THE INTERACTIVE PROCESS OF NEGOTIATING WORKPLACE ACCOMMODATIONS

FOR EMPLOYEES WITH A MENTAL HEALTH CONDITION

By

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TITLE: The interactive process of negotiating workplace accommodations for employees with mental health conditions

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Lay Abstract

This Master's thesis focused on the process of discussing and negotiating workplace accommodations between workers with mental health conditions and workplace stakeholders. Six workers with mental health conditions and 6 other workplace stakeholders who had experience negotiating accommodations shared their experiences in interviews. Study findings highlighted that the negotiation process can be complex and non-linear, and is impacted by social and political factors. Workplace social capital had an impact when workers with mental health conditions requested and negotiated accommodations. For example, employee self-confidence, "likeability" (as perceived by coworkers and management), reputation as a good performer and perceived value to the organization appeared to shape how workers experienced the process of negotiating accommodations. Worker status and position also reportedly had an impact on access to supports. It should be noted, however, that social capital was only one of the factors that workers needed to be successfully accommodated, and their social capital could be at risk of being exhausted due to behavior or performance issues. This thesis expands our understanding of the accommodation negotiation process, and the impact of social and political forces on disability management strategies.

Abstract

Employee mental health claims have become a costly burden for Canadian workplaces, therefore many organizations are seeking to adopt progressive disability management strategies to support employees with mental health conditions who are either returning to work or trying to remain at work. Developing and implementing effective workplace accommodation practices is one such strategy to support employees. Negotiating workplace accommodations has been recommended in the literature to be an interactive process between the employee and workplace stakeholders. However, there is very limited knowledge regarding the ways in which discussing and negotiating accommodations unfolds, or how employees and stakeholders experience the process of negotiating accommodations. This thesis includes the results of a qualitative study exploring how negotiating accommodations unfolds between employees with mental health conditions and workplace stakeholders, and a sub-analysis of the larger study data exploring how social capital can impact the negotiation process.

In order to capture varied perspectives, in depth interviews were conducted with employees in diverse roles who self-identified as having a mental health condition that required accommodation, and stakeholders who were experienced in negotiating accommodations. A qualitative descriptive design was used to iteratively collect and analyze data. Constructive and interpretive strategies including initial and focused coding, memo writing and clustering were used to identify themes about negotiating accommodations.

The negotiation process, as reported by participants in this study, was found to be a non-linear, social and political process that unfolded as a combination of micro formal and informal sub-processes, in contrast to the concrete, formal accommodation process mandated by some

organizational policies. In addition, there were a number of factors that were experienced as either helpful or challenging in the process of negotiating accommodations.

Social capital arose as an important element influencing how employees with mental health conditions accessed accommodations. The findings of a qualitative sub-analysis of the original data set focused on the ways in which workplace social capital impacted the experience of requesting and negotiating accommodations. Some elements of social capital were found to be dynamic, with workers able to accumulate, rebuild and spend social capital in the course of their employment. Employee reputation, employee self-confidence and likeability with coworkers and managerial staff arose as key elements of social capital. Other elements of social capital were external perceptions constructed by coworkers and workplace stakeholders, such as return-on-investment of accommodating and judgements of value to the organization. Overall, workplace social capital appeared to impact how employees experienced the process of requesting and negotiating accommodations, but it was not the determining factor of whether accommodation requests were granted.

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Declaration of Academic Achievement

As a Master's student, Sabrina Hossain received feedback and guidance from the supervisory committee to conduct a qualitative research project as the Primary Student Investigator, and to complete the contents of this thesis. Contributors to chapter two and three are listed as co-authors, and co-authors include the three members of the supervisory committee. Their role was critical in evolving the thesis drafts, and in helping the primary author to evaluate and refine the contents of this thesis. This thesis is in partial fulfillment of the requirements for the degree of Master of Science, Rehabilitation Science.

Chapter 1: Introduction

Introduction

According to a report by the Mental Health Commission of Canada (2017) mental health conditions are the leading cause of disability in Canada, and account for thirty percent of short- and long-term disability claims. Work disability resulting from a mental health condition is a significant financial, human and organizational burden in Canadian workplaces, with mental health problems costing more than 6 billion dollars annually in absenteeism and lower employee productivity (Dewa, Trojanowski, Joosen & Bonato, 2016; Mental Health Commission of Canada, 2017). The World Health Organization (WHO) has stated that mental illness will become the second leading cause of global disease in the next century, and mandated that governments, business and international organizations need to invest more human and financial capital into policies, initiatives and plans to support individuals with mental health conditions (Dewa & Lin, 2000; WHO, 2003).

With the growing incidence of work disability resulting from mental health conditions, workplace accommodations have become an important component of disability management (Shaw & Feuerstein, 2004). There is a growing body of research about workplace accommodations for workers with mental health conditions that identifies the types and frequencies of accommodations used worldwide, their effectiveness at reducing work disability, and the associated costs and benefits of implementing accommodations (McDowell & Fossey, 2015; Schartz, Hendricks & Blanck, 2006). The existing body of research highlights a disconnect; accommodations are effective in improving job tenure, performance and job satisfaction, yet there continues to be a gap between the documented benefits of accommodations and their implementation in improving the employment rates of individuals with disabilities (Gold, Oire, Fabian & Wewiorski, 2012; Schartz, Hendricks & Blanck, 2006).

Despite research on the outcomes of accommodations, less attention has been dedicated to understanding how workplace accommodations are requested and negotiated between employees and workplace stakeholders, especially for employees with mental health conditions. There is an important gap in knowledge about the process of discussing and negotiating accommodations (Dewa, Trojanowski, Joosen & Bonato, 2016). A clearer understanding of the negotiation process could provide more transparency around how this process is experienced by workers with mental illness and workplace stakeholders by shedding light on social, institutional, and human factors that can have important implications for workers and organizations. This information could support Canadian employers and stakeholders who are seeking strategies to improve their approaches to addressing mental illness and decreasing its burden in the workplace.

This chapter provides background information and context for the research featured in the two manuscripts that follow in chapters 2 and 3. I begin by reflecting on what brought me to pursue this research and my interest in work disability, disability management and workplace accommodations for people with mental illness. Disability management is introduced as a discipline that aims to prevent or reduce the disruptive impacts of disability within organizations and for employees, and thereby achieve a healthier and more productive labor force (Dyck, 2017; Hunt, 2009). The integral role of workplace accommodations within disability management programs is discussed in the context of addressing workplace mental illness, which has emerged as a leading cause of disability and burden to Canadian organizations (Dewa et al.,2016). Accommodating employees with mental illness is framed as an ambiguous social process that requires further inquiry. The theory of Symbolic Interactionism that guides this research approach is outlined. The rationale for using principles of constructivist grounded theory

qualitative methodology, to explore the social, political and relational nature of the negotiation process is discussed. Finally, this chapter concludes with a summary of the purpose, guiding research questions and an outline of the full thesis.

Reflexive Orientation

I first encountered challenges around discussing and negotiating workplace accommodations for people with mental illness prior to beginning my degree in rehabilitation science. I had studied Rehabilitation Services and learned about various populations living with disabilities, their unique challenges and barriers, and the methods and resources with which to provide support to them. As part of the degree requirements, I engaged in a handful of co-op experiences. One in particularly stands out as solidifying my research interests. Namely I completed a placement at a disability management firm where I worked with workers who were on leave and attempting to return to work following the onset of disability. This experience left me eager to better understand what factors were influential in negotiating accommodations. Thus, I became especially interested in supporting individuals living with disabilities who were experiencing challenges in their employment. My interest in mental illness, in particular, emerged because it was an area that seemed to be complex and at times difficult to manage in the context of the workplace.

Once I graduated, I began working in the insurance industry with motor vehicle accident claims with the hopes of supporting individuals with psychological injuries resulting from life altering accidents. I was surprised by the way that psychological injuries had such a significant impact on the lives of many individuals, while the insurance system seemed to focus primarily on addressing their physical injuries. I struggled with the dissonance between my hopes of

providing support and the limitations of my role which stipulated that the support we could provide depended on approved insurance coverage, limited compensation, and superficial evaluations of physical and mental restrictions and limitations. I questioned the accident benefits and legal systems upon which my work depended. There was a preoccupation with encouraging clients to undergo multiple assessments and receive approved treatments, but I wondered what was being done to address the psychological impacts on clients' day to day work experiences. The impact of their mental health conditions often resulted in individuals leaving their employment for various reasons, sometimes unable to return for prolonged periods of time, if at all, as they could no longer meet the job demands without supports in place. I knew there were disability management strategies that could be implemented to facilitate return to work by addressing their needs and their restrictions, but nobody seemed to be guiding them through that process.

I also questioned workplace policies; the Duty to Accommodate and the concepts of inclusivity and justice for all employees were frequently discussed in my courses, but I wondered how they were operationalized in practice. How were the various strategies we learned for supporting disabled workers, being implemented in workplaces? Surely what we learned about must have a place in disability management practice? Did employees with psychological conditions who were struggling at work, or those attempting to return to work feel supported? Did they ask for support and accommodations? Did they know they could ask for support and accommodations? What did they do to get support? Were there specific steps that needed to be followed, similar to how disability benefits were received? What happened once they asked for help? The scope of my work did not permit me to address my questions, nor give a voice to those experiencing these struggles. Once I entered the Rehabilitation Science program, my desire to

capture and outline the experiences of workers living with mental health conditions drew me to qualitative methods, which aims to capture lived experience and develop new knowledge based on participants' feelings, thoughts, perceptions attitudes and ideas (Öhman, 2005). My focus on the social process of accommodating and supporting employees led me to Grounded Theory, which provides strategies for analyzing and understanding "individual processes, interpersonal relations and the reciprocal effects between individuals and larger social processes" (Charmaz, 2008, p.83). Using grounded theory strategies to collect and analyze the data enabled me to identify and describe the micro processes and tensions occurring within the accommodation negotiation process for employees with mental health conditions.

Background Information

Disability Management. The field of disability management in North America has emerged from employers' need to mitigate rising worker's compensation and health insurance costs by preventing occupational disability through early intervention following the onset of a work disability (Hunt, 2009). Additionally, the Americans with Disabilities Act in the United States, the Canadian Charter of Rights and Freedoms, and the Accessibility for Ontarians with Disabilities Act (AODA) have led to the development of federal and provincial human rights legislation and workplace disability policies that meet legal obligations to accommodate employees with disabilities (Hunt, 2009; Thomson, n.d.). Over the last two decades, disability management programs at work have become reputed as good practice, and encompass proactive strategies implemented by employers and insurers following an injury or illness before it can affect workers' attachment to their employment or cause workers to lose employment (Hunt, 2009; Tompa, de Oliveira, Dolinschi & Irvin, 2008). Disability management programs are described by Hunt (2009) as an employer based, "win-win" approach, that typically consist of

three parts: prevention, support for recovery, and accommodation (Government of Canada, 2011). Employees are supported and able to return to work with less wage loss, faster recovery time and less likelihood of permanent impairment, while employers are able to reduce compensation and health benefit costs, and return their employee back to work with minimum disruption in productivity (Hunt, 2009; Tompa, de Oliveira, Dolinschi & Irvin, 2008). The increased globalization and adoption of disability management practices in North American workplaces reflects a significant paradigm shift in our understanding of work disability (Hunt, 2009). There is now attention to factors beyond medical status, including increased consideration of the workplace context with movement towards improved working conditions and support for workers in need (Hunt, 2009). Common disability management practices include modified work duties that focus on accommodating functional limitations (Hunt, 2009; Shaw & Feuerstein, 2004).

Mental Health Conditions and Workplace Accommodations. Although employers have reported increased knowledge and competency in accommodating workers with physical disabilities, they also report that accommodating people with mental health conditions is more ambiguous (Harder, Wagner & Rash, 2014). Accommodating physical disabilities can be easier to address and justify because they are often more concrete with more standard restrictions and recovery times (Hudson, 2016). Conversely, mental illnesses tend to be invisible and episodic (Hudson, 2016). Fear of stigma, lack of awareness, difficulty determining intermittent needs and a lack of communication can pose complex challenges for both employees who need support, and for their employers (Hudson, 2016). There have been some new advancements in legislation

and resources related to employee mental health. The Accessibility for Ontarians with Disabilities Act (AODA) in Ontario, for example, requires all employers in Ontario to accommodate workers with disabilities to the point of undue hardship, and offers online and on-site training resources to assist employers ("Training Resource for Small Businesses and Organizations", n.d.). The Mental Health Commission of Canada has recently developed the National Standard of Canada for Psychological Health and Safety in the Workplace, the first set of guidelines designed to prevent psychological harm to employees and address workplace mental health concerns. The Great-West Life Centre for Mental Health in the Workplace develops programs and resources aimed at addressing psychological health and safety in Canadian workplaces ("Psychological Health and Safety Management System", n.d.). This resource development has led to increased employer awareness of their responsibility to protect employees from discrimination and to offer reasonable supports and accommodations (Harder, Wagner & Rash, 2014).

McDowell and Fossey (2015) define workplace accommodations for mental health conditions as "individualized modifications or adjustments implemented to enable an employee with mental illness to fulfill the requirements of the job" (p. 1). A scoping review on accommodations for workers with mental illness by McDowell and Fossey (2015) emphasizes that typically accommodations are implemented based on unique employee needs and job requirements, although the most commonly reported accommodations for employees with mental health conditions are: flexible scheduling and modified hours, modified job duties, support from a job coach, and modified training and supervision. Other key strategies for supporting employees with mental illness have been identified by the Mental Health Commission of Canada (2018) as part of building a healthy and inclusive workplace culture, including fostering

flexibility based on how, where and how people work and optimizing access to universal supports.

Although limited, there is some literature that describes accommodating employees with mental illness as an interactive negotiation process. For example, in a paper that outlines multiple studies, Florey and Harrison (2000) defined the interaction between an employee requesting accommodations for mental illness and workplace stakeholders as a "persuasive communication attempt" (p. 2). The process reportedly requires a flexible, individualistic approach, and participation from the employee, the employer, the manager or supervisor and other workplace stakeholders such as union representatives (Tompa et al., 2015; Hudson, 2016). However, there is a gap in understanding how the accommodation negotiation process unfolds, what micro processes, factors and tensions arise, and who is involved and under what workplace conditions.

The significant financial, social, political and organizational burdens of workplace mental illness, the ambiguity around how to accommodate an employee with mental illness, and the complex workplace pressures for both employees and employers suggest that there is a need to understand how negotiating accommodations unfolds over time for workers with mental health conditions. This knowledge can enable organizations to become more competent at supporting its members, thereby fostering a more inclusive and progressive culture (Harder, Wagner & Rash, 2014). Improved transparency about how accommodations are discussed and negotiated for employees with mental illness, including an understanding of what does and does not work can help employees and workplace stakeholders better navigate this complex process.

Guiding Theories

A humanistic symbolic interactionist perspective provides the theoretical underpinning of this thesis work. According to symbolic interactionism, individuals are inseparable from the context in which they exist (Benzies & Allen, 2001). The meanings we create emerge from the process of interacting with others, and interactions occur within set cultural and social contexts (Carter &Fuller, 2016). Furthermore, complex social processes are best understood by exploring the lived experience of individuals within their social context (Benzies & Allen, 2001). A symbolic interactionist perspective is an appropriate foundation for exploring the nature of interactions in the context of negotiating workplace accommodations for employees with mental health conditions, thus aligning with the research objectives of this thesis project.

Why Grounded Theory?

The aims of qualitative methodology are to generate new knowledge about a process or phenomenon by exploring how participants experience it, to identify and describe participants' emerging beliefs, perceptions and attitudes, and to shed light on the meanings ascribed to these experiences (Öhman, 2005; Worthington, 2013). Qualitative research often incorporates diverse methods that seek to describe, analyze and interpret social phenomena from the perspectives of those most involved (Öhman, 2005; Pope, Ziebland &Mays, 2000). A qualitative approach aligns with the focus of this thesis project, which explores the lived experiences of a social and administrative process occurring in the workplace.

This descriptive qualitative study utilized techniques of constructivist grounded theory to guide data collection and analysis. As a qualitative approach, grounded theory provides flexible strategies to build theoretical statements that explains processes from the "ground up" by moving

from specific phenomena in the data to the more abstract concepts that they imply (Charmaz, 2014; Foley & Timonen, 2015). Grounded theory strategies of data collection and analysis are iterative and require moving back and forth between data collection and analysis to develop conceptual categories and patterns that arise in the data (Chun Tie, Birks & Francis, 2019). The aim of utilizing a grounded theory approach is to analyze social processes about which little is known, and generate conceptual statements, or theories, about how actors interpret those processes (Charmaz, 2014; Chun Tie, Birks & Francis, 2019). A grounded theory approach supports this thesis project's objectives to generate a conceptual understanding of how the negotiation process for accommodations unfolds, and how dimensions of workplace social capital arise and are experienced by the actors that navigate the process.

Chapter Summary

In summary, implementing workplace accommodations can be a beneficial disability management strategy to support employees with mental health conditions. The accommodation process is conceptualized in this project as a negotiation between the employee requesting accommodation, and various workplace stakeholders. The accommodation negotiation process can be interactive and often non-linear, with social, interactive and political micro processes and tensions occurring that have not been well defined in the literature or accounted for by workplace policies. The overall focus of this thesis is on the accommodation negotiation process and how it unfolds in the workplace for employees with mental illness. The following table presents the research questions and objectives that guide this thesis.

Table 1.1. Research questions and objectives

	Manuscript 1	Manuscript 2
Research Question	How are accommodations negotiated between employees with mental illness and workplace stakeholders?	How do the elements of social capital impact the accommodation negotiation process?
Objective 1	Identify and outline the various formal and informal micro processes that occur when negotiating accommodations	Explore various dimensions of social capital that affect the accommodation negotiation process from the perspective of workers and stakeholders
Objective 2	Identify what factors are experienced as helpful and challenging during the accommodation process from the perspective of employees and key stakeholders	Describe the forces that can facilitate and detract from building workplace social capital in the context of requesting and negotiating accommodations
Objective 3	Explore negotiating accommodations as a social and political process by identifying key stakeholders and their roles	

Thesis Outline

This thesis consists of four chapters: an introduction, manuscript #1, manuscript #2 and a final chapter that ties together and discusses findings from this research in the context of current disability management and accommodation practices. It concludes with consideration of future steps. Chapter 1 introduces my reflexive orientation and provides an overview of the literature and background information. Key terms are defined, the guiding theoretical framework for the methodological approach is discussed, along with the purpose, guiding research questions and objectives for each manuscript.

Chapter 2 presents the manuscript of the main qualitative study undertaken to explore how workplace accommodations are requested and negotiated between employees with mental illness and workplace stakeholders. Background literature on accommodation practices, the purpose, methodology and key findings are presented to make the accommodation process more transparent. Constructivist grounded theory strategies of data collection and analysis are used to support this descriptive qualitative study. The micro processes and tensions that arise during negotiating accommodations are identified, along with what is helpful and what is challenging for employees and workplace stakeholders.

Chapter 3 presents a secondary analysis of data from the study presented in chapter 2. Using a qualitative description approach and techniques of the constructivist grounded theory, this manuscript explores the dimensions of workplace social capital and how they can impact the accommodation process between employees with mental health conditions and workplace stakeholders. The findings profile how social capital may be important when employees attempt to access universal supports, request specific accommodations and negotiate accommodations.

      Chapter 4 provides a discussion of the findings from the two manuscripts, situates them in the context of the field of disability management, and discusses next steps for research and practice.

The Interactive Process of Negotiating Workplace Accommodations for Employees with a

Mental Health Condition

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Chapter 2: The Interactive Process of Negotiating Workplace Accommodations for Employees with a Mental Health Condition

BACKGROUND: Implementing workplace accommodations can be an effective means of retaining and supporting employees with mental health conditions. However, the process of accommodating workers with mental health conditions is poorly understood and poorly documented.

OBJECTIVE: The purpose of this research was to explore the interactive process by which accommodations are negotiated between employees with mental health conditions and workplace stakeholders.

METHODS: A descriptive qualitative approach was used to explore the experiences of employees with mental health conditions and other workplace stakeholders regarding the process of negotiating and implementing workplace accommodations. Interviews were conducted with six employees from a range of workplaces who self-identified as having a mental health condition requiring accommodations, and with six workplace stakeholders involved in negotiating workplace accommodations for employees with a mental health condition. Constructivist grounded theory strategies of focused coding, clustering and memo writing were used to analyze the data and identify key themes that characterize the negotiation process.

FINDINGS: The findings highlight that the negotiation process is a non-linear, interactive, political and relational process. Negotiating accommodations unfolds as a combination of formal and informal practices and is shaped by organizational and political factors, collaboration and cooperation between stakeholders, organizational capacity, and employees' established human and social capital within their workplace. The findings also indicate that a psychologically safe work culture, and accessible accommodation policies are beneficial during the negotiation

process. Stigma against people with mental health conditions and limited employer capacity were reported as key challenges.

CONCLUSIONS: The negotiation process is a flexible, non-linear combination of social, relational and political practices and processes. Clear, accessible accommodation policies, workplace training at all organizational levels on the rights and responsibilities of employees and stakeholders, and education on how to implement accommodation related resources are needed to support employees and foster progressive Canadian workplaces.

1.   Introduction and Background Literature

Workplace mental health problems are associated with significant economic and social burden in Canada, resulting from increased absenteeism and decreased productivity [1,2]. Workplace accommodations, or modifications to the work environment and/or workplace procedures, are strategies to reduce the burden of mental health conditions by enabling employees to meet their job demands despite the experience of continuous or episodic disability [3]. Although workplace accommodations can be an effective means to support and retain workers with mental and physical disabilities, employers often fear that accommodations are costly and unsustainable [4-7].

Canadian employers have a duty to accommodate employees with disabilities under the Canadian Human Rights Code. While the accommodation process to support employees with physical disabilities has been well documented, the process of accommodating employees with a mental health condition can be more ambiguous and not well understood [2, 8, 9]. Increased understanding about how to negotiate and implement workplace accommodations is necessary to inform workplace disability policies, and guide and educate managers, human resource professionals, co-workers, disability management professionals and employees with mental health conditions who are seeking support in their work roles [10].

A scoping review by McDowell and Fossey [10] of literature published between 1993 and 2013 identified the types of accommodations often adopted to support workers with mental health conditions. The authors found that flexible scheduling, support from employers, support from co-workers and stakeholders, modified job duties and modified employee training were the most common accommodations reported in the literature. Additional accommodations for employees with mental health conditions noted in a study by Wang, Patten, Currie, Sareen and Schmitz [11] included regular meetings with supervisors, exchanging tasks with coworkers and

individualized training. There has also been some effort to identify recruitment and hiring

practices, and the experience of employees with disabilities in attaining or returning to work

[12]. While the existing literature is valuable, there is a need to better understand how currently

employed individuals requiring support in their work roles experience the accommodation

process, and how accommodations are negotiated within the workplace [9, 10]. A better

understanding of the accommodation process can provide insight into how to improve outcomes

related to employee retention, work performance, absenteeism, and overall workplace culture

and morale [2,10].

An additional challenge to the accommodation process that has been noted in the

literature is the misconception that accommodations are very costly [10, 12, 13]. In reality, the

majority of workplace accommodations for employees with mental health conditions have little

or no direct cost to the organization. Rather, the existing evidence in a cost benefit analysis by

Schartz, Hendricks and Blanck [14] has highlighted that accommodating employees with any

type of disability has numerous benefits that outweigh the costs for the organization. Another

study by Solovieva, Dowler and Walls [6] identified several workplace benefits to implementing

accommodations, reporting that accommodating employees with disabilities is valuable for

businesses, as a whole, as well as for workers and coworkers. In a report by the Mental Health

Commission of Canada [15] looking at the costs and benefits of retaining employees with mental

health conditions, five case studies of diverse Canadian workplaces demonstrated a multitude of

tangible and intangible benefits to organizations as a result of efforts to accommodate workers

with mental illness. These benefits included improved employee retention, creating an inclusive

and psychologically positive workplace culture, improved productivity, and reduced absenteeism

[15]. Thus, implementing accommodations is beneficial for employees with mental health conditions as well as for organizations.

Within the broader literature on the experiences of employees with disabilities, the process of negotiating accommodations is described as an interactive process that requires input, action and decision making from multiple stakeholders, including the employee [7, 16]. While negotiating accommodations has been defined as an interactive process between multiple stakeholders, there is a very limited understanding of how that negotiation process unfolds. The purpose of this study was to examine how accommodations are negotiated between employees with mental illness and workplace stakeholders by exploring how negotiations evolve over time, and how it is experienced by employees with mental health conditions and workplace stakeholders.

2.   Methodology

The overall research question for this study is, "how are workplace accommodations negotiated between employees with a mental health condition and workplace stakeholders?".

2.1   *Theoretical foundations and study design*

This study adopted a descriptive qualitative approach, drawing on the principles and techniques of constructivist grounded theory to guide data collection and analysis. A descriptive approach aims to develop a rich understanding of a phenomenon about which there might be little knowledge, and then interpret the findings that emerge while staying close to the lived experiences of participants [17]. A descriptive approach provides the opportunity to understand a phenomenon from the unique perspectives of those with lived experience [17]. Constructivist grounded theory is informed by symbolic interactionism which adopts the assumption that

individuals and their context are inseparable, and meanings change depending on the context [18]. A grounded theory approach provides flexible strategies to build theory that explain processes from the "ground up," by moving from specific phenomena in the data to the more abstract concepts that they imply [19, 20]. Grounded theory strategies enable the understanding of social and interactive processes by identifying and analyzing the production of meanings and concepts used by individuals in their environments [21]. The aim of this approach is to generate an understanding how individuals interpret their lived experiences of a particular social process. In this study, a qualitative descriptive approach drawing on techniques of constructivist grounded theory were used to describe and generate a conceptual understanding of how workplace accommodations are negotiated from the perspective of those engaged in the process.

3. Data Collection

3.1 *Participants and recruitment*

This study used purposive and convenience sampling strategies to recruit individuals between the ages of 18 and 60 years old who were employed, or recently employed (in past 3 years), in a Canadian workplace. Participants included: a) workers who sought workplace accommodations for mental illness, and b) stakeholders involved in the process of negotiating workplace accommodations (including managers, disability management professionals, human resources staff, occupational health and safety staff). Participants required sufficient English language skills to participate in an in-depth interview without a translator.

Initial recruitment was done by emailing individuals who had responded to a prior e-blast inviting their organization to participate in a study about workplace accommodations. Some individuals did not meet the criteria for the original study but expressed interest in participating

in future research opportunities about workplace accommodations for people with mental illness. Additional participants were sought by asking our network of researchers involved in workplace mental health and work disability to distribute the study poster. Study participants were also asked to forward the study poster to others who might be interested. Sampling aimed for maximal variability to recruit multiple stakeholders with different experiences and perspectives on workplace accommodation practices. Interview guides were developed and revised iteratively to include questions that would elaborate on emergent themes and capture new patterns.

3.2   Interviews

Interviews were conducted individually, using a semi-structured interview guide. The interview guides are presented in Appendix B and C. Participants were asked to describe and discuss their experiences of how they requested and negotiated accommodations at their workplace, what types of accommodations were available to them, who supported them and how, whether they received the support they needed and if they did not receive support, the reasons for this [22]. Data collection and analysis occurred in an ongoing, iterative process, with initial analysis used to inform and refine the next stage of data collection [21]. The interview guide was continuously refined to include additional questions focused on patterns and themes related to the negotiation process that emerged through initial analysis.

3.3   Ethical considerations

Ethics approval was obtained from a combined University-Hospital Research Ethics Board. Participants were asked to provide consent to participate after reviewing what was involved in the study and being given the opportunity to ask questions.

4.   Data Analysis

The interviews were transcribed verbatim, coded and analyzed according to the principles and strategies of constructivist grounded theory [22], with the goal of constructing a theoretical understanding of the workplace accommodation negotiation process from the perspectives of key stakeholders. The constant comparison approach described by Glaser and Strauss was adopted in order to move between coding interview data and collecting subsequent data [22,23]. Transcripts were uploaded into and coded on Dedoose [24], a cloud-based mixed-method research software that can be used to categorize and sort textual data. Codes were created through multiple readings of the data. Initial line-by-line coding, followed by focused coding and clustering was conducted in order to capture the complex actions and interactions described by participants [22].

4.1   Initial and focused coding

Initial codes were created based on the meanings and actions occurring in each segment of data, without making significant abstractions [22]. Codes were labelled to capture the actions, topics or events described in the data fragment. Initial codes were considered tentative and reflexive notes were taken. Once initial codes and sub-codes began to emerge, focused coding was used to analyze larger pieces of data, and to explore and determine which codes could be merged or developed into analytic categories that explain the properties of the negotiation process. Focused coding consisted of sifting through the initial codes, rewording and refining them, comparing them with each other to reflect the overall actions, events and meanings they entailed. Methodological journal notes were written during this phase to keep track of significant patterns and ideas that emerged during initial and focused coding that could later become categories. During the focused coding stage, decisions were made about which initial codes were promising enough to become "tentative categories" that explained the properties of the

negotiation process; however, these decisions were flexible and emergent. Early codes that addressed and explored the research question were labelled and clearly defined properties were developed. Codes within each transcript, between transcripts, and in between different types of participants were compared and contrasted to uncover patterns and theoretical propositions about key relationships unfolding from multiple perspectives. Focused coding enabled identification of gaps in the findings, which shaped subsequent recruitment and data collection. For example, questions about employee reputation, perceived performance and seniority were added to the interview guides.

4.2.   Clustering

Once initial and focused coding were underway, cluster diagrams were drawn in order to construct a visual, flexible starting point for developing and filling in categories. Clustering provided a visual, flexible depiction of the emergent connections and relationships between categories. The cluster diagram was refined and adjusted with further analysis and category development.

4.3.   Memo Writing

Memo writing provided a space to explore codes, compare them to each other and identify links between them, in order to transform the data into theoretical statements [22]. Initial memo writing was done by defining the properties of focused codes that were relevant to the research question. Initial memos were filled in, rewritten and revised by asking questions such as: " what process is occurring here?", "what are the properties of this potential category?", " are there other codes that describe the same or similar processes?" and "are there any patterns emerging within and between the categories?". Advanced memos provided a space to explore

the relationships between codes, fill in the defining properties of the categories, and construct conceptual categories.

4.4   Rigor

Member checking was done to contribute to the credibility and trustworthiness of the findings; the initial categories were shared with subsequent participants to receive feedback and guide and inform the later stages of analysis by enabling openness to new, complex or contrary findings from earlier categories. Furthermore, data triangulation was done by recruiting and interviewing participants from different stakeholder groups with varying perspectives of the accommodation process. Reflexivity was also an important consideration, recognizing that the investigator's previous background and experiences related to the research issue could impact the research process [25]. To address investigator bias, brief reflexive journal notes were written either during, or after the participant interviews and revisited during the memo writing stage. Acknowledging investigator bias and preconceived notions during data analysis enabled openness to new or contrary findings that accurately captured what was occurring in the data rather than fitting the data into the investigator's preconceived ideas. and contributed to ensuring trustworthiness of the findings.

5.   Findings

After describing the participants interviewed for this study, the accommodation negotiation process is outlined, based on three central characteristics: 1) the negotiation process as non-linear; 2) the negotiation process as social and interactive, and; 3) the negotiation process

as political. Lastly, we identify and discuss what factors are experienced as helpful and challenging in the process of negotiating accommodations.

5.1.   Participants

Twelve participants were interviewed for this study: 6 workplace stakeholders with experience in negotiating accommodations with workers with mental illness, and 6 employees with experience in attempting to access and negotiate accommodations for themselves as a result of mental health issues. The participants were from diverse Canadian workplaces, including a hospital, a residential building, an academic institution, a not-for-profit organization, a mining firm and an aviation company. Participants were employed at organizations of varied sizes; 3 small organizations, 3 mid-sized organizations and 6 large organizations. The sample size reflects the limited scope of this project and focuses on exploring varied experiences of the negotiation process, with the aim of reaching theoretical saturation within the key themes [22]. Further participant demographic information can be found in tables 2.1 and 2.2.

Workers with a mental health condition who participated in this research ranged in age from 25 to 61 years of age. There were 5 workers who identified as female and 1 who identified as male. At the time of the interview, the participants were employed in a range of positions, including health administrator, at-home caregiver, communications officer, security guard, geologist and mental health manager. The six workplace stakeholders were interviewed to provide insights into the negotiation process from an organizational perspective that extended beyond the individual workers' experiences. Five stakeholders identified as female and 1 identified as male. At the time of the interviews, the stakeholders held a range of positions related to negotiating accommodations including health services manager, disability management firm CEO, and director of mental health. Table 2.1 and 2.2 provide a summary of the

participants. Pseudonyms are used throughout the presentation of the findings to protect the confidentiality of the participants.

5.2.   *The accommodation negotiation process*

The findings from this research highlight a complex negotiation process that commences when an employee with a mental health condition requests an accommodation to support them in their work role. The first theme characterizes this process as non-linear and comprised of both formal and informal workplace practices. The second theme highlights the social and interactive nature of the negotiation process. The third theme presents the process as political, where access to support is influenced by various internal and external forces including employee position and status in the workplace, seniority and perceived return on investment. The fourth and final theme illustrates the factors experienced as helpful while requesting and negotiating accommodations, and those experienced as challenging, for both employees and stakeholders.

5.2.1.   *The accommodation negotiation process as non-linear*

The findings highlight that the negotiation process may not always follow an anticipated linear trajectory, and challenges the idea that a formal accommodation plan unfolds in a stepwise fashion as prescribed by workplace policies. Rather, the negotiation process, as described by participants, was often non-linear, oscillating between formal and informal processes. The participants described situational factors that impact how negotiations proceed, and the potential benefits and risks associated with various formal and informal processes.

Employee and stakeholder descriptions of the negotiation process revealed a complex combination of formal and informal micro-processes that often followed a non-linear trajectory, with potential for multiple starts and stops depending on the needs of the worker, the nature of the work, and the nature of the workplace. For example, Kate, a disability manager at a hospital,

described the variability in how the accommodation process can unfold: *"it depends on the manager, it depends on the employee. It depends if it's a good employee or not".*

A formal agreement for an accommodation was described by stakeholders as a written agreement outlining the nature and duration of the accommodations based on medical evidence about the employee's restrictions and limitations, and the essential job tasks. Informal accommodation practices, on the other hand, were described by participants as arising through discussion and verbal agreement between the employee and their supervisor. Samantha, a director at a disability management firm, describes an example of an informal accommodation process:

> *An informal [accommodation] is when an employee goes to a manager, and says, "I'm not coping very well, can I just work until 3:00 every day for the next couple weeks, because I have to go see my dying mother, and I'm just – I can't even concentrate by noon?" And they come up with this informal understanding.*

Informally accommodating employees was sometimes preferred by stakeholders when the accommodation was perceived by stakeholders as relatively straightforward and temporary. Elizabeth, an occupational health nurse at an academic institution, reported that when an accommodation request is short term an temporary, her team *"tends to steer away"* from implementing a formal process. Rather, her recommendation *"would be just to manage it with the employer".*

Stakeholders expressed mixed views about whether or not accommodations should be formalized. On one hand, some supervisors and disability management professionals reported a preference for formalizing accommodations by establishing responsibilities, timelines, stakeholder expectations and projected steps in a contractual agreement that had a clear, often

linear, trajectory. These stakeholders reported that formalizing accommodations enabled them to establish the projected duration of the accommodation plan, protect the employee and decrease potential for miscommunications. Some stakeholders reported that balancing these priorities was necessary to protect the organization from hardship in the long term, to protect the employee from having an accommodation retracted by the organization down the road, and to set a precedent for other employees who may request accommodations in future. Other workplace stakeholders reported that their organization favored informal arrangements in most cases, despite the risk of increased vulnerability due to of organizational changes, the potential for miscommunication about the accommodations, and lack of accountability. According to these stakeholders, informal arrangements were more fluid and flexible, which allowed for ongoing adjustments as needed. As described by Kate, a disability manager, the accommodation process did not always follow a linear, concrete steps:

> *I do have managers who make informal arrangements, which is totally fine with us. The difficulty is if the manager makes an informal arrangement that goes on for a long period of time…then the manager is like, 'why am I doing this?' The advantage of having it formalized is it tracks it and it makes it specific. I think there's a lot of advantage to the informal accommodations when the manager and the employee have a good relationship.*

An additional challenge associated with a formalized process is the requirement to disclose personal information to multiple workplace stakeholders. Some employees reported feeling vulnerable and self-conscious when multiple external people were involved in negotiating the accommodations. This challenge was described by Wendy, a part-time employee at a large health services company; *"with the two managers, the union representative, the coordinator and myself… it does kind of make me feel more vulnerable... I have some discomfort*

in it because I'm having to disclose this information to people that I'm not particularly close with." In these circumstances, employees reportedly preferred an informal arrangement with just their supervisor that could be revisited as needed. The capacity to revisit and revise the accommodation plan was reported by stakeholders as particularly important in addressing employee mental illness, which is often episodic, with unique needs and restrictions. Therefore, a non-linear, flexible negotiation process was reportedly anticipated by many workplace stakeholders when accommodating employees with mental illness.

Overall, workplace stakeholders expressed that the negotiation process often unfolded as non-linear, rather than proceeding exclusively as either a formal or informal accommodation agreement. There was often oscillation between formal and informal procedures, or a combination of both formalized processes and informal discussions depending on many situational factors, including: the organization's practices and available resources, the needs of the employee, the nature and scope of the request, the relationships between the employee and stakeholders and whether the accommodation was expected to be temporary or permanent. An example of adjusting the negotiation processes based on situational factors was illustrated by Jared, a health service manager who stated that, in unionized workplaces, formalizing accommodations was a best practice approach because "*the union members need to see that there's been a valid, formalized, considered process*". When the accommodations were expected to be permanent or required a restructuring of the employee's responsibilities, an overarching formal accommodation process was typically preferred by workplace stakeholders in order to establish accountability and have a document to refer back to with time. However, when the support was anticipated to be a relatively simple adjustment or short-term, some internal stakeholders reported a preference for negotiating accommodations informally, through

discussion with the employee's direct manager or supervisor. Elizabeth, an occupational nurse in

the Human Resources department of a large organization, describes the situational factors that

might determine whether an accommodation should be formal or informal:

> *If it's something in short-term and temporary, my recommendation would be just to*
> *manage it with the manager. But if it's something that requires significant*
> *accommodation or like a rearrangement of the job duties… it would probably be best,*
> *just based on my experience, to have something on file already that will follow through*
> *even if the department changes or the manager changes.*

5.2.2. *A social, interactive process*

This theme illustrates the social, interactive nature of the negotiation process; interactions

and collaboration between the employee and stakeholders were reported to be essential for

accommodations to be negotiated and implemented successfully. Two tiers of stakeholders and

their potential roles were identified, and tensions around unequal employee-stakeholder

interactions were discussed.

Employees and stakeholders described the accommodation negotiation process as an

interactive process that unfolds through collaboration between the worker and both internal and

external stakeholders. A stakeholder map is presented in Figure 2.1. The participants described

how internal and external stakeholders interact with and support the employee at various points

in the negotiation process. Debora, the director of a workplace mental health organization,

explained that a negotiation process with the employee at the center is more likely to be

successful, as it enables the employee to feel empowered and involved in supporting their own

success. She reported seeing the negotiations as "*more supporting and coaching an employee to*

come up with their own solution."

Internal stakeholders were individuals who were part of the workplace and were actively part of the discussions, negotiations and implementation of accommodations. Internal stakeholders included direct supervisors, union representatives, occupational health and safety staff, human resources staff, other health service professionals, disability management consultants and/or return-to-work coordinators. Internal stakeholders also included co-workers who work directly with the employee receiving accommodations and who may be affected or influenced by the implemented accommodation The external stakeholders, on the other hand, were reported by some managerial participants to be less involved in the employee's workplace; they often assisted the internal stakeholders in guiding the accommodation process or providing support to the employee during the process. External stakeholders included the employee's health providers, the employee's family members, and/or religious advisors, among others.

The employee's first point of contact seemed to depend on many factors including the structure of the workplace, the availability of universal supports, the worker's employment status, access to a trusted confidante, and the overall workplace culture. The first point of contact was often the direct supervisor or manager but could also be someone in human resources. A number of workplace stakeholders and employees reported that if employees don't feel comfortable disclosing to their supervisor, they may turn to someone else in the workplace who they trust, or else they may refrain from disclosing altogether. Debora stated:

> *Ideally, they would go to their direct supervisor or manager but … that person (supervisor) is not always supportive. And so then we talk about all the other people that are available. So, the union rep if you are in a unionized environment, occupational health profession- if there is a nurse or a doctor. It could be human resources, it could be*

a senior leader, and it could even be like health and wellness people or disability

management.

The interactive nature of the accommodation process was reported to be especially important during the decision-making stage, where stakeholders made decisions either formally or informally on whether the accommodation request would be granted and how. The decision-making was reportedly influenced by an ongoing discussion between the employee and stakeholders, medical evidence, the employee's functional limitations and needs, job duties, and adherence to the workplace policies. Several employees and stakeholders at mid-sized or large organizations reported meeting with multiple stakeholders such as HR staff, occupational health staff, managerial staff and union members both before and after an accommodation was granted and implemented. Some employees at smaller organizations or organizations without a department responsible for work disability reported that the negotiation process involved fewer stakeholders but did unfold as a social, collaborative process. In smaller organizations, direct managers were often the primary decision-maker, with occasional support from Human Resources or a union representative.

In contrast, some employees reported a much less collaborative experience of negotiating accommodations. Rather, they felt that their workplace was simply trying to adhere to organizational requirements, instead of collaborating to negotiate an accommodation plan to address individual needs. In these cases, there was little reciprocal interaction. Instead, some employees explained that they followed the required steps to have their request for support considered, while workplace stakeholders gathered information, and proposed a plan that the employee was expected to accept. For example, Wendy, a part-time health administrator

described being disappointed about how her accommodation request was discussed with her health and safety coordinator, as she expected more of a collaborative, reciprocal exchange:

> *I absolutely understand it as a two-way system, right? Me providing exactly what I need as a worker and for her to give feedback in terms of what she's also found…. That discussion never happened, it was more so 'hi, how are you feeling? Here are the things I would like…. We are done working on your accommodations'…it feels a little like I was given the short end of the straw, just because once again I have not experienced this before.*

5.2.3 *A political process: Position and seniority impact access to accommodations*

This theme illustrates that employees experience an unequal, varied ability to successfully and smoothly negotiate accommodations in the workplace. Factors that impact access to both specific accommodations and universals supports are identified and considered in context of the negotiation process. Negotiations can focus on specific, individual accommodations requested by an employee based on their unique limitations and needs in light of their job demands. Negotiations may also focus on employee requests to access supports and benefits that may be available to most people in the workplace, such as the option to work from home, access to health services and flexible work hours.

The capacity to access and successfully negotiate accommodations varied across the employee participants, often depending on the work sector, and their position of influence reflected by their job status and seniority within the organization. For example, many employees reported that flexible scheduling and the option to work from home would be helpful, but were not viable options in every workplace, or for all employees. Some employees who were employed on a casual or temporary basis reported that when they approached workplace

stakeholders to access universal supports or negotiate individualized accommodations, they were faced with uncertainty, as the workplace policies did not clearly outline what supports they were entitled to. For example, Wendy, a part-time, temporary worker described continued delays getting a light changed in her workspace that was causing her migraines, "*if I were a permanent staff member, I wouldn't have had to wait a month to have the light taken off…. I felt that, this is my personal interpretation, that because I wasn't a full-time staff member, she wasn't sure if I could actually have those lights turned off in that specific area.*"

Several employees reported a disparity in access to both universal supports (that are supposed to be available to all employees) and individualized accommodations, noting that there were differences depending upon job roles, status and seniority. For example, some part-time, contract, seasonal and temporary workers reported an implicit understanding that their access to supports may be more limited than full-time, permanent employees, and attributed it to a perception of their disposability within the organization. Kaitlyn, a seasonal employee who has worked in multiple service industry roles described this hierarchy: "*The lower down the rung you get… the less ability you have to access those resources that you need. They only reserve those types of resources for people who are there permanently and we all know that*." Similarly, Tom, a security guard who worked on a casual basis, reported feeling "nervous and scared" to disclose his mental health condition and request an accommodation in case he was given fewer shifts; his position in the workplace was not stable, and his relationship with management was "very tough". Tom reported that he never received support and was always "given the runaround" from whomever he asked. In contrast, Brenda reports a different experience as a well-reputed, senior employee at her company for many years:

We are allowed to come in anywhere between say, 6:30, and 9:00. And all this is to

support my mental health. If I have counseling sessions, I always do them first thing in

the morning, or after work. And they're really flexible, I come in 9:00, 9:30, and nobody

worries about it as long as I get my work done. And I often stay till 6:00, 6:30 if I'm on a

roll…And they trust me, they know that I will do my best to get it done.

The disparity in access to supports for full-time, permanent employees in contrast to part-time, contract or temporary employees was attributed by some workers to how their organizations perceived the return on investment of providing accommodations. Accommodations were described by workers and stakeholders as resources expended by the organization, with a preference reportedly given to workers who were deemed a reliable return on investment. As described by Ariel, a full-time employee at a hospital, "*what's the point of them putting resources in you if you're not even going to get that much better?*" Kathy, a mental health manager described that from a stakeholder perspective, some employees were viewed as more valuable, less disposable and more worth the investment of accommodations than others. She further stated that while perceived return on investment does not completely determine who is able to easily access accommodations and support and who is not, it is an important factor that receives some consideration from stakeholders when negotiating accommodations. She states *"I do think there is a blend between 'do they like the worker?', and if they like the worker, 'is the inconvenience of them being off work worth investing in to have them come back?*"

5.3.   Elements experienced as helpful during the negotiation process

This theme focuses on the workplace forces and circumstances that were experienced as helpful by workers and stakeholders for a smooth, supportive negotiation process.

5.3.1. Genuine, shared intentions for employee success

A number of workplace stakeholders reported that successfully negotiating accommodations requires the reciprocal efforts of all parties, and a shared intention by all stakeholders to support the employee. These factors were emphasized by Debora, a disability manager and director of a workplace mental health firm:

> *A genuine intention to help [the worker] be successful at work on the part of everyone who is involved. That sounds simple but many people are just looking at pushing paper or they are looking at the disability…. They are really not considering the human being and what would make them successful.*

5.3.2. Stakeholder dedication, empathy and experience level

The negotiation process was described by stakeholders and employees as a relational process; the worker and internal stakeholders need to be able to relate to each other and mutually fulfill their roles for a smooth negotiation process. Several employees reported feeling more supported and assured during the process when internal stakeholders, particularly their direct supervisor or manager, dedicated time to supporting them, invested in them as an employee, and showed empathy and understanding of their needs for accommodations. As described by Julie, a mental health specialist who required accommodations, management's ability to recognize when an employee is struggling in their work, and know about possible accommodation strategies provided a positive accommodation experience: "*I had a manager who was trained, who understood, who was compassionate. And was willing to put in the blood and tears to work with me to get me back because she saw the value in the work that I did.*"

A number of employees reported feeling more assured and comfortable during the accommodation process when their supervisor had some prior experience negotiating

accommodations to support mental health conditions and had a good understanding of how to facilitate psychological safety at work. Debora, a workplace stakeholder, emphasized that internal stakeholders do not need to be mental health experts to effectively implement accommodations. Rather, the focus should be on supporting individuals to excel at work:

> *We do not want employers to become mental health experts. What their responsibility is, is to become aware of how they positively or negatively impact psychological health and safety. Their job is to help that person to be successful at work and link them to other resources that can help them with everything else.*

Conversely, employees reported that the negotiation process could be distressing when they did not feel supported and guided by internal supports who have knowledge and experience related to accommodations. Wendy, a part-time employee at a health administration company described her qualms with the health and safety coordinator who was responsible for guiding the entire accommodation process:

> *because she doesn't seem to have a good idea of what exactly this treatment is, what it entails…she can't help guide me in terms of suggestions that she might have as a healthcare professional…So I'm kind of having to navigate things on my own. I don't think I was ever provided suggestions of what she had found helpful…*

5.3.3. Psychological health and safety in the workplace

A strong psychologically safe work environment was reported by stakeholders to foster a smoother, more supportive accommodation process. A psychologically safe workplace was described by workplace stakeholders as one that is inclusive, where employees feel secure in their job should they disclose their MI and their need for accommodations. Employees and stakeholders both described that psychological safety fostered open and honest discussions about

mental health and wellness between workers and internal stakeholders. Furthermore, Debora, a mental health service director, described a psychologically healthy and safe workplace as one where "*people are given the skill set to be able to speak up, to disagree in a respectful way*" through mental health awareness training and policies that ensure fairness and protects against discrimination and harassment. Elizabeth, a stakeholder in an occupational health and safety role described a psychologically safe workplace as one that embraces inclusivity, "*if you have a culture that's supportive of inclusion and fairness and actually talks about accommodation, that can be very helpful*". Within a psychologically healthy and safe work culture, employees may be more likely to talk openly about their accommodation needs in the workplace.

5.3.4. Establishing clear accommodation policies and practices

Many of the employees who participated in this research reported being unsure of their company's policies on accommodating mental health conditions, what they can realistically request or expect, or what their rights are during the accommodation process. Ariel, a communications coordinator at a hospital stated that she is "*already going through enough stuff. If I'm asking for accommodation… the last thing I want to do is go see this small print of our collective agreement*". Thus, a lack of understanding of workplace accommodation practices can be an additional stressor for employees. Ariel and others noted that pamphlets and other resources in the workplace could be helpful to share information about accommodations. In addition, they felt that specific information about the rights and responsibilities of both employees and of the organization would be helpful when requesting, negotiating and implementing accommodations. Wendy, a part-time health administrator noted her uncertainty about accommodation policies at work, stating that, "*they should have some sort of proper manual…*"

5.3.5. Maintaining communication during and after negotiating accommodations

Both employees and workplace stakeholders highlighted the importance of maintaining regular communication among all stakeholders throughout the accommodation process. As reported by some managers and return-to-work professionals, maintaining constant contact with the employee provides opportunity for encouragement and support, while ensuring all stakeholders are kept informed about progress. It is often a time of stress and uncertainty, and workplace stakeholders were in agreement that checking in can be very helpful, reduce stress and allow the employees to ask questions about the process. Jared, a health services manager stated that his organization provides regular check-ins for employees receiving accommodations, to offer adjustments or improvements. Samantha, the director of a disability management firm noted that communication is particularly important when the employee is off work and attempting to return:

> *The tendency would be not to ever call them because you don't want to bother them but it's even more crucial that you do. Communication is number one, talking to the employer right away, telling their supervisors, "hey, by the way, I think this employee is coming back in two months." Telling HR, "hey, be ready, we are going to do this." Just keeping everybody in the loop.*

5.4. Elements experienced as challenging during the negotiation process

This theme identifies and describes the factors that were experienced as challenging by employees and stakeholders while requesting and negotiating accommodations.

5.4.1. Stigma around discussing mental illness in the workplace

The lack of awareness, stigma and discomfort around mental illness from managerial staff and co-workers was described as a key challenge by employees and stakeholders,

particularly while requesting, negotiating or attempting to implement accommodations. As a result, some workers reported that they feared disclosing their needs, disguised their need for support into something more acceptable, and often struggled in silence. Kaitlyn, a former part-time employee in the service industry described the struggle to hide her mental health condition at work at times when she really needed support, "*it was kind of me disguising what was going on, like for instance I had a relative who died and I couldn't go to my boss and say help, I've gotten lost in the deep end, I've gone little psychotic here, and it's kind of really a rough week*."

Kaitlyn further described her tendency to "package" her need for support into something more acceptable due to how mental illness was viewed in the workplace, "*because people still look at it as crazy… And crazy is something that those people don't want to work with*". This negative discourse around supporting employees with mental illness is in contrast with how physical injuries and illnesses are viewed in the workplace. For example, Samantha, a disability manager, illustrated the disparity between workplace attitudes about physical disabilities and the inadequate discourse on mental illness, "*so, it's really a discomfort…. But we don't have it with a broken leg, why do we have it with a broken mind? But people do*."

5.4.2. Employer capacity

Negotiating and implementing accommodations was reported by a number of workplace stakeholder informants to vary depending on the organization's administrative and financial resources, and sometimes, the priority and dedication given to mental health and wellness in the workplace. Some disability management professionals stated that smaller companies may lack the resources to formally guide and effectively implement accommodations. In such organizations, the direct manager may be the only person who is able to implement any support. However, if the manager lacks experience negotiating accommodations, they may have few

resources at their disposal to support employees. As described by Elizabeth, an occupational

health nurse at a large academic institution, "*if you're a manager and you don't know how to*

accommodate, or even what your responsibilities are, if you don't have additional supports

within the organization, that can make it very difficult." This situation may make employees in

small organizations particularly vulnerable.

6.   Discussion

This study has provided insights into to what occurs as employees with mental health

conditions negotiate workplace accommodations, by identifying and describing how this process

unfolds. The study findings highlighted that the negotiation process can be a nonlinear, political,

interactive and relational process. While many workplaces mandate a linear or stepwise, formal

negotiation process, this study found that, in reality, many workers and stakeholders experience

the process as a combination of formal and informal micro processes and proceedings, with

tensions that may arise related to accessing supports, trust, "pecking order", seniority and work

culture. These are all key elements of the negotiation process that have received limited attention

in the context of supporting employees with mental health conditions. Previously, the

accommodation negotiation process could be described as somewhat of a "black box". The

findings of this study have shed light on the "black box" that is the negotiation process and

highlight an interactive process that requires cooperation, collaboration and communication

between employees, internal (workplace) and external stakeholders. This study has also

identified what was found to be helpful and what was experienced as challenging for employees

and workplace stakeholders while negotiating accommodations. Specifically, an individualized,

flexible approach, shared efforts from the employee and the workplace stakeholders was found to be most helpful, along with a genuine intention to support employee success.

These findings are consistent with existing research by St-Arnaud et al. [16] who found that stakeholder collaboration is a key factor in supporting employees with mental illness in Canadian workplaces. The current study expands on the findings by St-Arnaud et al. [16] by highlighting that employees experience a more positive negotiation process when workplace stakeholders are well informed about how to accommodate employees with mental illness and how to foster a psychologically healthy workplace. In particular, this study highlights that sufficient administrative and knowledge resources within the workplace to support employees requesting accommodations can improve the experiences of all stakeholders. However, the findings also highlight ongoing challenges that can be experienced during the negotiation process. Challenges include the stigma of discussing accommodations and mental illness at work, persuading senior management to "buy in" to mental health supports, and lack of financial and internal resources in the workplace to enable the negotiation and facilitation of accommodations.

This study shifts the focus to the experiences of employees who remain at work, and how they are supported while requesting and negotiating accommodations. The existing literature on the work experiences of employees with mental health conditions has focused on outcomes of supported employment programs, stigma and discrimination, and accommodations in the context of return to work strategies. A randomized control trial study by Burns et al. [26], for example, explored the effectiveness of supported employment programs as a vocational rehabilitation strategy for adults with mental illness, while a qualitative study by Vukadin, Schaafsma, Westerman, Michon &Anema [27] identified facilitators and barriers to implementing supported

employment programs for individuals with mental illness. Qualitative findings by Elraz [28] explored stigma against employees with mental illness and how it can be addressed through mental health management strategies, while a literature review by Stuart [29] summarizes findings around discrimination faced by employees with mental illness at work. A mental health report for Manulife Financial by Pomaki [30] framed workplace accommodations as a short-term strategy to support employees with mental illness who are returning to work. The findings show that employees with mental illness benefit from both individualized accommodations and universal supports to succeed, but access to universal supports varies and are not always sufficient. Furthermore, internal stakeholders are not always knowledgeable or capable of meeting the needs of the employees.

In accordance with findings by Gold, Oire, Fabian and Wewiorski [31] who reported a disparity between larger and smaller organizations in resources, cost consciousness and flexibility for accommodations, this study found that larger organizations may have greater organizational and financial resources available for accommodating employees with mental health conditions, and more structured policies and procedures to guide stakeholders and employees when requests for accommodation are made. Conversely, the findings highlighted the potential challenges faced by workplace stakeholders and employees with mental health conditions in smaller organizations. Specifically, some smaller organizations may have less capacity to modify job tasks, fewer resources, less access to specialized knowledge and training about accommodations, and less experience accommodating employees [32, 33]. There is a need to address the potential constraints experienced by employees and managers at smaller organizations to successfully negotiate and accommodate employees.

This study found that there is a need for externally developed, accessible, tools for smaller organizations trying to support and accommodate employees with mental illness. Such tools exist, including those developed by Great West Life's Workplace Strategies for Mental Health [34] and the National Standard of Psychological Health and Safety, a guideline developed by the Mental Health Commission of Canada [35]. Although some stakeholders are gaining more awareness of these tools and guidelines, and seeking to implement them in Canadian workplaces, a qualitative study by Shankar et al. [36] on employer perspectives of accommodating employees with mental illness reports that there is still limited evidence of changes in employer attitudes about hiring and accommodating employees with mental health conditions.

The findings also suggest that tools, training and education are most effective when they reach individuals at all levels of the organization, thus introducing resources to senior management, middle managers and other employees could be beneficial. Most accommodations are developed and implemented procedurally and may not address problematic organizational culture that can make the accommodation process challenging for employees with a mental health condition [33]. However, a successful and sustainable accommodation plan requires attention to the social context in which the accommodation plans and tools are being implemented [33]. There is some evidence that organizational culture can create or reinforce workplace challenges for employees with disabilities, and that a work culture that is responsive to employee needs is especially beneficial for employees with disabilities [37, 38]. However, there is a need for further focused research on how organizational culture may impact supporting and accommodating employees with a mental health condition.

An ongoing challenge is the misconception held by workplace management that accommodations for mental health conditions are costly, both financially and in time investment

[4,10, 13, 5]. This study found that addressing these misconceptions is complex. One path forward is to persuade senior management to accept mental illness as a valid condition that requires resources and support; this can be addressed through workplace education that can be formal, such as workshops and courses, or more informal such as lunch and learn sessions [13]. While some workplace stakeholders report adhering to organizational policies around accommodations, employees seeking accommodations are rarely aware of these policies and practices, or their rights during the accommodation process [2]. It could be beneficial for more Canadian workplaces to establish clear and accessible resources that outline the accommodation process, the organization's accommodation policies, and employee and stakeholder rights and responsibilities. An online or in office resource of this nature would be beneficial for employees seeking accommodations, those in the process of negotiating accommodations, and serve as an educational guide of best practices to stakeholders involved in the accommodation process.

7. Strengths and Limitations

A key strength of this study comes from the insights that arose from the diverse perspectives and the diverse Canadian workplaces that were explored. A limitation of this study is that many of the stakeholder participants self-identified as advocates for workplace mental health and were well versed in current policies and Canadian discourse on workplace disability. As such, the findings may not be generalizable to workplace stakeholders who may have less knowledge and experience with workplace accommodations and employee mental health. Furthermore, this study did not include the perspectives of coworkers, who were reported by employees to be key stakeholders during and after the accommodation negotiation process. Thus, the findings may lack insights on how co-workers as a key stakeholder group contribute to

employees' experience of negotiating accommodations and being supported in their work roles. An additional limitation of this study is the over representation of female participants, with 10 female participants and 2 males. More research is needed to explore gender differences in perspectives and experiences.

8.   Conclusion

Overall, this study contributes to the literature on the process of negotiating accommodations for workers with mental health conditions in the context of a range of Canadian organizations. By shedding light on the elements of the accommodation process rather than the accommodations themselves, this study defines the negotiation process as one that is often non-linear, interactive, political and relational. The findings indicate that when the black box of the negotiation process remains ambiguous, both employees and employers experience challenges around providing and receiving support and negotiating accommodations. The study also contributes insight into what is helpful and what is challenging for employees and stakeholders, and informs more supportive training, policies and practices surrounding workplace accommodations for employees with mental health conditions. The findings point to the need for clear, accessible policies and tools around requesting and negotiating accommodations that are available to both employees and workplace stakeholders. Such policies can inform, educate and guide stakeholders when an employee requests an accommodation and the negotiation process begins. There were unique challenges noted in small and mid-sized organizations, where there may be a need for externally developed, accessible and user-friendly tools to address their limited resources in structure, finances, knowledge of best practices and training to successfully accommodate employees with mental illness. Future research should be directed at exploring the

successes and challenges of smaller organizations in supporting employees who require accommodations, and the specific needs of workplace stakeholders in smaller organizations. Although workplace accommodations have been shown to be beneficial and effective for supporting employees with mental health conditions, the findings of this work and existing literature highlight that employers continue to struggle with negotiating and implementing effective accommodations for this population [39]. By engaging employers and disability management professionals to adopt guidelines and tools to better accommodate employees, and fostering psychologically health safe workplaces, the work experiences and outcomes of employees with mental health conditions can be further elevated.

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Table 2.1. Demographic table of employee participants.

Pseudonym	Age	Gender	Employment Status	Work Sector	Size of Organization	Accessed Accommodations?	Who did you go to?
				Employees			
Tom	30	M	Part time; Security guard	Security personnel	Small (1-99 employees)	No; attempted unsuccessfully	Direct supervisor
Wendy	25	F	Part time; patient administrator	Health administration	Mid (100-499 employees)	Yes	Occupational health and safety coordinator; manager
Brenda	61	F	Full time; Geologist	Mining and exploration	Mid (100-499 employees)	Yes	Manager, department VP
Kaitlyn	54	F	Full time; family caregiver, previously hospitality industry	Caregiving, previously service sector	Small (1-99 employees)	No	Multiple managers
Julie	50	F	Full time; mental health manager	Not for profit organization	Large (500+ employees)	Yes	Direct supervisor & HR
Ariel	25	F	Full time; Communications assistant	Healthcare	Large (500+ employees)	Yes	Direct supervisor &HR

Table 2.2. Demographic table of stakeholder participants.

Pseudonym	Gender	Job Role	Sector	Size of Organization	Duration of Job Role	Experience negotiating accommodations
			Stakeholders			
Margerie	F	Director, client relations	Disability management firm; for profit	Small (1-99 employees)	1 year; 10+ years in disability management	Yes, with a focus on MI, return to work and disability claims
Jared	M	Health services manager	Travel, transportation industry	Large (500+ employees)	4.5 years	Yes; responsible for temporary and permanent accommodation
Samantha	F	Managing director	Disability management firm; for profit	Small (1-99 employees)	20 years	Yes; hired by organizations to manage accommodations for physical and mental health conditions
Debora	F	Director	Mental health services; not for profit	Large (500+ employees)	11+ years	Yes; developed return to work and accommodation plans for workers with mental health conditions
Elizabeth	F	Occupational health nurse	Academic institution	Large (500+ employees)	N/A	Yes; accommodates workers returning to work after physical and mental health sick leave
Kate	F	Disability manager	Healthcare	Large (500+ employees)	20+ years	Yes; accommodates and facilitates return to work for short and long term absence; physical and mental illness

Fig. 2.1. Map of 2 tiers of stakeholders involved in the negotiation process.
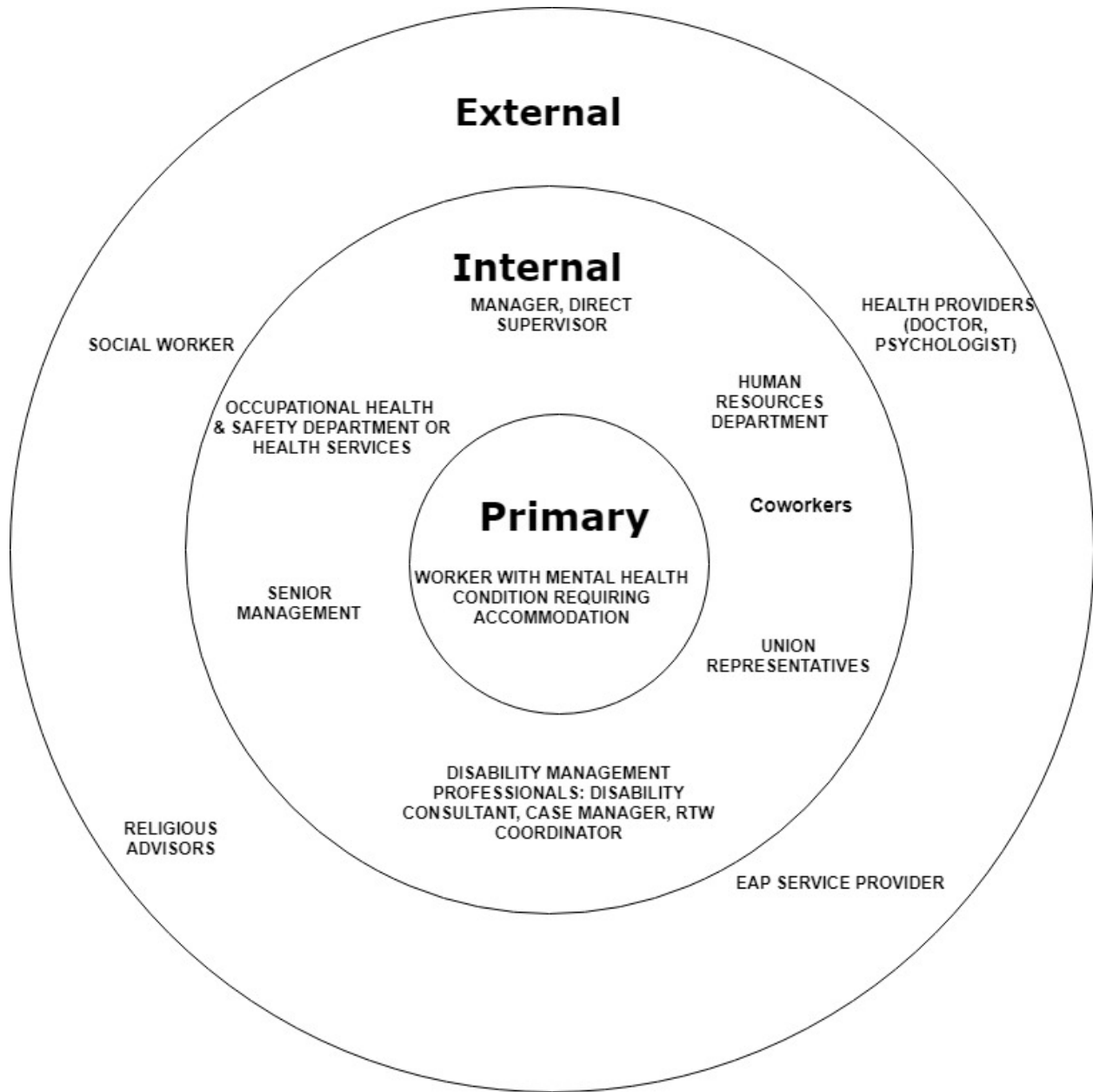
Exploring Elements of Workplace Social Capital that Impact the Accommodation Negotiation Process

Authors: Sabrina Hossain, Sandra Moll, Emile Tompa, Rebecca Gewurtz

Chapter 3: Exploring Elements of Workplace Social Capital that Impact the

Accommodation Negotiation Process

Abstract

Individuals living with mental health conditions continue to face barriers and challenges in their employment. Social capital is a concept that may help to shed light on the challenges experienced by employees with mental health conditions in attaining or sustaining employment. Social capital refers to the relationships, trust, reciprocity and social networks that can be built and can benefit society. Requesting and negotiating workplace accommodations has been found to be a social and political process, with existing disparities in access to support based on employee status and job role. This paper presents findings from a secondary analysis of qualitative data exploring the concept of workplace social capital and its impact on how employees with mental health conditions request, negotiate and receive workplace accommodations. The findings reveal that social capital consists of various elements that impact how accommodations are negotiated; some elements are internal and dynamic and can be built, rebuilt and spent such as employee self-confidence, reputation, and likeability. Other elements of social capital are external perceptions constructed by workplace stakeholders and co-workers, such as judgements on the return on investment of accommodating an employee, and stakeholder judgements about employee value. The findings suggest that while having social capital can be experienced as helpful, it is not the only thing needed by employees and it does not negate the consequences of recent behavioral issues. While social capital impacts the negotiation process, it is one element that affects the process. Future research is needed to explore how social capital can be built and rebuilt to facilitate a smoother accommodation process. The consequences of

disparities in access to supports based on perceived organizational value, job status and seniority

should also be explored further to raise awareness from an organizational justice perspective.

Introduction

Despite increased attention to diversity and inclusion, many people living with disabilities continue to face challenges in their employment experiences (McGuire &Bagher, 2010, Schure, Kruse & Blanck, 2005). Individuals with mental health conditions face particular barriers due to pervasive stigma and the lack of knowledge and awareness about accommodations for people with mental illness (Batastini, Bolaños, Morgan & Mitchell, 2017; McAlpine &Warner, 2002; Viering et al., 2015). Literature reviews by McAlpine and Warner (2002) and Ebuenyi, Syurina, Bunders and Regeer (2018) document the stigma, including self-stigma and negative employer attitudes faced by people with mental health conditions in gaining and retaining employment. In addition, their episodic and unpredictable nature can give the impression that employees with a mental health condition may be unreliable, or that accommodating them will be costly (Gold, Oire, Fabian & Wewiorski, 2012; Hanisch et al., 2016; Krupa, Kirsh, Cockburn & Gewurtz, 2009; Mechanic, Bilder & McAlpine, 2002; Stuart, 2006).

Many organizations are seeking to improve their capacity to support and accommodate workers with mental health conditions. However, a systematic review by Follmer and Jones (2017) found that many organizations are not prepared with workplace policies, procedures and leadership capacity to support employees with mental illness. These findings highlight an important challenge facing organizations. However, the successes and challenges encountered by employees with mental illness in their employment experiences is less well documented in the literature. In particular, there remains little understanding of how employees with mental health conditions access support and negotiate accommodations.

As described in a position paper by Vornholt et al. (2017), changing job demands can be particularly problematic for employees with disabilities. An increased focus on the social aspects of work and on employee social skills can make it difficult for employees who have disabilities that affect their ability to communicate effectively with others (Vornholt et al., 2017). In a study exploring the perspectives of small business employers on hiring people with mental illness, Hand and Tryssenaar (2006) noted that employers are especially concerned about the social skills of people with mental illness and how this will impact their work as they interact with clients or co-workers.

In this context, the concept of social capital becomes an important consideration. Social capital has been defined as the social relationships, personal and business networks, trust, and reciprocity that that can improve the efficiency of a society (Baker, 2000; Oksanen et al., 2013; Rocco & Suhrcke, 2012). It has been studied in terms of its impact on employee health, job satisfaction, and job stress. For example, in a chapter discussing social capital and health, Oskanen et al. (2013) suggest that low levels of workplace social capital in the form of organizational trust and reciprocity is linked to lower self-ratings of employee health. Furthermore, a prospective cohort study by Kouvonen et al. (2018) explored the link between low social capital and depression and found that employees with lower individual social capital in the workplace had a higher likelihood of physician diagnosed depression than employees who reported higher social capital. In a study by Wang, Zhang and Yua (2017), workplace social capital was found to directly impact employee mental health, and accumulating workplace social capital was outlined as a strategy to improve work ability and mental health. Literature in the field of nursing explores workplace social capital as a resource that can be fostered in the form of social networks, information exchange, shared resources, mutual assistance and efforts to

cooperate that have positive implications for healthcare organizations, nurses and patients (Read, 2014; Hofmeyer & Marck, 2008). Thus, this literature has focused on social capital as a collective resource within healthcare organizations that can be fostered. These studies highlight that workplace social capital can have an important mediating impact on how employees report their health, stress and potentially their mental health.

Potts (2005) conducted a literature review on social capital and found that people with disabilities often lack social capital that could be leveraged to attain and sustain employment. Potts (2005) explored social capital as a resource that can be accumulated by employees with disabilities, and emphasized that accumulating social capital should be considered an important employment strategy by vocational rehabilitation counsellors. Baker (2000) argued that the potential benefits of social capital can extend beyond job starts and enable employees to thrive within their organization, and better achieve their personal and professional goals. Some of these benefits were described as becoming open to new ideas that allow employees to innovate in their jobs, or employees supporting each other through acts of kindness and generosity (Baker, 2000). Oksanen et al. (2013) further suggest that the benefits of social capital can extend beyond the individual and include mutual help, reciprocity and a sense of community in the workplace.

Despite this accumulating evidence on social capital, little attention has been directed to understanding how social capital can impact employee experiences of accessing support and accommodations in the workplace. Requesting a workplace accommodation has been described as an interactive, individual-level change process that requires social interaction and reciprocity (Kensbock, Boehm & Bourovoi, 2017; Tompa et al. 2015). Employees with a disability requesting accommodations may experience significant challenges such as stigma from coworkers and management, lack of communication and information regarding their rights in the

accommodation process and a lack of accommodation options (Kensbock et al.,2017). Despite a legislative duty for employers to accommodate, the way employees experience the accommodation process can be negatively impacted by factors including a lack of social support and poor communication among the stakeholders involved (Kensbock et al.,2017). A management study by Florey and Harrison (2000) exploring employer responses to informal accommodation requests highlights that the intention to provide accommodations is impacted by the employee's past performance, the magnitude of the request, and perceived fairness of the accommodation. Granting accommodations for "valued" employees is described as routine procedure by Schartz, Hendricks and Blanck (2006) in a cost benefit analysis of accommodating employees with disabilities. These findings indicate that social capital may be particularly important for employees with mental illnesses and other highly stigmatized conditions that are both episodic in nature and invisible as they seek support and accommodations in the workplace.

The purpose of this paper is to explore the concept of workplace social capital and its impact on how employees with mental health conditions request, negotiate and receive workplace accommodations. A clearer understanding of how social capital impacts the process of negotiating workplace accommodations will help inform disability management strategies for accommodations and return to work practices and contribute to the discourse within human resource management.

Methods

As discussed by Hinds, Vogel and Clarke-Steffen (1997), secondary analysis "is a respected, common and cost-effective approach to maximizing the usefulness of the collected data" (p. 408). In an overview of secondary analysis of qualitative data, Heaton (2008) states that secondary analysis can be conducted to either explore new or additional research questions, or to verify findings from

prior research. Secondary analysis has various modes, one of which is referred to by Heaton (2008) as "supplementary analysis" in which all or parts of an existing data set are analyzed by focusing on a theme that was present but not specifically addressed in the primary analysis (Hinds, Vogel &Clarke-Steffen, 1997). An existing literature review of different modes of secondary analysis reflect that a majority of published secondary analysis papers are developed from informally shared data sets, or self-collected data sets by at least one former author of the primary analysis (Heaton, 2008).

This paper is a secondary analysis of data collected in a qualitative descriptive study about how employees with mental health conditions negotiated workplace accommodations (Hossain, Moll, Tompa & Gewurtz, 2019). The aim of the primary study was to identify and explore the negotiation process as a social, interactive process. The impact of social capital on the process of requesting and negotiating accommodations emerged as a significant theme that and required further exploration. The initial participants who were interviewed described how employee reputation, self-confidence, seniority, and the perceived value of various roles could impact and be leveraged during the accommodation negotiation process. Further data was collected to illuminate this concept and the data relating to the impact of social capital was extracted and analyzed separately for this paper using Dedoose software (Version *8.0.35;* SocioCultural Research Consultants, LLC, 2018).

Findings

The findings are organized into five key categories outlining elements of workplace social capital that impact the process of negotiating accommodations: (1) employee reputation and likability, (2) employee self-confidence, (3) perceived return on investment and disparities in organizational value, (4) social capital as dynamic and evolving and (5) social capital as just one

piece of the puzzle. Some of these elements, such as employee reputation, likability and self-confidence were found to be dynamic and evolving, in that they can be accumulated, exhausted or rebuilt by employees. Other elements of social capital such as perceived return on investment and organizational value were found to be external perceptions and judgements constructed by stakeholders about the worker.

Employee Reputation and Likability

A number of workplace managers and employees reported that employee reputation and "likeability" can impact the accommodation negotiation process. Employees who have a strong reputation as good performers and have positive relationships with co-workers and managers reportedly receive more support from stakeholders during the process of negotiating accommodations. As a result, the negotiation process is easier, and employees feel supported in their role. Debora, the director of a large not for profit mental health organization, for example, describes the degree to which past performance, likability and reputation can influence the negotiation process:

> The hardest return-to-work accommodation is for people that have never been great performers and that nobody likes. Whereas, if it was somebody who was a good performer and everybody liked them, people would really try to work hard to try to support their success because they were good in it [the job role].

Julie, a mental health manager, described employee likeability among one of the conditions under which stakeholders may be more or less willing to support and accommodate employees:

> If they like you and they understand why you are off….they will work to bring you back. But, if you aren't that well respected and you had some behavioral issues when you went

off and you didn't have a job for the last three years and then you are going off. They

may not have the same willingness to work with you.

Despite the perceived advantages of a good reputation and "likeability", it was also noted

by several workplace stakeholders that it is unethical and illegal from an organizational

standpoint to negotiate accommodations differently for employees based on past performance or

interpersonal issues. This opinion is emphasized below by Debora, a director at a mental health

services organization. The influence of reputation is present, but it may not be explicitly

acknowledged by workplace stakeholders:

If social capital is allowing them an easier time with the accommodation process, you

have discrimination happening and that is not legal… It's probably going to be easier

because everybody wants to support them but it is not legal for you to have a different

process for somebody you like than for somebody you are not fond of.

Low social capital does not necessarily prevent employees from receiving

accommodations. Jared, for example, a health services manager at a large airline company, notes

that employees who are poor or problematic performers are not denied accommodations on the

basis of performance, likeability or reputation. He explained that an accommodation plan will

normally still be implemented based on organizational policies, but there may be "discreet

negative commentary" that arises during the accommodation process from workplace

stakeholders and other workplace actors.

Employee Self-confidence

The employees who perceived themselves to be good performers, who were well-liked by

their colleagues, and were recipients of positive feedback for their work reported that they

leveraged their confidence and self-perceived value to ask for the accommodations they need. As

described by Wendy, a part-time employee in the health administration sector, the negotiation process was about leveraging her value as a good worker to receive the support she needed to continue performing well.

> There's just a level of confidence in how you are portrayed and in how you feel about yourself in the workplace…When you get this type reinforcement from your co-workers and definitely from your managers that you're doing things well… I think that gives you a level of comfort and security when you want to address things that can directly impact your performance…. Because I had good relations with them, I felt that I didn't have anything in the back of my mind that would warrant them to refuse what I had asked for.

Seniority and cultivating long term relationships at work was reported by some employees as another form of social capital that can give employees confidence in their own value, and an opportunity to leverage these resources in requesting and negotiating accommodations. Brenda, a senior Geologist at a mining firm, reported that gradually gaining seniority in her company over 15 years, and developing relationships with coworkers and management who would advocate for her, gave her the resilience to withstand disputes about her performance prior to disclosing her mental health condition, and gave her the confidence to ask for support and accept it.

> Had I not known people of my generation who had worked with me years ago… were willing to go to bat for me… there was one guy that said, "Brenda has paid her dues."… I mean, I can never thank them enough… Because I've been with the company for 15 years, I had an advantage because I knew – I knew the person in HR. I was able to go to her because we'd actually done yoga together and she knew me. Because I've been around for long, I had people that knew me as a friend, a workplace friend… but if you

were to compare me with somebody who has been in the workplace for three years, these are things that were to my advantage.

In contrast, when confidence and self-perceived value are lower, employees may be more hesitant to request accommodations. Wendy reported, for example, that if she "was not performing as well as needed", she would feel much more doubtful about requesting and advocating for the accommodations she needed. She further relayed the hesitation experienced by her co-worker who required accommodations. The co-worker was aware of being negatively perceived by management, and apprehensive about seeming like a problematic worker:

> One of my friends, she has a learning disability…but because she wasn't on good grounds with them before…there's a lot of apprehension towards bringing it up because it's another added layer of "problems" for this particular employee…Because I had good relations with management, with basically everyone, it seemed a lot more seamless or less troublesome to just ask for it…it felt like I deserved it because this is something that, as an employee, I have right to. My friend, on the other hand.…she's very fearful of having to ask more or to just bring things up.

Perceived Return on Investment and Disparities in Organizational Value

Accommodations and supports were reportedly considered investments, and managers and other stakeholders involved in negotiating and implementing accommodations wanted to see a return on investment for supporting the employee. Julie, a mental health services manager, explained that when workplace stakeholders considered providing accommodations to an employee, especially during return to work after a paid sick leave, they asked themselves, "is the inconvenience of them [the employee] being off worth investing in to have them come back?"

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Ariel, a full-time employee at a large hospital, reports that managerial staff evaluate how the process of accommodating employees will benefit the organization in future as they consider the costs and benefits of accommodating:

> It also is about benefit to the organization… if you are a good worker then it's in their benefit to support you and ensure that you continue to be a good worker …if you're not a great worker ..what's the point of putting resources into you if you're not even going to get that much better?

Some employees and stakeholders reported an underlying disparity in how organizations support and provide accommodations to employees of varying job status. Some part-time and temporary employees reported sensing that their organization valued and prioritized accommodating full-time, permanent employees more than part-time, temporary, contract or seasonal workers. They described experiencing this disparity in organizational value in a few ways; Wendy, a part-time temporary employee faced slowness from the health and safety department in having an accommodation request processed, while another employee requested the same accommodation and received it within just three days, "but she was a full-time person". Kaitlyn, a part-time seasonal employee in the service industry reported difficulties in accessing universal supports at work that could have been helpful, and that her organization "only reserve those types of resources for people who are there permanently, and we all know that".

The disparity in organizational value of employees of varying job roles was at times described as being ingrained in workplace disability policies. Kate, a disability manager at a large hospital described the willingness ingrained in the hospital's policy to accommodate full-time employees with a mental health condition through modified duties, instead of paying

employees sick leave benefits. "We'll do anything to get you back and we will keep you as an extra staff for a long time, because it's cheaper to have you here as an extra."

Conversely, Kate reports that managers are less willing to invest in an accommodation for a plan for part-time employees as it is more cost effective if the employee remains off work.

So we managers aren't just keen to bring someone back on a long accommodation

program when they're part-time, because them being off work doesn't cost us anything…

or we may not bring them back for as long an accommodation plan because there is more

cost to that.

Julie, a mental health services manager further corroborates the disparity in how accommodations are navigated for employees in varying positions, and how this can often be embedded into the company's work disability policies.

If you are on a one-year contract and you are off for six months there is not a lot of

support in that. So, contracts are different and again it's different when they are unionized

versus non-unionized as well.

Social Capital as Dynamic and Evolving

Workplace social capital is dynamic; a worker's accumulated social capital can evolve. It can be spent or lost, and it can also be built and repaired. Workplace stakeholders reported that it is possible to build social capital after it has been lost due to behavioral or performance issues, or a problematic reputation, as workers request and negotiate for accommodations. Debora, a mental health services manager, reported that taking responsibility and expressing a desire to make positive change can make a difference and enable building social capital while asking for support.

> You don't need to take the blame for it, but you certainly need to take the responsibility for it. You need to say, "the way that our relationship has been is not the way I want it to be and I would really like to ask if we can start over and these are the things that I'm going to do differently and I'm wondering if you could do these couple things for me so that we can work together in a way that's helpful for both of us"… But if we bury it or if we explain it in the way of, "I have a mental illness so I can treat you badly", that's not going to work and it's going to make things worse.

Some stakeholders reported that a key challenge in supporting employees with a mental health condition, especially if it is undiagnosed or undetected, is they may have more difficulty accumulating social capital in the workplace, as discussed by Jared, a health services manager at an airline company.

> Sometimes people have undetected mental illness that is causing them to have difficulties accumulating social capital, so they don't know they have the illness… and then they go get medical treatment, they become a completely different person, but by then people's tolerance for them [at work] has been obliterated so it creates a challenge.

However, other workplace stakeholders emphasized that encouraging workers to build social capital is not the goal when providing support; rather, the goal of supporting employees is to enable them to succeed at work. Debora, a director with significant experience in negotiating accommodations states that:

> There is a book I wrote for employees with mental illnesses… In it I expressed that don't expect the people at work to understand what you are going through.. but that there is a way for them to advocate for what they need by making sure everything they need is connected to how it will support them to do their job… "I want to be a good employee.

This is what I need to be a good employee. Can we talk about how that could happen?"

And we talk to them about conflict and we talk to them about relationships and all that

stuff. I wouldn't want to say "you should build your social capital" to someone who is

already struggling with isolation and depression…

Social Capital is Just One Piece of the Puzzle

Acquiring social capital is important and necessary, but it is not the only thing workers

need to successfully receive support and accommodation. Some stakeholders emphasized that

having social capital may not always protect employees or negate recent, serious performance or

behavioral issues. For example, Debora, a director at a mental health services organization,

stated that while the process is smoother when employees have high social capital when they

enter negotiations, emphasizing the importance of being well liked and friendly to employees,

particularly those with mental health conditions, is not the solution for a smooth negotiation

process.

The one thing that I will say to you though is, you can have really high social capital and

one incident can take it all away from you. So, I wouldn't put a lot of store in always

being a little Mary sunshine when you are dealing with significant depression and

thinking, well, you should be nice to everybody and you should make everybody like

you. That's not fair, and all you need is one slip and everybody is talking about you and

they all think you are terrible. So, you don't want to put too much pressure onto people to

be liked….

Although accumulated social capital may not protect employees with mental illness who

require accommodations, or guarantee that their needs will be met through the accommodation

process, some managerial stakeholders have reported that when reliable employees are having

sudden performance or behavior issues, it is the organization's responsibility to remain open minded, speak with the employee and understand what is happening. Samantha, a third party disability manager who implements accommodation plans, describes how management should be addressing sudden performance issues through open discussion.

> I will hear from a supervisor or HR, "Joe has been with us for 20 years. In the last two years his absenteeism has gone up, he is coming to work late and now we want to get rid of him"…I just look at them and I go, "so the guy has given you 18 years of great service, last year was not so great and you are not asking yourself the question, 'what is going on with him?'"… Joe doesn't just turn off all of his great traits all of a sudden for no reason. Ask him why, because there is a reason and don't be so judgmental. Just listen and have a look at really what's going on here. You have missed something and it's like, shame on you.

The findings illustrate various elements of social capital that impact the experiences of employees with mental health conditions as they request and negotiate workplace accommodations. The impact of social capital can be significant, yet it is only one part of the complex negotiation process that is situated in a broader system of workplace disability practices.

Discussion

Existing definitions of social capital in the work and health literature is focused on measures of social and business networks, trust, reciprocity and communication (Rocco & Suhrcke, 2012; Requena, 2003). This paper sought to expand the definition of workplace social capital and demonstrate its impact on requesting and negotiating accommodations for workers with mental illness. Social capital was found to be a dynamic, evolving and multifaceted feature

that impacts how negotiating accommodations unfolds between employees with a mental health condition and workplace stakeholders. Some facets of social capital can be accumulated, leveraged and exhausted by employees including employee reputation, self-confidence, existing relationships and likeability from coworkers and management, job performance, and to some extent, job status. Other facets of social capital are perceptions constructed by workplace stakeholders, such as the perceived value of the employee to the organization, and an assessment of whether accommodating an employee would be a good return on investment.

The findings around the contrasting dynamic and socially constructed elements of social capital are somewhat reflected in the literature. For example, a study by McDonald Wilson et al. (2003) found that employees who were positive and determined were more likely to receive accommodations, and employees who were perceived to have higher skills were granted more expensive accommodations, in comparison to employees who were perceived to have lower skills. However, the current study is unique in focusing specifically on social capital from the perspective of both employees with mental illness and workplace stakeholders in order to explore the perceived impact of social capital on negotiating workplace supports and accommodations.

The accommodation process for workers with mental illness was found to require a flexible, case-by-case approach, as each employee enters the discussion on accommodations with unique needs, restrictions and abilities that require support (Hudson, 2016). Similarly, every employee enters the process of requesting accommodations from a unique starting point. How the accommodation process unfolds, and the potential outcomes, are shaped by the employee's starting point and how their abilities evolve overtime. This study highlights that accumulating social capital is a dynamic and evolving process; when employees have

exhausted some of their social capital through performance or behavior issues in the workplace, it does not negate their ability to request and access supports. Employees can rebuild and accumulate social capital by taking steps to assume responsibility, repair relationships and set goals for change.

Strengths and Limitations

A key strength of this study comes from the insights that arose from the diverse participant and stakeholder perspectives and the varied Canadian organizational practices that were explored. While there were only 10 participants, the data captured a range of experiences from workplace stakeholders in the fields of management, human resources, occupational health and safety and disability managements, and the accommodation experiences of employees in diverse roles and across a number of work sectors. Given that social capital emerged as a significant theme during the iterative process of data collection and analysis, a limitation of this paper is that the focus on social capital arose after two participant interviews had been completed. Thus, this paper explores the perspectives of 10 participants who were asked to share their experiences and perspectives regarding social capital, out of the 12 that were interviewed. Another limitation of this study is a potential selection bias as many of the stakeholder participants self-identified as advocates for workplace mental health and were well-versed in current work disability policies. Therefore, the findings may lack generalizability; the perspectives of workplace stakeholders who do not identify as experts or advocates of employee mental health, or who may have limited training and experience in negotiating accommodations, and possibly less positive experiences navigating the negotiation process are not well represented. A final limitation of this study is that nine participants identified as female, while only one identified as male. Further research is required to explore gender related differences in

lived experiences and perspectives of workplace social capital and negotiating workplace accommodations.

Conclusion

Overall, this paper expands the literature on workplace social capital as a complex yet influential element during the process of negotiating workplace accommodations for employees with mental health conditions in Canadian workplaces. The findings identified dynamic elements of social capital that can be accumulated, exhausted and rebuilt by employees, such as employee reputation, self-confidence, likeability, performance, relationships with management and coworkers, and to an extent, job status and seniority. In addition, the findings identified elements of social capital that are externally constructed such as perceptions of employee value to the organization and the return on investment of providing accommodations to employees. Thus, elements of social capital emerged as internal or external constructions; internal constructions that employees have of themselves and that can evolve, and external constructions perceived by workplace actors such as managers and co-workers. This study aimed to explore how social capital impacts the lived experience of employees requesting and negotiating for accommodations. The study described and categorized various elements of workplace social capital and illustrated how they can influence decision-making when an employee requests accommodations and support for workplace issues associated with a mental illness. Social capital is complex and is conceptualized as an important piece of the complex negotiation process, situated within the broader context of work disability practices. Further research is needed to explore: (1) how organizational strategies to help employees build social capital can potentially facilitate more positive worker experiences of requesting and negotiating accommodations, (2) whether building and leveraging social capital can improve job retention

for employees with mental health conditions, and their unique employment experiences overall.

A mixed methods approach could be valuable in addressing these gaps in knowledge. Combining

a descriptive design and structured interviews to capture the lived experiences of employees

with mental illness with different views and levels of social capital, with quantitative measures

of employee satisfaction and other employment outcomes could serve to illustrate how

organizational training on building social capital impacts employee experiences of seeking

supports, and overall job satisfaction.

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Chapter 4: Conclusion

Introduction

This thesis work sought to explore how employees with mental health conditions are supported by negotiating workplace accommodations. Employees with self-identified mental health conditions who attempted to request and negotiate workplace accommodations and stakeholders with experience negotiating accommodations with employees shared diverse perspectives on how accommodations were requested and discussed, building a conceptual understanding of the process. This thesis aimed to build knowledge about: (1) how workplace accommodations are discussed and negotiated specifically to retain employees with mental health conditions, (2) how Canadian workplace accommodation practices are experienced by diverse employees with mental health conditions, (3) the role of social capital within the process of requesting and negotiating accommodations. A main study (chapters 2) and a sub-analysis (chapter 3) were conducted to build knowledge in the fields of rehabilitation science and disability management.

The second chapter sought to explore how employees with a mental health condition and other workplace stakeholders interpret their experiences of requesting and negotiating workplace accommodations. Negotiating accommodations was found to be non-linear and flexible, involving both social and political processes that unfold between employees requiring support and both internal and external workplace stakeholders. While there may be an expectation of a formal workplace process that follows clear, chronological steps, this research illustrated that the negotiation process often unfolds in a more iterative manner depending on the unique circumstances of the employee and the organization.

The third chapter explored the impacts of social capital as a key workplace factor within the process of requesting and negotiating accommodations from the perspective of workers with mental health conditions and workplace stakeholders. This study illustrates that workplace social capital encompasses multiple dimensions: employee relationships, self-confidence, past performance, reputation, likeability with coworkers and management, job status within the organization, and perceived value to the organization were all aspects of social capital that could impact the experience of requesting and negotiating accommodations for employees with a mental health condition. Furthermore, these dimensions of social capital are dynamic rather than static; throughout the course of employment, dimensions of social capital can be accumulated and spent by employees.

Although accumulating workplace social capital can influence the negotiation process, it is not the only predictor of success in requesting, negotiating and receiving support. Rather, workplace social capital is one important piece of the puzzle within the broader social and political process of negotiating workplace accommodations. This research highlights the complex, interactive nature of requesting, negotiating and receiving workplace supports for a mental health condition.

<div align="center">

Contributions to Knowledge

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Extending the Literature

Existing literature around the increasing burden of employee mental health claims, lost productivity and absenteeism makes it clear that Canadian employers need to adopt more progressive strategies to support and retain workers with a mental health condition (Dewa, Lesage, Goering & Caveen, 2004; Tompa et al., 2015). Implementing workplace

accommodations is one such strategy, yet the existing literature on accommodating employees with mental health conditions is minimal, and mostly focuses on identifying common types, frequencies and costs of workplace accommodations and evaluating their efficacy (Follmer & Jones, 2018; McDowell & Fossey, 2015). The process through which supports are requested, discussed and implemented remains a black box of ambiguity. By building on the limited literature, this research sheds light on the negotiation process and how it unfolds as a complex, non-linear, interactive and political process, rather than a formal, chronological process as described within workplace policies.

Social capital has been previously discussed in the context of employee self-reported mental health outcomes (Wang, Zhang & Yua, 2017), and as a strategy for job training (Potts, 2005), but never as a significant workplace factor that can directly impact how negotiating and accessing support is experienced by workers and stakeholders. This research classifies workplace social capital as a dynamic and multifaceted concept that can impact the accommodation process; some facets of social capital can be accumulated, leveraged and spent by employees, while other facets are perceptions constructed by workplace stakeholders based on assessments of employee value and the return on investment of providing accommodations to the employee.

Existing literature around the employment experiences of workers with mental health conditions mostly focuses on supported employment program outcomes, stigma, and work outcomes (Follmer & Jones, 2018; Gewurtz, Langan & Shand, 2016; Lehman et al., 2002). Other literature around employee mental illness focuses on recruiting and hiring practices from the perspective of stakeholders, or on the lived experiences of attaining work or in relation to vocational success (Dolce & Bates, 2019; Dunn, Wewiorski, & Rogers, 2008; Gewurtz, Langan & Shand, 2016) This body of research highlights the lived experiences of employees who strive

to actively gain support while remaining at work. This research has also provided examples of workplace factors that are helpful in successfully supporting employees with mental health conditions in their work. Potential challenges and barriers have also been highlighted that workplace stakeholders can be mindful of to encourage employee success.

A literature review by Gewurtz et al. (2016) illustrates a gap between policies around hiring and accommodating employees with disabilities, and actual workplace practices. The review further reported that implementing policies to support workers with disabilities requires guidelines for employers focused on implementation in practice. There is little known about the disconnect between policies and how accommodation practices unfold in workplaces, although a study presenting the business case for hiring and accommodating employees with mental illness by the Mental Health Commission of Canada (2018) has built a foundation for this knowledge. This research aimed to extend such findings on the gap between policies and actual workplace practices by contributing knowledge about how requesting and negotiating workplace accommodations unfolds in practice from the perspective of diverse employees and stakeholders. Managers and supervisors, as well as other workplace stakeholders and disability management professionals need to be conscious of the political and social factors that impact the process of accommodating employees with mental health conditions. This research highlights that supporting and accommodating workers with mental health conditions requires flexibility, effective communication, dedication, empathy and attention to psychological health and safety. Employers can take steps to incorporate these components into their work disability practices in order to drive workplace culture forward.

Exposing Tensions and Disparities

The existing literature suggests that accommodations for workers with mental health conditions should occur through flexible collaboration between the worker and workplace stakeholders (Tompa et al., 2015; Queen's University IRC, 2016). However, this research demonstrates that in practice, negotiating accommodations is a political process fraught with power imbalances. At times there is an underlying pressure on employees to comply with workplace mandated procedures to receive support. There is also at times an implicit understanding that cooperation may be rewarded with the accommodation request being granted. This research uncovered an emphasis on employee cooperation rather than reciprocal collaboration between employees and workplace stakeholders. The discrepancy between the existing literature and current workplace accommodation practices requires further exploration in order to identify further workplace risk-factors.

Another disconnect between the literature and the realities of accommodation practices demonstrated by this research is around access to supports. Universal accommodations are defined as supports that are available to all employees at an organization and are often accessed by employees with mental illness (Mental Health Commission of Canada, 2018). Yet this research demonstrates that not all employees have equal access to universal supports; seniority and perceived value in the workplace, as well as job status can limit access to supports. To add further complexity, disparities in access to support can be ingrained within workplace policies. Some universal supports may only be available to certain groups of employees based on the nature of their role as permanent and/or full-time, or organizations may altogether lack clear policies around accessing universal supports for different kinds of employees. These

circumstances can lead to uncertainty among stakeholders about how best to support them. Disability management professionals and workplace stakeholders need to acknowledge how disparities in access to universal supports can impact the employment experiences of workers with mental health conditions. By doing so, they can strive towards improved best practices to support employees and foster inclusive workplace cultures.

Implications for Stakeholders

Requesting, negotiating and implementing workplace accommodations to support employees with mental health conditions is an interactive process that involves the efforts of internal and external stakeholders, alongside the employee requesting support. Although described in the context of return to work programs, St-Arnaud et al. (2014) stated that collaboration, trust and communication between internal and external stakeholders are essential in successfully supporting workers with mental health conditions. The following recommendations and implications for workplace stakeholders stem from the findings of this research and the existing literature about accommodation practices to support employees with mental health conditions.

Implications for Disability Management Research

Discussing workplace accommodations with an employee has been deemed within the literature as an "interactive process" that should be established within organizational policy (Tompa et al., 2015). A flexible, case-by-case approach with involvement from all stakeholders is encouraged when discussing and implementing accommodations to achieve positive employee relations (Queens University IRC, 2016). However, the findings of this research suggest that in practice, negotiating accommodations is complex, and unfolds as a non-linear, social and

political process that is not adequately accounted for in the literature or in organizational policies. Further research is necessary to bridge the gap between what the literature recommends the workplace accommodation process ought to be, and how accommodations are discussed and negotiated in practice within diverse workplaces. The findings suggest that smaller organizations with limited capacity to support employees may require more attention. Resources designed to address mental health conditions at work such as the National Standard on Psychological Health and Safety are still new, and it is unclear how they are being implemented, and if and how they are successful in smaller organizations. Furthermore, there is a need to understand how the support needs of employees with mental illness are being met within smaller organizations. Such research would yield insights on where smaller organizations are succeeding in supporting employee success, and where there are challenges that need to be addressed. In addition, this research could inform the adaptation of workplace accommodation tools and resources to fit the needs of workplaces of various sizes and sectors.

Implications for Disability Managers and Workplace Stakeholders

This research highlights the need to ensure that disability management professionals and other workplace stakeholders recognize that mental health conditions are a valid concern that needs to be addressed. Although accommodating employees with mental health conditions may be complex because it requires an individualized and flexible approach, it is important as part of the overall effort to create an inclusive workplace culture (Tompa et al.,2015). Furthermore, it is necessary for stakeholders to recognize the potential power imbalance between themselves and the workers requesting accommodations; workers may feel pressure to quietly comply with procedures out of fear that their request may not otherwise be granted, all the while struggling or not engaging in dialogue with stakeholders about their needs. By remaining conscious of the

power imbalance, stakeholders can foster a more collaborative approach that supports the employee.

Acknowledging that stakeholder dedication and empathy are essential components of a positive accommodation experience can be a first step towards improving awareness and improving capacity to support employees. Providing training for stakeholders such as managers, HR professionals, occupational health and safety and health services professionals to build the skills needed to successfully support workers with mental health conditions can contribute to fostering more supportive workplaces. Providing clear, accessible resources in the workplace including websites, mobile applications, posters or pamphlets that outline organizational accommodation practices, what to expect when requesting accommodations, and the rights and responsibilities of all parties can help ensure everyone has the information they need about the accommodation process. Training and educating workplace actors at all levels of the organization about such a resource can provide clarity to workers and stakeholders, and foster open discussion about how to approach, request and navigate accommodations and supports in the workplace.

Humans Rights and Organizational Justice

This research highlights that the experience of negotiating accommodations varies and can be implicitly influenced by factors such as disclosure, work culture, seniority, job status, perceived value and an employee's accumulated social capital. The existing literature on organizational fairness and accommodations illustrates that from a human rights perspective, it is necessary for decision makers, employers and stakeholders to remain conscious of discrimination with regards to employees with disabilities and specifically, employees with mental illness (Barclay & Markel, 2009; Snyder, Carmichael, Blackwell, Cleveland & Thornton, 2010). A

literature review by Barclay and Markel (2009) that presents findings around the unethical treatment of employees with mental illness reported that stigma plays a significant role. Moreover, an unsupportive organizational culture or an abusive workplace environment impact employers' tendency to grant or refuse accommodations more than cost considerations (Barclay and Markel, 2009). These authors further report that employee decisions to disclose or hide a need for support have significant social and psychological impacts in the workplace that interact with organizational culture; employers may view workers as either incompetent if they do not disclose their reasons for struggling in their role, or with a negative view if they do disclose their condition. Furthermore, making multiple accommodation requests due to episodic mental health conditions has social consequences for employees, as they may be viewed negatively by employers due to the repeated costs of accommodations (Barclay & Markel, 2009). However, refusing to provide accommodations based on an employee's reputation as a good or bad performer, likeability, seniority and or perceived value to the organization is unethical. This research identified some of the factors that influence the accommodation experiences of employees with mental health conditions. As recommended in the literature review by Barclay and Markel (2009), it is necessary to identify the factors shaping accommodation experiences of employees with a mental health conditions. By doing so, better organizational practices can be developed that encourage employers to treat employees seeking support more ethically, which can become imbibed into the norms of organizational behavior (Barclay & Markel, 2009). Adhering to organizational best practices, successfully implementing a standard of psychological health and safety consistent workplace education and stakeholder accountability can protect against unethical treatment and foster an inclusive workplace.

Further Recommendations for Research

Despite the recent development of resources to facilitate support for employees with mental health condition and better equip stakeholders, such as the National Standard for Psychological Health and Safety, there is a lack of standardized organizational procedures across all Canadian workplaces to support employees with mental illness (Malachowksi, 2015). The adoption of constructivist grounded theory strategies in this research provided a social process focused lens to understand how negotiating workplace accommodations unfolds between workers with mental health conditions and stakeholders. Additional research from the perspectives of other qualitative approaches may contribute a deeper understanding of how employees with mental health conditions experience the negotiation process in small organizations where resources and established work disability policies may be lacking. An institutional ethnography approach (IE), such as that adopted by Malachowski (2015) to explore how workers living with episodic mental illness experience their workplace settings and various institutional practices, is one such valuable approach. By focusing specifically on the accommodation negotiation process, utilizing IE approaches to data collection such as observation, ethnographic interviews and document analysis of workplace accommodation policies can better identify the unique challenges and successes experienced by workers seeking accommodations. This is especially true in smaller companies with various resources, administrative structures, and work cultures.

Strengths and Limitations

Strengths of this research include the use of an iterative process of data collection and analysis that enabled the early identification of emergent patterns, which were focused and

expanded by developing the interview guides for subsequent participants who shared valuable insights about those patterns. As a result, rich insights arose from varied worker and stakeholder perspectives that were explored, illustrating a complex social and political negotiation process and satisfying the study objectives. Adopting an iterative process of data collection and analysis also shed light on key themes that emerged early on and enabled us to identify workplace social capital as an impactful force within the negotiation process that required further exploration.

Despite attempts to capture diverse stakeholder perspectives on the accommodation process, a limitation of this study is the occurrence of selection bias; the inclusion criteria for stakeholders stipulated that they be experienced in supporting employees with mental health conditions, and the research poster was circulated among mental health and disability management focused networks. Thus, many of the stakeholder participants self-identified as advocates for workplace mental health and were well versed in current policies and Canadian discourse on workplace disability policies and practice. This resulted in a lack of generalizability to the vast array of workplace stakeholder perspectives that may reflect less knowledge and experience with workplace accommodations and less acceptance and dedication towards employee mental health. An additional limitation of this research is the over representation of female participants, with 10 female participants and 2 males in the first study, and 9 female participants and 1 male participant in the sub analysis. Further research is needed to explore gender differences in stakeholder and worker perspectives and experiences.

Also related to selection bias is a third limitation; all stakeholders with 2 exceptions held longstanding managerial roles. As a result, a majority of the stakeholder data came from an authoritative managerial perspective; capturing other diverse stakeholder perspectives of

frontline and middle managers, union representatives, or mid-level case managers would have contributed to a rich composition of stakeholder insights and experiences. Furthermore, this research did not recruit co-workers as stakeholders; co-workers were reported by employees to be stakeholders during the accommodation process and after accommodations were implemented. Incorporating co-worker perspectives and reactions on the negotiation process would contribute further insights into how employees experience negotiating and successfully receiving accommodations, and draw attention to perspectives on organizational justice.

Another limitation of this research is that theoretical saturation was not fully reached; due to the limited scope of the project, this research focused on developing the depth of each emergent theme, rather than capturing breadth. Each individual interview contributed rich, unique data that highlighted patterns and themes about the negotiation process. Extending this program of research to include a larger sample size with more stakeholders and employees, engaging in prolonged engagement and a continued iterative process of data collection and analysis would contribute to achieving theoretical saturation.

Conclusion

This thesis contributes knowledge to the fields of rehabilitation science and disability management about how workplace accommodations are negotiated to support employees with mental health conditions at work. Recognizing the non-linear, political and interactive nature of this process can be a step towards further understanding how accommodation practices can be improved, where the barriers and challenges are and how they can be overcome. This research also contributes to literature about organizational justice and fairness in the context of work. By demonstrating that social capital, power imbalances and political factors impact the

accommodation process. In order to successfully support and retain employees with mental health conditions, Canadian workplaces must be prepared to take action and foster more progressive, collaborative and inclusive disability management strategies.

References – Introduction and Conclusion

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Appendices

Appendix A

Letter of Information/Consent

McMaster University

PARTICIPANT LETTER OF INFORMATION/CONSENT

Study Title: The Interactive Process of Negotiating Workplace Accommodations for Employees with a Mental Illness

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Emile Tompa, Senior Scientist, Institute for Work & Health
Sandra Moll, Associate Professor, McMaster University

You are invited to participate in a research study. Before you volunteer, it is important that you read the following information, understand what is involved and the potential risks and benefits. This form gives detailed information about the research study, which will be discussed with you. Once you understand the study, you will be asked to sign this form if you wish to participate. You may take your time to make your decision about participating in this study, ask questions or for clarification, and you may discuss it with your friends, family or others before you make your decision.

What is the purpose of the study?

The purpose of this research is to examine how workplace accommodations are negotiated between employees with mental illness, their employers, human resources staff, union representatives and other stakeholders. This will help us better understand accommodation practices and how they are Canadian workers. It will also help in identifying ways for employers to improve how they support employees with mental illness

What will happen during the study?

You are invited to take part in this study because of your experiences accessing workplace accommodations, or as a staff member or decision-maker who has participated in discussing workplace

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accommodations. We are looking to interview 15-20 participants in total from across different workplaces.

If you choose to participate in the study, we will ask you to do the following things:

- Speak to a member of the research team by telephone to discuss the study and your potential involvement, answer any questions you might have about the project, determine your eligibility by answering some questions, and set up an interview time.

- Participate in a telephone or Skype interview (you choose). We will ask you questions, but you will be able to choose how much you wish to share about different aspects of your experience.

- If you have accessed accommodations at work, you will be asked questions about your experiences with accommodation practices at your workplace, how they unfolded over time, who you approached for assistance and what you felt worked or did not work.

- If you are a decision maker (employer, managerial staff, human resource staff, union representative), you will be asked to share about accommodation practices at your workplace, your experience negotiating with employees who require accommodations, past experiences providing accommodations that have been successful or unsuccessful, and barriers and challenges.

- The interview will last approximately 1 hour, on one occasion, at a date and time that is convenient to you. The interview will be conducted via Skype or over the telephone at your preference.

- The interview will be audio recorded and transcribed (typed). If you would like a copy of the transcription, it can be provided. We will also take detailed handwritten notes.

Are there any risks to doing the study?

You may feel uncomfortable sharing your personal experiences or worry about how others will react to what you say. If at any time you feel upset or uncomfortable, please let the interviewer know. The number for a local crisis centre will be provided to you should you feel distressed during the interview.

Please be aware that you do not need to answer questions that you do not want to answer or that make you feel uncomfortable. You can withdraw (stop taking part) in the study at any time. We describe below the steps that are taken to protect your privacy.

Are there any benefits to doing the study?

You will be offered a $10 gift card to say thank you for participating. You may enjoy participating in the discussion and sharing your experience. Your input will help us better understand issues related to work disability policy and how workplace accommodation practices can better support employees with mental health conditions in Canadian workplaces

Incentive for Participation and Costs

A $10 gift card will be provided to say thank you for sharing your experiences. The gift card can be emailed or mailed to you, at your preference. You will not incur any costs by participating in this study.

Confidentiality

We will take steps to protect your privacy and safeguard the confidentiality of the interviews. Your data will not be shared with anyone beyond the research team, except with your consent or as required by law. All personal information, such as your name and phone number, as well as the identity of your program/organization, will be removed from the data set and will be replaced with numbers. A list linking the number with your name will be kept in a secure place, separate from your file. The information that you provide in the interview will be kept private without identifying information on a password protected computer that will only be accessed by the research team. Once the study is complete, data will be maintained for two years and kept by the Local Principal Investigator for records. Data will then be destroyed (files shredded and electronic information permanently deleted).

If the results of the study are published, your name and the name of any program or services you have used will not be mentioned, and no information that discloses your identity will be released or published without your specific consent. Audio recordings will only be reviewed by members of the research team and will be destroyed after they have been transcribed (typed) and analyzed for the study. Should you request a written copy of your interview, it can be provided to you.

Voluntary Participation/Withdrawal of the Study

Your decision to take part in this study is voluntary. You can decide to withdraw (stop), at any time, even after signing the consent form. If you decide to withdraw from the study, there will be no consequences to you. If you withdraw, you have the option of removing your data from the study, which means your comments will not be used. You may also refuse to answer any questions you don't want to answer and still participate in the study. A gift card will still be offered should you wish to refrain from answering all questions.

Future Contact

The researchers may wish to contact you in the future for more information or clarification related to the study. By providing us with your contact information here, you are providing permission for a member of the research team to contact you in the future as part of this study.

Please provide us with the best way for us to contact you (Email or telephone).

_____

Information about the study results

If you would like a brief summary of the results, please send a message to the principal investigator listed below.

Questions about the study

If you have any questions or need more information about the study, please contact the principal investigator: Sabrina Hossain at hossas12@mcmaster.ca or 647-522-5156

CONSENT STATEMENT

I have read the information presented in the letter thoroughly about the study being conducted by Dr. Rebecca Gewurtz.

Please review and check the following if you agree:

____I have had an opportunity to ask questions about my involvement in this study and to receive additional details as requested.

____I understand that if I agree to participate in this study, I may withdraw from the study at any time. I have been given a signed copy of this form.

____I agree to participate in this study.

____I agree that the interview can be audio recorded.

This study has been reviewed by the Hamilton Integrated Research Ethics Board (HiREB). The HiREB is responsible for ensuring that participants are informed of the risks associated with the research, and that participants are free to decide if participation is right for them. If you have any questions about your rights as a research participant, please call the Office of the Chair, HiREB, at 905.521.2100 x 42013.

_____   _____ _____

Name of Participant (Printed)   Signature   Date

Consent form explained in person by:

_____   _____ _____

Name and Role (Printed)   Signature   Date

Appendix B

Interview Guide for Employees

1. Please tell me about your job?

2. Can you tell me about your organization?

   - Probe: How many people work there?

   - What is it like to work there?

   - How do people interact in the workplace?

3. Can you tell me about your relationship with your supervisor(s)?

   - Your relationship with HR at your workplace?

   - Your relationship with your co-workers?

4. How did your organization support or help you in your job?

   - What are some aspects of your workplace that are helpful? (work culture, supportive managerial staff)

   - What things about your workplace are challenging?

5. If you have disclosed your illness, can you describe what happened when you disclosed you had a mental health condition and/needed accommodations?

   - If you haven't disclosed, can you describe why?

   - How are you managing without accommodations?

6. What kinds of accommodations/support do you require at work?

7. Have you been able to request/negotiate these accommodations?

8. Can you describe how you requested/negotiated accommodations?

   - Probe: Who did you go to and what did you ask?

   - What was the response?

   - Have you received the accommodations you requested? How did this unfold?

   - How do you think your work experience/ time at organization influenced the accommodation process?

   - How do you think your managements knowledge about mental health influenced the accommodations process?

- How do you think your work role ie. as permanent/temporary/contract worker impacted negotiating accommodations?
- Has anything changed since you first discussed accommodations with your employer? Are you receiving the same supports/have things changed?
- Who were the key players in supporting/accommodating you?
- How was it like negotiating/discussing your accommodations with them?
- Does having someone vouch for you help in the accommodation process?
- How do you think your managers' opinion if you influences negotiation process?
- How do you think your reputation in the workplace influences the negotiation process?
- How was it like negotiating/discussing your accommodations with them?

9. Are there resources/ universal accommodations at work that are available to all workers that help you do your job? (e.g. option to work from home, flexible scheduling)?
10. Have you used these? Did they help you?
11. Have you ever needed to revisit or change your accommodations? How did that request unfold?
    - Probe: What triggered you to try something different? What did you do? Who did you go to?
12. Are there things that might make negotiating accommodations easier for you?
13. Is there anything else you want to share about your experiences with negotiating accommodations at your workplace?

Appendix C

Interview Guide for Stakeholders

1. Please tell me about your job?

   Probe: What is your role?

2. Can you tell me about your organization?

   Probe: What is it like to work there?

   How do people interact in the workplace?

3. Can you tell me about your experience working with or supervising employees who have mental health condition?

4. What r the supports/ resources at work that you have seen be available to all workers that could help an employee with a mental health condition succeed at their job,

5. (e.g. option to work from home, flexible scheduling)

6. How does your organization support workers with mental health problems?

7. Can you think of an example of how support was given?

   - What are some aspects of your/ a workplace that help employees with a mental health condition? (work culture, supportive managerial staff)

   - What things about your/a workplace might make it challenging for employees with a mental health condition?

8. If an employee with a mental illness needed support to do their job, who would they turn to at work? What does the process look like?

   Probe: Who are the key decision makers involved in accommodating employees?

9. Can you describe what happens when someone has returned to work after sick leave due to a mental health condition (and needs accommodations to reintegrate)?

10. When you think of employees with mental health problems who have required accommodations/support, what kind of accommodations do they usually receive?

11. how do (accommodation/support) arrangements change over time? Probe: Can you give me an example of when this has happened? How did it unfold?

12. What do employees do if they need to change their accommodation plan/arrangements? (ie. If worker initially expresses need for flexible scheduling, then later requests working from home/private work area, how to proceed?)

13. How do you think an employees reputation as being a good performer/ good worker, or problematic worker plays into the negotiating accommodations? What about their relationship with their manager?

- Can you describe an example where that negotiation went well and helped the employee in their work? How were you (the organization) able to tell that the employee was supported/accommodated in best way?
- Can you describe a time when it did not go well? Why?

14. Can you think of a situation where employee requested something that the organization was unable to provide?

15. Is there anything else you want to add about how accommodations are negotiated for workers with mental illness at your workplace?

Appendix D

Study Recruitment Poster