviews and not faculty).

Table 4. 1

Biographical Details of Participants

Participant	Gender	Age	Tenure
P1	Female	28	2
P2	Male	49	4
P3	Male	43	1
P4	Male	52	15
P5	Male	62	18
P6	Female	56	35
P7	Female	46	21
P8	Male	53	5
P9	Male	54	12
P10	Female	30	3

4.3   Research Findings

The themes that materialized were based on the research questions stated in Chapter 1. From the data analysis, various themes and sub-themes emerged from the data collected. Table 4.2 provides the themes and various sub-themes of the study.

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Table 4. 2

Themes and Subthemes of the Study

Main Theme	Subtheme
Understanding of disability	● Medical perspective ● Social perspective
Knowledge of the disability policy	● Knowledge of the disability policy for staff ● Knowledge of the disability policy for students

Perceived factors that prevent disclosure	● Relationship with Head of department /HOD
	● Culture of the department/faculty
	● Lack of awareness
	    ○ Disability in the workplace
	    ○ Support structures and activities for staff with disabilities
	    ○ Disclosure process
	● Impact on work
	● Issues faced by current people with disabilities
	● Type of disability

Perceived effects of disclosure	● Stigma ● Being Judged

4.4 Theme 1: Understanding of disability

The first research question sought to ascertain whether there was a common understanding of disability. Disability is a complex concept therefore, it is important to understand how an individual defines and understands it. Based on the individuals' understanding and perspective taken, it would influence their views around disclosure and this was vital to the research study.

Based on the findings from the analysis, there was a common understanding of the concept of disability by participants. From the participant responses, two broad themes emerged namely: medical and social.

4.4.1 Medical perspective

The medical perspective of disability views disability from an internal perspective whereby the "problem" lies within the individual. This limitation or inability that the individual possesses prevents them from functioning normally. This was reflected in the responses of the following participants:

> *"For me, disability is where somebody has either a mental or physical impairment that's really what I believe is a disability."*
>
> P2

> *"I perceive disability to be something that somebody is not capable of using a particular limb or sense to its full potential."*
>
> P3

> *"…to have the inability to do your work as other normal people"*
>
> P4

> *"In general… I would say people…who are not able to function physically so the same as everybody else."*
>
> P5

> *"…I guess there are different forms of disability you have physical disability which could possibly impede uhm certain functions of your work."*
>
> P7

In addition, the participants' perceptions and definitions of disability were mainly dependent on their educational background and field of study. For example, one participant who had a law background provided a more legal definition of disability:

"look I will give you the legal definition of what I understand is when you have a physical or mental impairment that kinda prevents you from doing things that so called society deems as normal you know."

4.4.2 Social Perspective

Even though many participants primarily viewed disability as a deficiency or problem within the individual, a few were aware of the change in the meaning of disability over time. From the social perspective model, the environment can also be attributed to having an impact and sometimes seen as disabling. Thus, it can be viewed as an external barrier that can also prevent individuals from functioning fully. Some excerpts from participants are reflected below:

"… I also think that disability is perhaps that there are social barriers that prevent people from actually performing even though they might be physically or mentally impaired."

P10

"…disability would be some barrier that you would experience that would make it a bit difficult for you to function in a certain context. So let's say for example, if I was in a wheelchair and I needed to work outside my home and the physical environment of the workplace wasn't wheelchair friendly. That would cause the environment actually would be not enabling. So by virtue of the environment not being enabling I would then be termed disabled because disability, the term disability has evolved in its meaning over the years. So before it was like if the person has got some disability in terms of their physical disability or mental disability or language disability and so on then that would be a problem for the person and the person would have to try and adjust to the environment. Now it's moved on so the issue is that we have alternative abilities and that the environments need to be enabling because all of us need support at some time. So if you take it from an inclusive policy or philosophy the word disability sometimes means more the environment is disabling rather than the person being disabled."

P8

55

Overall, participants had an understanding of what disability means. The majority of participants viewed disability from the medical perspective whereby stating that, it is as an impairment that limits functioning within the individual.

4.5   Theme 2: Knowledge of the disability policy

This theme sought to establish participants' knowledge regarding the university's disability policy for staff members.

4.5.1   Knowledge of disability policy for staff

The second research question sought to determine the participant's knowledge of the university's disability policy for staff. It was evident that the majority of participants had no understanding or knowledge of the university's disability policy for staff members. The following were responses from the various participants:

"I'm not very familiar with the university's disability policy…"

P1

"I personally think that I'm not even familiar with the university's disability policy I know it exists and it has been highlighted in communication and that but I'm not familiar with it."

P3

"I have no idea to be honest with you. So I dunno about the policy. So I'm not familiar with it, it's probably my problem that I didn't read. They probably have a policy."

P4

"… I don't know what the universities policy is and I got no idea."

P5

"… I'm not sure..."

P7

"…I must say that the staffs not clued up right first of all…"

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There was one participant however, who was aware of the existence of both disability policies:

"…are you talking about staff or students?"

However, the participant (P2) showed some insight into the understanding of the disability policy for staff:

"… our disability policy where I read is that we have the right and that we can disclose our disability and then we will not be discriminated against if that disability made known to either our head of department or to HR as such."

4.5.2 Knowledge of the disability policy for students

Even though participants were not familiar with the disability policy for staff members, there was an awareness (knowledge) and insight about the disability policy for students. This could be attributed to, academic staff members interact with students on a daily basis and may possibly have students with disabilities in their class. Fifty per cent of the participants had knowledge of the disability policy for students and reported as follows:

"…you know what I've never looked at what the policy says but what I do is I look around me and I see how people with disabilities are accommodated and in recent years I've seen quite a bit happening in terms of making buildings more accessible. I've seen ramps being built and lifts being put in and so on, so I do see there was a… I mean back in I think it was in the 1990s there was a young man who came to study and he was on crutches. He didn't have the full use of his lower limbs and every day they had to carry him upstairs to the lab. His friends carried him upstairs."

P6

"…The only way in which I've sort of come into contact with the university's disability policy is when I am in contact with Evadne Abrahams and her unit. So there would be students who have a disability whether they ADHD or whether they have psychological problems or whether they have visual impairments… so that's my only contact with that. And then also when it comes to the psychology or the counselling department. So I'm not exactly sure what the university's policy is on disability but I've come to know the practical side because of my involvement with those two units."

P7

"Well I think what they try and do is they got a disability unit and they try to support students that come in to university that require support with regards to their own challenges and so be it maybe sensory challenges, like visual or hearing impairment or it could be learning disorders or learning problems like dyslexia and so on and so forth."

P8

"…in my classes, for instance, you can speak to any of the blind students …I also encourage, if the students are going to do case studies that's gonna be read in class I send them to Evadne and they put the case studies in braille. So my blind students can follow. My policy documents I can show you I have them all in brail so my blind students can read…so I am very much aware, in touch, with my disabled students…"

P9

Furthermore, Participant 2 made an insightful statement:

"I think like I said before if we had a person that was disabled I think all of us would be aware and understand what the policy is all about."

Thus, if there were more people with disabilities in the workplace, it would create awareness around the existence and understanding of the disability policy for staff members. Overall, participants did not have in-depth knowledge of the university's disability policy for staff or students.

4.6 Theme 3: Perceived factors that prevent disclosure

The third research question aimed at identifying the perceived factors that would prevent academic staff from disclosing their disability in the event they had any. To elicit these factors, participants were asked about their relationship with their Head of department (HOD), the culture of their department/faculty and the factors that hinder disability disclosure.

4.6.1 Relationship with Head of the department (HOD)

Participants were asked to indicate their relationship with the HOD, responses revealed that they had a good relationship that made them feel comfortable to disclose a disability. Therefore, their current relationship with the HOD would not prevent disability disclosure. This was evident from the following responses:

"I think a fairly good one, very open one. Sometimes we are reluctant because they are senior than us so we feel like you know, but most more often than not I think it's a very open because I'm an open minded and straightforward person so that also plays a big role in that."

P1

"HOD changes every two years and I guess the relationship will change as well but it's at least it's an open relationship. So if there are any issues it can be discussed but otherwise no issues."

P7

"I have a very decent working relationship, a good working relationship. Can approach him at any time or send an email. So I think we have a very good working relationship… it would also be to my own benefit. Because…I would become less effective if I don't disclose it."

P3

"…we have a good relationship I mean before she was the HOD she was, she was just a lecturer…I have a very open relationship with each one who has come around … it would be possible to discuss, I'm just thinking she has a, it's

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a female and she is a young woman with young kids so she has disclosed to me that her son has autism for example."

<div align="right">P6</div>

Furthermore, one participant mentioned that based on how the HOD handled a colleague disclosing a disability, it gave her the confidence to disclose if she were to have a disability:

"Yes we have such a relationship and like I said because of what I've witnessed seeing a colleague. My HOD is very understanding, very open, very accommodating so it's, I would be able to say that I suffer from either physical or mental and he will be supportive."

<div align="right">P10</div>

However, one participant stated that based on the relationship with his current HOD, he would not feel comfortable to disclose a disability:

"With my present HOD no. But with my previous HOD, we have such a good relationship I can share anything with her. It's just maybe it's with the present HOD it's just that I've seen him in other workplace scenarios. I've had colleagues who were previously not that happy. Also what I've seen unfolding and therefore, it's gonna take me a long time to undo all of that you know, to build, to feel comfortable and to trust. "

<div align="right">P9</div>

Therefore, the relationship a staff member has with his or her HOD can be a factor that prevents disability disclosure. However, this was not the case for the participants involved, with the exception of one participant.

4.6.2 Culture of the department/faculty

Participants were asked about the culture of their department to determine whether this could possibly be a factor that contributes to disability non-disclosure in the workplace. Findings revealed that the majority of the participants articulated that their

department displayed positive characteristics that would encourage disability disclosure. Participants reported as follows:

"*Well, I think the department is quite open…*"

<div align="right">P5</div>

"*I think if it happens that one of us do end up having a disability I think we would be supported in this environment.*"

<div align="right">P2</div>

"*We are a very caring department. In our department, most of the staff members will go out of their way to even assist and accommodate people from other departments. Our department is open-minded, disability friendly.*"

<div align="right">P6</div>

"*I think uhm my department in general is one of the best departments at the university. It's not just ranked it. The culture is people understand each other, lot of respect. It's not just for the disability and of course treatment of people with disability. It is always excellent so I can't really complain about that.*"

<div align="right">P4</div>

"*…By virtue of what we do I think we are very inclusive and we are disability friendly.*"

<div align="right">P8</div>

"*How we get along? Uhm I think fairly okay. In retrospect of things I think there are challenges… so there is room for improvement.*"

<div align="right">P1</div>

On the other hand, not all participants shared the same sentiment. Three participants alluded to the fact that the culture in their department was not very healthy or positive:

"*I don't even want to go there…no it's not disability friendly.*"

P9

"Depressing…I think the environment breeds depression"

P10

"Well right here it's not [disability friendly]."

P7

In this instance, because of the negative perception of their departmental culture that the three participants experienced in the department, if the individuals had a disability they would not feel comfortable to disclose it.

4.6.3 Lack of awareness and knowledge

Other factors that prevented disclosure could be attributed to the lack of awareness and knowledge of disability in the workplace, the support structures and activities for staff with disabilities and the disclosure process itself.

Disability in the workplace

A trend was noted amongst participants as the majority stated that awareness and sensitization were less evident in the workplace. Participants shared the following sentiments:

"Firstly, the university needs to be more open about it. I've not seen much in terms of depression…a staff member will be more open with things like this if the university was more forthcoming with that information and more open to it… I mean I've had a cousin who committed suicide two years ago and he was depressed. So when something like that happens you more open about it and more willing to speak about it."

P7

"…staff should be made aware of that there are policies in place to handle and deal with staff with disabilities among staff members…"

P5

62

"There is not really an awareness of the disability in the work environment. It's often because we don't know of people that have disabilities. 'Cause often we only perceive disability as a physical thing that you can see. But there are probably people that are with sight disabilities, or hearing disability."

<div align="right">P3</div>

"I think they should be more pertinent around advocacy."

<div align="right">P8</div>

"If you are comfortable where you are at, you are more willing to uhm disclose..."

<div align="right">P6</div>

"…I think that HR should be much more involved… well having workshops, inform us via you know leaflets and have sessions you know… it might not help in terms of disclosing your disability but if you understand what is out there and this is support and they say I can accommodate you and make you aware that disability is not a means to an end. If those kind of things happen I think people will be more open to actually disclose and discuss certain disabilities."

<div align="right">P2</div>

"…create more awareness… an awareness but also the fact that it's okay you not any different because of your disability… so that you kind of build a tolerance for differences I think maybe awareness I think…"

<div align="right">P10</div>

Based on participant responses, a lack of awareness and sensitization around disability in the workplace may be a factor that contributes to non-disclosure.

Support structures and activities for staff with disabilities

Another contributing factor to non-disclosure was the lack of knowledge of the support structures and activities available to people with disability so that they can be in a position to disclose. Responses were as follows:

"…again I'm not aware of anything, I'm aware of support structures for students but not for staff…"

P5

"The university doesn't offer depression support groups or they don't invite staff to come to a meeting or so I think…"

P7

"I mean personally I've made use of the of the wellness centre for staff but I'm not even sure people know about that… I found out by chance and then when another colleague uhm needed help for somebody she knew, who was also a colleague, I could recommend her you know. So I don't think, I don't think it's known that there is support for people who need help."

P6

"…in our conditions of service that should be highlighted in terms of how the people can be supported more clearly."

P8

"I have no idea [of the support structures]."

P4

"Well I'm quite sure there are it's just that unfortunately I am not aware."

P2

Very few participants were aware and confident about the support structures and activities available to staff with disabilities. The following were some of the support structures and activities mentioned by participants:

"I think we got the Wellness Centre"

P1

64

"Oh uhm I only know of the …is it the Health Centre there by CSSS? ...and the Employment Wellness Drive. I'm not sure exactly what it's called."

P3

"I do know that they offer for the students like that CSSS that they do have that for staff members and that you can go see psychologists and those types of things."

P10

Participant 9 acknowledged that even though the university made an effort to create awareness by having a wellness day for staff, he reiterates that there was a lack of events or activities directly geared towards staff with disabilities:

"If you think about it for students they have this disability day. Is there anything for staff? They have this whole wellness day but in the wellness day is there anything specifically geared for disabled people? ...there is nothing. There's no blind cricket where the ball has a bell and so forth so there's nothing like that. So first of all, they never have a day for disabled staff to celebrate them as well. Right or maybe write something about them. Have a week of publications or for every month that you publish, for this year we going to have the year of our disabled staff. So January is my month, a feature about me and my disability. That is also where we acknowledge."

Based on participant responses, it was clear that participants adhered to no-disclosure because they were unaware or not very confident about the support structures and activities the university offered to staff with disabilities.

Disclosure process

In addition, none of the participants showed any knowledge about the disclosure procedure and this could be a contributing factor to non-disclosure. Individuals may have a disability but lack the knowledge of the procedures to follow when disclosing. Responses are illustrated below:

"no not familiar"

<div align="right">P3</div>

"Absolutely not"

<div align="right">P1</div>

"Not entirely, like I said to you, I haven't really read the whole policy on the portals and from HR. I haven't read and

<div align="right">P2</div>

"I have no idea"

<div align="right">P6</div>

"I'm not familiar with that"

<div align="right">P9</div>

"uhm I don't know"

<div align="right">P4</div>

"No"

<div align="right">P5</div>

"Nope"

<div align="right">P7</div>

"No…but that's purely because I don't read the policy."

<div align="right">P10</div>
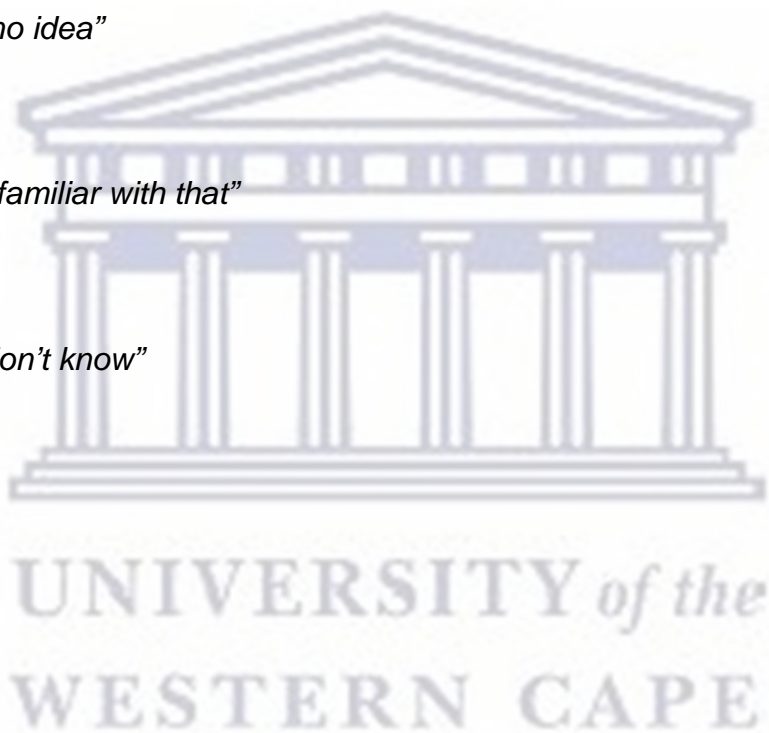
Overall, participants lack the knowledge of disability disclosure procedure and this could contribute to non-disclosure. In the event they have a disability, they would not know the protocol to follow when disclosing the disability.

Participants were asked to provide details on the best ways or forms of disclosure suitable for them. Some participants stated that they would first seek advice from

external experts or professional from the medical, legal and psychological profession before speaking to HR or the line manager/ HOD. The following responses were gathered:

"Well to speak to someone outside first. To get legal advice then, to speak to my HR consultant then, via the HR and the Head HR then, to sort of inform my line manager."

<div align="right">P1</div>

"I'm not sure if it would be directly to HR person but first with a medical person that would assist in disclosing it or advising on how to disclose it… not necessarily medical I'm now not sure, perhaps, a psychologist."

<div align="right">P3</div>

"I guess I would go through my department. Uhm I'll obviously seek medical advice first, and once I am familiar with whatever diagnosis, I then would speak to my HOD and I think if they don't know they'll get guidance from whomever."

<div align="right">P7</div>

Some participants stated that they would go directly to their superior or line manager to disclose:

"If I had to have a disability I would speak to my superior and say this is my issue so I would speak to my line manager."

<div align="right">P8</div>

"Go to my HOD, find out from her a bit more, or him…then I would go to HR."

<div align="right">P2</div>

Others preferred going directly to HR:

<div align="center">67</div>

"The best way is formally go to HR and disclose it and also uhm ask for uhm the support structures that are there. So that's the best way instead of just hiding it and trying to find your own way."

<div align="right">P4</div>

Participant 6 never indicated whether she would disclose to her HOD or HR and did not know the exact procedure she would follow when disclosing, but she would want to disclose to a person who can relate to what she would be going through:

"I think it's often easier to deal with somebody that can relate to you uhm so, so I would say uhm an office where where you can walk in and and speak to people and I don't know what kind of person that's supposed to be but you need to be able to be compassionate, to be able to identify, be empathetic uhm all of that."

Participant 5 indicated the procedure he would take to disclose but stated that it will be face-to-face. All participants alluded to some form of face-to-face disclosure, however, Participant 10 said that she would prefer to disclose via email:

"Look, I know the HR person for each faculty they know the staff members but if they never really met you it's kind of anonymous. So you just a name, so they don't know you by face so it's a bit more secure I suppose."

Overall, the participants preferred to disclose to a person through face-to-face interaction.

4.6.4 Impact on work

Based on participant's responses, a factor that arose which may prevent disclosure or harness non-disclosure is how the disability affects their work. Two participants said that they would only disclose if the disability affected their work or if it threatened their work performance or job. The participants reported as follows:

"I feel like people would only do that [disclose] once they get into trouble they won't openly disclose. It's only when things go wrong and their job is on the line."

<div align="center">68</div>

"I will obviously not disclose it at all until I get caught out sometime later in life. I would disclose if I see it impacts my performance."

P2

Other participants never mentioned this as a possible factor that may prevent disability disclosure**.**

4.6.5 Issues faced by current people with disabilities

As a follow-up to the impact of work, participants were required to provide issues faced by people with disabilities in the workplace. This was to determine whether the obstacles faced could be factors that would prevent disability disclosure. An interesting observation was made by a few participants who asserted that they were not aware of employees in their department who had a disability. This was demonstrated in the following responses:

"Our department doesn't have staff that is affected directly with disabilities."

P1

"In my department right now there is nobody that, I'm not going to say there is no mental impairment but I'm saying in terms of physical disability I haven't really…, there's nobody in our department that actually has one… I believe that I cannot say anything on the mental side because I'm not a doctor or psychologist. But physical is easy to see. However, in our department, I haven't really seen anybody with physical impairment either being blind or deaf or things like that, uh or any physical in terms of being like in a wheelchair. Nobody in our department at this point in time, so I can't really say anything too much on that…"

P2

"Currently we don't really have colleagues with any specific disability that's visible."

69

"None of my colleagues have disabilities, so my experience is mainly related to students."

One participant mentioned that in his 18 years of working at the university, he only knew one person with a disability:

"In this time I've only known one person with a disability, who had a wheelchair. I haven't known personally anybody else who's been working here has a disability in my department and the university. I don't know, there are probably people but I don't know of any."

Another participant also mentioned being aware of only one staff member who had a disability:

"I don't know many staff members who have a disability uhm I know of one staff member."

Some participants believed that the university does not adequately cater for the needs of people with disabilities and the university's infrastructure did not meet the needs of people with physical disabilities:

"There is a lift. But I don't want to get into it because the students were in there and they were shouting because they were stuck. Now I must get in that lift with my wheelchair. Never! The things are not serviced it's just left there and get on with it. There's a lift fine but the lift should be serviced every 6 months to a year then it won't get stuck."

"The only thing/issue was physical access, so physical access I mean most of the time if you are on the ground floor then it's fine but if you are on the first floor then it's an issue and the university doesn't well I don't think they cater as much within the older buildings it's not being catered for."

<div align="right">P7</div>

"Obviously access to the building I mean like I said a lift and things but I mean it's such a tight space that it's very difficult for people to move around especially physical disabilities uhm I'm just talking about in my faculty."

<div align="right">P10</div>

On the other hand, other participants stated that staff with disabilities did not face any issues in the workplace and the university's infrastructure catered to people with disabilities, predominantly physical. Participants shared the following sentiments:

"Okay what I have noticed so far is that people are catered for with disabilities uhm and that is evident in the infrastructure of the university itself so there is uhm access for wheelchairs…"

<div align="right">P3</div>

"Okay, again I can't go in details but I can see from some observations that I see people who are working or students. I think mostly students, and I have a few examples in my 15 years where I saw people either they can't walk or they have uhm a uhm what do you call it vision problem… I think the access to mobility there is some kind of uhm provision and which changes through this 15 years where they made provision for people who have wheelchairs, uhm and the new uhm building I think they more equipped like you go to the elevator see you can actually hear if you blind completely and you have also a touch, can see/read what floor you going to… there are a couple of people I have seen in the past 15 years uhm I have seen changes in the infrastructure where uhm access uhhh issue has been sorted out in every single building even temporary errr solution to get wheelchairs. In the old days when getting into a building they

had a problem, they can't actually access with a wheelchair but they made provision for that for which I am witness of it."

"I see with the newer buildings they make provision."

When it came to mental disabilities, Participant 10 acknowledged that the university does accommodate people with disabilities:

"I know people with mental disabilities for example have been really looked after. They have been given time off to kinda recover, they have been given time to go to a uhm a clinic and those types of things, so I think it's well in my faculty, it's handled quite well."

Participant 8 made a rather thought-provoking statement that people with disabilities had to advocate for their rights and needs:

"I think the biggest challenge, well not specifically at UWC I'll be lying, but I think the biggest challenge uhm people have with disability is that they almost have to always advocate and and almost like continually remind the establishment be it the employer that actually certain things whether requiring to function effectively. So it's almost as if the work context in many instances does not respond proactively it is always a reactive thing. So er you employ somebody but do you really err gage the level of support that's required if the person is disabled in a certain way, so that you proactively, you know, give the support."

Overall, when it came to a participant's perception of the issues faced by people with disabilities, two issues arose which were the lack of physical infrastructure/ accommodation and the need for people with disabilities to advocate for their rights and needs.

4.6.6 Type of disability

The type of disability that an individual has plays a role in one's decision to disclose. Non-visible disabilities are not disclosed as physical disabilities because non-visible disabilities are not easily understood as compared to physical disabilities. Therefore, participants were asked about what type of disabilities would prevent them from disclosing. They reported as follows:

"See the most difficult one is unfortunately when you have a mental disability, but physical, if I have an arm that's not working everybody can see I have one arm so it's easy to talk about easy to see but anything else where there is mental you only pick it up once you actually deal with people…"

P2

"[any] mental disabilities… because then you sort of seen as someone who is not in control of their mental wellbeing and how they behave, and what they would say…"

P1

"Psychological…nobody wants to be labelled as being psychiatrically sick."

P5

"I think physical disability are visible are more easily tolerated than mental because mental is not visible…"

P6

"When people are depressive or suffer from anxiety they are awkward about those things [disclosing].

P6

"Mental disability...Bipolar"

P7

73

"[Physical disability] you know how to respond or how to react whereas mental you don't always know…"

<div align="right">P7</div>

"I think the big one would be if you have some kind of learning disability like for example dyslexia. The other one is also if there is any intellectual disability I think that is huge. I think the sensory disabilities are not as an issue any longer because I think there are more and more people with hearing and visual impairments that are coming to the fore. I think the other big one is if you have a speech impairment because remember you've got to be able to speak at times and so on and so forth."

<div align="right">P8</div>

"I would say it's the disabilities that we are not familiar with… I mean if you think of somebody that comes in with elephantiasis big legs or somebody who comes with acromegaly you know where the hands and face grows big and stuff like that. So I think if it's any of the disabilities that we not familiar with of course because we ignorant."

<div align="right">P9</div>

"Physical is not so difficult for me because I think there is not much stigma around physical disability but I think especially mental uhm it's you know being crazy, it's being uhm you don't know, how do you put this uhm you can't deal with problems."

<div align="right">P10</div>

From the participant responses, it was clear that all the participants were hesitant to disclose any non-visible disability, particularly mental disabilities.

4.7   Theme 4: Perceived effects of disclosure

The perceived negative effects or outcomes of disclosure also influenced participants' decision to disclose a disability.

<div align="center">74</div>

4.7.1 Stigma

The most common effect of disability disclosure noted by participants was the stigma attached to having predominantly a mental disability:

"Well the stigma around certain uhm disabilities uhm and I suppose the fear I suppose it goes around stigma or the fact that based on the stigma I think people will change the way they see you, the way the work that they give you and those types of things so I think it's basically around the stigma."

P10

"I think although it's lessening now slowly but surely I think there is still a stigma attached you know…"

P8

"…I think there is a stigma attached to certain disabilities. I mean depression is one. I mean people have this stigma about depression and that's why they don't disclose…"

P7

"Probably a stigma that would be attached to it. Uhm if it's a hearing disability for example people would say his deaf he can't hear when I give him an instruction or request something."

P3

"…I think there is such a thing as mental issues as well so there will be that stigma attached to the mental challenges that somebody faces as well. And I think that would also be stigmatized."

P3

"Physical disability is probably much easier to deal with for people to develop it's something everyone can see but there's this stigma is automatic stigma attached to psychiatric disabilities, people who suffer from depression or anxiety. It's very difficult. It's a disability in many ways."

Also linked to stigma was the fear of being labelled, victimized, treated differently or discriminated against negatively:

"Nobody wants to be labelled as being psychiatrically sick."

P5

"I think I would be reluctant to say anything at first because I feel obviously I would be maybe labelled or victimized."

P1

"…being discriminated against…"

P10

"…fear of being treated differently…"

P10

"…people find not to disclose these things because you don't want to be made fun of…"

P2

"I think people will change the way they see you, the way the work that they give you."

P10

"…people can make fun of me…"

P2

However, Participant 4 did not perceive victimization as a factor that would prevent him from disclosing in the event of having a disability:

"…I don't fear any victimization… I don't think that's my personality I wouldn't hide anything…"

Therefore, the majority of the participants believed that the stigma that is attached to having a mental disability would prevent participants from disclosing a disability to the university.

4.7.2 Being Judged

Two participants stated that the fear of being judged would prevent them from disclosing a disability. Participant 6 emphasized this point at various stages in the interview:

"…I think in terms of mental there is always the fear of being judged."

P6

"I would say the main thing would be fear of being judged."

P6

"I think physical disability are visible, are more easily tolerated than mental because mental is not visible unless people know what you about you can easily be judged."

P6

"I think people are often uhm judged when they are depressive or suffer from anxiety."

P6

"…people are always afraid that other people are going to judge them…"

P8

Therefore, the fear of being judged in the workplace would prevent some participants from disclosing a disability to the university.

4.8 Additional research information

In conclusion, participants were asked to share their final thoughts or comments. Some had nothing further to say, whereas, other participants alluded to creating awareness around disability in and out of the workplace. They said the following:

"We need to acknowledge that disability is real. It is in our own homes, it's in the workplace, it is in the environment and you see it every single day. I think we need to be open more to how we can assist people with disability, how we can support them and also that there is mechanisms in place for them to or anybody that has been disabled to feel free to actually disclose their disability status and knowingly that they gonna be accommodated, knowing they going to be supported. I think that will make the world, much better and try and get away from the stigmatization of a person being disabled and think this person is less worth than the person not being disabled. That could go a very long way."

P2

"I think it's a good thing to make issues of disability to bring it to the fore amongst staff 'cause I don't think it has been brought to the fore. One isn't really aware of it."

P5

"An awareness amongst staff to be sensitized to people with disabilities."

P6

"I think that it's important for us to be more aware…I think sometimes we get the wrong information. So if we speaking about that sort of issue at the work place, I think that our workplace is not doing enough and I think they should be more proactive and be more involved because if they are looking at the wellbeing of their students they need to look at the wellbeing of their staff."

P7

"I think at UWC we really need to practice what we preach because especially with the physical environment."

<div align="right">P8</div>

"I think first of all more visibility, even awareness making…so talk about it and just to make them aware of these things you have in your workplace."

<div align="right">P9</div>

"We should create more awareness. We should perhaps have a disability week or month that we alert staff. Things that work well is teambuilding. If we are well and fully functional whether we have a disability or not uhm this means that we will be giving a better version of ourselves off and that our students will be doing better and that as colleagues, we work better and we produce more and that more research is done. So it's got a whole cycle/domino effect."

<div align="right">P1</div>

Thus, the majority believed that creating awareness in the workplace leads to more sensitization of people with disabilities and better understanding.

4.9   Conclusion

The current chapter presented the findings of the study. This section explained the themes and subthemes that emerged, supporting with direct quotations from participants. The findings put forth provided insight into participants' understanding of disability, their knowledge of the university's disability policy for staff members, the perceived factors that would prevent disability disclosure and the perceived effects of disability disclosure. Thus, the majority of participants viewed disability from a medical perspective and did not have knowledge of the disability policy for staff members. In addition, participants also viewed the following factors as important reasons for non-disclosure: the general lack of awareness and consciousness around disability in the workplace, the lack of knowledge and awareness of support structures and activities available to staff with disabilities and the lack of awareness around the disclosure procedure. In addition, if the disability does not affect the individual's work they could choose not to disclose. In addition, the type of disability the individual has will affect whether to disclose or not. The majority of the participants asserted that they would

not disclose a disability that is not well understood. The perceived effects of disclosure would also cause non-disclosure. The majority of participants stated that the stigma attached to mental disabilities would be one of the reasons for non-disclosure. To a lesser extent, the fear of being judged by others would also be a reason for non-disclosure. The next chapter will provide an in-depth discussion of the various themes and subthemes that emerged.

Chapter 5 – Discussion of the Research Findings, Conclusions and Recommendations

5.1 Introduction

The previous chapter presented the research findings of the study. This chapter discusses and interprets the findings of the study that is analyzed in the previous chapter showing how it adds to the body of knowledge. This chapter provides a detailed discussion of the research findings, the strengths and limitations. Thereafter, recommendations for future research are provided to help improve disability disclosure in the workplace, before the concluding remarks of the study are covered. Based on the qualitative data analysis, four main themes and sub-themes emerged which will be discussed in the following sections.

The main aim of the study was to determine employees' perception of the factors that prevent the disclosure of disability status to the employer. Subsequently, the study sought to address the following research objectives:

- To determine if there is a common understanding of the concept of disability amongst academic staff members.
- To determine the knowledge of the university's disability policy for staff amongst academic staff members.
- To identify the perceived factors that prevent disability disclosure amongst academic staff members.
- To explore the perceived effects of disability disclosure amongst academic staff members.

5.2 Theme 1: Understanding of disability

Based on the research findings, it was evident that there was a common understanding of disability among participants. The reviewed literature indicated that there are numerous terms, definitions and models used to define disability. Therefore, it is important to establish how an individual defines disability. According to Humpage (2007), it was important to understand how individuals understand disability as it sets the tone to how they react to people with disabilities.

Two definitions surfaced from the participants' responses. The first was the medical perspective, and the second was the social perspective.

5.2.1 Medical perspective

The medical perspective can also be referred to as the Medical Model. The majority of participants defined disability using the medical perspective. Findings indicated that participants generally described disability as an impairment that an individual may have whether physical or mental. This impairment usually limits functioning within the body. This concurred with Mitra (2006)'s findings which concluded that disability is viewed as a deficiency as individuals may have limited functioning in comparison to others. Overall, the medical perspective or model is very pessimistic in its outlook because it sees the individual as the problem. According to the medical model, the model believes that disability can be rectified through rehabilitation or medical efforts. Therefore, the medical model views disability as the individual's own misfortune free from social cause or responsibility (Areheart, 2008).

Many studies in the medical profession defined disability using the Medical Model. McCormack and Collins (2010) stated that most of the occupational therapy textbooks still comply with the medical model of disability. In a study conducted by Couser (2011) on what disability studies have to offer in medical education, the study revealed that the medical model or paradigm gives a different perspective to disability studies, therefore, creating a different response and understanding to it. Furthermore, the study reiterates the benefits of the medical model as people with disabilities have suffered and benefited from medical treatment.

5.2.2 Social perspective

According to Brittain (2004), recent research in the field of disability studies has taken on a more social constructivist approach. Many studies when discussing disability first start with the medical model then shift to the social model (Brittain, 2004; Humpage, 2007; Pledger, 2003). The social model is a social construct that defines disability in its social or environmental context (Areheart, 2008). Very few participants were aware of the shift towards this new paradigm of defining or understanding disability. When defining disability using the social model, 20% of the participants mentioned that social barriers caused disability or the problem had shifted from the individual to the environment. According to Areheart (2008), the barriers that exist in society are attitudinal, physical and institutional that hinder full participation in normal life. This sentiment is in line with the social model of disability. According to Oliver, (1995 as

cited in Pfeiffer, 2001) the social model views society as the problem as it fails to accommodate and provide appropriate services and necessities to people with impairments to ensure they can function optimally in society. Furthermore, the medical model encourages medical solutions to assist individuals to fit into society, whereas the social model is directed at altering the environment to fit the individual (Areheart, 2008). Many studies that have investigated disability in the workplace, higher education institutions or any social context, has used the social model in defining disability (Anastasiou & Kauffman, 2011; Khan, Korac-Kakabadse, Skouloudis & Dimopoulos, 2018; Matshedisho, 2007; Stanley, Ridley, Harris & Manthorpe, 2011). The social model makes a distinction between impairment and disability. The impairment lies within the individual's body and disability is the social and cultural context that the body is found in (Couser, 2011). Goering (2015) concurred with this view and further asserted that it is the lack of fit between the body and its social environment. In addition, sometimes the main and only disadvantage of impairment is not the physiological, but social, such as the unwelcoming attitudes of others (Goering, 2015).

As previously stated, the majority of the participants did not use the social model but rather defined disability using the medical model. However, within the study, the researcher used the social model to define disability. This is also how the university's policy on staff with disabilities defines disability. In the policy, it states that the university defines disability in the work environment, whereby disability is defined in terms of the effect an impairment has on the person in relation to the working environment, and not on the impairment itself (HR Policy Document, 2014). This was a noteworthy observation, as there may be individuals in the workplace who meet the medical requirement of having a disability but because it does not affect their work environment or require accommodations, they do not see the necessity to disclose a disability at work.

5.3   Theme 2: Knowledge of the disability policy

This theme sought to ascertain the participants' degree of knowledge of the disability policy for staff with disabilities at the university.

5.3.1 Knowledge of the disability policy for staff

The findings of the study reiterated that participants did not have knowledge or insight into the university's disability policy for staff members. Their lack of insight into the policy could be attributed to the fact that they did not have a disability, therefore, had no interest in finding out about the disability policy. Scant literature exists on employee's understanding or knowledge of their organization's disability policy. However, few studies exist on employees' understanding of general employment equity legislation in the workplace, as this does influence the organizations' disability policy. In a study by Omar, Chan and Joned (2009) in Malaysia on employee's knowledge of their legal rights at work, the study identified particular areas of employee rights that were familiar to the employees. The results revealed that participants did not have comprehensive knowledge of their legal rights, however, knowledge of the basic rights of employees. A reason offered by the study for this was, participants were unionised members and may have relied on their trade union to defend their rights as an employee.

Therefore, the participants saw it unnecessary to seek knowledge about their rights as their trade union stood in for them. This may very well be the case for participants in the current study. Findings of the study showed that participants were unaware of the rights or the policy for staff with disabilities in the workplace because they did not have any and in the event they do acquire any, trade unions will assist them. However, academic staff do not have unions at the university. Markel and Barclay (2009) also stated that in many organizations, employees usually have an inadequate understanding of the legal rights of people with disabilities, and for that reason, may make discriminatory decisions concerning these individuals.

Even though participants never had knowledge of the university's disability policy for staff members, one participant indicated minimal insight when he mentioned that individuals have the right to disclose their disability and not be discriminated against. This corroborates with the University Policy on disability that states that individuals who have a disability may disclose their disability at any time. In addition, the university may not unfairly discriminate, directly or indirectly against persons with disabilities (HR Policy Document, 2014).

5.3.2 Knowledge of the disability policy for students

The focus of the study was on staff with disabilities and not students with disabilities, but nonetheless, participants showed some minimal insight into the university's disability policy for students. A participant mentioned having policy documents for his students and a few participants mentioned that they were in touch with the university's disability unit for their students. Therefore, participant's exposure to students with a disability made them more aware of the disability policy for students.

As a result, having a disability or being exposed to people with disabilities in the workplace could increase the knowledge of the disability policy for staff amongst staff members. A participant mentioned that there were few people with disabilities in the workplace, therefore, contributing to the lack of knowledge and awareness of staff members with disabilities. However, Crawford and Tindal (2006) stated that awareness is simply the initial step, and knowledge about policy does not guarantee a transformation in beliefs and practices.

5.4 Theme 3: Perceived factors that prevent disclosure

Perceived factors that prevent disability disclosure can also be referred to as barriers to disclosure. There are many factors that prevent and encourage disclosure. The factors can be categorized into three groups namely individual, environmental and systemic (Association on Higher Education and Disability, 2013). In the study, the following barriers or factors that prevent disclosure were identified.

5.4.1 Relationship with Head of the department (HOD)

In the event an employee has a disability, the relationship that the employee has with their supervisor or Head of Department may influence whether they would be comfortable to disclose their disability. In the study, the relationship that the majority of participants had with their HOD did not pose as a factor that would prevent disability disclosure. One of the participants mentioned that her HOD had disclosed to her that her son had autism, therefore, her HOD would be understanding if she were to have a disability and disclose. The findings of this study concur with the findings of an Australian survey that found that managers were more understanding and approachable about disability and disclosure if they also had a disability, had a family member with a disability or worked with an employee with a disability (Martin 2010, as

cited in Martin & Fisher, 2014). However, contrary to what most participants indicated, one of the participants indicated that based on the relationship he had with his current HOD, he would not feel comfortable to disclose. Furthermore, the participant's decision to disclose was also affected by how their HOD interacted with other staff members. One of the participants indicated that based on how the HOD handled another individual disclosing their disability; she would consider disclosing a disability.

On the other hand, another participant said that based on how his HOD treated other staff members it will take him a while to trust his HOD. Therefore, if the relationship employees have with their HOD is negative, it may influence their decision not to disclose. In a large-scale survey in America, only 30% of employees indicated that they would feel comfortable disclosing a disability to their supervisor (Charbonneau et al., 2005 as cited in Martin & Fisher, 2014). According to Nelissen, Vornholt, van Ruitenbeek, Hulsheger and Uitdewilligen (2014) supervisors have a role in fostering inclusion by creating a relationship and environment conducive for disclosure.

5.4.2 Culture of the department/faculty

The culture or climate that a department has is vital in creating an environment for individuals to feel free to disclose a disability. According to Schur, Kruse and Blanck (2005), corporate culture can create various barriers such as physical, behavioural and attitudinal for people with disabilities in the workplace. Likewise, Dyk and Jongbloed (2000) stated that the culture of a workplace influences an individual's decision to disclose a disability at work. From participant responses, it was evident that the various departments displayed a positive culture/climate. The majority of the participants indicated that the culture in their department was disability friendly, open and supportive. Nelissen et al., (2014) stated that when the organizational culture and team climate supports optimistic and encouraging behaviour towards one another in the workplace, it increases the likelihood of disability disclosure in the workplace confirm this. However, two participants stated that their departmental culture was not disability friendly and one participant highlighted that it was "depressing". Therefore, these two participants would not feel comfortable to disclose a disability to the university as their departmental culture is not "welcoming" to disability.

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5.4.3 Lack of awareness

Various factors that may prevent disclosure and one of them is participants' lack of awareness of the factors.

Disability in the workplace

From participant responses, it was clear that there was a general lack of awareness around disability in the workplace. Sentiments from participants indicated that awareness of disability might cause individuals who have a disability to disclose. Findings revealed that disability awareness is non-existent in the workplace and this fosters disability non-disclosure. The lack of disability awareness in the workplace can be attributed to a few people with disabilities in the workplace. This low prevalence is common since people with disabilities are limited in their achievement to secure and/or maintain employment (Shier, Graham & Jones, 2009). Bruyère, Erickson and VanLooy (2000) reported that many people with disabilities are considerably unemployed or underemployed in comparison to their peers without disabilities.

Employers may state in their policy that they are open to employing people with disabilities, but this may not always be the case in the organization. In a study conducted by Angela (2015) on the employment of persons with disabilities in Romania, the study concluded that the employment rate of people with disabilities was considerably less in comparison to the general population. In addition, the study established that employers had a positive attitude towards incorporating people with disabilities into the workforce, but are very guarded about their actual employment. Some of the reasons for this was that employers had concerns about decreased productivity, an increase in the necessity for supervision or an increase in the probability of absenteeism caused by medical issues. Likewise, Chan, Strauser, Gervey and Lee (2010), stated that employers usually hold optimistic attitudes in relation to people with disabilities and convey an eagerness to hire and retain them. On the other hand, there is a massive gap between intention to hire and the actual act of hiring and retaining people with disabilities.

In 2011, a study done by Cornwell University on employer practices and policies regarding the employment of people with disabilities unveiled the perceived barriers to employment and advancement of people with disabilities. Findings showed that the

most prevalent barrier was the lack of qualified applicants. In addition, the shortage of skills, training and inadequacy of relevant experience were barriers. Furthermore, the culture of an organization   also played a role in the employment of people with disabilities and subsequently in the disclosure of disability in the workplace (Erickson, Von Schrader, Bruyère & VanLooy, 2014).

Support structures and activities for staff with disabilities

Support structures and activities for staff with disabilities was one of the major issues that were discussed in the study. Results from this study discovered that the university offered insufficient awareness concerning staff with disabilities. This can, therefore, act as a barrier to disability disclosure because staff with disabilities may want to disclose but may be under the impression that the university does not have any or sufficient support structures and activities to help them once they have disclosed.

However, according to a study done in the UK by the Equity Challenge Unit (2008) on issues affecting the decision of disability disclosure of staff in higher education institutions. The findings indicated that staff were unlikely to disclose their disability to the institution irrespective of the support provided to them. Therefore, disability awareness, support structures and activities the university offers do not guarantee a decrease in disability non-disclosure. Lacaille, White, Backman and Gignac (2007), confirmed this in a qualitative study about patient's perspective on their experience of having arthritis at work. Some participants preferred attending and participating in off-site interventions instead of at-work to avoid drawing attention to their arthritis.

Disclosure process

Individual's actual understanding or awareness of the disability disclosure process may also influence their decision to disclose. According to participant responses, none of the participants was aware of the procedure to follow in order to disclose a disability to the university. This may prevent disclosure as individuals with disabilities might intend to disclose but cannot because they are unaware of the actual procedure. Participants in a study conducted at a university in the U.S. by Shigaki et al. (2012), shared this sentiment. The study focused on the degree of understanding the staff had on the disability issues, barriers and support offered by the university. The study reported that some participants who had disabilities did not disclose because of a lack

of knowledge of the procedures to follow in order to disclose a disability. Therefore, the lack of knowledge of the disclosure process could be a factor that prevents disability disclosure.

In addition to the knowledge of disability disclosure, participants were required to describe the best way for disclosure. Findings revealed that the majority of the participants mentioned that they would first seek advice or help from external professionals, such as lawyers, medical practitioners or psychologists before speaking to HR. In this event, speaking to external professionals before consulting with someone at the university may lead to non-disclosure. In a national mail survey conducted in the U.S by Ellison et al. (2003) on workplace disclosure among professionals and managers with psychiatric conditions, a few participants chose not to disclose their disability because they were advised by their therapist not to do so. Hence, there may be individuals who have disabilities and wish to disclose but due to the advice given by a professional they choose not to disclose.

5.4.4 Impact on work

It was also crucial in the study to ascertain the impact of disability disclosure on work. Findings revealed that only two participants mentioned that if they were to have a disability and the disability did not affect their work or work performance they would not disclose. However, if it affects their performance or if their job was at risk, they would decide to disclose. Consistent with the findings, Gerber and Price (2003) found out that only in the event that there is an issue with performance do employees with disabilities seem to consider disclosing. Fesko (2001) established in a study that of the four participants who disclosed their disability to their supervisor, only two did it because their health was affecting their performance at work. In a case study by Frndak et al. (2015) in Buffalo, New York that investigated employed patients with multiple sclerosis, the study reported that participants did not disclose their disability due to continued positive work performance, hence not seeing the need to disclose. In addition, Ellison et al. (2003) stated that participants believed that they could hold onto their employment without disclosing their disability. In a study done by Dyk and Jongbloed (2000) about employment issues of women with multiple sclerosis, most participants stated that disclosure would only take place if the symptoms of the disease were too difficult to hide or affected their job performance.

As previously mentioned, the low prevalence or awareness of people with disabilities in the workplace and lack of disability disclosure may also be due to individuals having a disability exiting the workforce when or before the disability affects their work performance, hence, finding it unnecessary to disclose while in employment. These findings corroborated with the findings of Fesko (2001) who reported that staff with disabilities left their jobs when they experienced health difficulties that affected their work performance. Furthermore, Magee (2004, as cited in, Shier, Graham & Jones, 2009) reported in a quantitative study, that people with disabilities and illness voluntarily left their job for personal care reasons and/or to pursue different employment. This may be possible for academic staff members who may go on sabbatical or leave the university to pursue other positions outside the university.

However, in the event that an individual's disability affected their work and they did disclose, there was the fear of job loss. Moreover, it was interesting to note that in a study done by Wilton (2006), in Ontario, Canada, on agency clients' work experience, results showed that employees with disabilities chose not to disclose their disabilities as a way of avoiding negative consequences such as job loss. Likewise, fear of damaging one's career was the main cause of non-disclosure of mental illness at work (Dewa, 2014). A study by Evans et al. (2016) on staff in the Australian Public Service Sector concluded that staff with disabilities were unwilling to disclose due to fear of losing their job. On the other hand, Gerber and Price (2003) stated that disclosure as a reactive response to poor performance caused conflict in the management-employee process.

5.4.5 Issues faced by current people with disabilities

When participants were asked about the issues faced by current people with disabilities in the workplace, it was noted that almost half of the participants stated that they were not aware of colleagues or staff members with disabilities in the workplace. However, two participants mentioned that they each knew one colleague with a disability in their department, and the colleague was in a wheelchair. In a study conducted by Susman, Blignaut and Lounge (2014) on the issues faced by people with disabilities living in South Africa, the study found that 40% of individuals with disabilities living in the Western Cape Province had a physical disability. This is the

frequency and awareness of physical disabilities in the workplace compared to other disabilities.

Furthermore, three participants stated that individuals with physical disabilities did not have any issues as the university's infrastructure adequately accommodated people with physical disabilities. One participant also stated that people with mental disabilities were catered for, therefore not being aware of issues faced by current people with disabilities. However, on the other hand, three participants mentioned that the infrastructure of the university was not suitable for people with physical disabilities. Therefore, this may be a problem for people with physical disabilities. It is noteworthy that different faculties are situated in different buildings around campus, thus, participant's perception about the infrastructure may vary. For example, participants from the Education and Arts faculty are situated in older buildings therefore, participants from these faculties may not think that adequate provision is made for people with disabilities, whereas, participants in the newer and more modern buildings such as the Natural Science faculty perceive that adequate provision is made. Many times participants/employees are primarily exposed to their faculty and building.

Nevertheless, how people view the issues faced by people with disabilities in the workplace might influence their decision to disclose. In the event the individual has a disability and discloses, they then become part of the "group" facing these challenges or issues. Nelissen et al. (2014) also supported this view by stating that, the way others view the treatment of people with disabilities and the issues people with disabilities face, will affect their decision to disclose a disability, as disclosure by the individual is ultimately a decision to join the group of people with disabilities.

5.4.6 Type of disability

The type or nature of disability that an individual has also affected their decision to disclose. Physical disabilities are more easily accepted and disclosed because disclosure is a discussion of acknowledgement, whereas, with non-visible disabilities, on the other hand, there is a greater decision-making process when deciding to disclose (Jans et al., 2012). In addition, physical and sensory disabilities are easily disclosed because of the need for more physical workplace accommodations. Based on participant responses, it was clear that when it came to mental disabilities or any type of disability that was not very well known and understood, participants would not

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feel comfortable to disclose that disability. Toth and Dewa (2014) supported this view and indicated that during the decision-making process, for people with mental disabilities, individuals by default started from a position of non-disclosure due to the stigma attached to these disabilities. Furthermore, the type of disability is linked to the origin of the disability or how the individual came about having a disability. Individuals who may be somewhat responsible for others may perceive the acquirement of their disability in a negative light, therefore, may choose not to disclose (Colella & Stone, 2005, as cited in Markel & Barclay, 2009).

5.5   Theme 4: Perceived effects of disclosure

There are many factors that contribute to non-disclosure and one of the factors would be the fear of the repercussions of disclosing. According to Dew, Morgan, Dowell, McLeod, Bushnell and Collings (2007), the fear of the consequences of mental illness disclosure was a significant rationale for non-disclosure. Likewise, participants in a study on the disclosure of their HIV status at work stated that the potential of negative outcomes due to disclosure outweighed their decision to disclose (Fesko, 2001).

5.5.1   Stigma

Often there is a link between the type of disability an individual has and the stigma attached to it. Scheid (1999) referred to stigma as the attribution of an undesirable feature to an individual or group. Furthermore, Jans et al. (2012) defined stigma as harmful and incorrect beliefs and internalised stereotypes by people with disabilities. There is a great stigma attached to having mental disabilities. The stigma that is attached to disability, specifically mental disabilities, was the most common effect mentioned by participants. Therefore, people with mental disabilities may choose not to disclose it because of the stigma attached to it. Similarly, in a study conducted by Dewa (2014) in Ontario, Canada, findings revealed that non-disclosure was prevalent because people with mental health issues wished to avoid negative attitudes and stigmatization by colleagues. However, stigma may affect people with other disabilities as well (Jans et al., 2012).

In addition, some participants also mentioned the fear of being labelled, victimized, treated differently or discriminated against negatively. Conversely, one participant did not perceive victimization as a factor that would prevent him from disclosing a disability. However, according to literature, Irvine (2011) mentioned discrimination and

stigma as reasons for non-disclosure of mental health problems in the workplace. Furthermore, Vickers (1997) also mentioned that there were dominant reasons why people with disabilities chose not to disclose, some of the reasons included negative attitudes, social pressures, labelling and stigmatization. Link (1987 as cited in Scheid, 1999) stated that it is the label and not the underlying condition that is the reason for the negative effects of stigma.

5.5.2 Being Judged

Two participants mentioned that the fear of being judged would prevent them from disclosing a disability. In particular, there was a fear of being judged towards the individual with non-visible or mental disabilities because the disability was not as visible. Green, Davis, Karshmer, Marsh and Straight (2005) confirmed that people with non-visible disabilities may experience the embarrassment of being judged as "illegitimate claimants" of disability status. In addition, particularly the fear of being judged as inferior could also discourage disability disclosure (Stanley et al., 2011). Furthermore, in the event of being judged, it can lead to frustration and even anger (Green et al., 2005). Hence, non-disclosure is chosen as a way to avoid these negative effects.

5.6 Summary

Overall, based on participant responses in the study, the definitions that they provided were supported by the reviewed literature. According to the findings of this study, the definitions of disability were attributed to the Medical Model. In addition, findings revealed that there was a lack of knowledge towards the understanding and awareness of the institutional disability policy for staff members. This lack of knowledge was common even though there was scant research on employees' understanding of legislation pertaining to disability and the workplace in general. The results of the study also unveiled the relationships between individuals, their HODs, and organizational culture. These factors prevented disability disclosure. The lack of awareness of the disclosure process was a strong factor that could possibly contribute to non-disclosure, as none of the participants was aware of the disclosure procedure.

Furthermore, the impact that a disability has on an individual's work or the lack thereof may be a factor that prevents disability disclosure. Even though two participants only mentioned this, it is in line with previous research studies. The type of disability had a

major impact on disability disclosure and according to participants, having a mental disability would be a major reason for non-disclosure. This was also in line with previous research. The stigma attached to certain disabilities such as mental illness makes it harder for individuals to disclose and by default start from a place of non-disclosure. This was noted in the decision-making process that was mentioned in the literature review. The fear of being judged also acted as a factor that would prevent disclosure and was supported by research.

5.7 Limitations of the study

After completion of the study, the following limitations were identified:

- The study was based on participants' perception. In the event participants were to acquire a disability, the actual factors that would prevent disability disclosure may differ from the factors that they perceived would prevent disability disclosure, prior to having a disability. This could be attributed to the fact that an individual's' perception may change over time.

- Ideally, the researcher wanted participants who had a disability but would not disclose to the university, to participate in the study. This was to establish reasons for disability non-disclosure to the university.

- The findings may not be generalized to other academic institutions as the qualitative design uses small samples.

- There were very few studies found on disability non-disclosure of academic staff in higher education institutions.

- The study focused on all types of disability that could have affected participant's responses. Because participants were put in a 'hypothetical' scenario about if they were to have a disability, why would they not disclose, the disability they chose as reference could have impacted their response.

5.8 Recommendations

Based on the limitations mentioned, it serves as a good starting point for future research or action. These are as follows:

5.8.1 Future research

● Further research can be done using a quantitative or mixed method approach. Whereby, all academic staff members or even the entire staff population can complete an anonymous survey questionnaire about disability, specifically focused on mental health as those disabilities are more stigmatized and individuals may be less willing to disclose. With the anonymization of the questionnaire, it is hoped that staff who may have a disability but did not disclose it to the university will participate in the study. Hoping that they may give their reasons for non-disclosure. Oliver (1996, as cited in Holloway, 2001) stated that research about people with disabilities has neglected to include them or given consideration to their perspective, therefore, if people with disabilities participate it would be a way to rectify this statement. In addition, the survey can serve as a means of comparison and validation to see whether the perceived factors as established by the current study are actual factors that prevent disability disclosure.

● This study was conducted at a single Higher Education Institution in the Western Cape, although not all the faculties at the institution were included in the study. Future studies can be conducted at several Higher Education Institutions and include all faculties at the institutions. The institutions can all be located in the Western Cape or in different provinces.

5.8.2 Recommendations for the University

● The university offers awareness and sensitivity workshops around disability to staff; however, all staff members are unaware of these due to various reasons. Therefore, the study recommends that the university create more awareness about the resources and support structures and activities it has available to staff with disabilities and wellness programmes in general. This can be done through regular updates via email, putting up posters for staff and through HODs mentioning these offerings occasionally in staff meetings. Also during the staff orientation for new staff members, a point can be made to speak about support structures and activities for staff with disabilities. Employees can also be provided with a reference list of all the support structures, facilities and aids that are currently in existence to staff with disabilities, thus possibly increasing the disclosure rate by new

employees (Volunteering Tasmania, 2010 as cited in Ruhindwa, Randall & Cartmel, 2016).

- The current study can serve as a starting point to assist HR to see the current state of staff in terms of disability awareness in the workplace. The university can also set out to do an awareness survey to determine accuracy. As the survey will determine the current state and if current efforts are working and how the university can improve its offerings. It can also assist HR to ensure the workshops and programmes that are on offer to staff match their needs and interests. HR can also approach individuals who have a disability and have disclosed it to help with ideas and give insight on awareness workshops and other activities. Thereby reiterating the statement of the international disability movement, "nothing about us, without us" (Yeo & Moore, 2003).

- The university should continue efforts to improve the institution through policies, workshops and infrastructure as these efforts create awareness and make staff and students; even the public feel welcome and included and can create an environment for disability to be accepted and disclosure to become easier. Thereby, a welcoming climate can be beneficial to many stakeholders. In addition, using universal design principles, individuals with disabilities will not feel excluded (Leake & Stodden, 2014). Markel and Barclay (2009) stated that universal design aids in the creation of a supportive culture and it camouflages accommodations and makes it an intrinsic part of any working area.

- Many times individuals are overwhelmed by the various policy's that exist and may be reluctant to read policy documents. Therefore, to ensure staff are up-to-date with what is written in the various university policies, HR can create short video clips (with subtitles) informing individuals about the main points covered in the policies. This ensures that staff have a basic understanding and knowledge of the disability policy. These videos can be made available on the HR website so that staff members can re-watch it in the event they want to refresh their memory. HR can even create easy to read booklets that speaks about the legislation in a simplified form to promote employee familiarization with the various policies including disability (Omar et al., 2009).

- As one participant also mention, the university can create more awareness around disability, and create a disability friendly environment by doing monthly or weekly publications about staff members who have a disability. The articles can include aspects of individuals' educational and work background, disability, and how they manage working with their disability. This serves as an interesting way to inform and educate people about the various disabilities that exist in the workplace and creates sensitization. This was in line with what Anthony (1972, as cited in Nelissen et al., 2014) believed, whereby stating that when individuals interact with and obtain information about people with disabilities their attitudes will change in a positive way.

These articles will also show how the university encourages and embraces diversity. These publications can be published in the university's communication letters. In addition, at the staff wellness day, a more conscious effort should be made to include staff members with various disabilities. Activities or games can be set up to create awareness and sensitization and it creates a form of inclusion for the individuals with disabilities. Appendix 2 can be referred to see a simple demonstration of a framework for facilitating in disclosure.

5.9   Conclusion

The final chapter discussed the themes and subthemes of the study. From the discussion, it was clear that when it came to disability disclosure a single factor or a combination of factors could contribute to non-disclosure. As determined in the study these factors were; the lack of awareness, knowledge of the support structures activities available to staff with disability, and the disclosure process. In addition, the disability factors that influenced the employees' work, the type of disability, stigmatisation and the fear of being judged, were among the issues discussed in the study.

A noteworthy observation came from participants stating that there was not much awareness created around disability in the workplace. Based on the participants who took part, employees seem to want to engage in such issues, especially if they have a disability, have family members or friends with disabilities. Therefore, creating awareness not only helps the workplace but also society.

As stated by one participant if the university puts as much effort into supporting and assisting staff with and without disabilities, as they do for students, the staff will be able to provide a better service to the students. Academic staff are vital role players in providing students with an excellent educational service.

Furthermore, the chapter also covered the strengths and limitations of the study and provided recommendations for future research and the university. Therefore, this study added value to disability disclosure/non-disclosure in the workplace and also shed some light on an issue both important inside and outside of the workplace.

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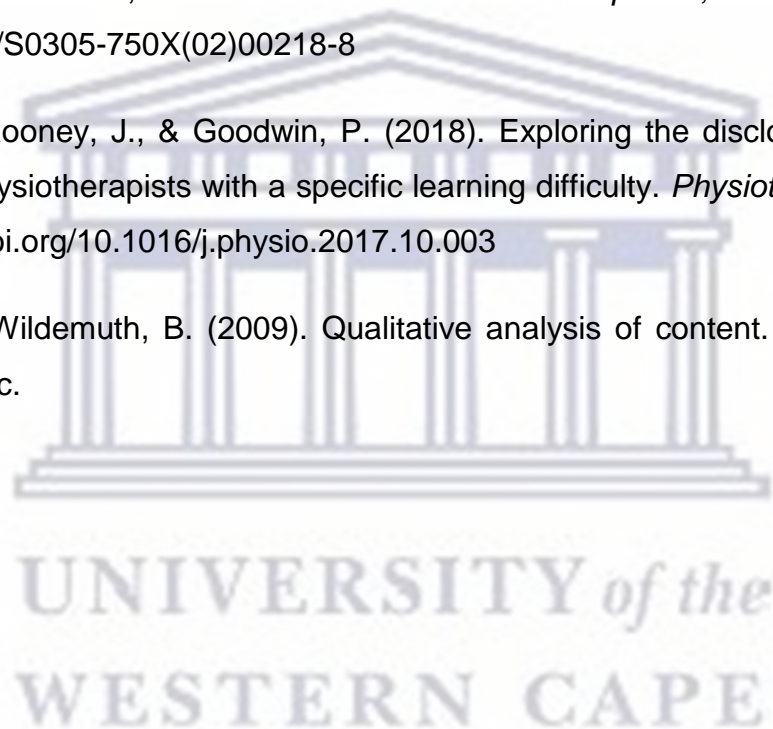
APPENDICES

Appendix 1: Interview guide

1) What is your understanding of disability?

   • How would you define disability?

2) What is your understanding of the university's disability policy?

   • Are you familiar about what is stated in the university disability policy?

3) What have you observed are some of the issues faced by people with disabilities in the workplace concerning their disability?

4) How would you describe the work environment /culture of the department?

   • Does the department culture harness disability disclosure?

   • Do you consider it to be "disability-friendly"?

5) What kind of working relationship do you have with your supervisor/ HOD?

6) If you had a non-visible disability or any type of disability, what would be some of the factors that prevent you from disclosing it to your line manager/ HOD?

7) To your understanding what are some of the support structures or activities available to staff with disabilities?

8) How do you think the university could encourage people with disabilities to disclose their disability?

   • What factors would you consider pivotal in deciding whether to disclose or conceal a disability?

9) In your opinion, what do you consider would be perceived stigmatised disabilities in the workplace and why?

10) Are you familiar with the process that needs to be followed in order to disclose a disability to the university?

11) If you were to disclose a disability, what would be the best way for you to do so?

12) Any final thought or comments from your side?

Appendix 2: Framework for facilitating disclosure

Reduces stigma	**Speak about disability more e.g. have information sessions about disability, discuss policy**		**Creates disability friendly environment/ culture**	**Individual who has or acquires disability feels more at ease to disclose**	**Individual discloses following the process and receives support**
Create awareness	**Inform people about the support structures available e.g. counselling**				
	Around actual disclosure process e.g. discuss with line manager or EE Representative then declare via online system i-enabler				