AN ANALYSIS OF MESSAGE DEVELOPMENT, DELIVERY STRATEGIES, MESSAGE TOPICSS, FUNCTIONAL CONSEQUENCES, AND SOCIAL RESPONSES OF REQUESTING AN ACCOMMODATION IN THE WORKPLACE DUE TO A CHRONIC HEALTH CONDITION

BY

C2008
Erin L. Ellsworth
B.S., Missouri Western State University, 1998
M.A., University of Kansas, 2003

Submitted to the graduate degree program in Communication Studies
and the Graduate Faculty of the University of Kansas
in partial fulfillment of the requirements of the degree of
Doctor of Philosophy.

Tracy Russo
Chairperson

Committee members: Mary Lee Hummert

Michael R. Dennis

Ann M. Morrill

Mary K. Zimmerman

Date defended: May 29, 2008

The Dissertation committee for Erin L. Ellsworth certifies that this is the approved version of the following dissertation:

AN ANALYSIS OF MESSAGE DEVELOPMENT, DELIVERY STRATEGIES, MESSAGE TOPICS, FUNCTIONAL CONSEQUENCES, AND SOCIAL RESPONSES OF REQUESTING AN ACCOMMODATION IN THE WORKPLACE DUE TO A CHRONIC HEALTH CONDITION

Tracy Russo
Chairperson

Mary Lee Hummert

Michael R. Dennis

Ann M. Morrill

Mary K. Zimmerman

Date approved: July 14, 2008

Abstract

In September of 2004,133 million Americans (nearly one half of the population) were living with a chronic condition (Johns Hopkins University, 2004). Projections indicate that by 2020, the number of Americans with chronic conditions will rise to 157 million. While some chronic conditions prohibit the individual from working, many chronic conditions can be managed well enough to allow the individual to work. While managing a chronic condition is often done through professional medical care, many cases also necessitate changes in the individuals work environment or work schedule. As the number of Americans with chronic conditions continues to grow, it can be expected that the number of individuals who need an accommodation in the workplace will also continue to increase.

This qualitative study investigated the message development, delivery strategies, message topics, functional consequences, and social responses associated with requesting an accommodation in the workplace due to a chronic health condition.

Overall, the study found that respondents did take the time to develop their messages, used consistent delivery strategies and demonstrated recurring patterns of topics within their messages. Specifically, their preparation and messages revealed concerns with identity, relationships, and instrumental tasks. Woven throughout their reports were their concerns with

positive and negative face. Respondents reported more positive than negative responses from coworkers and supervisors to their accommodation.

Table of Contents

Abstract iii

Table of Contents v

List of Tables vii

Chapter 1. Accommodation Requests in the Workplace due to Chronic Health Conditions 1

Chapter 2. Relevant Literature 11
Definition of Chronic Conditions 11
Definitions of Disability 13
United States Census Bureau 13
Americans with Disabilities Act 14
World Health Organization 15
Americans with Disabilities Act 15
Message Development, and Delivery Strategies 17
Message Development 17
Multiple Goals of Message Development 18
Politeness Theory 18
Delivery Strategies 20
Communication Privacy Management 21
Delivery Strategies Proposed by Charmaz 22
Admi Delivery Strategies of Individuals with Cystic Fibrosis 24
Information Management as a Delivery Strategy 25
Superior-Subordinate Communication 26
Workplace Functional Consequences and Social Responses 29
Accommodations for Chronic Health Conditions 29
Social Consequences - Coworker Differential Treatment 31
Superior Responses 32
Accommodation Requests 32
Research Questions 34
Summary 37

Chapter 3. Methodology 38
Respondents 38
Access to Respondents 39
The Interview Approach 48
Procedures 50
Analyses 50
Summary 53

Chapter 4. Results 54
Research Question 1:
What message development processes and delivery strategies do respondents report they used in preparing and delivering a message requesting accommodation? 54

Research Question 2:
What recurrent topics appear in respondent reports of messages used to request accommodation in the workplace due to a chronic health condition? 64

Research Question 3:
What functional consequences and social responses do respondents report resulted from their accommodation request in the workplace due to a chronic health condition? 70

Research Question 4:
What advice would the respondent give to others who found themselves in a similar situation in the workplace? 93

Chapter 5. Discussion 106
Message Development and Delivery Strategies 106
Message Development 106
Delivery Strategies 109
Social Responses 115
Coworker Responses 115
Supervisor Responses 117
The Interview Situation as a Methodological Influence 118
Respondent Experience versus Advice 120
Power 121
Family and Medical Leave Act 122
Result Implications 123
Strengths and Limitations of the Study 125
Future Directions 130

Appendix A: Email Example 134
Appendix B: Message for Electronic Mailing Lists 135
Appendix C: The Information Statement 136
Appendix D: The Questionnaire Protocol 137

References 142

List of Tables

Table 1. Respondent Solicitation Methods and Results 41

Table 2. Respondent Demographics 44

Table 3. Chronic Conditions 46

Table 4. Functional Consequences as a Result of Accommodation Request 71

CHAPTER ONE

AN ANALYSIS OF MESSAGE DEVELOPMENT, DELIVERY STRATEGIES, MESSAGE TOPICS, FUNCTIONAL CONSEQUENCES, AND SOCIAL RESPONSES OF REQUESTING AN ACCOMMODATION IN THE WORKPLACE DUE TO A CHRONIC HEALTH CONDITION

For the past 20 years, the number of Americans with disabilities or chronic illness has been on the rise. While in 1987, 90 million Americans had one or more chronic conditions, by 1995, the number of Americans with one or more chronic conditions had risen to100 million (Hoffman, Rice, & Sung, 1996). A chronic condition is defined as "the presence of long-term disease or symptoms" (Hoffman, Rice, & Sung, 1996, p. 21). More recently, in September of 2004, Johns Hopkins University reported that 133 million Americans (nearly one half of the population) are living with a chronic condition, and it is projected that by 2020, 157 million Americans will have a chronic illness. One in four Americans actually suffers from more than one chronic condition (Johns Hopkins University, 2004). In addition to the number of persons individually affected with health conditions, it must also be noted that the health of Americans affects more than just the individuals themselves.

> With 100 million Americans (in 1995) with 1 or more chronic conditions, nearly every family is now affected. The chances of becoming a caregiver are greater now than ever due to

> longer life expectancy, growing numbers of persons over the age of 85 years, and the limited network of potential caregivers because of small family sizes (Hoffman, et al., 1996, p. 1478).

Statistically, the chances of developing a chronic condition increase as an individual ages. Accordingly, because women tend to live longer than men, they face a greater chance of developing chronic conditions. However, individuals with chronic conditions are not just the elderly. Johns Hopkins University (2004) reports that five percent of children have multiple chronic conditions and that “the majority of people with chronic conditions are under the age of 65” (p.6).

An important aspect of chronic illness (and many disabilities) is that the individual may still be able to function almost as well as a healthy individual. For example, rheumatoid arthritis may not necessarily disable a person, but if allowed to progress, it could do so. However, individuals with diabetes or heart conditions could require changes to their workspace or work schedule to allow them to continue working. With the possibility that some chronic conditions are not disabling and that many individuals with chronic conditions are less than 65 years of age, it can be expected that the current workforce includes a large number of workers with chronic conditions. Kaye (1997) supports this assertion by pointing out that many individuals with disabilities are able to work, are within the workforce age, and want to work.

While some individuals with chronic health conditions or disabilities are easily identified due to their use of assistive devices, such as canes, wheel chairs, or hearing aids, there are others who suffer from chronic conditions and disabilities that may be non-visible. For example, the following chronic health conditions may be at least partially non-visible: chronic back pain, diabetes, heart disease, Multiple Sclerosis, arthritis, or depression. These conditions and many others can at some point and possibly for extended periods be concealed from people around the afflicted individual.

One of the hallmarks of chronic illness and of many disabilities is the uncertainty of the course of the illness. While an individual may be able to control the condition for long periods of time, chronic conditions are known for becoming exacerbated. If the condition is one that is easily concealed from other people, it may be during the times that the illness is in an exacerbated state that individuals may find it necessary to disclose their health condition and request functional assistance in the workplace to enable them to complete their job tasks.

The Americans with Disabilities Act (ADA) provides legal protection for individuals in the workplace who suffer from a disability. This act was passed by Congress in 1990 to assure that individuals with disabilities would not be discriminated against due to the disability. The act requires that the employing organization provide the assistance or accommodation needed for the individual to perform his work duties when a request is made by the

employee. Individuals who use an assistive device (i.e. wheel chair, white cane, hearing aid) are not likely to find the disclosure regarding their health condition and request for an accommodation a difficult event because there is visible confirmation of their condition. In the case of a non-visible condition, however, the individual will be required to disclose non-obvious health information to a member of the organization when requesting the accommodation.

With the increasing number of Americans who face chronic illness prior to the age of 65, it can be expected that more employees will find themselves in the situation of needing to request a workplace accommodation. This study was designed to understand how individuals navigate issues of self-disclosure and vulnerability while making a request accommodation. Specifically, it examined how respondents reported message development, incorporated delivery strategies, and how they communicated the message. Additionally, respondents reported functional consequences and social responses associated with employee requests for accommodation in the workplace due to a chronic health condition.

For the purpose of this study, a chronic health condition is defined as a health condition that has been part (or is expected to be part) of an individual's life for a period of time, is expected to be ongoing (chronic), and requires the individual to be under the care of a medical professional. Individuals who suffer from cancer, AIDS, heart disease, MS, severe arthritis,

cystic fibrosis, and diabetes (to name just a few health conditions) may have no outward symptoms or signs of their health condition, yet their health is probably being monitored by a medical professional and maintained through the use of drugs or other therapies. Additionally, these individuals' conditions are likely to change over time. They will experience times when their health condition is less apparent or less troubling to them and times when the health condition monopolizes their daily activities.

Concealment has been a tactic used by individuals who fear stigmatization (Goffman, 1963) as well as individuals with invisible disabilities (Wendell, 1997). While a non-visible chronic health condition allows the individual the opportunity to conceal the condition, if the chronic health condition reaches a point requiring a workplace accommodation, the individual will be forced into disclosure and thus will no longer have the option of concealment.

Research literature reminds us that disclosure of personal information is considered complex and selective (Schneider & Conrad, 1980) due to potential vulnerability that the person expects may occur (Petronio, 2002). Additionally, we know that any message development itself is not simple. In understanding general message development and its complexity, Clark and Delia (1979) emphasize that all messages fulfill multiple objectives (instrumental, relationship, and identity) for the speaker. In addition, Brown and Levinson's (1987) politeness theory proposes that communicative

interaction between people is a delicate balance of fulfilling the face wants of both interactants with attempts to limit face threats. Their theory develops concepts of negative and positive face. Negative face is described as the desire of an individual to have "freedom of action and imposition" (p.61), whereas positive face is the desire of an individual to claim a positive self-image. These issues could be played out in the accommodation request situation through an employee's concerns that he or she continue to be seen as a positive, productive part of the organization and assurances to the supervisor that he or she will continue to perform as before without placing a burden upon the employer. Attempts to meet these concerns develop the expectation that the situation of requesting an accommodation in the workplace due to a chronic health condition is potentially a high-risk situation. It can be expected that the request for accommodation message will be designed to meet multiple objectives, integrating the employee's face wants and attending to the face wants of the employer.

The concepts related to the complexity of messages lead to the expectation that an employee will actively engage in message development prior to the actual disclosure. The concept of message development in this study refers to the expectation that there is a cognitive decision to make the accommodation request and that care will be given to message creation in an attempt to meet multiple objectives of both the individual making the disclosure and the individual hearing the disclosure.

Closely related to message development are delivery strategies. Research literature sets the expectation that there are contextual considerations outside of the specific message and its development that are considered in the disclosure process. Goodwin and Duranti (1992) propose that the interpretation of talk cannot occur without taking into account the contextual factors surrounding it. Petronio's (2002) theory of Communication Privacy Management argues that revealing private information is done strategically and is based on an individual's rule management system. Additionally, Charmaz' (1991) work with individuals with chronic illness indicates that when disclosure regarding the illness is made, it is rarely done arbitrarily, but rather is done with consideration to the setting, characteristics of the individuals involved, and goals to be accomplished.

The present study recognizes the concept of delivery strategies as the ways an individual requesting an accommodation for a chronic health condition considers contextual issues in addition to the message itself. These contextual issues may include to whom to make the disclosure, when to make the disclosure, and where to make the disclosure.

Each workplace is unique in its physical structure and social structure. While in some organizations employees do paperwork in cubicles, in many other organizations employees' tasks focus on physically manufacturing goods. Because of the variety of workplaces and work duties, it can be expected that accommodation requests will be varied. While one employee

may need to adjust his workweek to allow for weekly medical treatments, another employee may need a physical change to his environment.

Each accommodation will also affect fellow workers in different ways. Some co-workers may be asked to help with the employee's duties, or they may just be observers of the accommodation. Sias and Jablin (1995) found that most employees have recognized between one and 14 incidences where they felt that another employee was being given special treatment by the supervisor. Their study further notes that in the workplace observed special treatment may lead to strained coworker relationships. Thus, the employee who is making the request may receive an accommodation, but he or she may also experience consequences in the social relationships in the workplace.

Based upon the number of Americans known to be afflicted with a chronic condition and the expectation that this number will continue to rise, the need for employees to request accommodation for chronic health conditions will also rise. This specific situation in the workplace is enveloped in concepts of message development, delivery strategies, and social responses. In this study, the stories of accommodation requests recounted by individuals who experienced them were qualitatively analyzed to reveal concepts and themes related to message development, delivery strategies, and message topics. Although everyone in the workplace may not know the specifics of the chronic health condition, the resulting accommodation is

frequently obvious to others. This change in the workplace environment may change the way an employee is treated by coworkers. Therefore, the study also addresses whether there were any subsequent changes in the behaviors of coworkers or a supervisor (social responses).

By analyzing respondent stories of requesting accommodation in the workplace due to a chronic health condition, researchers can begin to understand the important components of message development, delivery strategies, message topics, and social responses of a potentially high-risk situation. A heightened understanding of the employee's point of view of the situation could aid human resource professionals, job counselors, rehabilitation counselors, physicians, lawyers, etc., when presenting advice about the disclosure process and how best to develop and execute a disclosure message. Additionally, this information will heighten our understanding of the process employees go through in preparing and developing messages of accommodation requests.

Summary

Organizational and health communication research has not addressed employee reporting of message development, delivery strategies, message topics, functional consequences, and social responses of requesting accommodation in the workplace in response to a chronic health condition. An understanding of this communicative interaction is relevant when considering the increase in incidence of chronic health conditions in the

United States. Additionally, this research helps to fulfill the need for "…a contingency/situational approach to the study of superior-subordinate communication" (Jablin, 1979, p. 215) by addressing a specific situation of communication between an employee and his or her supervisor in a natural environment. The same need was voiced by Thayer (1988) who stressed that future research needs to focus on actual messages. Furthermore, by acknowledging that messages are developed to meet multiple objectives and are infused with issues of positive and negative face, we can begin to understand the message development processes and delivery strategies utilized in the workplace in this unique situation.

This chapter has outlined the basic issues to be addressed by this study. Chapter Two reviews literature that relates to requesting accommodation in the workplace due to chronic health conditions and poses the research questions. Chapter Three develops the methodology of the study. Chapter Four presents the results of the current study, and Chapter Five is a discussion of its findings and implications.

CHAPTER TWO

RELEVANT LITERATURE

This chapter reviews literature relevant to the current study. Traditionally, health communication researchers have studied either individuals with disabilities or chronic conditions. However, the research has not examined both together. This chapter begins by defining disabilities and chronic conditions, and describing how the two are similar. Then it examines relevant literature on concepts of message development, delivery strategies, functional consequences, and social responses.

Definition of Chronic Conditions

Chronic Care in America (The Robert Wood Johnson Foundation, 1996) separates chronic conditions into two categories: chronic illness and impairment. A *chronic illness* is considered "the presence of a long-term disease or symptoms" with long term being three or more months. Examples of a chronic illness include AIDS, arthritis, cancer, heart disease, diabetes, emphysema. Similar to chronic illness is impairment. *Impairment* is defined as "a physiological, psychological, or anatomical abnormality of bodily structure or function; includes all losses or abnormalities, not just those attributable to active pathology" (The Robert Wood Johnson Foundation, p. 21). Impairment may be caused by a developmental disability (e.g. cerebral palsy, autism) or by injury (e.g. spinal cord or head injuries).

Chronic Conditions: The Case for Ongoing Care (Johns Hopkins University, 2004) differentiates between chronic conditions, serious chronic conditions and chronic illness. A chronic condition is considered a "general term that includes chronic illness and impairments. It includes conditions that are expected to last a year or longer, limit what one can do, and/or that may require ongoing medical care" (p. 18). A serious chronic condition is considered a subset of chronic conditions requiring ongoing medical care and limiting the activities of the individual. Finally, a chronic illness is defined as "conditions that are expected to last a year or more and require ongoing medical care" (p. 18).

One of the challenges of defining chronic illness or conditions is the possible uncertainty of progression.

> A number of chronic illnesses follow a progressive course that gradually intensifies and extends across basic functions (e.g. memory, abstract reasoning, balance, fine motor control), although this may be punctuated by unpredictable episodes of exacerbation and remission (e.g. multiple sclerosis, rheumatoid arthritis, systemic lupus erythematosus) (Devins & Binik, 1996, p. 640).

This unpredictable pattern of symptoms may change an individual's activity level over time or on a daily basis. Therefore an individual may have restricted activity for a period of time followed by a period of unrestricted activity.

Definitions of Disability

National disability statistics are tracked through services provided by the government and through the annual Current Population Survey. While most of the demographic information that is recorded has standard definitions, the term *disability* does not (Houtenville, 2001). Therefore, each measurement tool asks different questions reflecting a particular definition of disability. Some definitions that are frequently used are those accepted by the United States Census Bureau, the Americans with Disabilities Act and the World Health Organization.

United States Census Bureau

Disability is a term that is used to represent a variety of conditions. The definition of a disability according to the United States Census Bureau pertaining to individuals 15 years old and older is an individual who has:

- Used a wheelchair or were a long-term user of a cane, crutches or a walker.
- Had difficulty performing one or more functional activities (seeing, hearing, speaking, lifting/ carrying, using stairs, or walking)
- Had difficulty with one or more activities of daily living (the ADLs include getting around inside the home, getting in or out of bed or a chair, bathing, dressing, eating, and toileting)
- Had difficulty with one or more instrumental activities of daily living (IADLs include going outside the home, keeping track of money and bills, preparing meals, doing light housework, taking prescription medicines in the right amount at the right time, and using the telephone)
- Had one or more specified conditions (a learning disability, mental retardation or

another developmental disability, Alzheimer's disease, or some other type of mental or emotional condition)
- Were limited in their ability to do housework
- Were 16 to 67 years old and limited in their ability to work at a job or business
- Were receiving federal benefits based on an inability to work

People age 15 and over were identified as having a severe disability if they were unable to perform one or more functional activities; needed personal assistance with an ADL or IADL; used a wheel chair; were a long-term user of a cane, crutches, or a walker; had a developmental disability or Alzheimer's disease; were unable to do housework; were receiving federal disability benefits; or were 16 to 67 years old and unable to work at a job or business.

(Current Population Reports Americans With Disabilities: 1994-1995)

Americans with Disabilities Act Definition of Disability

The Americans with Disabilities Act (ADA) defines a disabled person as an individual who meets any one of the following three criteria:

A. A physical or mental impairment that substantially limits one or more of the major life activities of such individual;
B. A record of such an impairment; or
C. Being regarded as having such an impairment

(The U.S. Equal Employment Opportunity Commission, Definitions Sec. 12102 [Section 3] para 2)

The ADA defines the major life activities as walking, talking, seeing, hearing, learning, breathing, and working (Spechler, 1996). While the ADA

provides a definition of disability, the definition is constantly evolving as the court system sees specific cases and makes rulings (Kruse & Schur, 2003).

World Health Organization's Definition of Disability

The World Health Organization (WHO) looks at disability through three terms: impairments, disabilities, and handicaps. "Impairments are abnormalities in the system or organ functioning, body structure and/or appearance…the functional consequences of impairments are disabilities…the disadvantages experienced by individuals with impairments and disabilities are handicaps" (McNeil, 1993).

While the definitions of chronic conditions, disabilities, and illness are varied, there is the underlying basis that the individual suffers from a condition that has persisted over a period of time and that the condition is influential in the way that the individual conducts his or her life. With the similarity between the two definitions, research in one area may be applicable in the other.

Management of employees with disabilities in the workplace is influenced and controlled through federal legislation.

Americans with Disabilities Act

The Americans with Disabilities Act (ADA) was signed into law July 26, 1990, and provides legislation extending beyond workplace issues. Following is a short review of the portion of the Act dealing with workplace health issues.

As an instance of civil rights legislation, the ADA requires that employers provide “reasonable accommodation” for an individual with a disability when requested as long as the accommodation does not create “undue hardship” on the employer and as long as the employee is qualified and able to perform the essential functions of the job with the accommodation (Spechler, 1996). Specifically, a reasonable accommodation is defined in the ADA as including:

> A. Making the existing facilities used by employees readily accessible to and usable by individuals with disabilities; and
> B. Job restructuring, part-time or modified work schedules, reassignment to a vacant position, acquisition or modification of equipment or devices, appropriate adjustment or modifications of examinations, training materials or policies, the provision of qualified readers or interpreters, and other similar accommodations for the individuals with disabilities.
>
> (The U.S. Equal Employment Opportunity Commission, Definitions Sec. 12111 [Section 101] para 2)

Undue hardship is defined by the Americans with Disabilities Act as:

> An action requiring significant difficulty or expense, when considered in light of the factors set out below:
> 1. The nature and cost of the accommodation needed under the Americans with Disabilities Act.
> 2. The overall financial resources of the facility or facilities involved in the provision of the reasonable accommodation; the number of persons employed at such facility; the effect on expenses and resources, or the impact

otherwise of such accommodation upon the operation of the facility;
3. The overall financial resources of the covered entity; the overall size of the business of a covered entity with respect to the number of its employees; the number, type and location of its facilities; and
4. The type of operation or operations of the covered entity, including the composition, structure, and functions of the workforce of such entity; the geographic separateness, administrative, or fiscal relationship of the facility or facilities in question to the covered entity.

(The U.S. Equal Employment Opportunity Commission, Definitions Sec. 12111 [Section 101] para 10)

The inclusion of ADA information is to substantiate that within the social culture of the United States there is the expectation, and in some cases the legal obligation, to provide an accommodation to an employee.

Communication scholars have studied messages from the point of view of the message development and delivery strategies.

Message Development and Delivery Strategies

The following sections provide an overview of the literature discussing the concepts of message development and delivery strategies.

Message Development

This section begins with an overview of message development concepts from Clark and Delia's (1979) three primary objectives of messages and Brown and Levinson's (1987) politeness theory.

Multiple Goals of Message Development

Clark and Delia (1979) proposed that individuals address three primary objectives in every communicative situation: instrumental, relationship, and identity. An *instrumental* objective indicates that the communicating situation is in response to a specific obstacle or problem and that there is an expected response from the listener. The second objective, *relationship*, acknowledges that messages take into consideration the establishment or maintenance of a relationship with other people. Finally, an *identity* objective addresses the need for communication to preserve or alter an individual's self-image. While each objective will be part of a message, the situational goal of the message will determine the level of each objective.

Politeness Theory

Goffman (1967) presented the term "face" as representing "the positive social value a person effectively claims for himself" (p. 306). Building on the basic idea of face and incorporating communication research from three unrelated cultures, Brown and Levinson (1987) presented politeness theory. Their theory posits that all cultures use politeness strategies in their communicative behavior and that these strategies are motivated by the individual's need for autonomy and validation.

Specifically, politeness theory presents face as having two aspects: negative face and positive face. *Negative face* is the desire of an individual to have "freedom of action and imposition" (Brown & Levinson, 1987, p. 61). In

contrast, the concept of *positive face* is described as the individual's desire to claim a positive self-image. Embedded within positive and negative face is the idea that "face" is a dynamic as opposed to a static concept; it can be "lost, maintained, or enhanced, and must be constantly attended to in interaction" (p. 61). Further complicating the interaction is the expectation that both individuals in an interaction are constantly attending to their own face as well as to the face of the other person. Metts (2000) points out that in communication interaction, the speaker who attends to the listener's positive or negative face places his own positive or negative face at risk.

The preceding section develops the expectation that the message development of requesting an accommodation in the workplace due to a chronic health condition does not occur without careful consideration by the employee. Inherent in the message development are possible issues of the individual's need to meet multiple goals through the message, as well as the incorporation of the concepts of positive and negative face. At this point, the deliberate message development and complexity of messages used in requesting an accommodation in the workplace due to a chronic health condition have not been explored in the literature.

Closely related to message development is the concept of delivery strategies. The following section provides an overview of the communicative context by Goodwin and Duranti (1992), and then continues to develop the concept of delivery strategies with an explanation of Petronio's (2002)

Communication Privacy Management. Specific delivery strategies of Charmaz (1991), and Admi (1996) that are directly related to disability and chronic health conditions are then presented. Finally, communication between superiors and subordinates is considered.

Delivery Strategies

This section provides an overview of the literature of delivery strategies of messages. First, an explanation of the context of communication is presented followed by Communication Privacy Management (Petronio, 2002), delivery strategies used by individuals with chronic illness (Charmaz, 1991), delivery strategies of individuals with cystic fibrosis (Admi, 1996), and information management (Huvelle, Budoff, & Arnholz, 1984).

Communication takes place within a specific environment or context. This context can be seen as an influence on the communication itself. Goodwin and Duranti (1992) consider context of the communicative situation as “a field of action within which that event (the focal event, or in this case the disclosure and accommodation request) is embedded” (p. 3). They elaborate the importance of context by stating, “context and talk are now argued to stand in a mutually reflexive relationship to each other, with talk, and the interpretive work it generates, shaping context as much as context shapes talk” (p.31).

Following are delivery strategies that have been discussed in the literature in general terms through Communication Privacy Management, as

well as in more specific situations regarding the disclosure of either visible disabilities or chronic health conditions.

Communication Privacy Management

Petronio's (2002) theory of Communication Privacy Management (CPM) contends that privacy and disclosure cannot be separated but must be viewed as having a dialectical tension. The acknowledgement is made that individuals normally do not reveal information arbitrarily, because in doing so they make themselves vulnerable. Instead, decisions regarding disclosure of private information are strategic in nature and are first compared to an individual's rule management system that provides guidelines for the appropriateness of disclosure. The rule management system holds first that individuals have a set of *rule foundations*. This set of foundations is used to shape the decision of what to disclose, to whom, when, and how to manage the impression made. These rule foundations could be based on an individual's culture and what is considered appropriate to reveal, the sex of the other person, the motivation regarding the disclosure, the context of the information, the setting, and a balance between risks and benefits of disclosure. In addition to the rule foundations, Communication Privacy Management states that individuals will consider the *boundary coordination* surrounding the situation. The model contends that information and privacy exist in a delicate balance of boundaries. People recognize that when they disclose information, a link is built between the two individuals and that each

person will have his own level of boundary permeability (some people are more apt to disclose than others). The final part of boundary coordination is that once the disclosure has been made, there are expectations of how that information will be controlled by the outsider. Communication privacy management theory has primarily been applied in the study of medical mistakes, child sexual abuse, and HIV/AIDs.

Overall, Communication Privacy Management indicates that individuals develop boundaries around information to control the risks of revealing private information that has the potential for making them vulnerable. This theory sets the groundwork for an understanding of the complexity of information disclosure through addressing contextual factors such as to whom the disclosure is made, when the disclosure takes place, the role of impression management of the discloser, information control, and links between people due to sharing information.

Delivery Strategies Proposed by Charmaz

Charmaz (1991) has spent years interviewing individuals with chronic illnesses. Overall she has found that individuals with chronic illness use a variety of disclosure strategies when discussing their conditions. Each strategy reflects varying levels of control regarding the content of the disclosure, location of disclosure, timing of disclosure and the person to whom the disclosure is made. Her research reveals that people engage in protective and spontaneous disclosing, as well as informing and strategic

announcing. Spontaneous disclosure is when an individual has no control over how, what, where, and even to whom the disclosure takes place. It is exemplified by a "full expression of raw feelings" and leads to self-exposure. Informing is when the individual takes an objective stance toward the disclosure and the illness. In this situation, he is providing facts and separating himself from the illness, leading to a lower risk situation. Strategic announcing provides more control over the information, the individual and the self. It involves organizing the information and situation to the advantage of the individual. Frequently, strategic announcing is used by individuals with non-visible illnesses to remind others of their situation or provide additional instructions.

The disclosure strategy that is expected to be most related to requesting an accommodation in the workplace due to a chronic health condition is what Charmaz (1991) labeled protective disclosing. Charmaz describes this situation as one where the individual has control over how, what, when and whom to tell. The purpose of the disclosure is to protect the individual and others. Four tactics are outlined regarding protective disclosure. The first is invoking the *assistance of others*. This is when an expert provides confirmation of what the individual is disclosing. The second is *setting the stage*. This strategy entails the involvement in planning the disclosure and could include details of where the disclosure takes place and to whom. Third, an individual may provide *progressive clues*. This includes

hints or information that has been provided over time prior to the actual disclosure. It also takes into account when an individual needs to remind others about a previously disclosed non-visible illness. Finally, *selective informing* allows the individual to provide only the information necessary while maintaining secrecy regarding other portions.

Charmaz's (1991) outline of disclosure methods was derived through interviews with individuals afflicted with a number of chronic illnesses some of whom she had been repeatedly interviewing for 5 – 11 years. With one exception, this set of disclosures tactics has not been compared to the situation of individuals requesting accommodation in the workplace due to chronic health conditions. Ellsworth (2003) asked study respondents to place themselves in a role-playing situation of needing to disclose a non-visible chronic illness when requesting an accommodation in the workplace and then asked them to develop the message that they thought they would use with their supervisors. Her results were most closely related to what Charmaz describes as protective disclosure. Specifically, Ellsworth found that in the respondents' hypothetical messages, respondents included the involvement of others who are experts (physicians and lawyers), the process of setting the stage, and finally, controlling the amount of information provided.

Admi and Delivery Strategies of Individuals with Cystic Fibrosis

In studying disclosure, Admi (1996) found individuals with cystic fibrosis used three situational criteria in managing their illness-related

information. These criteria were whom to tell, where to tell, and what strategy of telling to use. Admi argued that an individual will consider the three criteria in his decision to disclose any illness-related information. Additionally, four telling strategies emerged from Admi's respondent interviews, including a display of visible signals, direct telling, silent telling, and concealment. A display of visible signals includes symptoms and treatments that others can see, and direct telling is addressing the cystic fibrosis frankly to the other person. Direct telling is usually followed by an explanation of the disease. Silent telling is situations where everyone knows about the disease, but the person with cystic fibrosis doesn't discuss it and concealing refers to when the individual presents symptoms and treatments as other less-stigmatizing conditions. For example, they may indicate that their symptoms are reflective of asthma or a cold. The choice of the strategy in Admi's study was based on the discloser's assessment of the audience's behavior and specific situational factors (such as timing, relevance, mood or other's interest).

Information Management as a Delivery Strategy

Related to disclosure strategies is the decision to not disclose the information. Huvelle, Budoff, and Arnholz (1984) found that ignoring the disability (study included visual, auditory and orthopedic disabilities) was a tactic of information management. Their respondents indicated that in interview situations they would not disclose before a face-to-face meeting for fear that they would not be evaluated equally in the mind of the interviewer as

someone who was without a disability. Additionally, the respondents expressed a conviction that they should not feel obligated to provide the information to others.

While each of the discussed strategies and inherent issues provides possible insight into the situation of an individual requesting accommodation in the workplace due to a chronic health condition, research has not addressed the situation specifically or completely. Yet, the strategies discussed do create an expectation that the individuals who request an accommodation in the workplace due to a chronic health condition will consider contextual issues in a delivery strategy prior to making the disclosure.

For the current study, delivery strategies also take into account the importance of the superior/subordinate relationship within the workplace.

Superior Subordinate Communication

Communication in the superior-subordinate relationship has been reviewed from the point of view of the superior (e.g. Downs, Clampitt & Pfeiffer, 1988; Jablin, 1979; Katz & Kahn, 1978), as well as from the point of view of the subordinate (e.g. Kipnis & Schmidt, 1988; Kipnis, Schmidt & Wilkinson, 1980; Perrault & Miles, 1978; Waldron, 1991). The relationship between a superior and subordinate has been described as the most important communicative relationship in an organization (e.g., Dansereau & Markham, 1987; Harris, 1993; Jablin, 1979, 1982), and maintaining the

relationship has been labeled as the “most important of the communication objectives pursued by subordinates” (Waldron, 1991; p. 289). Characteristically, because of the superior’s power at work, in the superior-subordinate relationship, the superior most frequently initiates communication and provides information to the subordinate (Katz & Kahn, 1978; Jablin, 1979; Gaines, 1980). However, in the situation of the request for accommodation in the workplace due to a chronic health condition, the communication will likely be initiated by the subordinate.

Research has provided insight into situations where the subordinate is likely to initiate communication with a supervisor. Kipnis and Schmidt (1988) identified six strategies employees used to influence their supervisor: assertiveness, coalition, higher authority, bargaining, reason, and friendliness. Assertiveness included using phrases “such as demanding, insisting, and setting time deadlines” (p. 535). Coalition is typified by “obtaining the support of co-workers” (p.535). Higher authority included “making a formal appeal to higher levels and obtaining the informal support of higher-ups” (p. 535). Bargaining was exemplified as “offering an exchange and offering to make personal sacrifices” (p. 535). Reason included “writing a detailed plan and explaining the reason for my request” (p. 535). Finally, friendliness illustrated by “acting humble and making my boss feel important” (p. 535).

Katz and Kahn (1978) proposed four forms of upward communication initiated by the subordinate: information about oneself (the subordinate),

information about co-workers and problems, information about organizational practices and policies, and finally, information about what needs to be done and how to do it. Importantly, Katz and Kahn also indicate that the subordinate is accustomed to being in the position of a listener while the superior is most likely to be the speaker within the superior/ subordinate dyad.

One potential challenge of upward communication is message distortion. Studies of messages from subordinates to superiors indicate that subordinates tend to distort messages. (e.g. Dansereau & Markham, 1987; Katz & Kahn, 1978; Stohl & Redding, 1987; Waldron, 1991). Reasons subordinates distort information are to please their supervisor, to place him or herself (the subordinate) in a positive light, as well as to improve their own career (Dansreau & Markham, 1987). When discussing message distortion, Stohl and Redding (1987) said, “This is especially common when the message is rooted in the organizational hierarchy and the recipient of the message has power over the sender” (p. 481).

While previous research does indicate that subordinates do initiate communication about themselves (Katz & Kahn, 1978; Kipnis & Schmidt, 1980), research has not delved into situation-specific details, especially in regards to a potentially high-risk situation involving requesting an accommodation due a chronic health condition and any attempts to address the superior/subordinate relationship or to maintain their identity as valued employees.

Workplace Functional Consequences (Accommodation) and Social Responses

The request for accommodation in the workplace due to a chronic health condition can result in workplace functional consequences (accommodation) and social responses. A functional consequence is the change in the workplace or work schedule that is requested by the employee in order to maintain his productivity in the workplace. The second concept of social responses refers to changes in behaviors that may occur in the workplace social structure between the employee and peers or between the employee and his supervisor.

Accommodations for Chronic Health Conditions

The Americans with Disabilities Act states that employees are entitled to request "reasonable accommodation" in the workplace as long as the accommodation does not create "undue hardship" on the employer. A challenge for both the employee and the employer is determining what constitutes a "reasonable accommodation" and "undue hardship." Colvert and Smith (2000) provide this insight, "Reasonable accommodation is an ambiguous term used to refer to modifications to the job description, work environment, or manner in which the job is typically performed" (p. 144). The Job Accommodation Network (www.jan.wvu.edu) defines an accommodation as "any modification or adjustment to a job or the work environment that will enable a qualified applicant or employee with a disability to participate in the

application process or to perform essential job functions." Undue hardship is generally defined as "an action requiring significant difficulty or expense" (The Americans with Disabilities Act of 1990, Titles I and V). Historically, 69% of all accommodations cost less than $500 (Spechler, 1996), and "employers report financial benefits from providing accommodations due to a reduction in the cost of training new employees, a reduction in the cost of insurance, and an increase in worker productivity" (www.jan.wvu.edu).

Ultimately, the decision to provide an accommodation lies in the hands of the employer. Harlan and Robert (1998) found that for government employees, one third of all requests are denied. Further, their study revealed that the likelihood of an accommodation being provided was based on three factors. The first determinate was a reflection of the employee's gender and job salary. Their results indicated that one third of the requests made by women were denied, whereas only one quarter of requests made by men were denied. Similarly, it was found that employees who have a higher job position are more likely to receive an accommodation than their lower status counterparts. The second factor determining the outcome of an accommodation request was the supervisor or manager who received the request. Individuals who had multiple levels of supervisors had a more difficult time receiving an accommodation than those who worked directly with someone having decision-making authority. The final factor was the type of

accommodation requested. Accommodations seen as straightforward, one-time only, inexpensive, or easy to make were most likely to be provided.

Social Responses - Coworker Differential Treatment

Second in importance to the relationship between the superior and subordinate are the relationships between co-workers. It is within these relationships that employees frequently learn their responsibilities, assimilate into the workplace, talk about the workplace environment in sense-making activities, as well as develop social relationships (Comer, 1991; Miller & Jablin, 1991).

In studying employee perceptions of how they are treated by their supervisors in the workplace, Sias and Jablin (1995) found most employees could list between one and 14 workplace incidences where they thought another employee was given special treatment. Unfortunately, this differential treatment can cause rifts in coworker relationships and isolation (Sias & Jablin, 1995).

Colella (2001), in studying how employees judge the fairness of workplace accommodation for disabled employees, proposed a two-tier model. The first tier predicts whether or not coworkers will make a judgment based on the salience and relevance of the accommodation. The second tier predicts that judgments are then based on equity and need rules. Employees are aware these judgments are being made around them in the workplace all the time. Colella (2001) points out that when an accommodation creates

changes in an individual's schedule, the need to change tasks or restructure a job, the cooperation of coworkers is essential. Fear that receiving an accommodation would create problems with coworkers may deter employees from disability disclosure (Cleveland, Barnes-Farrell, & Ratz, 1997).

Superior Responses

Organizational communication literature sets up the prospect that in the workplace it can be expected that when one employee appears to be treated differently than the others, the difference will be noticed and possible changes in coworker relationships will result. However, the literature does not address the possibility that after hearing the request for accommodation due to a chronic health condition, the behavior of the supervisor may change toward the subordinate. This gap in the literature provides an opportunity for further investigation of the relationship between the superior and subordinate within the unique situation of requesting accommodation due to a chronic health condition.

Accommodation Requests

The Americans with Disabilities Act requires organizations to provide reasonable accommodation to qualified workers with disabilities who need assistance in completing their job. If an applicant has a pre-existing condition requiring accommodation, he may chose to request the accommodation during the interview process. Hazer and Bedell (2000) completed a study to see if applicants who requested accommodation were rated as less suitable

when they requested accommodation during the job interview process. Participants (undergraduates and human resource personnel) were provided with a job description and resume, as well as an interview transcript reflecting an applicant's request for accommodation. The participants rated the hypothetical applicant less suitable for employment when there was a request for accommodation.

To gain a greater understanding of the factors that influence a current employee to request an accommodation, Baldridge and Viega (2001) suggest that the likelihood of an accommodation request in the workplace for an individual with a disability is based on characteristics of the situation and the requester's belief scheme. Situational characteristics include the perceptions of the culture regarding accommodation, the magnitude of an accommodation and the controllability of the disability onset. The belief scheme is developed through an assessment of the usefulness of the accommodation, anticipated image cost, and perceived fairness in the workplace. The combination of these characteristics will influence the decision of the employee to make the disclosure and request the accommodation.

In addition to the above factors that influence the likelihood of an employee requesting an accommodation, Harlan and Robert (1998) in a study of 50 individuals found that employees within low-level jobs, women, and whites request accommodation most frequently. These three characteristics

were substantiated by the rationalization that higher-level positions tend to be held by men who have the power to negotiate an informal accommodation.

When a request for accommodation is made, there is no guarantee that the accommodation will be granted. The decision to accommodate rests on the organization and frequently on the decision of a single individual. Florey and Harrson (2000) found in their study of managers that information regarding onset controllability and past performance influenced the likelihood that an accommodation would be granted. Those who felt the individual was partially responsible for their disability (study used a hearing impairment situation) were more likely to respond negatively to the request for accommodation. As expected, employees who had been labeled as top past performers were more likely to receive the accommodation. Additionally requests for accommodation requiring more resources of the employer were resisted.

Thakker and Solomon (1999) surveyed 195 professionals responsible for hiring decisions and found that disability status and race of managers, perceived organizational adherence, and self-reported familiarity with ADA content were significant influences on ADA adherence.

Research Questions

While the decision to disclose personal information has been described by researchers as complex (Petronio, 2002; Schnieder & Conrad, 1980), the specific communicative situation of requesting an accommodation in the

workplace due to a chronic health condition has not been examined. In understanding this specific situation, it is important to understand the issues of message development, delivery strategies, message topics, functional consequences, and social responses from the point of view of the respondent. This leads to the development of four research questions:

With the understanding that communicators have multiple objectives in their messages (Clark & Delia, 1979), that disclosure is complex (Petronio, 2002), and face wants and facework may come into play in the message, it can be expected that individuals will attempt to plan the accommodation request. Additionally, while research on delivery strategies provides insight into the situation of an individual requesting an accommodation in the workplace due to a chronic health condition, the situation has not been addressed directly. Yet the strategies discussed do create an expectation that individuals consider contextual issues in a delivery strategy prior to making the disclosure. Research question one aims at understanding the respondents' message development and delivery strategies in developing their messages.

RQ1: What message development processes and delivery strategies do respondents report they used in preparing the message of disclosure and accommodation request?

The opportunity to review recalled messages of requesting accommodation in the workplace due to a chronic health conditions should

result in patterns of topics over multiple accounts. The identification of these topics will reveal issues and concepts that are important to the employee and that the employee feels are important to the organization.

RQ2: What recurrent topics appear in respondent reports of messages used to request accommodation in the workplace due to chronic health conditions?

The nature of the disclosure situation and accommodation request sets the expectation that an accommodation (functional consequence) will result. However, it can be expected that each organization will review the situation and request prior to providing an accommodation resulting in some accommodations being provided and others being denied. Additionally, because employees are aware when another employee is receiving special treatment and may change their behaviors as a result, it is reasonable to question whether the receipt of an accommodation (functional consequence) will also lead to social responses between coworkers. Further, it is unknown if the request for an accommodation due to a chronic health condition will lead to social responses from the supervisor. These concepts lead to research question three.

RQ3: What functional consequences and social responses do respondents report resulted from their accommodation request in the workplace due to a chronic health condition?

While researchers and professional counselors can make suggestions or set up expectations regarding the situation of requesting accommodation in

the workplace due to chronic health conditions, individuals who have actually experienced the situation may be able to provide more accurate information in retrospect. Due to this, research question four is posed:

RQ4: What advice would the respondent give to others who found themselves in a similar situation in the workplace?

Summary

This emic study is designed to qualitatively look at the message development, delivery strategies, message topics, functional consequence, and social responses when individuals request accommodation in the workplace due to chronic health conditions. Extant literature has provided the basis to expect individuals who request accommodation will take the time to carefully develop a message, and consider delivery strategies due to the complexity of messages, as well as the inherent multiple objectives associated with the message. Additionally, the prospect has been developed that once an accommodation request has been made, there may be resulting social responses by coworkers and supervisors.

Finally, this study provides respondents the opportunity to voice their opinion on the accommodation request situation and how they would provide advice to others in similar situations. This information could be beneficial to individuals (i.e., counselors, attorneys, human resource professionals) who have the responsibility to provide guidance to individuals in this situation.

CHAPTER THREE

METHODOLOGY

This study was designed to understand the interaction surrounding the request for accommodation in the workplace due to a chronic health condition. This study takes the point of view of the individual who makes the disclosure. Basic to the situation are issues of message development, delivery strategies, message topics, functional consequences, and social responses.

Because it is not realistic for the researcher to observe employees requesting accommodation, individuals who have requested accommodation in the workplace due to a chronic health condition were asked to participate in interviews. They were asked to draw on and report their memory of the development of the message, the delivery situation, the message itself, functional consequences, and social responses. This methodology elicited information from individuals with firsthand experience in the phenomenon of interest and provided the respondents the opportunity to retell their story in their own words.

Respondents

Respondents were individuals older than 21 who have at some point found themselves in a situation needing to request a workplace accommodation due to a chronic health condition.

Access to Respondents

Statistics indicating that one half of the United States population is living with a chronic condition and one in four has more than one chronic condition (Johns Hopkins University, 2004) create the expectation that accommodation requests in the workplace are occurring. However, there is no indication of the actual frequency of this occurrence. Some individuals may create ways to work around their chronic health condition, and others may simply leave the workplace without asking for accommodation. Importantly, current federal legislation regarding the privacy of health information makes it unfeasible to contact employers and ask if they have employees who have made this type of disclosure and accommodation request.

Based on these factors, the task of finding potential respondents is difficult. Soliciting respondents for this study was done using several approaches. Initially, the researcher contacted friends by email message explaining the research project and asking if they would qualify as respondents (see Appendix A). The message then asked the reader to forward the email to individuals they know, whether or not they expected that the recipient would meet the criteria. The researcher recorded sending 60 emails. This was an attempt to contact as many people as possible who may have requested an accommodation or know of someone who has, in a "snowball-like" sampling technique. It is possible that individuals may conceal

chronic health conditions from their friends. Therefore, it was important that individuals who received the email not rule out the participation qualification of those they know.

To reach additional respondents, the researcher contacted the coordinators of six online electronic mailing lists that cater to individuals with chronic health conditions, asking them to post information regarding the research (two for myasthenia gravis; one each for arthritis, fibromyalgia, epilepsy, and Parkinson's Disease). Only two electronic mailing lists (the myasthenia gravis lists) allowed a posting. Eight Yahoo.com groups focused on chronic illnesses (lupus, diabetes, rheumatoid arthritis, sick buildings, fibromyalgia, migraines, living with autoimmune diseases, being sick) permitted posting a message requesting respondents. This use of the internet to contact potential respondents was expected to provide a substantial number of contacts considering that it is estimated that 63% of Americans over the age of 18 go online and 52% of internet users are online daily (The Pew Internet & American Life Project, 2003). The use of the internet allowed the researcher to reach a potential population not limited by profession, geographic location (Mann & Stewart, 2000), age, race, or chronic health condition.

It is essential to note that this study was not based on an internet population, but rather used the internet as a means to reach potential respondents. Therefore, it was important that potential respondents who are

not using the internet had the opportunity to respond. A variety of other approaches were used to contact appropriate individuals.

- Flyers were provided to a chiropractic clinic in the Kansas City area.
- Four human resource professionals were contacted at major regional employers with the request that if they had any experience with employees who had asked for accommodation that they ask the employee to contact the researcher.
- The research study was advertised in the Lawrence chapter of the American Business Women's Association Newsletter.
- The author sought respondents by making announcements in three graduate level classes and one undergraduate class.
- Research participants were solicited in a graduate teaching assistant meeting.
- A presentation was given and respondents recruited at a breast cancer support group meeting. The coordinator of an additional breast cancer support group sent an email to members announcing the research and requesting respondents.
- A meeting was held with the director of a local organization providing services for disabled members of the community asking for assistance in recruiting respondents.
- Research was discussed with personal contacts.

Table 1 indicates which methods of respondent contact resulted in respondents.

Table 1.

Respondent Solicitation Methods and Results

Contact Method	n=	Respondents
Researcher emails	2	R3, R9
On-line electronic mailing lists		
MG (2 lists)	3	R1, R34, R38
Arthritis	0	No posting allowed
Fibromyalgia	0	No posting allowed
Epilepsy	0	No posting allowed
Parkinson's	0	No posting allowed
Yahoo.com groups		
Lupus	0	
Diabetes	0	
Rheumatoid arthritis	1	R20
Sick buildings	3	R28, R29, R30
Fibromyalgia	2	R25, R26
Migraines	1	R8
Living w/ autoimmune disease	0	

(table continues)

Table 1 (continued)

Contact Method	n=	Respondents
Being sick	0	
Polycystic kidney disease	3	R21, R23, R37
Flyers at chiropractic clinic	0	
Discussion with four human resource professionals	0	
Local chapter of American Business Women's Association Newsletter	0	
Announcement in three graduate level classes	0	
Announcement in one undergraduate class	0	
Announcement at graduate teaching assistant's meeting	7	R2, R4, R10, R13, R15, R27, R36
Presentation at breast cancer support meeting and email to breast cancer support group	5	R11, R14, R16, R17, R19
Met with director of local organization providing services for disabled members of community asking for assistance recruiting respondents	0	
Personal contacts	11	R5, R6, R7, R12, R18, R22, R24, R31, R32, R33, R35

The study data was collected from interviews with 38 respondents. Of these interviews, three were conducted face-to-face and 35 were conducted

over the telephone. Three respondents (R5, R8, and R15) provided information specific to two different accommodation request situations. Complete demographic information is included in Table 2 and a listing of chronic conditions is included in Table 3.

Table 2.

Respondent Demographics.

	n =	Percent
Sex		
Male	8	21
Female	30	79
Race		
White	36	95
African American	1	2.6
Other	1	2.6
Length of time working for employer		
< 1 year	9	23.6
1 – 3 years	10	26.3
4 – 6 years	5	13.1
7 – 10 years	4	10.5
11+ years	10	26.3

(table continues)

Table 2 (continued)

	n =	Percent
Salary range at time of accommodation request		
< $20,000	4	10.5
$20,001 - $40,000	19	50
$40,001 - $60,000	8	21
$60,001 - $80,000	4	10.5
$80,001 - $100,000	3	7.8
Profession		
Education	16	42
Sales/Marketing	5	13
Health Care	3	7.8
Professional	2	5.2
Banking	1	2.6
Campground	1	2.6
Computer analyst	1	2.6
Court	1	2.6
Gov’t shipyard	1	2.6
Industrial	1	2.6

(table continues)

Table 2 (continued)

	n =	Percent
Insurance	1	2.6
Manufacturing	1	2.6
Market research	1	2.6
Newspaper	1	2.6
Non-profit	1	2.6
Telecom	1	2.6

Table 3

Chronic Conditions

Chronic Condition	n=	Respondents
Allergies	1	R31
Back conditions	2	R10, R15b
Breast cancer	6	R9, R11, R14, R16, R17, R19
Carpel tunnel	1	R33
Diabetes	1	R18
Diminished eyesight	1	R5a
Eating disorder	1	R27

(table continues)

Table 3 (continued)

Chronic Condition	n=	Respondents
Fibromyalgia	2	R25, R26
Gulf War syndrome	1	R32
Heart problems	1	R37
Hodgkin’s lymphoma	1	R13
Knee problems	11	R36
Migraines	4	R2, R6, R8, R15a
Mold reactions	4	R12, R28, R29, R30
Muscular sclerosis (MS)	1	R35
Myasthenia gravis (MG)	2	R1, R34
Ovarian cancer	1	R5b
Paralysis, Guillian-Barre syndrome	1	R38
Polycystic kidney disease	2	R21, R23
Prostate cancer	1	R22
Rheumatoid arthritis	2	R4, R20
Stroke	1	R24
Thyroid cancer	1	R7
Uses walker	1	R3

The Interview Approach

The purpose of the individual interview was to gain first-hand knowledge of the participants' experience of requesting accommodation. The interview allowed the participant to reconstruct his/her experiences, moving back and forth in time if the participant wanted to add a thought on a previously asked question. The interview protocol was developed by the author based on the research questions posed by the project. It consists of seven sections focusing on

- the situation before the disclosure
- the decision to disclose
- preparing to request an accommodation
- the accommodation request
- the consequences of the disclosure
- advice for others and
- demographics.

Most questions were open-ended to allow the respondent the opportunity to answer the question in as much detail as he or she wanted.

At the beginning of each interview, each respondent was either given a copy of the information statement (in cases of face-to-face interviews) or the information statement was read to the respondent over the telephone. Respondents were then told that the interview would be audio-taped for transcription and analysis purposes, and that the audio-tapes would be kept

in a locked file cabinet for five years after which the tapes would be destroyed. Interviews lasted from 15 minutes to 75 minutes with an average of 35 minutes. Interviews were transcribed word for word and generated 279 pages of single-spaced, typed transcripts. Transcripts are stored in both hard copy format as well as electronic format.

The initial question asked was “Will you tell me the story of requesting a change to your work schedule or work environment for a health reason?” This question was changed from its original formation of “Will you walk me through your situation of disclosure and accommodation request.” The change was necessary as the research progressed and the researcher realized that potential respondents did not understand the word “accommodation.” This initial question is a grand tour (Lindoff, 1995) question and designed to allow the respondent to reveal the situation in his or her own words.

After the initial grand tour question, the researcher focused on the seven primary areas of investigation as listed above. The complete interview protocol is included as Appendix D. Each interview was unique, drawing on the initial story that was presented by the respondent and the areas that needed to be probed for more information. Additionally, it is important to note that due to the uniqueness of each respondent’s experience, some areas of questioning did not necessarily apply to each situation. Therefore, the interview protocol served as a guide, but did not limit questioning in the

interview. This type of interview is moderately structured (Frey, Botan, Friedman, & Kreps, 1992; Stewart & Cash, 2008) and allowed the researcher to tailor the interview to the respondent's experience.

Finally, the demographic information section of the interview provided basic information regarding the respondent's age, sex, race, whether he has changed employers after the disclosure and current job title.

The complete information statement and interview protocol are included as Appendices C and D.

Procedures

In accordance with University of Kansas requirements, the project was reviewed and approved by the Human Subjects Committee Lawrence Campus (HSCL). As part of the research requirements, respondent confidentiality has been respected in all aspects of the project including recruitment, data collection, and reporting. Respondents were primarily recruited through an internet "snowball-like" technique with additional recruitment through community groups, internet groups, and human resource professionals as described previously.

Analyses

This study concerned the message development, delivery strategies, message topics, functional consequences and social responses of requesting workplace accommodation due to chronic health conditions, as well as advice for others in similar situations. The use of a "snowball-like" technique was

expected to supply data from individuals in various workplaces and careers, a variety of chronic health conditions, and for a variety of accommodation requests. The interview protocol was designed in response to the four research questions, relying primarily on open-ended questions allowing respondents to provide as much information as they chose in their own words. Subsequent probing questions were used on an individual basis depending on the story revealed by the respondent and the particular circumstances of each situation.

Due to the open-ended nature of the research questions and the need to analyze multiple questions as responses to a single research question, qualitative analysis was used. One of the highlights of this type of interview and resulting analysis is the accumulation of rich messages in the original words of the respondent (Rentsch, 1990). Furthermore, qualitative methods allow the researcher to study phenomena through the experience and meanings of the respondent (Denzin & Lincoln, 2003) by gaining an "understanding (of) the settings or people on their own terms" (Taylor & Bogdan, 1984, p. 129).

Each interview was unique due to the situation of each interviewee. In order to analyze and organize the transcribed interview data, the researcher created an additional file for research questions one through four. As the transcribed interviews were reviewed, data relating to a specific research

question was copied into each research question file while maintaining a numerical reference to the respondent.

The researcher then reviewed the files for each research question using a constant comparative method (Glaser & Strauss, 1967) between respondent answers allowing the results to come from the data. This resulted in lists of abbreviated comments made by the respondents. The researcher then reviewed the lists looking for similarities and differences in the comments. This example of allowing the data to guide the analysis is characteristic of a grounded theory approach as defined by Strauss and Corbin (1990) as a "qualitative research method that uses a systematic set of procedures to develop an inductively derived grounded theory about a phenomenon" (p. 24). As the analysis continued, similarities between respondents' accounts were grouped together as themes or categories in accordance with Taylor and Bogdan's (1984) suggestion of reading and rereading qualitative data, while keeping track of "themes, hunches, interpretations, and ideas" (p. 131). The resulting themes or categories are discussed in Chapter Four.

In addition to the qualitative nature of research question three, the study also inquired into the functional consequences of the accommodation request. A table of respondents, their health condition, accommodation request, and functional result was created and included as Table 4 (Chapter Four).

Summary

This chapter has described the research methodology of the study. Specifically, the respondent criteria, description of the interview protocol, data gathering procedures, and analysis techniques were presented. This study was developed to investigate the communication acts involved when individuals request an accommodation in the workplace due to a chronic health condition. Based on the complexity of disclosure (Schneider & Conrad, 1980) and possible face threats of the situation, it was argued that employees would carefully create a message, and consider delivery strategies. The study resulted in 38 interviews with respondents who had experience in the situation being studied. The interviews resulted in 279 single-spaced, typed pages of transcriptions. The data was analyzed using a grounded theory and constant comparison approach. Results are presented in Chapter Four based on each research question posed.

CHAPTER FOUR

RESULTS

This study was designed to understand the message development, delivery strategies, message topics, functional consequences, and social responses of individuals who have requested accommodation in the workplace due to a chronic health condition. The results are drawn from 38 transcribed individual interviews resulting in 279 single-spaced, typed pages of information.

Results of this study are organized by research question. The data for questions 1-3 were gleaned from the initial interview question of "Tell me the story of requesting either a change in your work environment or work schedule for a health condition." This question was then followed by probing questions that seemed appropriate to each respondent's particular situation.

Research Question 1

What message development processes and delivery strategies do respondents report they used in preparing and delivering the message requesting accommodation?

This research question is broken into two segments: the first deals with message development processes, and the second examines delivery strategies.

Message Development Processes

Based on respondents' accounts, four categories reflecting message development processes were identified: message preparation and planning, use of external support or evidence, consideration of audience characteristics, and message avoidance.

Message Preparation

Nine respondents (R2, R13, R22, R25, R27, R31, R32, R33, and R35) (23%) indicated that they took time to prepare their message prior to delivering it. This preparation varied from thinking through the situation to writing notes to preparing an actual outline to be used. A respondent with fibromyalgia (R25) who gave the message a great deal of consideration recalled the preparation this way

> You know, I was just really going over it in my head, you know I'm going to tell her this and this is how I am going to say it and this is what it is, almost like being in a play. You have to rehearse the words.

A respondent with allergies (R31) reported on her preparation included writing things down the night before she went to see her supervisor,

> Yes, I wrote down some stuff, because I am that kind of person. I wrote down, well if they say this, then I can say this. If they say that, well then I can tell them about this, and so I really went into it prepared.

A respondent with Gulf War syndrome (R32) related the following when asked about any prior planning to requesting an accommodation:

> You know, I just wanted to make sure that if I go in and ask for something and I want to plead my case -- I want to have the best -- I want to have everything in the row. I don't want to go there and babble, you know. If I have a goal, I want to be able to go in and establish my goal to ask and communicate with him and get my goal.

A respondent with an eating disorder (R27) acknowledged how her professional training played a role in her preparation, "I'm a PR person. You know there is always a product to sell even if it is yourself. So yes, I spun it about a million different ways in my head."

In addition to preparation and planning, respondents reported the use of external support or evidence that was gathered prior to making the request for accommodation.

External Support or Evidence

This category reflects the respondents' desire to bring outside support or evidence of their health situation to bear on their request. Nineteen (R2, R5a, R6, R7, R8b, R12, R18, R20, R23, R26, R27, R29, R30, R31, R32, R33, R34, R35, and R36) (50%) respondents sought advice, drawing on the following sources: physician, attorney, coworkers, parents/siblings, spouse/boyfriend, and a union representative. This category includes preparation of documentation and evidence of illness to be presented when the request for accommodation is made. Six respondents (R2, R5a, R20, R26, R29, and R30) (15%) provided documentation from a physician, medical

facility, website or emergency room. Two respondents with migraines (R2, R6) went to work while in the pain from a migraine specifically to demonstrate evidence of the chronic illness. One respondent with migraines (R8b) joined a union for protection, and one with knee problems (R36) mentioned that she was aware of her rights prior to any requests for accommodation.

A respondent with migraines (R2) sought advice from a variety of sources prior to approaching her supervisor to request accommodation.

> Yes, I talked to my physician about it, how I should approach it. I talked to my parents about it, how to approach it. I also talked to a couple of long term employees -- what had worked for her, for my director, that I would be approaching and how was the best way to frame it.

Another respondent who suffers from migraines (R8b) also sought the advice of a variety of people. This individual felt the need to get advice from sources outside of the medical profession. This example also shows that the respondent felt that medical documentation might not be enough to protect her position at work; she sought help from the union.

> I talked to a guy at work who belongs to the union, and I joined the union just so if it got bad again I could talk to the union lawyers. Now I talked to my brother who works for the county government in [name of county] and got his suggestions and I talked to a couple of friends from

grad school who live in Rhode Island as well as a couple friends from [organization name] about what they thought.

A respondent who was having a reaction to mold (R12) in the workplace went to a lawyer to get advice after her requests for additional mold remediation were denied,

> Then I went to a law office in [name of city] and I asked if there were representation that I could get from the law office, a very prominent, large firm in [name of city], and then I said if this doesn't go my way do you think that I could sue for the recovery of salary for the next couple of years or something like that. They listened to my case for a little while, looked over some of the material that I brought; I had a stack of emails and letters and all kinds of things.

One respondent with knee problems (R36) in discussing her story and accommodation said this, "I am pretty well versed in what my own rights are and then I know there is just there is nothing they can do [other than provide the accommodation]."

Two respondents with migraines (R2, and R6) (5%) reported their need to be seen in pain prior to asking for the accommodation. The first respondent (R6) put it this way:

> You want people to see for real where you are coming from. Because there is a lot of skepticism, and you want people to believe that you are

going through what you say you are going through. And that is a big part of it.

The other respondent with migraines (R2) reported her desire to be seen in the pain of a migraine and the extra work it entailed:

> Actually I came to work one time with a migraine to show her how bad it was. Um with the explicit, and I couldn't drive home, of course, so I arranged for someone to come get me, but I came so that she would know what kind of symptoms I was experiencing when it was just starting a migraine. So I did that purposefully, strategically before I met with her so that she could get a view of what…

In addition to message preparation and external support, message preparation may include consideration of the message audience.

Consideration of Characteristics of the Audience

Two respondents (R2, and R33) (5%) reported ways that they considered their audience in their message. One respondent who was suffering from migraines (R2) reported that she considered her audience in developing her message:

> Well I took all the knowledge I had working with her previously to strategically look at my message. That I would be sharing for example, I knew that she values hard work; I knew she valued people who try really hard.

A respondent with carpel tunnel syndrome (R33), when asked to confirm where the accommodation request took place, stated, “I actually sent it in an email, it is the best way to handle the boss”

Some respondents reported various ways of attempting to avoid requesting an accommodation.

Message Avoidance

Six respondents (R1, R2, R4, R8a, R10, and R34) (15%) reported that they avoided requesting an accommodation either entirely or as long as they physically could. This included using all available sick and vacation leave, waiting as long as possible, or not preparing in any way.

A respondent with migraines (R2) reported using organizationally approved time off before confronting her supervisor with the details of the situation. “I overran my sick days, really quickly ate all of those up and then proceeded. They moved me on to my vacation days which I ate up. And then at that point I had no more days to use.”

Two respondents (R1, and R4) (5%) reported waiting until the last minute. A respondent with myasthenia gravis (R1) reported, “Oh I waited a long time. I waited as long as possible.” A woman with rheumatoid arthritis (R4) continued to work and was hesitant to ask for anything:

> Because I was very hesitant to tell everyone because then you get that attitude of, well if you can’t do the job, what are you doing here. So it

> wasn't until I was really pretty sick that I actually had a friend come up to me and say you need to put in your FMLA paperwork.

In contrast to the tendency to contemplate and prepare a message reported by some respondents, a respondent with myasthenia gravis (R34) when asked "When you went in and discussed these things, did you plan out ahead of time what you were going to talk to them about?" replied, "No, because I wasn't really sure what kind of information they needed."

Delivery Strategies

The respondent data revealed three delivery strategies. The first strategy was direct telling. Other strategies included third party involvement, and controlling the situation.

Direct Telling

Six respondents (R3, R7, R13, R17, R27, and R32) (15%) reports indicated that they used a delivery strategy of direct telling. These respondents described how they approached their supervisor and directly laid out the facts. For example, a respondent with an eating disorder (R27) stated,

> So I had to essentially go in to two people and just say "you know hey, essentially I've gotta walk out on you guys for an indeterminable amount of time. Until I get this situation straightened out because I am clearly, my health is in danger, my life is in danger and you know I've got to get this under control." And that was it.

A respondent who discovered she had thyroid cancer (R7) after working for the organization for two months reported,

> Well when I was diagnosed with cancer I was very upfront and just went in to my immediate supervisor first and told him the situation, what the diagnosis was and what my concerns were about being able to have the energy to continue working.

A respondent with Hodgkin's lymphoma (R13) was very direct and stated, "We saw each other almost everyday, so I didn't make an appointment. I just walked into her office and told her that I needed to talk to her."

Third Party Involvement

Not all respondents disclosed the news of their situation themselves. Four respondents (R4, R11, R14, and R24) (10%) chose to use a third party such as a husband, daughter or coworker to make the disclosure to the supervisor. Two respondents (R26, R35) used a professional advocate in meetings, and one female respondent (R11) chose to talk to a female boss and allow her to relay the information to a male boss.

In the use of a third party spokesperson, the recollection of a respondent with breast cancer (R14) included, "actually, my husband called because I was too upset." A respondent who had a stroke (R24) stated, "my daughter notified my employer."

A respondent with fibromyalgia (R26) used a representative from a local organization that provides services to people with disabilities to be an advocate in meetings with supervisors.

> I finally asked [representative] of [support agency] to come and sit in on the meetings, mostly so I wasn't the only one there in what I felt like was an adversarial kind of setup.

A respondent with breast cancer (R11) included a third party by working with a female in authority and allowing her to convey the situation to the male boss. She stated, "for me it was hard to go to a man and express this of what was going, what was wrong with me. That's why I always had to go though a female worker."

Controlling the Situation

Three respondents (R2, R7, and R12) (7%) included two ways to control the situation: using an outline in the meeting (R2) and requesting a private location (R7, and R12).

A respondent with migraines (R2) reported creating an outline prior to meeting with her supervisor. She then took the outline into the meeting and used it to ensure that she covered all the main points that she had prepared.

A respondent with thyroid cancer (R7) requested to speak to her supervisor in a private location. "Our office is kinda open. It is a newsroom and so we are all open, but I did tell him that I needed to speak with him privately and we went into the conference room."

Overall, data for research question one reflects that individuals who have requested accommodation in the workplace for a chronic illness have, in many cases, taken time to craft a message through considering their message content as well as involving external support for their message. Additionally, there is evidence to suggest that delivery strategies are interwoven into the situation.

While research question one set the foundation for understanding the preparatory steps in understanding how employees request accommodations due to chronic health conditions, research question two delves into recurrent topics in the messages themselves. Consistencies among messages demonstrate what the employees consider most important in requesting accommodation from their supervisor.

Research Question 2

What recurrent topics appear in respondent reports of messages used to request accommodation in the workplace due to a chronic health condition?

The largest challenge of this research question was whether or not respondents could remember the message that they used to request an accommodation. Eight respondents (R7, R9, R10, R11, R12, R13, R15, and R21) (21%) reported specifically that they could not remember what they actually said. Overall, respondents provided glimpses throughout their story of what they said without being able to actually produce a word-for-word message. Additionally, the interviews revealed that some accommodation

requests took place over a series of conversations; therefore any reference to a message regarding the request for accommodation was included in the data used for this research question.

The message topics revealed in the interviews can be collected into four primary categories: diagnosis and treatment, accommodation needs, supporting arguments, and defensive arguments.

Diagnosis and Treatment

Eighteen respondents (R2, R7, R8b, R9, R11, R13, R14, R15, R16, R17, R19, R21, R22, R23, R25, R26, R31, and R36) (47%) reported including information regarding their diagnosis, treatment, and how they were working with their physician. A respondent with breast cancer (R9) attended a supervisor's meeting that explained how to handle subordinates who needed accommodation for chronic conditions. Realizing that she fit the description of needing an accommodation, she stated:

> And so when that meeting was over I went into human resources and I said, um, I need an accommodation for cancer treatment because I just was diagnosed….I have breast cancer and during the month of January I'm going to have to have time off for my radiation treatments.

A respondent with Hodgkin's lymphoma (R13) incorporated elements of the diagnosis and treatment:

> I know that I just sat down and explained that I had been diagnosed and that the treatment, and I explained that I thought that I would be

able to work through it, and that it would have, kinda, a minimal effect of my ability to work.

A respondent with breast cancer (R16) phoned her supervisor and reported this:

> I told him that immediately you know why I was calling, that I had been diagnosed with breast cancer. I didn't know really what the future held at that point, what my treatment would be, what all it would require in terms of work, but I knew that it was going to be a fairly long-term thing and it would require an undetermined, at this point, amount of time off of work.

A respondent with fibromyalgia (R25) included a brief assessment of her condition, "Well actually I talked to my boss, who is not the top boss, but I just told her, I said, 'Look, my condition has gotten worse and I may have to look at going to lesser hours.'"

As an example of message topics that included a report of working with a physician, a respondent with migraines (R8b) reported, "I just said that I was working with my doctors to get them under control." Another respondent with migraines (R2) included, "they [her doctors] are working with me to find medications that will help reduce this occurrence." A respondent with PKD (R21) recounted her request as, "Basically I mentioned, I explained my condition. I explained my medical condition, um, what I was needing to do in my time off and how much time I would need to be off." A respondent with

prostate cancer (R22) stated, “Obviously I told my employer that I had cancer and that it was possible down the road that I might need time off.”

Accommodation Needs

Sixteen respondents (R1, R2, R4, R7, R8b, R9, R10, R13, R15, R21, R22, R25, R29, R31, R32, and R33) (42%) included in their reports descriptions of what their accommodation needs would be. A complete list of requested accommodations is included as Table 4 under Research Question 3. A respondent with breast cancer (R9) indicated that she told the Human Resources representative, “I have breast cancer and during the month of January I’m going to have to have time off for my radiation treatments.” A respondent with kidney disease (R21) stated, “I explained my condition, what I was needing to do in my time off and how much time I would need to be off.” A respondent with prostate cancer (R22) relayed the following, “I told my employer that I had cancer and that it was possible down the road that I might need time off.” A respondent with rheumatoid arthritis (R4) stated, “I had a list of about seven things that I needed to do in order to work full time. I wasn’t given ‘em to them as ultimatums, but I was saying I can’t work full-time unless I have this, this, and this.” A respondent with thyroid cancer (R7) who had just started a new job told her supervisor after disclosing the diagnosis, “I would like to take some time off, receive treatment and then as soon as I am able come back to work.” A respondent with a degenerative disk condition (R10) put it this way:

> I just asked [name] if it would be alright if I just took on some more administrative things. I was already doing some administrative stuff and just asked if it would be alright if I could take on more administrative stuff and not travel anymore.

In addition to the topics of diagnosis and accommodation needs, some respondents included comments that are considered supporting arguments.

Supporting Arguments

Three respondents (R2, R8b, and R22) (7%) included arguments acknowledging the point of view of their supervisor and need for a productive workplace. For example, a respondent with migraines (R8b) provided the following, “And you know I was offering to come in on weekends when I missed a day at work and that kinda thing.” Another respondent with migraines (R2) stated the following in her account:

> And so I explained to her that, you know, that I understand that she is probably concerned about the time I was missing, and I approached her and said,’…they are working with me to find medications that will help reduce this occurrence so it should not take place for a very, very long time, we hope.’

A respondent with prostate cancer (R22) was blunt in addressing production concerns, “What I told my employer was that if the time came where I couldn’t do my job he would not have to worry about dealing with it, I would just quit.”

Defensive Arguments

Defensive arguments were apparent in the responses of six respondents (R2, R10, R12, R27, R29, and R34) (16%). The first example shows how the respondent was attempting to portray a self image as a person who is to first be seen as a worker. A respondent who was having a reaction to mold (R12) stated, "What I presented was that I very much wanted to come back to work, that I very much wanted to keep my job." Two additional respondents included information to maintain their positive self image by reinforcing the fact that the illness was not their fault. A respondent with myasthenia gravis (R34) stated, "…trying to, you know, explain to them that this isn't something that I can help." A respondent with migraines (R2) told her supervisor, "There is nothing I can do about the situation."

Two respondents who were having reactions to mold pointed out to their supervisors that the work environment was causing their problems. These examples show how respondents where attempting to place the blame of the illness on the environment and not on themselves. One respondent (R12), after returning to work after mold remediation stated:

> …then I said, but I'm having a lot of trouble and every time that I come in to my office, within 10 minutes I am experiencing the same neurological problems that I was having before, and they aren't as bad, but I am certain that were I to stay here for any length of time they would ramp back up.

Another respondent who was having problems with reactions to mold, also pointed to the work environment as the cause when she stated, “I told them the mold downstairs was making me sick.”

In general, the topics of the messages focused on technical issues regarding accommodation requests: diagnosis, treatment and accommodation need. No respondents reported including in their messages any indication of concern for how coworkers or supervisors might react. Overall the data indicates that the accounts of respondents were focused on the chronic health condition and the needed accommodation.

Once the request for accommodation has been made, functional consequences and social responses are certain. Functional consequences refer to the approval or denial of the accommodation, while social responses refer to changes in interactions between the respondent and coworkers or supervisors.

Research Question 3

What functional consequences and social responses do respondents report resulted from their accommodation request in the workplace due to a chronic health condition?

Research question three entails three distinct components. The first focuses on functional consequences of the accommodation itself. Social responses are then divided into coworker and superior responses to the request and/or the accommodation.

Functional Results

Inherent to this study is approval or denial of requested accommodations in the workplace. To frame the initial component of research question three, functional consequences, a table of accommodations requested and resulting actions by the organization is provided (Table 4). Table 4 lists each respondent, his or her chronic health condition, the accommodation requested and whether the accommodation was approved or denied. The most frequently represented chronic condition is breast cancer (six respondents), followed by migraines and individuals having reactions to mold (four respondents each). Twenty-five respondents requested time off for medical treatment or recovery.

Table 4.

Health Conditions and Functional Results as a Result of Accommodation Request

	Health Condition	Accommodation Requested	Functional Result
R1	Myasthenia Gravis (MG)	Assignments that required less manual strength	Approved
R2	Migraine	Time off as needed	Approved

(table continues)

Table 4 (continued)

	Health Condition	Accommodation Requested	Functional Result
R3	Uses walker	Repair to ridge in women's restroom	Approved
R4	Rheumatoid arthritis (RA)	Time off as needed	Approved – FMLA
R5a	Diminished eyesight	Extended time to complete thesis	Approved
R5b	Ovarian cancer	Semester off for chemotherapy	Approved
R6	Migraines	Time off as needed	Approved – FMLA
R7	Thyroid cancer	Unpaid leave for treatment	Approved
R8a	Migraines	Time off as needed	Denied – quit job
R8b	Migraines	Time off as needed, something to block sunlight, Computer screen upgrade	Approved
R9	Breast cancer	Time off for surgery and follow-up treatment	Approved
R10	Degenerative disk condition	Change duties to eliminate travel	Approved
R11	Breast cancer	Time off for surgery and follow-up treatment	Approved

(table continues)

Table 4 (continued)

	Health Condition	Accommodation Requested	Functional Result
R12	Mold reaction	Additional mold remediation	Denied
R13	Hodgkin's lymphoma	Time off every two weeks for chemotherapy	Approved
R14	Breast cancer	Time off for surgery and follow-up treatment	Approved
R15a	Migraines	Understanding, time off as needed	Approved
R15b	Back injury	Understanding, time off as needed	Approved
R16	Breast cancer	Time off for surgery and follow-up treatment	Approved
R17	Breast cancer	Get out of contract immediately – subsequently no heavy lifting	Approved
R18	Diabetes	Larger computer monitor, keyboard changes	Approved
R19	Breast cancer	Time off for surgery and follow-up treatment	Approved
R20	Rheumatoid arthritis (RA)	Time off for treatment	Approved – FMLA
R21	Polycystic kidney disease / Heart Condition	Time off for study participation	Approved

(table continues)

Table 4 (continued)

	Health Condition	Accommodation Requested	Functional Result
R22	Prostate cancer	Initially awareness of situation with possibility of time off	Approved
R23	Polycystic kidney disease (PKD)	Time off for Doctor appointments, permission to arrive late to work, taken off call, no travel	Approved
R24	Stroke	Time off for recovery	Approved
R25	Fibromyalgia	Time off as needed	Approved
R26	Fibromyalgia	Adjustment to schedule – later start time	Approved
R27	Eating disorder	Time to heal and the ability to return	Approved
R28	Mold reaction	Cleaning of ventilation system, new job, move machine, change ventilation system	Denied
R29	Mold reaction	Requested on-site relocation	Denied
R30	Mold reaction	Time off to regain health – according to Doctor request	Denied
R31	Allergies	Time off to go get weekly shot	Approved

(table continues)

Table 4 (continued)

	Health Condition	Accommodation Requested	Functional Result
R32	Gulf War syndrome	Time off for Doctor appointments, support group appointments, darkened room	Denied
R33	Carpel Tunnel	Permission to work from home	Denied
R34	Myasthenia gravis (MG)	Schedule changes	Approved – FMLA
R35	Muscular sclerosis (MS)	Schedule adjustments, automatic door opener	Approved
R36	Knee problems	Elevator key, prior notice of fire alarm testing	Approved
R37	Heart problems	Napping in office, time off for heart surgery and recovery	Approved
R38	Paralysis, Guillian-Barre syndrome	Handicapped parking, Desk to accommodate wheelchair	Approved

Overall, the data indicates that of the 38 respondents, five requests for accommodation were denied (13%), and 33 (87%) were approved. Of the 33 respondents who received approval, four respondents (10.5%, n=38; 12%, n=33) (R4, R6, R20, R34) completed paperwork for the federal Family and Medical Leave Act (FMLA) to cover their time off due to the chronic condition.

The five respondents who were denied an accommodation had chronic conditions of migraines, mold reactions, Gulf War syndrome and carpel tunnel

syndrome. Within the study, most respondents with migraines (n=4, 10%) were given an accommodation. None of the respondents with reactions to mold (n=4, 10%) were given accommodation. Only one respondent reported having Gulf War syndrome and only one respondent reported having carpel tunnel.

The approval of an accommodation is often apparent to coworkers without explicit discussion of the details. Changes in one employee's workspace or work schedule can result in changes in behavior of coworkers.

Coworker Responses

Data regarding coworker responses revealed four categories of responses: positive, negative, neutral or no response, and no concern for coworker response.

Positive Coworker Responses

Fourteen respondents (R2, R4, R5a, R6, R11, R14, R16, R17, R19, R20, R23, R28, R31, and R32) (36%) reported positive responses from coworkers to their request for an accommodation. Of all the three categories of responses reported, this category was reported most often.

A respondent with rheumatoid arthritis (R4) who was taking a new prescription that could lead to a higher susceptibility to infections stated, "They [coworkers] would make assignments around not having patients that were highly infected or something like that. They did make accommodations for you, those little quirky things, without making a production of it." A

respondent who was having problems with her eyesight after laser surgeries (R5a) reflected on the support she received, “And if I had immediate feedback from the group in terms of if there is anything we can do to help or if you ever need a reader, if you get to a point where you have to have somebody just reading for you.” A respondent with breast cancer (R11) noted how a female superior, as well as her coworkers supported her:

> I’d call her up in the mornings if I needed to and I’d talk to her at night and she’d call and see how I was doing and you know. I had all kinds of women come over and visit me.

A teacher with breast cancer (R14) sent an Email to her fellow teachers to let them know of her situation. These are the reactions she reported:

> All the other teachers were wonderful and, you know, people covered things for me even during those two weeks I had to have various appointments and so other teachers would cover for me so that I wouldn’t have to use my sick leave time cause they knew that I would need it, use it a lot during my surgery and recovery…And oh my goodness, the outpouring of encouragement was just phenomenal, and I needed that at that point you know. It was just hugs and teachers running in and just I want you to know that I am praying for you, and it was amazing.

While 13 respondents reported positive responses from their coworkers, 12 respondents commented on negative responses from coworkers.

Negative Coworker Responses

Nine respondents (R11, R12, R15, R16, R22, R29, R32, R34, and R36) (23%) reported behaviors from coworkers that were perceived as negative. Additionally, three respondents (R2, R6, and R31) (7%) commented on the negative responses of coworkers outside their immediate workgroup.

A respondent who was having a reaction to mold in the workplace (R12) reported that most of her coworkers distanced themselves from her due to her complaints.

> The other people thought I was, I had just lost my mind. That this couldn't be anything serious. That I was just making a bunch of this stuff up. That maybe I was having trouble in my, you know, at home, or uh, maybe it was the age I was, or maybe I was having menopause symptoms. Oh you know, you name it and everyone sort of lined with the powers that be because they did not want the powers to be to do anything to hurt them so they distanced themselves very quickly from me and, um yeah, that was really obvious very, very quickly.

A similar situation was reported by another respondent having a reaction to mold (R29) in the workplace. When asked, "Were you ever concerned when you were asking to be moved that any coworkers would see

you differently?" replied, "That happened. They were afraid. You know, [name] was afraid for her job. She didn't want to get involved in anything." She was then asked, "Did they [coworkers] avoid you?" she responded, "Yes."

A respondent indicated that while his supervisor was willing to work with him and his health problems with Gulf War syndrome (R32), a coworker called the corporate office to complain about the respondent taking time off of work.

A respondent with myasthenia gravis (R34) reported that she had problems with coworkers:

> Yeah, they would say things. I mean you know just the same things that would indicate that pretty much, that somebody had said something to them that wasn't appropriate or made a comment about it because they would say, um, things like 'we're glad you could make it in today,' but it was kinda sarcastic.

A respondent who has had numerous knee surgeries (R36) throughout her life described how using a handicapped tag and walking with a limp affects relationships with coworkers:

> Yes, initially, it always does. It always affects. I always feel weird having to tell people that…I still think people in my office don't understand. And the people who just think 'well she parks in that

parking spot,' but they don't understand I've had five major knee surgeries on one knee and one on the other knee.

Two respondents (R16, R22) (5%) indicated that some responses from coworkers were well-intended but unwelcome. A respondent with breast cancer (R16) stated,

> My secretary, probably, and my assistant were over-solicitous. She was so wonderful, but she really, I mean I guess it was kind a thing where I felt like I'm back now you can be relieved of some of these things you know and she just was always kinda hovering over me, very protective.

A respondent with prostate cancer (R22) noted unwanted changes in how women treated him in the workplace, "You have female employees that the mother comes out in them. So they, they become overly sympathetic and it was just because they do care."

One respondent with breast cancer (R11) noticed that men had a difficult time dealing with her when she began to lose her hair.

> When you start losing your hair, people look at you different. They [men] don't make eye contact or when they talk to you they look down. And I realized that with a lot of men they just couldn't look me in the eyes. I realized it during the time. Because I had some gentlemen that were really good friends and then it's like all of a sudden, I lost them. And then when I started getting better, you know, then they're

> back. And they looked me in the eyes and they talked to me…I had all kinds of women come over and visit me, but not one of my male co-workers did.

Three respondents (R2, R6, and R31) (7%) were aware that while coworkers with whom they worked closely understood their health situation, coworkers from outside their immediate workgroup did not. A migraine sufferer (R2) said,

> But the people who didn't know me as well, who yet would see, walk by my office, see it empty, see that I was gone. I got some comments like, "ah it must be nice to get to work from home," Because that was not a policy allowed at the organizations I worked for, they frowned upon it.

Another migraine sufferer (R6) said,

> And the people who worked immediately with me were very understanding. It was about 120 people worked for the company, it was people elsewhere who, you know, I started hearing rumblings about people talking behind my back and it just became very stressful for me.

Coworker responses identified as positive or negative can be expected. Respondents also indicated that some coworkers responded in a more neutral fashion.

Neutral or No Coworker Response

Respondents also reported that some coworkers didn't have either a negative or positive response after their accommodation request. Three respondents (R8b, R9, and R23) (7%) reported that there was no response at all from coworkers. A migraine sufferer (R8b) stated, "I mean the one thing I noticed is no one actually asked me how I am doing for the most part or anything. I mean they say, well 'good to see you back' and that is about it." A respondent with breast cancer (R9) when asked if her coworkers had changed any behaviors responded, "No I can't say that's the case." A respondent who changed her working hours due to PKD (R23) was worried that coworkers would have a negative response but found little response at all, "Nobody ever said anything to me about it, not my coworkers, not the customers I support."

One respondent who was facing impending heart surgery (R37) noted that the lack of response from coworkers could be attributable to her office location within the organization and her responsibilities.

> Part of it was the layout of the office. I was in sort of this dead zone in a part of the office where I was between um the woman who was office manager and the woman who was vice-president who was an alcoholic, um, and people really didn't like to come down there, and the work I did was different in nature from what most of the office did, and I

think mostly what everybody else knew was they didn't want to be doing my work and didn't want to be doing it where I was doing it.

No Concern for Coworkers

Similar to neutral responses from coworkers, four respondents (R7, R8b, R33, and R35) (10%) indicated that they didn't worry about coworker responses and they didn't care. As an example, a respondent with thyroid cancer (R7) stated, "You know it's probably my personality, but I never worry about what the coworkers think."

In addition to the possibility of responses from coworkers are possible responses from supervisors. The supervisor is often the person to whom the request is made and may have approval authority. Supervisor responses deal specifically with perceived changes in the behavior of the supervisor after the request is made and not with the accommodation approval or denial.

Supervisor Responses

Data analysis resulted in four categories of supervisor responses. These categories are: positive, neutral, negative, and upper management contradiction.

Positive Supervisor Responses

Sixteen respondents (R5b, R6, R7, R8a, R11, R13, R14, R21, R22, R23, R25, R27, R32, R35, R36, and R37) (42%) reported positive responses from their supervisors. A respondent with thyroid cancer (R7) reported that her supervisor stated," Priority number one is do what is best for you."

Additionally, the same supervisor expressed appreciation for having been told of the situation. A respondent with breast cancer (R11) reported a positive supervisor experience this way, “she just said don’t worry about anything, they all kept saying don’t worry about anything.” A respondent with an eating disorder (R27), when discussing the situation with a supervisor, stated the response was, “Yes, your health and your wellbeing are the most important things and what can we do to be a part of that?”

Two respondents (R6, R36) (5%) reported that their supervisor’s own health situations may have influenced the positive consequence. A migraine sufferer (R6) stated, “he also suffers from migraines, so that helped me….I mean overall he really did treat me with respect.” A respondent who had just begun a new job and would need to let her immediate supervisor know about her knee problems (R36) and how they could influence how she performed her job duties was surprised when he actually first revealed his own health situation. She told the story this way,

> After I accepted the position, my boss and I sat down and he said, I need to tell you I am profoundly deaf in one ear so I always sit here and I just want you to know that because it affects how I talk to people. And I said, just as long as we are revealing disabilities, let me tell you about mine. And so that is how the conversation took place. I didn’t reveal it during the interview. [His response was] no problem, I understand perfectly. Whatever you need.

A respondent with Hodgkin's lymphoma (R13) needed two days off every two weeks for chemotherapy. He reported, "It was pretty easy. I mean, she was understanding….She was very understanding and sympathetic, you know, felt bad that for what I was going through and um yes, very sympathetic."

A respondent with breast cancer (R14) who teaches in a public school had her husband call her principal to disclose the situation. She reported that the response was:

> My principal assured [husband's name], my husband, that they would make whatever accommodations needed to be made for me. But he assured me that whatever needed to happen that my health was number one priority. He was just wonderful.

A respondent with fibromyalgia (R25) made the following comments regarding the behavior of her supervisor:

> She said, "Well, yeah. We can probably work this." They've been great with me. … And actually, [name], my boss, she finally got involved one day. I was just at my desk crying, you know. She said, you know, "What's going on? Are you really in that much pain?" And I said, "Well, yeah, I am." At that point she just said, "Listen, you do whatever you have to do. If you come in and want to stay, or you're not feeling well, you just go home." She said, "I want you to be happy."

Many respondents indicated that their supervisor, in some way, responded negatively to their request for accommodation.

Negative Supervisor Responses

Sixteen respondents (R2, R8b, R9, R12, R15a, R15b, R19, R20, R27, R28, R29, R30, R31, R32, R34, R35, and R37) (42%) reported negative supervisor responses. These responses included generalized negative responses, as well as supervisors who seemed to deny the situation, and skepticism.

A respondent with allergies (R31) who needed weekly shots felt her supervisor responded negatively by suggesting she make appointments outside of working hours in spite of using the organization's health care program that dictated a specific clinic be used that was only open during office hours.

A respondent with migraines (R8b) reported supervisors who became micromanagers.

> In this case, the immediate bosses, my two immediate supervisors, decide to try to micromanage things by taking any control I had of my work out of my hands so that I couldn't make any decisions for myself. So it was like being a second grader or something. But it was a situation where I've been an archeologist since I'd been 18 years old, I've been give the keys to a state vehicle at the university and just told "ok here's the project go do it." And all of a sudden 28-30 years later I

was told, ”Well, you obviously can’t make any decisions for yourself so you know if you have a project that needs to be done, tell us what it is and we’ll decide whether or not you are capable of doing it and who needs to do it.”

A respondent with a reaction to mold (R28) in the workplace reported, “my research director really never took the thing seriously and basically always thought of me as a nuisance.”

Another respondent with a reaction to mold (R29) reported,

I told my boss, my immediate supervisor; it wasn’t met with much approval, I guess you could say. …The first thing they did was call OSHA to come in and check it out. They did move me to a few places but it was on a shipyard so most of the buildings were old and moldy so they bothered me. …They just didn’t want to deal with it. You know they’d move me to another place and always open a window. See if that helps you. Well that’s not going to help you if there is mold in a building. You know it wasn’t. I really didn’t get much help, much support.

Another respondent suffering from a reaction to mold (R30) also met with negative supervisor responses.

My doctor kept me out for one month; I got a letter back from my employer saying “If you don’t come back by such and such a date then

we have to terminate you." So I went back to work as soon as I possibly could so I wouldn't get fired that time.

Her story continues after being out for a month on disability as requested by her doctor.

I was having very severe head pain where I could barely even walk, I was also having stroke type episodes at that time…I went out on disability that month…I got a letter from my employer saying "you are to be back by [date] with no restrictions, if not your job will be terminated." And since I was under doctor's care and he still wanted me out, I was terminated. …That is all I have in black and white, this is not me making up a story.

Another respondent suffering from mold reactions (R9) reported that her supervisor actually became angry with her.

He was very angry … at that point he was starting to get angry with me. The only other real conversation we had after that was when I came in and I just presented him with my resignation letter and I told him how very sorry I was that I was not going to be able to continue in my position, but that I was going to chose my own health over the employment and that I hoped that he would understand that because in a similar situation I would expect him to make the same choice. But he got very mad at me.

One respondent with migraines (R2) reported that the supervisor became more formal in their interactions.

> I noticed that she was a bit more formal with me. And I noticed that she documented more things with me and asked me for documentation of things. I think it [the relationship] was strained a bit. It wasn't a lot of obvious behaviors, but I think there was a little bit more tension and a little bit more in meetings with our staff.

Another respondent with migraines (R15a) indicated that the supervisor gave dual messages.

> The verbal message was one of understanding and empathy but at the same time qualified statement like, uh, just keep me informed, make sure that other things, essentially make sure that you make wise choices and so on and so forth like that uh, make sure that uh especially at times when we've got a training class that if you can get here even if it is painful.

A respondent with a back injury (R15b) reported that he was repeatedly questioned about what his doctor reported was wrong with his back and about his availability of returning to work. A respondent with migraines (R8a) reported, "I was told that that it would probably be a good thing if I looked for another position. Not quite in so many words, but they weren't too thrilled about it." Finally, a respondent with a reaction to mold (R12) went to a supervisor with the resulting interaction,

> Can't you change some more about the ventilation system, um and then I got a big resounding "uhuhn. We've done as much as we can afford to do and as much as we are going to do." Which was all, both of which happened to be huge lies.

Four respondents (R19, R20, R31, and R37) (10%) reported situations where the supervisor would seem to not remember the health situation of the respondent or what arrangements had been made. A respondent with breast cancer (R19) indicated that the supervisor would change her days off, creating a conflict with her chemotherapy appointments. "And when I reported this, it was just like we didn't have a conversation about this. I was screamed at." A respondent who suffered from rheumatoid arthritis (R20) was undergoing chemotherapy as a treatment and had completed the appropriate FMLA documents to protect her vacation, sick and personal leave. When asked how the supervisor responded, it was reported, "He ignored me for two months. Acted like I hadn't given him anything." A respondent who underwent two heart valve replacement surgeries (R37) in one day was surprised when her boss left her a voice message after only three weeks of recovery, "So [name], we're all really happy that you lived and everything, but I'd really like you to call and talk to me about how your duties are going to change when you come back to work."

Neutral Supervisor Responses

Two respondents (R16, R34) (5%) reported a neutral response from their supervisors. A respondent with breast cancer (R16) phoned her supervisor at home to tell him of her diagnosis on the Saturday after Thanksgiving. She reports that her supervisor had a history of preferential treatment among the subordinates, and she was not sure what to expect from him. His response culminated in a neutral situation.

> He showed very preferential treatment among everybody and I had an ok working relationship with him, but I would never confide anything that I didn't have to. So it didn't make it easy, you know, from the beginning. I didn't have any idea how he would react, but I was a little fearful, but I didn't let that get in the way because this is something I had to do. …I decided that he should be the first to know or one of the first to know, so I called him at his home. …And I just told him that immediately you know why I was calling that I had been diagnosed with breast cancer. I didn't know really what the future held at that point, what my treatment would be…he said "I'm sorry to hear that, [name], and you do what you have to do and we'll do what we have to do."…[he was] just very business like.

One respondent with carpel tunnel syndrome (R33) was asked if her supervisors had changed their behaviors due to the request. Her response was, "No, it was pretty bad to begin with."

Most organizations are made of layers of management. While the above respondent comments concern their direct supervisors, there were respondents who got responses from upper management that were contradictory to what they had worked out with their immediate supervisor.

Upper Management Contradiction

Two respondents (R8a, R32) (5%) indicated that their immediate supervisor did not have a problem with the accommodation request, but that upper management did. A respondent with Gulf War syndrome (R32) stated "At first he [supervisor] accommodated me because he liked me, but once management got wind of it, they put a stop to it." Similarly, a respondent with migraines (R8a) reported.

> My immediate boss wasn't too bothered by that because when I got back on my feet I'd complete whatever work I had to do and would stay late or would work on weekends or my own time, you know, to make up for it, but that wasn't paid, I just comped my own time and took care of the work. The powers that be didn't like the fact that I was taking the unpaid leave, and they felt they were losing out somehow so eventually they got pretty disgusted about that.

In reviewing the consequences, the majority of requests for accommodation were approved. In regard to responses from coworkers and supervisors, respondents experienced a variety of responses including some that were welcome and some that were not.

After reporting on their individual experiences requesting accommodation in the workplace due to a chronic health condition, respondents were asked what advice they would give to others in a similar situation.

Research Question 4

What advice would the respondent give to others who found themselves in a similar situation in the workplace?

Research question four allowed the respondents to provide advice to others in similar situations. While this question is not a report of the respondent's experience, it was posed for its potential to reveal information that others may find useful.

Data for this research question was in response to being asked, "If I were in a similar situation to what you experienced, and I need to go to my supervisor to request an accommodation, what advice would you give me?"

Four categories emerged from the respondents' advice for others in a similar situation: (a) message preparation; (b) delivery strategies; (c) won't get anywhere – negative advice; and (d) interpersonal advice. Each respondent may have provided advice that reflected more than one category.

Message Preparation

Respondent suggestions for message preparation are comprised of the following items: health situation evaluation, corporate and legislative support, advice from outside sources, supervisor experience with chronic

health conditions, active involvement in health situation, documentation of chronic health condition, paperwork submission, visible physical display of health condition, and previous work performance.

Health Situation Evaluation

Advice from nine respondents (R1, R7, R8, R10, R19 R21, R34, R35, and R37) (23%) reflected the suggestion to evaluate the health situation prior to discussing it with an employer. Among these responses were knowing one's own health situation, and knowing how the employer can help (the accommodation).

Employee's health situation. Four respondents (R1, R12, R21, and R37) (10%) identified the importance that an employee clearly understand his or her health situation. This understanding prior to approaching a supervisor included having a firm diagnosis, understanding the specifics of the health condition and treatment requirements, and knowing personal limitations due to the chronic health condition. A respondent with PKD (R21) stated,

> I guess the best approach is to know your own situation as far in advance as possible. If it is, you can't really tell with all sorts of health problems, but if you know if it is going to be an ongoing problem or if it is a short term problem, that is the way I would present it to the management. If it is going to be a short term thing then there are certain options you could probably have with some companies, and if it is going to be long term then it is going to require more discussion.

A respondent with heart problems (R37) spoke about understanding the potential duration of the chronic health condition.

> Talk about whether you were waiting for something that is corrected or whether it is something that would heal over time and improve or whether there was a likelihood of there being some kind of degenerative situation. I'd want to understand what the parameters were that you were looking at before beginning to strategize on what to do.

Employer Accommodation. One respondent with myasthenia gravis (R34) pointed out that an employee needs to know what he needs to get the job done, "Make sure you know what you want, because that can easily be manipulated." However, a migraine sufferer (R8) indicated that it was hard to even know what she needed, "The hard thing is knowing what you need."

Combination of employee' health situation and employer accommodation. The previous two categories reflect responses that included either discussing the employee's health condition or the employer accommodation. This category reflects responses that integrated elements of the both previous categories. Four respondents (R7, R10, R19, and R35) (10%) advised that an employee understand the health situation and combine it with how the employer can help. A respondent with thyroid cancer (R7) stated, "I would tell you … to consider your options, think about what works

best for you first and secondly ways the employer can help you and that you in turn can help them." A respondent with breast cancer (R19) suggested,

> I would certainly have my diagnosis in hand, what my options were before me so they were clearly understood by you so you could clearly relay that to your supervisor …and definitely find out what their policies are regarding sick leave, coming in late, leniency on the job.

Corporate and Legislative Support

Five respondents (R15, R19, R21, R36, and R37) (13%) noted the importance of knowing organizational policies, state and/or federal law, and employer insurance policies regarding health situations and the corporate or legislative support the employee is entitled to. A respondent with migraines (R15) noted the importance of company policies, legislation and insurance when he stated,

> Be assured you know what the company policy is about ailments that could affect your work. As far as that goes, be aware of what your state or federal regulations would be about it, as well be aware of what insurance benefits that you have."

A respondent with knee problems (R36) indicated that employees are entitled to accommodation,

> I would say you are entitled to all sorts of accommodations. It should not affect your ability to retain your job, and all you have to do is say, I

can do my job, I just need some accommodations and this is what I need.

Advice from Outside Sources

Four respondents (R14, R20, R23, and R37) (10%) suggested seeking outside advice. A respondent with heart problems (R37) suggested, "I would almost certainly steer you towards whatever non-profit counsel organization there is because there are some good ones to learn what your rights are before really having a sit down conference." Two respondents (R14, R23) (5%) suggested that the employee seek advice from peers. A respondent with breast cancer (R14) stated, "…then find perhaps someone else in the workplace who has been through similar things certainly to get advice from…" A respondent with PKD (R23) had a similar response:

> First I would tell you that you had to find out, um, how your employer treats people that have health care issues. Because that is what I did. I sort of felt around to see if I was going to be ostracized or not before I said anything to anybody, and I mostly talked to people that I knew."

A respondent who has rheumatoid arthritis (R20) suggested that advice be sought from the employee's doctor, "Talk to your doctor and get advice from your doctor." A respondent with a reaction to mold (R12) suggested finding medical advice outside of the employer's medical plan due to a concern that the medical professionals may be loyal to the employer:

> I would first encourage you to get a great deal of outside information provided to you from people outside of your employer's network of people….from somebody other than an in-house doctor or get away from the people who all have a dog in the fight.

Supervisor Experience with Chronic Health Conditions

Two respondents (R25, R28) (5%) commented on the importance of the experience of the employee's supervisor in dealing with health situations. A respondent with fibromyalgia (R25) found that when her supervisor met someone at a conference who described the same symptoms she had been experiencing, that the supervisor seemed even more understanding. However, a word of warning was voiced by one respondent who was suffering from negative reactions to mold (R28). Her warning was "if your boss isn't sick, start looking for another job."

Active Involvement in Health Situation

Five respondents (R6, R12, R25, R31, and R37) (13%) provided advice addressing active involvement in the treatment of the chronic health condition. These included discussing attempts to control the illness, telling the supervisor you are taking prescriptions, receiving regular treatments that are required by a physician, being under a doctor's care, talking about your experience, and letting the organization know that you are making the effort to learn about your situation and how to cope with it at work.

A respondent with migraines (R6) stated, “I would just say make sure that you are seeing a doctor and make sure that you are actively trying to get whatever, you know, the migraines, under control.” A respondent with allergies (R31) pointed out the importance of stressing that the treatment is required by a physician, “Let them know that this a doctor thing, that it is not just a little flipping, oh hey, I’m going to get allergy injections instead of taking a pill.”

Documentation of Chronic Health Condition

Ten respondents (R2, R15, R18, R19, R26, R31, R33, R34, R35, and R37) (26%) suggested bringing documentation to the employer. This was most often noted as documentation from a physician. A respondent with carpel tunnel syndrome stated, “I would say definitely get a doctor’s notice, I would, yeah, I would definitely get a doctor’s notice.” A respondent with allergies (R31) suggested stating,

> This is what my doctor says I need to have, cause people are a little more respectful if they see that a doctor says that you need to have a specific treatment and I’d bring in the papers and a little note from your doctor saying yes, she does need this.

Paperwork Submission

Three respondents (R6, R9, and R20) (7%) advised completing paperwork. Frequently this response entailed completion of Family and Medical Leave Act (FMLA) paperwork. A respondent with migraines (R6) put

it plainly by stating, "…first and foremost to be absolutely seeking treatment, get your doctor and your employers to work out FMLA. Because it is an option for people with migraines." A respondent with breast cancer (R9) was also blunt, "I would say go directly to human resources, do not pass go, do not mess with anything, go get all the paperwork that protects you."

Visible Display of Health Condition

A respondent advocated the need for employees to be seen when they are suffering from migraines (R2).

> I would also tell you to come in one day with your migraine so that they can see it. I think that the fact that my director saw me really, really ill was key to her sympathy. Was key to her understanding that without being able to see the illness she had a real difficulty perceiving that I wasn't just laying at home watching TV in bed because I had a little headache.

Previous Work Performance

Two respondents (R23, R35) (5%) identified the importance of how well the employee had been doing his job prior to asking for an accommodation. This category was expressed by an individual with PKD (polycystic kidney disease, R23) by stating, "…but I think that if you put your best foot forward and kinda prove yourself a little bit and people find that you are valuable, they will be a little more willing to do things for you…" An individual with MS (muscular sclerosis, R35) put it this way,

> I would ask you if you felt like you had been doing a good job up until this point. Because I think that if you have been doing a half way, you know just sort of a slapdash job that you don't have as much clout. I think you have to do a good job. I think you have to have presented yourself in a very professional way in the beginning.

Delivery Strategies

In their advice about delivery strategies, two primary elements were endorsed by the respondents. The first was telling the supervisor immediately, and the second was to be honest.

Tell Immediately

Four respondents (R4, R7, R13, and R23) (10%) emphasized the importance of notifying the employer immediately. A respondent with thyroid cancer (R7) stated, "And tell them just as soon as possible, because I think, I think if I had kept it a secret, it would have affected my performance anyway." A respondent with Hodgkin's lymphoma (R13) was precise in saying, "I would be up front about it and I would encourage you to bring, to let them know what is going on as early as possible."

Be Honest About Situation

The concept of being honest or open with the employer was the advice that was given by 10 respondents (R4, R7, R13, R14, R16, R22, R25, R27, R30, and R32) (26%). A respondent with thyroid cancer (R7) stated, "I would tell you to be absolutely honest regardless of who the employer is." A

respondent with breast cancer (R14) reported, “I would say just be very open with whoever the boss was.” A respondent with Hodgkin’s lymphoma (R13) stated, “The thing I would say is I would be up front about it, and I would encourage you to let them know what is going on as early as possible.” A respondent with breast cancer (R16) commented, “I would simply advise you to, uh, just tell, tell them the straight facts.” A respondent with Gulf War syndrome (R32) also advocated honesty, “I would be just totally honest. And that is what I tried to be, just totally sincere and honest.”

The previous discussion reflects a positive perspective on advice given to others who find themselves needing to ask for an accommodation in the workplace due to a chronic health condition. Not all advice was positive however.

Won’t Get Anywhere – Negative Advice

When asked for advice they would provide to others who needed to ask for an accommodation, three respondents (R4, R8, and R28) (7%) provided a negative perspective on the situation. A respondent with rheumatoid arthritis (R4) stated, “If you work somewhere where nobody understands and nobody’s willing to help you out, you probably need to find another job.” An individual having a negative reaction to workplace mold (R28) was direct in saying, “I really think that the best advice to give somebody is to look for another job.” When asked for advice to give

someone else in a similar situation, a respondent with migraines (R8) responded, “Pray. And I’m an agnostic.”

Interpersonal Advice

Within respondent suggestions for others, information was given as advice that had less to do with the actual accommodation request and more with the benefits to the employee. These suggestions include benefits of accommodation requests, informal accommodations, warnings regarding usage of sick and vacation leave, and being a token, representing others with chronic illness.

Four respondents (R4, R9, R11, and R14) (10%) commented on the benefits of the discussion for the employee. A respondent with rheumatoid arthritis (R4) related the following, “There is a lot of benefits that come with that [disclosing the illness] of just easing your mind. I can call in sick FMLA and then not worry about, you know, the retributions. And then I didn’t have the stress.” A respondent with breast cancer (R11) began with this advice, “I’d first say, remember to breathe. Cause, believe it or not you forget how to breathe.”

One respondent with fibromyalgia (R26) suggested that the employee first attempt an informal arrangement. “I would tell them that they need to start with their supervisor and see what can be done on an informal basis.”

A respondent who had a stroke (R24) warned of not using sick leave or vacation unwisely while healthy. “Well, the first advice I would give to you is

don’t use your sick time and vacation leave because you may need it.”

The respondent with polycystic kidney disease (R23) felt that it is important to realize that the employee is representing others with health conditions in the workplace.

> I think I would say put your best foot forward, do the best you can. Try to present yourself in a real positive way. You just have to speak for other people in your position, and if they have a good experience with you, they will behave better with the next guy who comes along, so I think we are all partially responsible for ourselves but for the next guy who is going to need it because I think the more that the world starts to see us in that light, you know as a general rule [we] will be treated better.

Summary

This chapter has provided the results of data analysis based upon the four research questions. The respondents’ reports of requesting an accommodation in the workplace due to a chronic illness have revealed that individuals do prepare messages and incorporate message delivery strategies. Additionally, the messages revealed patterns of topics focusing on the diagnosis and treatment of the chronic condition, and needed accommodations. The majority of the respondents reported having their accommodation request approved, and respondents were able to identify responses (positive and negative) from both coworkers and supervisors.

Finally, respondents provided advice to others in similar situations in an attempt to further understand the complexities of the accommodation request in the workplace due to a chronic health condition. Chapter Five provides a discussion of the results and provides suggestions for future investigations.

CHAPTER FIVE

DISCUSSION

This study addressed the communication issues related to requesting accommodation in the workplace due to a chronic health condition. Based on their first-hand experience with the research situation, respondents were asked questions regarding their situations and to recount their experiences of accommodation request. Research questions focused on message development, delivery strategies, message topics, functional consequences, and social responses respondents perceived from supervisors and coworkers. In addition to reporting their own experience, respondents were asked what advice they would give to individuals who were facing similar situations.

This chapter addresses the study's findings, implications, strengths, limitations and directions for future research.

Message Development and Delivery Strategies

This study proposed that because the situation of requesting an accommodation in the workplace due to a chronic health condition is complex, employees would give consideration to developing a message and to delivery strategies.

Message Development

Based on the literature, this study proposed that the act of requesting an accommodation in the workplace due to a chronic health condition would

require specific preparation on the part of the respondents. This preparation would result in a message that reflected communicative objectives (Clark & Delia, 1979) and politeness theory (Brown & Levinson, 1987).

Clark and Delia (1979) argued that three objectives are part of every message: instrumental, interpersonal, and identity. Instrumental objectives are elements that require a response from the listener, and they frequently are seen as reflecting a task orientation. Interpersonal objectives involve maintaining the relationship between interactants, and identity objectives involve presenting a desired self-image for the speaker as well as attending to the self-image of the listener.

In this study, respondent accounts of the messages they used to request accommodation clearly reveal dimensions that address instrumental objectives. The instrumental objectives are seen in the direct request for an accommodation for the respondents to continue to perform in their position. The interpersonal objective is seen as when respondents indicated that they contacted supervisors immediately (even on Saturday) to let them know of the situation. By notifying the supervisor, the respondent is acknowledging that the interpersonal relationship with the supervisor is best acknowledged and maintained through sharing the information as soon as possible, and that this type of information warrants contact outside of traditional business hours. Identity objectives were presented both in message development and message topics. In message development, respondents who avoided

requesting an accommodation were actively protecting their identity as a healthy, productive employee. Within message topics, respondents communicated their identity by indicating that they wanted to work, they could not fix the illness, and that if unable to continue to work, they would quit. Additionally, respondents who commented that the workplace was the cause of the chronic health condition were attempting to show how their identity was still intact, but that the work environment is the problem.

The literature suggests that aspects of politeness theory and face work would be apparent in the respondents' accounts. Brown and Levinson (1987) propose that within all interactions there are issues of both positive and negative face. Each individual, through communication, attempts to maintain a positive self-image (positive face), as well as to keep freedom of action and imposition (negative face). It is through facework (Tracy, 1990) that individuals attend to their own and others' face needs.

Examples of positive and negative face were evident throughout the respondent's reports. In message development, positive face was demonstrated by individuals who sought advice and outside documentation. By seeking advice from a physician and documentation, the respondents were able to provide expert information regarding their chronic condition to support their need for an accommodation. Similarly, respondents who brought in an outside advocate to meetings with supervisors where protecting their positive face engaging the support of an expert to substantiate the claim

for an accommodation. Positive face could also be seen in the action of individuals who executed a direct telling delivery strategy. By being up front in their request, they are presenting themselves as the same individual who has been working with the organization, but with a specific need. Positive face was also expressed in message topics such as when respondents expressed the desire to work. In this case, the respondent is trying to offset any assumptions that they are trying to get out of working by feigning a chronic condition. Additionally, respondents who reported waiting until the last moment to make the accommodation request may have been exhibiting behaviors to protect positive face. For example, a respondent with rheumatoid arthritis stated, “I was very hesitant to tell everyone, because then you get that attitude of, well if you can’t do the job, what are you doing here.”

Negative face and the respondents’ desires to not be an imposition on their supervisor was evident when they expressed that they would make up any lost time, that the situation would not last forever, and that if unable to do the job, they would resign.

Delivery Strategies

Petronio’s (2002) theory of Communication Privacy Management (CPM) proposes that privacy and disclosure are interrelated and that individuals do not disclose new information that places them in a vulnerable position without careful consideration. CPM is based on the ideas of rule foundations and boundary coordination.

Rule foundations determine what to disclose, to whom, when, and how to manage the impression made. The rule foundations are based on an individual's culture and what is considered appropriate to reveal, the sex of the other person, the motivation regarding the disclosure, the context of the information, the setting, and a balance between risks and benefits of disclosure. In the situation of requesting an accommodation in the workplace due to a chronic health condition, respondents rarely had the choice of to whom or when to make the request. However, throughout the respondent's reports, there were instances of attempting to control the impression that was made. For example, a positive impression was achieved through reinforcing that the respondent had done everything to control the chronic condition, that they were involved with a doctor in treating the condition, and that they would make up any missed time. The influence of the sex of the other person can be seen in a respondent's report that she discussed her situation with breast cancer with a female supervisor and not the male supervisor.

Boundary coordination indicates that people recognize that when information is disclosed, a link is built between the two individuals due to the sharing of information and that careful consideration is given to who receives the information due to perceived vulnerability. In the current study, the respondents had little or no choice in to whom to disclose the information. Additionally, enough information had to be disclosed to justify the

accommodation request. This could place some respondents in the situation of discussing private information with individuals who they normally would not.

Charmaz' (1991) work on disclosure of chronic illness sets the expectation that what she labeled as protective disclosing would most likely match the respondents' accounts in this study. Protective disclosing may occur when individuals have control over how, what, when and whom to tell, with the ultimate purpose of protecting themselves and others. This type of disclosing involves planning prior to the disclosure act. Charmaz (1991) proposes that protective disclosing is comprised of four strategies: assistance of professionals, setting the stage, providing progressive clues, and selective informing. The current study results are consistent, to a degree, with the four strategies of protective disclosing.

The first stage, assistance of professionals, is described as the use of an expert who provides corroboration for what the individual is disclosing; this individual frequently is a physician. Seven respondents in the current study reported asking their physicians for advice. Six respondents indicated that they brought some sort of documentation to their supervisor including notes from doctors, website information, and emergency room billing statements. Four respondents also stated that they used the Family and Medical Leave Act (FMLA) in the workplace to protect their rights. Invoking FMLA requires a physician's signature. Of the above mentioned ways to use the assistance of

professionals, some respondents reported using more than one. Overall 13 respondents reported using the assistance of professionals.

The second stage, setting the stage, is a strategy that involves planning the disclosure with details such as where the disclosure takes place and to whom. This stage of protective disclosure was the least apparent of the four stages in the respondent's reports. However, in the situation of requesting an accommodation in the workplace, the employee frequently has little choice about to whom they can make the disclosure; company policy and/or broad organizational norms direct an employee to either an immediate supervisor or a human resource professional. However, it can be anticipated that some employees may be able to choose where the request occurs. Only two respondents reported that they requested a specific location. The low number of respondents specifically stating that they chose the location may also be reflective of the fact that their supervisor had a private office.

The third stage, providing progressive clues, includes hints or information that has been provided over time prior to the disclosure. Two respondents included information in their interviews that reflected this stage. Both suffered from migraines, and they wanted their supervisors to see them in pain to add legitimacy to their request.

The final stage, selective informing, refers to the individual providing only the information necessary, while withholding some information from the other person. Overall, the accommodation request messages recounted by

the participants focused primarily on their health situation. However, they did not reveal enough information in the interviews to determine how much health information was disclosed and how much was withheld or whether the participants included other workplace or personal information.

While the four stages of protective disclosure (Charmaz, 1991) can be seen in the results of the current study, the intuitive nature of these stages suggest that each should have been more prevalent, appearing in a majority of respondent reports. It is important to note, however, that Charmaz' results are based on longitudinal sets of interviews with individuals, some of which have occurred over 5 – 11 years. In contrast, in the current study, in most cases, there was no relationship between respondents and the researcher other than a one-time interview over the telephone.

Admi (1996), in studying disclosure of individuals with cystic fibrosis, discussed three situational criteria in managing information related to their illness. These criteria were whom to tell, where to tell, and what strategy to use. In the current study, the respondents in the situation of requesting an accommodation in the workplace due to a chronic health condition usually had no choice in whom to make the request to. Likewise, the respondents often had little control over where the interaction took place. However, respondents did have control over how the information was presented. Admi's research revealed four telling strategies (visible display of symptoms, direct telling, silent telling, and concealment). The current study did include

examples of visible displays of symptoms by respondents who wanted to be seen while having a migraine, as well as a respondent who was seen crying at her desk in pain from fibromyalgia. Due to the nature of the study and the request of an accommodation, strategies of silent telling and concealment were not investigated. The most often reported delivery strategy by respondents that correlated with Admi's work is direct telling. This strategy was described by Admi as a frank discussion including an explanation of the disease.

The current study expanded on the understanding of superior subordinate communication by examining an interaction that is initiated by the subordinate regarding a subject that is not directly related to job tasks.

Kipnis and Schmidt (1988) identified six strategies that are used by subordinates to influence their superiors: friendliness, assertiveness, reason, bargaining, higher authority, and coalition. Of the six strategies, three were obvious in the current study. Assertiveness was demonstrated through exercising rights through the Family and Medical Leave Act (FMLA). This strategy was also discussed in advice for others in the recommendation that others be aware of the organizational policies regarding accommodations and health issues, federal and state legislation, and insurance benefits. Reason was represented by respondents bringing in documentation to their supervisor. Bargaining was shown by respondents who were willing to make up any lost time due to their chronic condition.

Social Responses

The current study raised the question of how coworkers and supervisors responded when an employee requested an accommodation in the workplace due to a chronic health condition. Respondents reported both positive and negative responses from coworkers and supervisors.

Coworker Responses

In most workplaces, employees interact with one another on a regular basis so they are in a position to easily observe the activities of their coworkers and develop interpretations of the relationship between coworkers and their supervisors. They may perceive that supervisors treat employees differently, leading to problems in coworker relationships (Sias & Jablin, 1995). The theories of distributive and procedural justice further propose that coworkers expect that outcomes in the workplace, as well as the process by which the outcomes are determined and administered should be fair (Stroh, Northcraft & Neale, 2002). These factors lead to the possibility that coworkers could see the approval of an accommodation in the workplace as differential treatment or, indeed, as preferential treatment. In the current study, 13 respondents (34%) commented that after they received an accommodation, their coworkers responded positively. In contrast, eight respondents (21%) indicated that coworker behaviors were negative.

While research on superior treatment (Sias & Jablin, 1995), and distributive and procedural justice (Stroh, Northcraft, & Neale, 2002) support

an expectation that coworkers will respond negatively when one worker is given preferential treatment, it is interesting that, for this sample, recollection of coworker behavior was more positive than negative. Several factors may help explain this result. First, it is possible that accommodation for chronic health conditions is viewed by coworkers differently than other instances of differential treatment. Knowledge of coworker's illness may lead employees to perceive the accommodation as warranted and reasonable, rather than arbitrary. Secondly, interpersonal relationships between coworkers may also be an influence in determining what an employee considers differential treatment. Again, knowledge of the circumstances and concern for a liked coworker may help employees interpret accommodation as appropriate. Additionally, coworkers could be taking into account their own health situations, health situations of family members, or their personal potential for having a chronic health condition when they make a judgment about fairness. With these additional considerations, the coworker may be less likely judge the situation negatively. To further support the assertion that the interpersonal relationship influences the positive or negative responses of coworkers, respondents indicated that coworkers with whom they had little association (outgroup) responded negatively to the accommodation.

In the current study, respondents were not asked to provide any global or individual evaluation of the workplace relationship between themselves and their coworkers prior to their accommodation request. Additional information

regarding the interpersonal relationships between coworkers could show that in the case of accommodation in the workplace, individuals with close workplace relationships are less likely to respond negatively to what might otherwise be perceived as preferential treatment. The preponderance toward providing support by coworkers discussed in this study sets the expectation that in the case of requesting an accommodation due to a chronic health condition, coworkers with strong interpersonal relationships are provided support and not evaluated negatively.

Supervisor Responses

Sixteen respondents (42%) in the current study indicated that their supervisor had a positive response after the accommodation request, compared to 14 (36%) who reported a negative response. A number of factors could contribute to this finding. One is managerial focus. In their leadership grid, Blake and Mouton (1991) identified two dominant managerial style components, concern for people and concern for productivity. Their assertion was that the most effective managers show concern for both people and productivity. In the current study, results showing positive supervisor responses could be reflective of supervisors who are higher in attention to people, while the negative superior responses could be reflective of the behavior of a manager who is more focused on productivity. Further, individual supervisor behavior may reflect individual differences, including tolerance for ambiguity, the supervisor's own privacy boundaries, and his or

her discomfort with medical topics. The results are sufficient to suggest that further investigation of supervisor responses after an accommodation is warranted and that measuring a supervisor's level of concern in the workplace as being people versus production-focused could help deepen our understanding in of these situations.

The Interview Situation as a Methodological Influence

While results of this study provide confirmation that requesting an accommodation in the workplace due to a chronic health condition is complex and involves issues of politeness, and face wants, it must be noted that the interview itself may also produce the same issues of politeness and face wants and thus influence how much and what kind of information respondents disclosed to the researcher.

Like other communication encounters, interview situations are potentially face-threatening (Tracy, 1990). If the situation requesting an accommodation contains potential threats to positive and negative face, then an interview with a stranger, focused on remembering and recounting that situation, could pose some of the same threats to the respondent. If the respondents focused on their own positive image, their desire to be included in the workplace, and their desire to have their abilities respected, they may not have included any information in the interview that would jeopardize these objectives. Therefore, studies involving face wants should also acknowledge that the respondents may protect their own face wants by eliminating portions

of the story that threaten them. By not exposing any face wants, or limiting their importance in telling their story, the respondent would be what Tracy (1990) indicates is the most polite strategy for dealing with face threats: Don't perform the act.

Stewart and Cash (2008) developed a model of the interview and describe three levels of interaction. Level 1 interaction reveals information that is safe, non-threatening, focuses on "answers that are safe, socially acceptable, comfortable and ambiguous (p. 25)," and does not require a relationship of trust. Level 2 interactions begin to delve into topics that may be personal, controversial and/or threatening. Here, responses may be guarded. This level of information exchange occurs less frequently than Level 1 interactions, and a closer relationship between the interviewer and the interviewee is required. Level 3 interactions "deal with intimate and controversial areas of inquiry. Respondents fully disclose their feelings, beliefs, attitudes, and perceptions (p. 25)." This level of interaction is the rarest, and the relationship between the interviewer and the interviewee is characterized as based on "perceived similarities, desire to be included and involved, feelings of warmth or friendship, sharing of control, and a high level of trust (p. 25)."

The event at the heart of this study could easily have been face-threatening to the respondents. Based on this, it is reasonable to expect that the interview must progress into Stewart and Cash's (2008) levels 2 and 3.

Success at both of these levels requires a relationship between interviewer and participant that is based on trust. In the case of the present study, however, participants were primarily individuals whom the researcher had never met, and the interviews were conducted primarily over the telephone. Hence, there was no prior relationship between the respondents and the researcher upon which the respondents could develop trust which would enhance the revelation of information at levels 2 and 3 (Stewart & Cash, 2008). Reinforcing this argument, the six interviews done with individuals with whom the researcher had a previous relationship provided more in-depth responses from the respondents. This observation reinforces awareness of the face threats and discomfort the interview itself could generate and the resulting effects on data reported by participants.

Respondent Experience versus Advice

Respondents were asked in the current study what advice they would give to others in a similar situation. The most interesting results were the differences between what respondents did and what they would advise others to do. The first difference between the respondents' experiences and advice in delivery strategies was that although two respondents had involved a third party as an advocate when meeting with superiors, not one respondent suggested that others involve a third party in making the accommodation request.

The second difference was in message preparation. While only one respondent originally mentioned considering her audience in her message preparation, no one mentioned considering the characteristics of the audience in their advice. This difference is highlighted because of a potential expectation that a listener-adapted message may be more effective in a persuasive situation (Clark & Delia, 1977). It is possible that the respondents did not feel the need to develop a persuasive message because they anticipated that their request would be approved.

Power

French and Raven (1959) proposed that in social situations there are five bases of power (coercion, reward, legitimate, expert, and reference) with power being defined as "potential influence" (Raven, 1993, p. 230). Later, informational power was added to the list (Raven, 2001). In the superior/subordinate dyad, the supervisor is generally seen as the person who can exercise power. However, in the current study of requesting an accommodation, the respondents' messages and advice contained elements that can be attributed to attempts to exert power to influence the individual to whom they were making the request. Specifically, examples of informational power were exhibited. Raven (2001) defined informational power as "based on information, or logical argument, that the influencing agent can present to the target in order to implement change" (p. 220). Informational power can be seen in the original messages of respondents who brought information to their

supervisor when requesting the accommodation. In advice for others, ten respondents suggested that employees bring documentation to their supervisors when requesting accommodation. The use of documentation of the chronic health condition is easily seen as invoking informational power in an attempt to influence the supervisor to approve the accommodation.

Raven (2001) further indicated that change can be influenced through the use of a third party. Two respondents exhibited the use of this type of influence by using a third party who was an expert in accommodation requests.

FMLA as Part of the Accommodation Request

Four respondents reported using FMLA to reinforce their request for accommodation. Family and Medical Leave act of 1990 (FMLA) requires employers of over 50 employees to provide paid or unpaid leave of up to 12 weeks over a 12-month period due to medical reasons. This federal legislation provides protection for employees who may need an accommodation of time off for doctor's appointments, extended therapy, medical treatment, or lateness due to medical symptoms and requires that the organization maintain the employee's position. This legislation can be seen as an acknowledgement of the need for employees to receive health care, for employers to maintain current employees, and for job retention after a health-related leave of absence. Although results of this study indicated that only

four respondents used this legislation to protect their jobs, FMLA could have applied to many of the reported situations.

Of those respondents who used FMLA, it was noted that they originally thought the act was developed for new mothers or employees who needed to take time to care for a family member. They did not realize that the benefit was available for employees to use in response to their own medical conditions. Based on these data, information regarding this important legislation has not been presented to employees effectively, resulting in their unawareness of the provisions of the act. Additionally in regards to the current study, potential research respondents may have disqualified themselves thinking that what they were receiving through FMLA was not an accommodation.

Result Implications

One benefit of this study is collection of first-hand information about the process of requesting an accommodation in the workplace due to a chronic health condition. This information may provide guidance for individuals with chronic health conditions, for those who provide career or employment counseling to individuals with chronic health conditions, as well as to individuals in supervisory positions responsible for making decisions in granting accommodations. Statistics indicate that 50% of the adult population has at least one chronic health condition (Johns Hopkins University, 2004).

With such a high current incidence of chronic illness, it is likely that requesting an accommodation in the workplace will become more common.

Workplace Implications

The current study revealed how requests for accommodations may be made in the workplace, as well as the responses from both coworkers and supervisors. Overall, the results do provide insight for individuals who are in the position of receiving requests in the workplace for accommodations due to chronic health conditions.

First, individuals who educate employees about accommodation due to a chronic health condition need to realize that the word “accommodation” may be misunderstood. As this study unfolded, it became apparent that some respondents did not understand how the word “accommodation” reflected the workplace changes they had requested due to their health conditions. The researcher found in soliciting respondents that using the phrase “changes to the work space or work schedule” resulted in more responses. Additionally, naming specific health conditions as examples, and not just using the term “chronic health conditions” generated further participation. The misunderstanding of the terms can easily be transferred into the workplace. Therefore, individuals who work with employees need to specifically plan their vocabulary when discussing accommodations. At this point, the current study indicates that many people do not understand what an accommodation is or what qualifies them for one.

By addressing the situation as changes to the work environment or work space, as well as providing examples of prevalent conditions that qualify, more employees will understand what constitutes an accommodation and may be more willing to request one.

Furthermore, when considering Stewart and Cash's (2006) levels of information that may need to be discussed in the accommodation request situation, it is possible that unless there is a relationship of trust between employees and their supervisors, employees may be less likely to provide information that may be threatening or put them in a vulnerable position. In this case, it is possible that employees will attempt to conceal their chronic health conditions, make excuses for their performance due to the chronic health condition, or find another job. Hence, individuals may not be willing to ask for as much help as they need to complete their jobs adequately.

Strengths and Limitations of the Study

The study was strengthened by the use of respondents who had first-hand experience with the situation being researched. First-hand accounts provide a rich and grounded reflection of the situation from the respondent's point of view, and because of the variety of respondents, reflected a variety of health conditions and accommodation requests. Data that characterize diversity in the sample can aid researchers who want to understand whether communication styles are consistent among health conditions and accommodation requests or if health conditions and/or accommodation

requests change the communication style. Although the current study did not include enough respondents to provide any strong generalizations about diversity between health conditions and accommodation requests, the results do set the stage for further research. For example, accommodation requests from respondents who were having reactions to mold in the workplace were denied. Respondents with migraines reported more challenges to their credibility and their accommodations. These findings suggest that how these particular chronic health conditions are perceived set them apart from other chronic health conditions. Further research focused on accommodation requests for specific chronic health conditions may reveal a propensity toward approval for requests for some chronic health conditions and denial for others and may illuminate how these conditions are socially perceived.

This study was further strengthened by the use of the interview. While interviewing respondents about topics they may not choose to discuss with a stranger is difficult, it provides a basis for understanding the communicative behavior of requesting an accommodation in the workplace due to a chronic health condition. Based on the data gathered and the interview experience, further research through interviews or surveys incorporating open-ended questions will become more focused, resulting in a clearer picture of the communication behaviors being studied. Additionally, this study demonstrates the challenges that are faced not only in the interview situation when attempting to gather information from respondents who have no

relationship with the researcher, but that the interview situation may in itself create a situation in which the respondents may be avoiding face threats by focusing their answers only on the basics of the health condition and the accommodation need.

The first limitation of the study was in the relatively small number of respondents. The author utilized multiple ways of contacting individuals outside of her personal circle, but in spite of these efforts, only 38 individuals were willing to participate. When considering the national rate of chronic conditions in the United States of is 133 million (nearly 50% of the total adult population) (Johns Hopkins University, 2004), the number of respondents was frustratingly low. However, the low number is an important finding in itself. Underpinnings of the current study in the literature suggest that people do not want to discuss their chronic health conditions because talking about one's chronic health condition can be considered challenging or taboo for a variety of reasons. For example, discussing the topic may be a threat to identity, pointing out how an individual is not 'normal' or because individuals consider it to be a violation of their communication privacy (Petronio, 2002). This argument is difficult prove from the current data, yet the low number of respondents certainly demonstrates that individuals are reluctant to discuss their chronic health conditions. Additional research will need to address the unwillingness of individuals to discuss the topic. One possibility for making this easier for the respondent is the use of an on-line survey incorporating

open-ended questions. Through this type of survey, respondents would have anonymity, and there would be no face wants or face threats to be addressed because the 'conversation' would be completely one-sided.

Closely linked to the previous limitation is the phrasing of the original text soliciting volunteers. The author repeatedly stated that she was looking for "individuals who have requested accommodation in the workplace due to a health related situation." As time passed, and there was little response, the solicitation was changed to a research project "looking for individuals who have requested a change in their work space or work schedule due to health situations. For example migraines, allergies, back pain, etc." By eliminating the word "accommodation" and providing examples, more people stepped forward to volunteer or to contact people who they knew met the criteria. This challenge illustrates how vocabulary is decoded differently by potential participants. It is possible that the potential respondents viewed the word "accommodation" as something that people who are in wheelchairs need, and not someone who has migraines. This provides insight into respondent recruitment by acknowledging that the researcher needs to be communicating in the same language as the potential respondents, as well as indicates that within the survey or interview, the research must continue to carefully select vocabulary with the expectation that some terms may be misinterpreted by respondents.

An additional limitation of the study was the respondents' inability or unwillingness to remember and report detailed specifics of their experiences with accommodation requests. The study was based on the premise that respondents could remember and relay the story in detail of the situation in question when asked a typical qualitative grand tour open-ended question. A survey with both open and closed questions may have provided stimulus to the respondents and stirred their memories or suggested that the study was interested in more than just announcing the chronic health condition and making the request.

A final limitation was the way the respondents selected what information to provide to the researcher. One respondent who had more than 20 years experience in qualitative research failed to mention in her account that she did not have a face-to-face conversation with her supervisor to request accommodation. Approximately 20 minutes into the interview, the researcher attempted to confirm where the respondent had met with her supervisor to request the accommodation. The respondent stated, "Actually I sent it in an email." Although the present study was not overly concerned with the medium of delivery, it does raise a question about what other parts of the respondents' stories were not disclosed that could have been important. One factor that can influence the information that was provided to the researcher could be what the respondent remembers as most salient about the situation. As the event retreats further into the past, the respondent

memory may be increasingly focused on the likely ongoing chronic health condition, the accommodation needed (and those that may become needed) and the result.

Future Research

This study was designed to elicit information from individuals who had first-hand experience regarding the messages used to request an accommodation in the workplace due to a chronic health condition. Many of the respondents utilized a direct telling method in making the request, focused on the chronic health condition and the needed accommodation. However, it is likely that some employees actively conceal chronic health conditions from their supervisors and coworkers until it is necessary to disclose the information and request an accommodation. This situation would be more complex than what this study entailed. The act of concealing necessitates a disclosure of previously unknown information that could result in stronger examples of face work on behalf of both participants and more carefully prepared and delivered messages. Additionally, employees who have actively concealed a chronic health condition may express concern with how coworkers and supervisors will see them after the information is revealed. The strong incorporation of the concept of concealment as an element of accommodation request has not been evaluated. However, individuals who actively choose to conceal information from their employer

until they have no choice but to reveal it may be unwilling to participate in a research study.

Additionally, the study data revealed that no respondents who reported chronic health conditions related to mold reactions were given an accommodation. While this may be unique to this specific sample, it may also be an indication of the social acceptability of specific illness. Sontag's (1978) writings regarding social acceptance of illness explain that throughout history some illnesses have elicited stigmatization. Specifically, Sontag (1978) addressed the stigmatization of individuals with conditions such as tuberculosis, cancer, and AIDS, which resulted in the patient's attempts to conceal the illness. The overall denial of accommodation for respondents with reactions to mold may be an indication that the condition is not socially credible in today's culture.

Further complicating the situation with reactions to mold is the inability of the medical field to specifically diagnose physical illness as being a result of mold. Without a specific diagnosis from a medical professional it is difficult to substantiate symptoms and illness. The situation with illnesses that are difficult to diagnose could lead to additional studies reporting on the challenges faced by respondents with the chronic health condition as well as a further understanding of how society accepts or denies illness based on medical diagnosis.

Overall, this study demonstrates that the situation of requesting an accommodation in the workplace due to a chronic health condition is worth further study. A deeper understanding of the situation will be enhanced by incorporating the stories of more individuals, examining populations of individuals with the same health condition, specifically exploring chronic conditions that are hard to diagnose, and incorporating the use of surveys to protect the anonymity and face wants of the respondents. Measurements of the relationships between coworkers and superior/subordinates could provide added insight into how these relationships influence the accommodation request process, messages, and eventual outcomes. Additionally, this study looked only at the point of view of the individual making the request. Obviously, the request was made to another individual. Further studies should inquire into what supervisors expect messages of accommodation to contain, how they would prefer the request be made, and specifically how they respond through communication to the accommodation request.

Conclusion

The data from the study revealed that respondents did take the time to prepare a message and this was often in the form of getting advice from physicians, family members, and coworkers. Respondents most often used a delivery strategy of direct telling in accordance with Charmaz' (1991) work with the disclosure of chronic illnesses labeled as protective disclosing. Message topics focused on the chronic condition and the accommodation

itself. Included by some respondents were arguments that provided additional support to their request or set up a defensive tone.

Responses from coworkers and supervisors were largely positive. Eighty-six percent of the respondents reported having their request approved. When providing advice to others, the respondents generally reflected the path the respondents had taken in their own requests. This included knowing the individual's health situation, knowing corporate and legislative policies, providing documentation, and telling the superior as soon as possible.

The current study allowed respondents to provide, in their own style and words, a report of an actual event that occurred in an organization. By soliciting information regarding an actual message exchange in the workplace, this study is responding to Jablin's (1991) assertion that communication research address a specific situation in the organization's natural environment.

Appendix A.

Email Example.

Dear Friends,

The time has arrived to begin to gather data for my dissertation. I am interested in understanding the process people with non-visible chronic illness use to disclose the situation to their employer when requesting a workplace accommodation. For clarification, an accommodation is anything that your employer provides for you to allow you to continue to be a productive employee regardless of your chronic health condition. Examples could be changes in work hours to allow for rest or medical treatment, purchasing equipment, etc. For this project I am requesting your help. I am looking for individuals who meet all of the following:

1. Are over 21 years of age.
2. At some point concealed a chronic health condition from their employer. (A chronic health condition is something you have been experiencing for at least 3 months and have seen a medical professional about.)
3. Needed to disclose the chronic health condition to request an accommodation from their employer in the United States.

If you meet all three items, please go to www.surveymonkey.com and complete survey……

Regardless of whether you meet the criteria or not, please send this email to as many people as you can. Hopefully, through forwarding this message through the internet, I will be able to gather enough data to understand the issues I am researching.

If you are aware of someone who meets the criteria, but who does not have internet access, please have them contact me by telephone directly to complete the questionnaire.

Thank you for your help.

Erin L. Ellsworth
PhD Candidate
Department of Communication Studies
University of Kansas
785-841-3353

Appendix B

Message for Electronic Mailing Lists

I am a doctoral student in the department of Communication Studies at the University of Kansas who is interested in how people disclose non-visible chronic health conditions in the workplace when requesting an accommodation. For clarification, an accommodation is anything that your employer provides for you to allow you to continue to be a productive employee regardless of your chronic health condition. Examples could be changes in work hours to allow for rest or medical treatment, purchasing equipment, etc. Therefore, I am looking for individuals who meet the following criteria:

1. Are over 21 years of age.
2. At some point concealed a chronic health condition from their employer. (A chronic health condition is something you have been experiencing for at least 3 months and have seen a medical professional about.)
3. Needed to disclose the chronic health condition to request an accommodation from your employer in the United States.

If you meet the criteria and are willing to be interviewed , please contact me at eellswor@ku.edu or 785-841-3353 to schedule either a face-to-face or telephone interview. If you know of anyone else who meets the criteria, please forward this message to them.

Thank you,

Erin Ellsworth
Ph.D. Candidate
Department of Communication Studies
University of Kansas
785-841-3353

Appendix C.

The Information Statement.

The Department of Communication Studies at the University of Kansas supports the practice of protection for human subjects participating in research. The following information is provided for you to decide whether you wish to participate in the present study. You should be aware that even if you agree to participate, you are free to withdraw at any time without penalty.

We are interested in studying the message development, delivery strategies, and consequences when individuals have requested accommodation in the workplace for a chronic health condition. You will be responding to a series of questions. It is estimated that this questionnaire will take no more than 30 minutes of your time.

There do not appear to be any foreseeable risks involved with participation in this study. Although participation will not directly benefit you, we believe that the information in this study will be useful for generating important information about the accommodation request in the workplace for chronic health conditions. The information will benefit both organizations and individuals who find themselves in this specific situation.

Your participation is this study is voluntary. We assure you that your name will not be associated in any way with the research findings.

If you would like additional information concerning this study before or after it is complete, please feel free to contact me by phone, mail, or email. By completing this questionnaire, you are indicating that you are at least 21 years of age and are a willing respondent in this study.

Sincerely,

Erin L. Ellsworth
Principal Investigator
University of Kansas
Communication Studies
102 Bailey Hall
Lawrence, KS 66045-7574
(785)841-3353
eellswor@ku.edu

Tracy Russo PhD
Faculty Advisor
University of Kansas
Communication Studies
102 Bailey Hall
Lawrence, KS 66045-7574
(785)864-8417
trusso@ku.edu

Appendix D.

The Research Instrument.

INITIAL GRAND TOUR QUESTION:

Will you tell me the story of requesting a change to your work schedule or work environment for a health reason.

IMPORTANT DETAILS TO LISTEN FOR AND PROBE:

LEADING TO THE DISCLOSURE:

What was the health condition?

How long did you have the condition before disclosing it and requesting an accommodation?

What changes in the health condition led to the disclosure?

Had the health condition affected your work productivity?

As far as you know, had anyone else in the workplace requested an accommodation prior to your request and what happened?

As far as you know, did the organization have guidelines for requesting and providing an accommodation?

PREPARING THE MESSAGE:

GRAND TOUR QUESTION:
If you took the time to prepare the message of disclosure, could you tell me about that preparation?

IMPORTANT DETAILS TO LISTEN FOR AND PROBE:

Was anyone consulted? What advice was received?

How much time was taken to prepare the message?

In preparing to talk to your employer what were your concerns?

What concerns did you have, if any, of how your COWORKERS would perceive you after the disclosure and accommodation?

If you were concerned that your COWORKERS would change their behavior toward you after the disclosure and accommodation request, did you plan to say or do anything when making the disclosure to influence their behavior?

What concerns did you have, if any, of how your SUPERVISOR would perceive you after the disclosure and accommodation?

If you were concerned that your SUPERVISOR would change his or her behavior toward you after the disclosure and accommodation request, did you plan to say or do anything when making the disclosure to influence his or her behavior?

THE DISCLOSURE

What exactly (as far as you remember) did you say to your employer?

What exactly (as far as you remember) did your employer say to you?

What was the accommodation that was requested?

To whom was the disclosure made?

Describe in detail the circumstances or physical setting of when you made the request of your employer. This may include (if you were concerned with them) when the disclosure took place, where the disclosure took place, issues of privacy, etc.

What other types of issues influenced your message?

What was the approximate date of the disclosure?

If you had planned a specific message to use in this situation, did you actually use it?

EFFECTS OF THE DISCLOSURE

GRAND TOUR QUESTION:
Where there any workplace changes (other than the accommodation) that resulted from your disclosure and accommodation request?

IMPORTANT DETAILS TO LISTEN FOR AND PROBE:

Was the accommodation request successful?

If you went into the conversation with concerns regarding the behavior of the other person, did the behavior match what you expected?

How did your COWORKER(S) change their behavior, actions or communication toward you after your disclosure and request for an accommodation?

Do you feel that the change in the behavior, actions or communication of your COWORKER(S) was due to the disclosure of the health condition, the accommodation, or something else?

How did your SUPERVISOR change their behavior, actions or communication toward after your disclosure and request for an accommodation?

Do you feel that the change in the behavior, actions or communication of your SUPERVISOR was due to the disclosure of the health condition, the accommodation, or something else?

FUTURE ADVICE

GRAND TOUR QUESTION:

What advice would you give to others in similar situations?

GRAND TOUR QUESTION:

Is there anything else that you would like to add to your story?

SURVEY DATA

1. How long had you been working for your employer?
   ___Less than 1 year
   ___1-3 years
   ___4-6 years
   ___7-10 years
   ___11+ years

2. What profession were you in when you made the disclosure?
   ___Service
   ___Technology
   ___Construction/Labor
   ___Sales/marketing
   ___Medical Services
   ___Office/Customer Support/Clerical
   ___Education
   ___Military
   ___Management
   ___Other (Explain) _____
3. What was your salary range when you made the request for an accommodation?
   ___Less than $20,000
   ___$20,000 - $40,000
   ___$40,001 - $60,000
   ___$60,001 - $80,000
   ___$80,001 - $100,000
   ___$100,001 - $125,000
   ___$125,001 - $150,000
   ___More than $150,000

4. What was your job position when you requested the accommodation?

5. How long had you been in this position?
   ___Less than 1 year
   ___1-3 years

___4-6 years
___7-10 years
___11+ years

DEMOGRAPHICS

6. Your age at your last birthday. _____

7. Sex
   ___Male
   ___Female

8. Race
   ___White
   ___African American
   ___American Indian
   ___Alaska Native
   ___Asian
   ___Hispanic
   ___Latino
   ___Other (please specify) _____

9. Are you still with the same employer?
   ___Yes
   ___No

10. Your current job position.
    _____

Debriefing the respondents:

Thank you for your participation in the research project. Again, although what you have provided may not benefit you, it may provide an understanding of the dynamics involved in this situation and thereby provide guidance to others in similar situations. I would like to remind you that your name will not appear in any publications related the information you have provided. Instead your responses would be identified by your age, sex, and chronic illness. For example, “A 23 year-old female with thyroid cancer…” All audio tapes and corresponding transcripts will be maintained by the researcher for a period of five years in a locked file cabinet.

References

Admi, H. (1996). "Nothing to hide and nothing to advertise" Managing disease-related information. *Western Journal of Nursing Research, 17*(5), 1484-501.

Baldridge, D. C., & Viega, J. F. (2001). Toward a greater understanding of the willingness to request accommodation: Can requesters' beliefs disable the ADA? *Academy of Management Review, 26*(1), 85-99.

Blake, R., & Mouton, J. (1986). Management by grid principles or situationalism: Which?. *Group & Organization Studies, 6*(4), 439-455.

Brown, P., & Levinson, S. C. (1987). *Politeness: Some universals in language usage*. Cambridge: Cambridge University Press.

Charmaz, K. (1991). *Good days, bad days: The self in chronic illness and time.* New Brunswick, NJ: Rutgers University Press.

Clark, R.A., & Delia, J. (1977). Cognitive complexity, social perspective-taking, and functional persuasive skills in second- to ninth-grade children. *Communication Monographs, 44*(4), 326-345.

Clark, R.A., & Delia, J. (1979). Topoi and rhetorical competence. *Quarterly Journal of Speech*, 65(2), 187-206.

Cleveland, J.N., Barnes-Farrell, J.L., & Ratz, J.M. (1997). Accommodation in the workplace. *Human Resource Management Review, 7*(1), 77-107.

Colella, A. (2001). Coworker distributive fairness judgments of workplace

accommodations of employees with disability. *Academy of Management Review, 26*(1), 100-116.

Comer, D. R. (1991). Organizational newcomers' acquisition of information from peers. Management Communication Quarterly, 5(1), 64-89.

Colvert, A. L., & Smith, J. W. (2000). What is reasonable? Workplace communication and people who are disabled. In D.O. Braithwaite & T.L. Thompson (Eds.), *Handbook of communication and people with disabilities* (pp. 141-158). Mahwah, NJ: Lawrence Erlbaum Associates.

Dansereau, F., & Markham, S. E. (1987). Superior-subordinate communication: Multiple levels of analysis. In F. M. Jablin, L. L. Putnam, K. H. Roberts, & L. W. Porter (Eds.), *Handbook of organizational communication: An interdisciplinary perspective* (pp. 343-388). Newbury Park, CA: Sage Publications, Inc.

Devins, G. M., & Binik, Y. M. (1996). Facilitating coping with chronic physical illness. In M. Zeidner & N.S. Endler (Eds.), *Handbook of coping: Theory, research, applications* (pp. 640-696). New York: John Wiley & Sons.

Denzin, N. K., & Lincoln, S. Y. (2003). Introduction: The discipline and practice of qualitative research. In N. K. Denzin & S.Y. Lincoln (Eds.), *Collecting and interpreting qualitative materials* (2nd ed., pp. 1-47). Thousand Oaks, CA: Sage Publications, Inc.

Downs, C. W., Clampitt, P. G., & Pfeiffer, A. L. (1988). Communication and

organizational outcomes. In G. M. Goldhaber, & G. A. Barnett (Eds.), *Handbook of organizational communication* (pp. 171-212). Norwood, NJ: Apex.

Ellsworth, E. (2003). *Disclosure of Non-Visible Disability In The Workplace When Requesting Reasonable Accommodation In Accordance With The Americans With Disabilities Act.* Unpublished master's thesis, University of Kansas, Lawrence, Kansas.

Florey, A. T., & Harrison D. A. (2000). Responses to informal accommodation requests from employees with disabilities: Multistudy evidence on willingness to comply. *Academy of Management Journal, 43*(2), 224-233.

French, J. R. P., Jr., & Raven J. R. (1959). The bases of social power. In D. Cartwright (Ed.) *Studies in social power* (pp. 150-167): Ann Arbor, MI. Institute for Social Research.

Frey, L. R., Botan, C. H., Friedman, P. G., & Kreps, G. L. (1992). *Interpreting communication research* (pp. 125-160). Englewood Cliffs, NJ: Prentice Hall.

Gaines, J. (1980). Upward communication in industry: An experiment. *Human Relations, 33*(12), 923-942.

Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory*. Chicago, IL: Aldine Publishing Company.

Goffman, E. (1963). *Stigma: Notes on the management of spoiled identity*.

Englewood Cliffs, NJ: Prentice-Hall, Inc.

Goffman, E. (1967). On face-work: An analysis of ritual elements in social interaction. In A. Jaworski and N. Coupland's (Eds.), *The Discourse Reader* (pp.306-320). New York: Routledge. (Reprinted from Interaction Ritual: Essays on Face-to-Face Behavior, 1970, Garolen City, N.Y.: Anchor/Doubleday)

Goodwin, C., & Duranti, A. (1992). Rethinking context: an introduction. In A. Duranti & C. Goodwin (Eds.), *Rethinking context: Language as an interactive phenomenon,* (pp.1-42). Cambridge: Cambridge University Press.

Harlan, S., & Robert, P. M. (1998). The social construction of disability in organizations. *Work and Occupation*, 25(4), 397-435.

Harris, T. E. (1993). *Applied organizational communication: Perspectives, principles, and pragmatics.* Hillsdale, NJ. Lawrence Erlbaum Associates.

Hazer, J. T., & Bedell, K. V. (2000). Effects of seeking accommodation and disability on preemployment evaluations. *Journal of Applied Social Psychology, 30*(6), 1201-1223.

Hoffman, C., Rice, D., & Sung, H.Y., (1996). Persons with chronic conditions: Their prevalence and costs. *Journal of the American Medical Association, 276*, 18, 1273-1479.

Houtenville, A. J. (2001). Estimates of the prevalence of disability in the

united states by state, 1981 through 1999. Economics of Disability Research Report #1.Rehabilitation Research and Training Center, School of Industrial Labor Relations. Cornell University. http://www.ilr.cornell.edu/ped/dep/dep_pubs.html?cat_id=8

Huvelle, N. F., Budoff, M., & Arnholz, D. (1984). To tell or not to tell: Disability disclosure and the job interview. *Journal of Visual Impairment and Blindness, 78*(6), 241-244.

Jablin, F. M. (1979). Superior-subordinate communication: The state of the art. *Psychological Bulletin, 86*(6), 1201-1222.

Jablin, F. M. (1982). Formal structural characteristics of organizations and superior-subordinate communication. *Human Communication Research, 8*, 338-347.

Job Accommodation Network (JAN). Retrieved February 15, 2006, from http://www.jan.wvu.edu

Johns Hopkins University. (2004). *Chronic conditions: Making the case for ongoing care* (September 2004 Update). Retrieved October, 2005, from www.partnershipforsolutions.com

Katz, D., & Kahn, R.L., (1978). The Social Psychology of Organizations (2nd ed.). New York: John Wiley & Sons.

Kaye, S. H. (1997). *Disability watch.* Volcano, CA: Volcano Press.

Kipnis, D. & Schmidt, S. M. (1988). Upward-influence styles: Relationship

with performance evaluations, salary & stress. *Administrative Science Quarterly, 33*, 528-542.

Kipnis, D., Schmidt, S. M., & Wilkinson, I., (1980). Intraorganizational influence tactics: Explorations in getting one's way. *Journal of Applied Psychology. 65*(4) 440-452.

Kruse, D., & Schur, L. (2003). Employment of people with disabilities following the ADA. *Industrial Relations: A Journal of Economy and Society, 42*(1), 31-64.

Lim, T., & Bowers, J. W. (1991). Facework, solidarity, approbation, and tact. *Human Communication Research, 17*, 415-450.

Lindlof, T. R. (1995). *Qualitative communication research methods* (pp. 184-196). Thousand Oaks, CA: Sage.

Mann, C., & Stewart, F. (2000). *Internet communication and qualitative research: A handbook for researching online*. Thousand Oaks, CA: Sage.

Metts, S. (2000). Face and facework: implications for the study of personal relationships. In K. Dindia & S. Duck (Eds.), *Communication and personal relationships* (pp. 77-93). NY: John Wiley & Sons, Ltd.

McNeil, J. M. (1993). Americans with disabilities: 1991-1992. Washington, DC: U.S. Government Printing Office.

Miller, V. D., & Jablin, F.M. (1991). Information seeking during organizational

entry: Influences, tactics, and a model of the process. *Academy of Management Review, 16*(1), 92-120.

Perreault, W. D., Jr., & Miles, R. H., (1978). Influence strategy mixes in complex organizations. *Behavioral Science, 23*, 86-98.

Petronio, S. (2002). *Boundaries of privacy: Dialectics of disclosure*. Albany, NY: State University of New York.

The Pew Internet & American Life Project. Tracking online life: How women use the internet to cultivate relationships with family and friends. Washington, D.C., Pew Research Center. www.pewinternet.org

Raven, B. H. (1993) The bases of power: Origins and recent developments. *Journal of Social Issues, 49*, 227 – 251.

Raven, B. H. (2001). Power/interaction and interpersonal influence: Experimental investigations and case studies. In J.A. Bargh & A.Y. Lee-Chai (Eds.), *The use and abuse of power: Multiple perspective on the causes of corruption* (pp. 217-240).

Rentsch, J. R. (199). Climate and culture: Interaction and qualitative differences in organizational meanings. *Journal of Applied Psychology, 75*(6), 668-681.

Schneider, J., & Conrad, P. (1980). In the closet with illness: Epilepsy, stigma potential and information control. *Social Problems, 28*(1), 32-44.

Sias, P. M., & Jablin, F. M. (1995). Differential superior-subordinate relations,

perceptions of fairness, and co-worker communication. *Human Communication Research, 22*(1), 5-38.

Sontag, S. (1978). *Illness as metaphor*. New York: Farrar, Straus and Giroux.

Spechler, J. W. (1996). *Reasonable accommodation: Profitable compliance with the Americans with disabilities act*. Delray Beach, FL: St. Lucie Press.

Stewart, C. J. & Cash, W.B., Jr. (2008). *Interviewing Principles and Practices* (12th ed.). New York: McGraw Hill.

Stohl, C. & Redding, W. C. (1987). Messages and Message Exchange. In F.M. Jablin, L. L. Putnam, K. H. Roberts, & L. W. Porter (Eds.), *Handbook of organizational communication: An interdisciplinary perspective* (pp. 451-502). Newbury Park, CA: Sage Publications, Inc.

Strauss & Corbin. (1990). *Basics of Qualitative Research: Grounded Theory Procedures and Techniques*. Newbury Park, CA: Sage.

Stroh, L.K., Northcraft, G.B., & Neale, M.A. (2002). *Organizational Behavior: A Management Challenge* (3rd ed.). Mahwah, NJ: Lawrence Erlbaum Associates.

Taylor, S.J., & Bogdan, R. (1984). Working with data. *Introduction to Qualitative Research Methods: The Search for Meaning* (2nd ed.). NY: John Wiley and Sons.

Thakker, D., & Solomon, P. (1999). Factors influencing managers' adherence

to the americans with disabilities act. *Administration and Policy in Mental Health, 26*(3), 213-219.

Thayer, L. (1988) Leadership/Communication: A critical review and a modest proposal. In G.M. Goldhaber & G.A. Barnett (Eds.), *Handbook of Organizational Communication* (pp. 231-263). Norwood, NJ: Ablex Publishing Corp.

Tracy, K. (1990) The many faces of facework. In H. Giles & W. P. Robinson (Eds.), *Handbook of Language and Social Psychology*. Chichester, England: John Wiley & Sons.

The United States Equal Employment Opportunity Commission. (n.d.). *The Americans with Disabilities Act of 1990, titles I and V*. Retrieved April 25, 2008, from http://www.eeoc.gov/policies/ada.html.

The Robert Wood Johnson Foundation. (1996). *Chronic care in America: A 21st century challenge*. Princeton, NJ: The Institute for Health & Aging

Waldron, V. R. (1991). Achieving communication goals in superior-subordinate relationships: The multi-functionality of upward maintenance tactics. *Communication Monographs, 58*, 289-306.

Wendell, S. (1997). Toward a feminist theory of disability. In L.V. Davis (Ed.), *The disability studies reader* (pp 260-278). NY: Routledge.