


**A Sequential Methods Study Describing the
Perceptions of Environmental Barriers and the Employment of
Persons with Disabilities in a Private Healthcare Company**

by

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degree
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The image shows the crest of Stellenbosch University, which is a shield with a blue and gold design, topped with a red and white crown. The crest is positioned behind the text of the degree information.

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ABSTRACT

Persons with disabilities face many barriers in the workplace due to their disabilities as well as because of the impact of their environment. The purpose of the study was to identify the environmental barriers, and to understand the factors related to the employment of persons with disabilities in one private healthcare company in South Africa, where employees with disabilities make up 0.93% of the entire workforce.

Methodology

This was a phased, descriptive study using both quantitative and qualitative methods. During the first phase, all employees with disabilities employed by the Company in 2011 were requested to complete questionnaires, which included the Craig Hospital Inventory of Environmental Factors (CHIEF) form, used to quantify environmental barriers into five domains of functioning. Managers of employees with disabilities were also requested to complete a questionnaire, which included limited sections of the CHIEF form, as well as questions to explore their knowledge, attitudes, beliefs and practices regarding persons with disabilities. Purposive, convenience sampling was done for the second phase, where Company employees with disabilities and Company managers were interviewed.

Results

Results were obtained from 40 Company employees with disabilities and 57 managers. Of the Company employees with disabilities, 41% had physical disabilities, 15% visual and 13% hearing disabilities. Seventy-one per cent were employed in the two lowest job categories (unskilled and semi-skilled), compared to 61% in the entire Company workforce employed in these categories. Thirteen per cent worked in active nursing and 22% in related nursing positions. Eighty-seven per cent of employees with disabilities identified at least one barrier across the CHIEF domains, and 56% identified barriers in four or five domains. Domains 1-3 (namely attitudes and support; services and assistance; and physical and structural) were the most significant, based on frequency ($p=0.00000$) and magnitude ($p=0.00005$) (Kruskal Wallis test). Primary barriers identified by both managers and Company employees with disabilities were attitudes at work, transport and surroundings. Eighty-one per cent of managers were willing to re-employ the employee with a disability again.

Findings from the qualitative study supported quantitative results. Company employees with disabilities valued their contributions and recommended reducing barriers associated with recruitment practices and negative attitudes. Managers generally experienced positive interaction with Company employees with disabilities. Managers felt that the Company could do more to reduce recruitment barriers. Managers require more knowledge and support regarding recruitment and performance management of persons with disabilities.

Conclusions

Significant environmental barriers exist in the private healthcare employment environment. Reducing environmental barriers could lead to greater success in the employment of persons with disabilities.

Recommendations

The conceptual framework that was developed as part of the study should be implemented to increase focus on the employment of persons with disabilities. Employees must be encouraged to disclose their disabilities. Poor attitudes across all employees should be addressed by training and sensitisation. Recruitment practices, including advertising, engagement with disability employment companies, and interview processes, should be improved. The Company should implement experiential learnerships. Managers should receive training and assistance with performance management of persons with disabilities.

Key words: Employment, persons with disabilities, private healthcare, environmental barriers

OPSOMMING

Inleiding

Mense met gestremdhede ondervind probleme in die werkplek, nie net as gevolg van die gestremdheid self nie, maar ook as gevolg van hindernisse wat veroorsaak word deur die omgewing waarin hulle werk. Die doel van die studie was om hierdie hindernisse te identifiseer en ook die verwante probleme wat mense met gestremdhede in die werkplek ondervind, te verstaan. Die studie is uitgevoer in 'n private gesondheidsorgmaatskappy waar mense met gestremdhede 0.93% van die totale werkerskorps uitmaak.

Metodologie

Dit was 'n gefaseerde, beskrywende studie waar kwalitatiewe en kwantitatiewe metodes gebruik is. Gedurende die eerste fase van die studie is inligting verkry van werkers met gestremdhede deur middel van vraelyste wat ook die Craig Hospital Inventory of Environmental Factors (CHIEF) vorm ingesluit het wat omgewingshindernisse in 5 groepe van funksionering kwantifiseer. Bestuurders se vraelys het dele van die CHIEF ingesluit, asook vrae om hulle kennis, houdings, praktyke en gelowe oor mense met gestremdhede te toets. In die tweede deel van die studie is onderhoude gevoer met werkers met gestremdhede en hulle bestuurders wat deur middel van doelgerigte, gerieflikheidsseleksie geïdentifiseer is.

Resultate

Veertig mense met gestremdhede en 57 bestuurders het aan die studie deelgeneem. Sewe-en-veertig persent van werkers met gestremdhede het 'n fisiese gestremdheid gehad, 15% 'n visuele gestremdheid en 13% was gehoorgestremd. Een-en-sewentig persent van werkers het die laagste twee poskategorieë beklee (ongeskool en semi-geskool) in vergelyking met 61% van die algemene werkerskorps in daardie poskategorieë. Dertien persent werkers het in verpleegposte gewerk, en 22% in verpleegverwante posisies. Sewe-en-tagtig persent van werkers met gestremdhede het ten minste een hindernis in een CHIEF-groep geïdentifiseer, en 56% het ten minste een hindernis in vier of vyf van die CHIEF-groepe geïdentifiseer. Die drie primêre CHIEF-groepe wat geïdentifiseer is, was houdings en ondersteuning; diens en hulp; en fisiese en strukturele groepe, gebaseer op frekwensie ($p=0.00000$) en grootte ($p=0.00005$) (Kruskal Wallis toets). Die belangrikste hindernisse wat deur werkers met gestremdhede genoem is, was negatiewe houdings in die werkplek, vervoer en die omgewing. Een-en-tagtig persent van bestuurders was bereid om weer dieselfde werkers met gestremdhede in diens te neem.

Die bevindings in die kwantitatiewe studie is deur die kwalitatiewe resultate ondersteun. Werkers met gestremdhede het gevoel dat hulle waardevolle bydraes lewer, Die vermindering van hindernisse, insluitend indiensnemingspraktyke en die verbetering van houdings die indiensneming van mense met gestremdhede sal verbeter. Bestuurders van mense met gestremdhede het oor die algemeen positiewe ervarings met mense met gestremdhede ervaar en het gevoel dat die Maatskappy meer

kan doen om indiensnemingshindernisse te verminder. Bestuurders benodig meer kennis en ondersteuning gedurende indiensneming en prestasiebestuur van mense met gestremdhede.

Gevolgtrekking

Omgewingshindernisse is teenwoordig in die private gesondheidsorgomgewing. Die vermindering van omgewingshindernisse mag tot groter sukses lei gedurende die indiensneming van mense met gestremdhede.

Aanbevelings

Die raamwerk vir die formalisering van die indiensneming van mense met gestremdhede wat ontwikkel is moet geïmplementeer word. Werkers moet aangemoedig word om hulle gestremdhede bekend te maak. Swak houdings teenoor mense met gestremdhede moet deur opleiding en sensitisering aangespreek word. Indiensnemingspraktyke moet verbeter. Internskappe moet geïmplementeer word. Bestuurders moet opleiding en hulp met die bestuur van mense met gestremdhede ontvang.

Sleutelwoorde: Indiensneming, mense met gestremdhede, privaat gesondheidsorg, omgewingshindernisse

DEDICATION

This study is dedicated to all persons with disabilities who deserve equitable access to employment.

"It is not that individuals in the designated groups are inherently unable to achieve equality on their own. It is that the obstacles in their way are so formidable and self-perpetuating that they cannot be overcome without intervention. It is both intolerable and insensitive if we simply wait and hope that barriers will disappear with time.

Equality in employment will not happen unless we make it happen".

Judge Rosalie Silberman Abella¹

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DEFINITION OF TERMS

Black Economic Empowerment (BEE)²

“It is a programme launched by the South African Government to redress the inequalities of Apartheid by giving previously disadvantaged groups (Black Africans, Coloureds, Indians and some Chinese) of South African citizens economic privileges not previously available to them. It includes measures such as Employment Preference, skills development, ownership, management, socio-economic development and preferential procurement.”

Definitions according to the Employment Equity Act, 55 of 1998³

Affirmative Action Measures

“Affirmative action measures are measures designed to ensure that suitably qualified people from designated groups have equal employment opportunities and are equitably represented in all occupational levels in the workforce of a designated employer”.

Designated employer

“An employer who employs 50 or more employees;

An employer who employs fewer than 50 employees, but has a total annual turnover that is equal to or above the applicable turnover of a small business in terms of schedule 4 to the Employment Equity Act, 55 of 1998;

A municipality;

An organ of state (excluding National Defence Force, National Intelligence Agency and South African Secret Service);

An employer bound by a collective agreement”.

Designated group

Black people, women and persons with disabilities.

Employee

“Any person other than an independent contractor who:

Works for another person or for the State and who receives, or is entitled to receive, any remuneration; and

In any manner assists in carrying on or conducting the business of an employer”.

Employment Equity Plan

“An employment equity plan that a designated employer must prepare and implement which will achieve reasonable progress towards employment equity in that employer’s workforce”.

Person with a Disability

“A person who has a long-term or recurring physical or mental impairment which substantially limits his/her prospects of entry into, or advancement in, employment”.

Reasonable Accommodation according to the Employment Equity Act

“Any modification or adjustment to a job or to the working environment that will enable a person from a designated group to have access to, or participate or advance in, employment”.

African people

Persons who are black in skin colour.

Black people

African, Indian and Coloured people collectively.

Disability⁴

“An evolving concept resulting from the interaction between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others”.

Environmental Barrier⁵

“Environmental barriers are limitations to the physical, social and attitudinal environment in which people live and conduct their lives. It is external to the individual, but interacts with health conditions to produce disability outcomes at all levels, including body structures and functions, activities of daily living and in participation in society”.

Experiential learnership⁶

Part time learning opportunity with the aim to provide work experience to a person with a disability.

Key labour market concepts and definitions as outlined in the Census 2011 report⁷

Employed

Persons who work for pay; profit or family gain in the reference period.

Unemployed (official definition)

Persons who did not work, but who looked for work and were available to work in the reference period.

Unemployed (expanded definition)

Persons who did not work, but were available to work in the reference period.

Not economically active

Persons who were neither employed or unemployed (e.g. full-time students; retired persons; and homemakers who did not want to work)

Labour force

Employed persons plus unemployed persons.

Working age population

Persons aged 15-64 years.

Unemployment rate

Unemployed persons as a percentage of the labour force.

Labour force participation rate

Labour force as a percentage of the working age population.

Labour absorption rate

Employed persons as a percentage of the working age population.

Public Healthcare⁸

Government funded healthcare services available to all members of the population.

Private Healthcare⁹

Fee-for-service healthcare available to those who pay the full cost of the service and provided by entities other than the government.

Relative poverty risk of persons with disabilities¹⁰

A measure of poverty by calculating the poverty rate of working-age disabled people to that of non-disabled people.

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LIST OF ACRONYMS

| | |
|-------|--------------------------------------------------------------------------------|
| CEWD | Employees with disabilities employed by the Company |
| CHIEF | Craig Hospital Inventory of Environmental Barriers |
| EWD | Employees with disabilities (employed elsewhere) |
| ICF | International Classification of Functioning, Disability and Health |
| KABP | Knowledge, Attitudes, Beliefs and Practices |
| MDG | Millennium Development Goals |
| MEWD | Managers of employees with disabilities |
| SCI | Spinal Cord Injury |
| TAG | Technical Assistance Guidelines on the Employment of Persons with disabilities |

CHAPTER 1: INTRODUCTION

1.1 Introduction

This chapter outlines the background to the study, including issues pertaining to employment trends of persons with disabilities generally and in the healthcare sector specifically, and the barriers to employment for persons with disabilities. It also outlines the motivation for the study and the benefits of the study to persons with disabilities in general, as well as for employees with disabilities working in the Company where the study was conducted. Possible benefits for the Company are also discussed. It closes with the aims of the study and the significance of the study.

1.2 Background of the study

Disability is part of the human condition, will touch all people at some stage in their lives. Employment is important to individuals and valued in our society. The need for employment and the dependence we have on it is an important aspect of life for everyone, including persons with disabilities.¹¹

Unfortunately, high unemployment rates remain a global challenge. The International Labour Organization (ILO) Global Employment Trends report for 2012¹² highlighted deterioration in the macro-economic climate globally and raised concerns that sub-Saharan Africa might not meet its Millennium Development Goals (MDGs) regarding employment. The South African 2011 Census Report puts the official unemployment figure (unemployed people looking for work) in 2011 at 29.3%,⁷ which means 5.6 million people were unemployed out of the 14.4 million economically active population in South Africa. Also, more women (34.2%) than men (25.6%) were unemployed. According to the expanded definition (unemployed and looking and not looking for work) there were 8.8 million (40%) people unemployed out of 22 million of the economically active population.

Persons with disabilities are considered to be one of the most marginalised and vulnerable groups in many societies, regardless of whether they are rich or poor. Disparities are apparent between persons with disabilities and those without.⁷ The World Report on Disability (2011)¹⁰ defines disability as complex, dynamic, multi-dimensional and contested. One of the complex aspects of disability is employment.

Employment of persons with disabilities is considered one of the best indicators of full independence, social integration and quality of life,¹³ one of the most important goals of rehabilitation, and key to independent living.¹⁴

In any economic climate persons with disabilities have to compete with the economically active population for jobs. The 2010-11 Employment Equity Report¹⁵ indicated that only 0.83% of the 5.2 million employees included in the report represented persons with disabilities, which was far from the desired 2% of the workforce.^{16,17} African people made up 54% of the total population of persons with

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disabilities, while whites representation was 19%. However, whites, especially males still occupied top and senior management positions, which is also evident in the total employed population.

Even though persons with disabilities are considered part of the vulnerable group in society, and their rights are protected under international and national initiatives, amongst them the South African Constitution¹⁸ and the Employment Equity Act, 55 of 1998³, they are marginalised in the open labour market.¹⁰ They face many barriers that limit or prevent them from competing equally this market, including lack of access to employment, misconceptions and discrimination. Environmental factors impact on everyone's lives, but they have a unique impact on persons with disabilities. Through its interaction with health conditions, the environment produces barriers that affect full participation in society by persons with disabilities. The impact of environmental factors is different for people with and without disabilities, and amongst groups with different impairments. Therefore it is important to understand the particular effects of these environmental barriers on persons with disabilities in the employment arena. The International Classification of Functioning, Disability and Health (ICF) orders environmental barriers into five "domains", namely products and technology; natural environment and human made changes; support and relationships; services; and systems and policies.⁵

Although many studies have been conducted on the environmental barriers to, and the employment of, persons with disabilities in general, very little research has been conducted around disability employment within the healthcare environment in South Africa.

Disability figures for 2010-2011, reported via annual reports of the provinces on the website of the National Department of Health, range from 0.15% of the total labour force in the Free State¹⁹ to 0.63% in Gauteng.²⁰ However information was not available for the National Department itself, nor for all the provinces. Information on disability figures for the private healthcare sector could also not be found in the public domain.

Dlamini²¹ identified gaps in the KwaZulu-Natal Department of Health's implementation of the Employment Equity Act, and acknowledged that the implementation of the Act was a slow and tedious process, which required constant monitoring and support to ensure success. This study was supported by Cozzi, Glaeser, Dunstone and Strydom⁶ indicating a lack of knowledge, sensitivity and understanding by managers in the private healthcare sector in KwaZulu-Natal regarding the employment of persons with disabilities. Dlamini further recommended that issues of diversity in the workplace should not be swept under the carpet, that mindsets be legitimately challenged and that new ways of doing things should be explored. She also suggested that, unless everyone is committed to the cause of employment of persons with disabilities in the healthcare sector, persons with disabilities would not be able to take their rightful place in the workplace.

The Company where this study was conducted is one of the three major service providers in the private healthcare sector in South Africa. The Company is a black empowered company, listed on the Johannesburg Stock Exchange and a key role player in the South African healthcare sector.²² Its primary business is private acute hospital care and, with 60 facilities, it has one of the most extensive healthcare foot prints in Southern Africa.

Apart from acute care facilities, it also operates seven dedicated acute rehabilitation units, six dedicated acute mental health facilities and six dedicated renal dialysis units. The rehabilitation units offer acute, outcomes-driven physical and cognitive rehabilitation for patients disabled by stroke, brain or spinal trauma and other disabling injuries and conditions, and also offer pulmonary and orthopaedic rehabilitation. The seven rehabilitation units are spread through five provinces; two of these facilities also offer paediatric rehabilitation in dedicated paediatric units. The focus of intervention is during the acute phase of adjustment, and making the transition between the hospital and home environment. The acute rehabilitation phase therefore does not address the entire spectrum of disability rehabilitation, in particular that of preparing clients for fulfilling their life roles, including community re-integration and particularly employment, which consists of vocational rehabilitation and supported employment programmes. The mental health facilities offer comprehensive care and rehabilitation programmes to consumers of mental healthcare services.

Earlier studies by the researcher to explore aspects of employment of persons with disabilities in one business unit in the Company, and the successful implementation of experiential learnerships in this unit indicated potential for implementation throughout the business. Unfortunately, the implementation of the experiential learnerships did not materialise. As a result of these studies, a number of questions remained unanswered, that required further and more in-depth investigation and on a National level in order to get a broader perspective.

The researcher, a physiotherapist by training, has been an employee of the Company for the past 9 years, initially as a Therapy Manager of one of the acute physical rehabilitation facilities and for the last 6 years as a Support Specialist for the Rehabilitation and Mental Health Support Functions at a National level, responsible for the development and delivery of the acute rehabilitation and mental health service. Having a background in disability as well as an understanding of the corporate culture assisted the researcher in conceptualising the study. Being in a position to influence and guide strategy for rehabilitation and other processes in the Company on a National level, the researcher is well positioned to conduct this research, and also to disseminate the results of the study in such a way as to facilitate the implementation of recommendations from the study. In addition, the researcher considers herself an advocate for current and future employees with disabilities within the Company and the wider employment environment.

Approval for this study was granted more easily with the researcher being employed by the Company, rather than to an external researcher. However, it is important to acknowledge that being employed by the Company could increase researcher bias, which could influence the results of the study.

1.3 Problem statement

In 2005 the Company had three persons with disabilities on its employee database, which rose to 53 in 2007. By 2011, there were 116 employees with disabilities on the Company database,²³ which represented 0.93% of its total workforce. The increase in the number of employees with disabilities is testament to the Company's commitment to transformation.²⁴ The conservative disability target set by the Company in 2011 has been met. Although Private companies do not have to adhere to the 2% target set for the public sector, it makes sense that Private companies should have either the same, or even a higher target, and therefore the current disability figures for the Company should be considered as low.

According to company strategy, the Company is committed to making life better for all its employees and customers, including persons with disabilities. It aims to lead by example in the private healthcare industry, and in society as a whole. Yet, other than conducting regular general employee satisfaction surveys, the Company has not formally investigated how its employees with disabilities experienced their workplace, or whether any environmental barriers existed in the work environment. The Company does not have a specific, clear strategy that focuses on disability as a separate entity, as is the case for race and gender. Persons with disabilities employed by the Company appeared to be faceless, voiceless and not treated as other designated groups based on racial, gender and cultural differences.

French and Swain²⁵ outlined the "tragedy" approach to persons with disabilities, where employment is offered because the employer feels sorry for the person with the disability. Bradshaw²⁶ reminded employers to recognise expertise inherent in persons with disabilities, and urged them to employ people "who just happen to have a disability". The question is whether Company employees with disabilities experience this "tragedy" approach, rather than being acknowledged as valuable employees who contribute equally with others to the Company.

Attitudes regarding the inclusion of persons with disabilities in the work environment have been studied before, although not in great detail in the healthcare environment. It is uncertain whether healthcare-industry attitudes regarding employment of persons with disabilities are seated in the medical model,⁵ which sees persons with disabilities as being in need of assistance, and if the industry sees itself as the custodian of sick and disabled people. Thus it might not resonate with the ethos of the healthcare industry to have persons with disabilities as part of the work force. This industry might also believe that the specific barriers in the healthcare environment would preclude them from employing persons with disabilities.

Despite the implementation of the Employment Equity Act³ to protect designated groups and focus employment practices towards a designated group, including persons with disabilities, it is not certain whether the mind shift has already occurred where directives such as legislation are no longer required to protect this group. It is also uncertain whether the Company and its managers have really internalized the premise that persons with disabilities are valuable assets to the Company.

Questions also remain regarding how the Company can increase the cadre of persons with disabilities in its workforce, and how it can re-frame the mindset of non-disabled workers to embrace the employment of persons with disabilities, whilst ensuring that employees with disabilities enjoy equality in the work place.

1.4 Research question

There is not a sufficient information and knowledge base on the current employees with disabilities, nor a clear understanding of the challenges experienced by this designated group of employees. In support of full participation of persons with disabilities in all aspects of their lives (“Nothing about us without us”²⁷), no research can be done without the involvement of persons with disabilities themselves. The most appropriate sources of information are therefore Company employees with disabilities, as well as their immediate managers. Specific questions pertaining to the study include:

What is the profile of employees with disabilities currently employed by the Company?

Since little information is available, other than information readily available in a Company for the purposes of Human Resources management, a need exists to collect basic disability information and also to compare that to the general employee population.

It is also important to understand whether employees acquired their disabilities before or after being employed by the Company in order to understand how effectively the Company was able to support employees who became disabled whilst in the employ of the Company, and also how easily persons with disabilities can access employment as new employees.

Reasonable accommodation requirements have to be understood, including the actual accommodation required, and also whether accommodation needs of these employees were met.

Do Company employees with disabilities experience environmental barriers and if so, what are they?

Although many factors affect the success of employment of persons with disabilities, information on the environmental barriers experienced by Company employees with disabilities is required in order to get baseline readings on some of the basic issues.

Environmental issues included aspects such as access to transport, accessibility of the work environment, company policies and programmes as well as perceptions and attitudes of fellow employees regarding persons with disability. Being able to quantify these environmental barriers will assist in flagging major environmental barriers and prioritizing aspects that would have the most impact on the lives of most current employees with disabilities.

Current employees with disabilities would have experienced Company recruitment and employment practices and therefore they would be in a position to comment on best practice, areas of concern and also make recommendations on reducing these barriers.

As Managers have a responsibility towards Company employees with disabilities in providing an appropriate, accessible environment, it is necessary to also ask Managers regarding their perceptions of environmental barriers in the workplace. Not only will information from managers provide collaboration on information received from Company employees with disabilities, but also provide a different perspective on environmental barriers. This information would also assist in answering questions about which barriers are equally important to managers and employees with disabilities, and also whether there is a difference in the perception of the magnitude of these environmental barriers between managers and employees with disabilities.

What is the knowledge, attitudes, beliefs and practices of Managers regarding disability and the employment of persons with disabilities?

Managers who are willing to select and employ persons with disabilities have a wealth of experience regarding the employment of persons with disabilities. Based on Managers' interaction with employees with disabilities, they would be in a good position to identify best practice, share their ideas and make specific recommendations on how to improve processes to ultimately increase the Company's disability figures.

As a starting point, it makes sense to gather important information; not only regarding their experiences of being managers of employees with disabilities, but also to identify best employment practices implemented by these managers.

Other than geographical information and management experience of persons with disabilities, it is also important to understand their knowledge on issues such as disability in general, the Employment Equity Act, reasonable accommodation, etc. Attitudes about disability and employment practices of these managers need to be explored, as well as their beliefs regarding persons with disabilities.

Recommendations on how to improve employment practices of persons with disabilities in the Company by reducing or removing environmental barriers is required from managers to shape future employment practices in the Company.

The theme of disability and employment is very broad, and there are many other questions that fall outside the scope of this baseline study, including aspects such as the perceptions of Company employees without disabilities, as well as Managers who are not managing employees with disabilities. These questions, as well as comparing the Company situation to other private healthcare companies, as well as the public healthcare sector cannot be covered in this study. Questions regarding the impact of rehabilitation programmes offered by the Company, as well as other programmes such as vocational rehabilitation and supported employment have also not been addressed in this study.

1.5 Motivation

1.5.1 Relevance to the Company

Markel and Barclay²⁸ summarise the benefits to employers of employing persons with disabilities as external benefits such as addressing anticipated staff shortages and legal compliance to disability legislation. The socially-responsible initiative of employing persons with disabilities also contributes to enhanced public relations and community perceptions, therefore affecting the overall wellbeing of society. Not only is the employment of persons with disabilities good business, it could also provide a competitive advantage in product development and building a brand that could attract other persons with disabilities. Employing persons with disabilities could also influence individuals by creating a positive company identity around norms and beliefs, and could have a positive impact on employee perception, experiences, attitudes and behavior around discrimination practices.

To ensure that employment equity targets are met, it is essential to understand how current employees perceive the Company as an employer. This would assist in creating an environment conducive to the retention and succession of current Company employees with disabilities, as well as attracting new employees with disabilities.

To increase the uptake of employment of persons with disabilities, and as a responsible employer, the Company should understand which barriers exist and critically review how the healthcare environment differs from other work environments. This would enable it to make changes, if required, to reduce discriminative barriers and to implement strategies specifically suited to employment in the healthcare environment.

Increased understanding of the attitudes, knowledge, beliefs and practices of managers would contribute to how the Company could support managers who manage employees with disabilities, including on aspects such as resourcing, recruitment, employment, sensitivity training and performance management. Leaders who understand how persons with disabilities can contribute to diversity in the workplace could ultimately influence peers and subordinates.

It would be seen as a market leader in its employment practices, especially of persons with disabilities. Other healthcare companies could learn from this study and implement changes to suit their own environments.

Attrition and absenteeism rates of persons with disabilities is usually lower than for the average work force;²⁶ therefore employing persons with disabilities could benefit the Company financially. Skills and knowledge are retained, and less training would be required overall. They are loyal employees who would remain with the Company for a long period, as work opportunities for persons with disabilities in the open labour market are scarce.

An increase in corporate business employing persons with disabilities would also reduce the burden on the State.

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With the Company openly supporting the employment of persons with disabilities, it would be seen as doing the “smart” and “right” thing, with concomitant improvements to employee morale.

Accommodation needs for existing employees would be better understood, resulting in greater work satisfaction and productivity.

By meeting disability targets the Company would show increased compliance to the Employment Equity Act and have a lower risk of fines for non-compliance.

1.5.2 Relevance to employees with disabilities

Employment is an important life activity, offering income, social relationships, social status, daily rhythms and, often, meaning in life. When persons with disabilities have good job satisfaction, attrition rates and absenteeism are reduced, which has a significant impact on key variables such as productivity, profit and gross domestic product (GDP) amongst others. Although older persons with disabilities who are limited in their daily activities show less job satisfaction than their non-disabled counterparts, they also have greater returns on job satisfaction than the non-disabled population.²⁹ It is therefore desirable that, as an employer, the Company contributes to these benefits by creating a barrier-free environment as that would increase job satisfaction.

Evans, a person with a disability herself, says the following: “We spend so much time considering how to support service users to empower themselves but it would be better to stop them being disempowered in the first place.”²⁵ Therefore, empowering persons with disabilities through employment could create opportunities for further empowerment.

1.6 Aim and objectives of the study

The study aims to explore the employment environment of Company employees with disabilities by obtaining information from them and their immediate managers.

The objectives of the study include:

1. To identify, quantify and describe the employment profile of Company employees with disabilities, according to demographic information, impairment profile and workforce profile;
2. To quantify and describe the perceptions of Company employees with disabilities and their managers about environmental barriers in their employment environment;
3. To determine Managers' knowledge, attitudes, beliefs and practices regarding the employment of persons with disabilities.

1.7 Significance of study

As an employee of the Company involved in physical and mental health rehabilitation, exposure to these issues has created awareness of the severe impact of disability on people's lives, and how challenging it is for a person with a disability to adapt to newly acquired disability or cope with chronic disability. Concerns regarding future employment are issues that contribute greatly to the morbidity of disability.

Rehabilitation professionals are in an advantageous position to understand the extent of employment barriers, and have a responsibility to increase awareness regarding these barriers in the workplace and ensure that the work environment is conducive to optimal functioning of persons with disabilities. Clients should also be empowered by understanding their rights as persons with disabilities. Rehabilitation cannot be complete unless the issues of employment have been explored and addressed. This study could also provide insights on issues to address during rehabilitation that would improve access to, and functioning regarding, employment.

No studies were found that address environmental barriers in the healthcare environment; therefore this study could therefore have significant academic impact and guide further research in this field.

Other Healthcare Companies and the Public Sector could utilize results from the study to assist in developing their own strategies for the employment of persons with disabilities.

1.8 Chapter summary

This chapter outlined the motivation for the study, including background information, the relevance and benefit of the research project to the Company and to persons with disabilities. From the information in the chapter, it is evident that persons with disabilities face hardship and discrimination, and difficulty in accessing employment. Barriers are likely in any workplace, which could be addressed if the actual barriers and their extent were recognised. The research questions, as well as aims and objectives of the study were stated. The chapter also made clear that the study was important and valuable.

The following chapter will discuss in more detail the national and international literature that pertains to the employment of persons with disabilities and the barriers they experience.

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

This chapter provides discussion of recent literature on the topics of disability employment, including legislation, and a situational analysis on current employment practices both internationally and nationally. It outlines the barriers to employment experienced by persons with disabilities, and the findings of a critical review of employment practices at the Company where this study was conducted.

Finally, it provides evidence that people living with disabilities are vulnerable, and raises awareness that the employment of persons with disabilities should be given special focus by companies.

2.2 Definitions of disability

The definitions used for disability is often dependent in which context it is being used, and the purpose that it is to be used for.

The World Health Organisation (WHO)⁵ defines disability and functioning as outcomes of interactions between health conditions (disease, disorders and injury) and contextual factors (environmental and personal). WHO acknowledges that everyone could experience some kind of disability some time in their lives and therefore recognises it as a universal experience. It shifts the focus from the cause of the disability to the impact it has on an individual's life and this places all health conditions on an equal footing. This interaction is summarised in Figure 2-1 below:

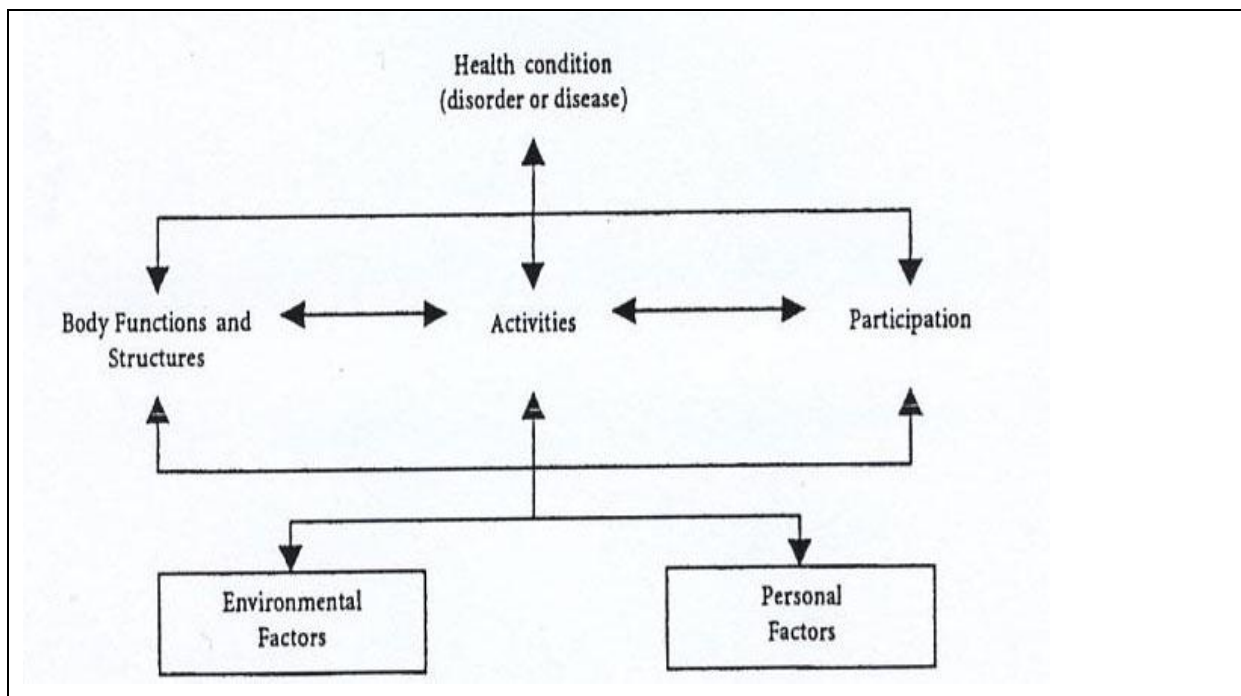


Figure 2-1 International Classification of Functioning, Disability and Health (ICF)

The ICF model is based on the bio-psycho-social model, which is a combination of both the medical, and the social model.

In the medical model⁵ disability is viewed as “*a feature of the person, directly caused by disease, trauma or other health condition, which requires medical attention, provided in the form of individual treatment by professionals. Disability, in this model calls for medical or other treatment or intervention to ‘correct’ the problem with the individual.*”

South African born Vic Fickelstein³⁰ is considered one of the pioneers of the social model, which sees disability as a socially created problem and not at all an attribute of the individual. In this model, disability demands a political response, since the problem is created by an unaccommodating physical environment brought about by attitudes and other features of the social environment.

In essence, a person’s ultimate ability or function is determined by the functional and structural integrity of the person’s body (no impairment); the ability to execute tasks (including activities and participation in life roles) as well as personal and environmental contextual factors.

At a recent congress, Van Staden³¹ proposed the inclusion of the principles of *Batho pele* (where people are seen as central and within their context), and *Ubuntu* (as an interconnectedness between people and society, in existence with and through others and with respect of diversity and values) as the orientation for doing, living, thinking and feeling regarding issues of disability.

South Africa aligns itself with the definition of the UN Convention on the Rights of Persons with disabilities⁴, which refers to disability as “an evolving concept resulting from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others.” This definition includes the ICF and was adopted by the Cabinet in 2005.

2.3 Prevalence of disability

When comparing statistical data across countries, consideration must be given to the definition used by each country.³²

Individual factors also play a significant role in the collection of data, including the individual’s overall sense of independence and ability; whether the individual feels socially in- or excluded; the sense of barriers experienced (including access to employment and education); the amount of poverty experienced; access to healthcare (for the purpose of having a medical condition to report on); age; cultural beliefs and the notions of health and functioning; racial, ethnic and gender identities; level of education; socio-economic status and access to knowledge and resources.

Schneider further acknowledged that the actual wording during the census process could affect the answers, as well as whether enough options were given to answer questions about disability.

2.3.1 International prevalence of disability

Due to the wide variation in the definition of disability, the global estimate of the prevalence of disability for adults (15 years and older) is around 15.6%-19.4% of the total population.¹⁰ Of these, 2.2%-3.8% experience significant difficulty in functioning.

If children are included, over a billion people (15% of the world population) are estimated to be living with disability.

The World Report on Disability suggested an urgent need for more robust, comparable and complete data collection and proposed that a better knowledge base was required on the prevalence, nature and extent of disability and that the ICF is used for measurement and data collection, as it would provide a common platform for data collection.

The World Report on Disability makes special mention of Sub-Saharan Africa as a region where disability data is the most lacking. It estimates that 3.1% of people in Africa live with severe disability and 15.3% with moderate and severe disability.

2.3.2 South African prevalence of disability

There is a lack of adequate, reliable, relevant and recent information on the nature and prevalence of disability in South Africa.

The Census Report (2001)³³ on the prevalence of disability in South Africa estimated that approximately 2.3 million people in South Africa (or 5% of the total population) live with various forms of disability, with slightly more females than males affected. The most prevalent disability is sight disability (32%), followed by physical disability (30%), hearing disability (20%), emotional disability (16%) intellectual disability (12%) and communication disability (7%). Sample surveys were conducted in 2007; however, these results should be treated with some reservation as they were conducted in only a few communities.

As suggested earlier, disability statistics should be considered against the background of the questions asked during the data collection phase. Schneider³² criticized the question around disability used in the 2001 census, which was:

Do you have any serious disability that prevents your full participation in life activities (such as education, social life, work life)?

The answer required ticking against the following options: sight, hearing, communication, physical, intellectual or emotional. As these were yes/no options they offered only a limited, un-nuanced response.

The Washington Group conducted focus groups³⁴ to improve the questions to be included in the 2011 census, which ultimately led to the inclusion of the questions below:

Do you (or does the person) have difficulty in doing any of the following because of a health condition:

Chapter 2: Literature Review

- *Seeing (with glasses if he/she wears them)*
- *Hearing (with a hearing aid if he/she wears it)*
- *Walking a kilometre or climbing a flight of stairs*
- *Remembering*
- *Concentrating*
- *With self-care such as washing all over or dressing*
- *In communicating in her/her usual language including sign language (i.e. understanding others or being understood by others)*
- *Joining in community activities (for example festivities, religious or other activities) in the same way as anyone else can.*

Response options provided were: no difficulty, some difficulty, a lot of difficulty, unable to do and do not know.

The Census 2011 Methodology and Highlights of Key Results Report³⁵ indicated a current population of 51.77 million people, which is an increase of 6.7% over 2007.

In the Census data form, disability is described as “difficulties encountered due to body impairments or activity limitation, with or without assistive devices”. Figure 2-2 below summarises the prevalence of disability information as gained from the 2011 Census:⁷

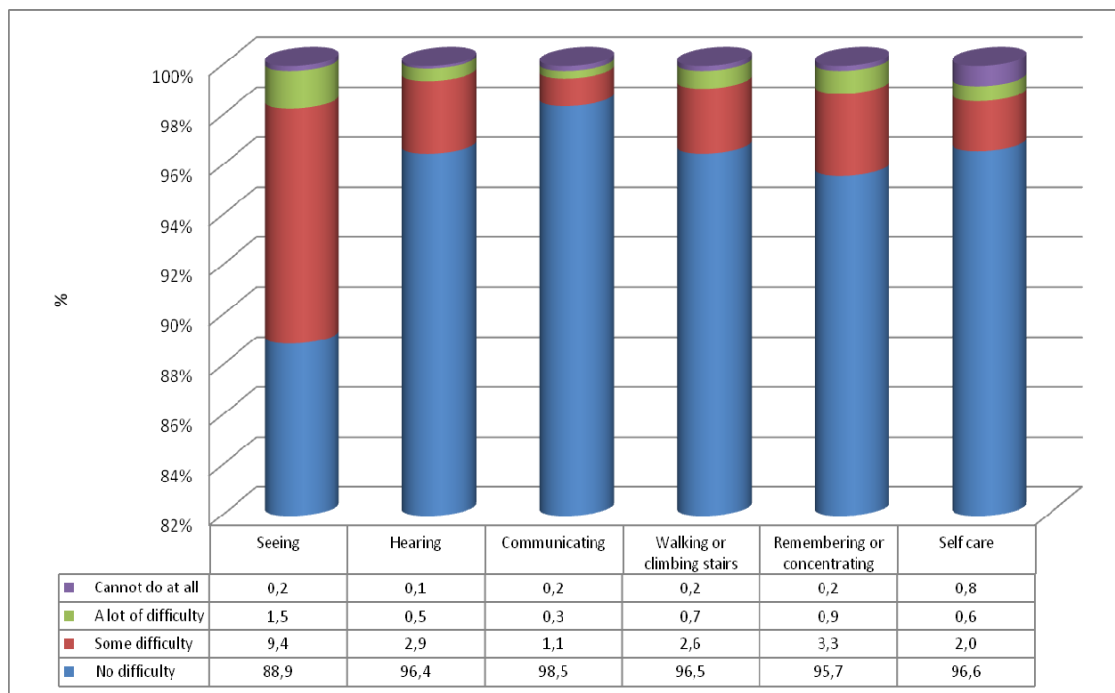


Figure 2-2 Census 2011: Prevalence of disability

It is important to note that disability data from the 2011 Census cannot be directly compared to the 2001 Census due to the variation in questions used. Provisional results on the Census 2011 indicated that more than 90% of people reported no difficulty with the activities as outlined in Figure 2-2; therefore it could be surmised that the disability figure is below 10%. The percentage of people with

severe disability (cannot do at all and/or a lot of difficulty) is not clear from the above figure. It is hoped that further releases of the Census data, which are due in 2014 will clarify these outstanding issues.

The Census 2011 report also included information on the use of assistive devices. Due to the poor response to the question only people older than five years of age could be profiled (the question was also answered by people without any disability). The use of eyeglasses (14%) and chronic medication (12%) were much greater than the utilisation of wheelchairs (2%), walking sticks or frames (3%) and hearing aids (3%).

It does appear as if there might have been an increase in the number of persons with disabilities, but more information is needed before that can be confirmed, and until then the prevalence outlined in the Census 2001 will remain as the working figures until it is proven otherwise.

Although the full picture of the prevalence of disability is still highly fragmented, much has been done to raise awareness regarding disability and to protect the rights of people with disability. International and national legislation has been one of the key vehicles in this process.

2.4 Disability legislation

Below is a chronologic outline of the highlights of international and national initiatives. These are discussed according to general international and national documents and then those specifically focused on employment.

2.4.1 International

Numerous international declarations have been promulgated, published and ratified over many years to raise awareness of the plight of persons living with disabilities and to guide international policies:

Article 23 of the United Nations Universal Declaration of Human Rights,³⁶ proclaims “everyone has the right to work, to free choice of employment, to just and favourable conditions of work and to protection against unemployment”. It continues to emphasise the right of everyone to have the right to equal pay for equal work to ensure an existence “worthy of human dignity...”

The United Nations proclaimed 1981 as the Year of the Disabled Persons.³⁷ The major outcome of this was the World Programme of Action concerning Disabled Persons, adopted in 1982.³⁸ It called for a plan of action with an emphasis on equalisation of opportunities, rehabilitation and prevention of disabilities. As a result, the Standard Rules on the Equalization of Opportunities for Persons with Disabilities were adopted in December 1993.³⁹

The United Nations Millennium Declaration of 2002⁴⁰ reached consensus on working towards eight critical economic and social development opportunities by 2015. These Millennium Development Goals (MDGs) included the eradication of extreme poverty by achieving full, productive and decent employment for all, including women and young people (Goal 1B).⁴¹

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The Africa Decade of Disabled Persons (2000-2009)⁴² aimed to address the equalization of opportunities for persons with disabilities. The Africa Decade had been recognised as a sub-programme for New Partnerships for Africa Development (NEPAD), whose aims included promotion of accelerated growth, sustainable development and eradication of poverty.

The International Labour Organization's paper on the Right to Decent Work of Persons with Disabilities paper (2003)⁴³ supported previous initiatives to confirm the right to work by persons with disabilities.

This was followed by the United Nations Convention on the Rights of Persons with disabilities in 2006.⁴ This progressed the view of disabled people from being "objects" of charity, medical treatment and social protection towards viewing them as "subjects" with rights, people who are capable of claiming those rights and making decisions for their lives based on their free and informed consent, as well as being active members of their society. The guiding principles of the Convention included:

- Respect for inherent dignity, individual autonomy, individual freedom to make one's own choices and independence of persons;
- Non-discrimination;
- Full and effective participations and inclusion in society;
- Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity;
- Equality of opportunity;
- Accessibility;
- Equality between men and women; and
- Respect for evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identity.

2.4.2 South African

The international guidelines have influenced the drafting of numerous documents for South Africa, including:

The Disability Rights Charter of South Africa⁴⁴ that states that

All disabled people shall have the right to employment in the open labour market and appropriate measures, such as quota systems and training programmes, shall be implemented by government and employers to ensure that opportunities are created in the workplace that allow for full enjoyment of this right.

The principle of equal rights for disabled and non-disabled people implies that the needs of every individual are of equal importance. As disabled people have equal rights, they should also have equal obligations to take part in building of society. Societies must therefore raise the level of expectation as far as disabled people are concerned, and mobilize their full resources for social change. It means,

amongst other things, that young disabled people should be provided with career and vocational opportunities, rather than early retirement pensions and public assistance.⁴⁵

Since the democratically elected government came into power in 1994, the Integrated National Disability Strategy⁴⁶ and the National Rehabilitation Policy⁴⁷ were developed. These again emphasise the responsibility of rehabilitation workers to ensure optimal community and work integration.

In 2009, the Ministry of Women, Children and Persons with disabilities was established in the Office of the State President and is responsible for driving the government's equity, equality and empowerment agendas for those living with disabilities. Its core functions are to facilitate policy implementation towards empowerment, advancement and socio-economic development; to mainstream disability considerations into government policies, governance processes and programmes and to facilitate, coordinate, oversee and report on the national Rights of Persons with Disabilities Programme, and those programmes that are part of South African regional, continental and international initiatives.⁴⁸

With the impetus provided by the Millennium Development Goals,⁴⁹ there has been increased focus on the employment of the vulnerable groups of women and young people. However, persons with disabilities were not specifically mentioned.

The South African Millennium Development Goals Country Report 2010⁵⁰ does not specifically mention any progress made with the employment of persons with disabilities, and in the current economic climate, it is evident that persons with disabilities now have to compete for employment in an increasingly limited and competitive market.

2.4.3 Anti-discrimination laws in the workplace

Currently, South Africa is one of only 25 countries around the globe to have specific civil anti-discrimination legislation protecting the rights of employees, and potential employees, with disabilities.⁵¹ The Skills Development Act 1998 (Act 97 of 1998)⁵² aimed to improve skills and to increase productivity in order to compete successfully in the global economy and to create a more inclusive and cohesive South African society, including increasing the prospects of persons previously disadvantaged by unfair discrimination. As part of the National Skills Strategy Plan 1 April 2005 – 31 March 2010⁵³, specific focus was to accelerate employment equity to 4% for persons with disabilities and to provide learners with reasonable accommodation and access to training in order to participate in skills development. It set out that at least 80% of large firms' employment equity targets were supported by skills development, and that the impact of the skills development on the equity profile of the companies was assessed. Skills support funding would also be made available for learnerships.

According to Ngwenya⁵⁴ the definition of disability in anti-discrimination law is part of a larger discourse that establishes and upholds dominant notions of health, illness and disability while imposing a particular set of expectations upon individuals deemed to occupy each class. He further elaborated that the purpose of disability law was to facilitate the inclusion of people that experience disability discrimination; to combat stigma and prejudice and to ensure that persons with disabilities

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are guaranteed rights to enjoy full citizenship, are treated with respect and dignity and are not subjected to unfair treatment on the account of a disability whether perceived or real.

He continues to dissect some countries' success (or not) in the implementation of this legislation:

The Americans with Disabilities Act⁵⁵ (ADA) defines a person with a disability as anyone who:

- "Has a physical or mental impairment which substantially limits one or more of such person's major life activities
- Has a record of such impairment
- Is regarded as having such an impairment".

The ADA acknowledges that disability is not only a manifestation of individual pathology, but also the result of the disabling nature of the socio-cultural environment. Ngwenya felt that the ADA has not lived up to the hopes and aspirations that accompanied its promulgation, especially the onus on the individual to prove the existence of the disability. The ADA does not protect the individual on the mere basis of disability, and although it subscribes to the social model of disability, the medical model is present as the base starting point for the definition of disability. According to Ngwenya⁵⁴ the ADA was highly susceptible to medicalization and a potential source for innumerable legal complexities and has suffered robust criticisms from advocates of disability rights.

Russell, an outspoken disability activist, believes that the ADA failed to increase employment of persons with disabilities, in that it did not promote equal opportunities in a class-based and unequal society.⁵⁶

The Australian Disability Discrimination Act of 1992⁵⁷ (Australian DDA) offers a more expansive definition of disability:

- *"Total or partial loss of bodily or mental functions*
- *Total or partial loss of part of the body*
- *Presence in the body of organisms causing disease or illness*
- *Presence in the body of organisms with the potential of causing disease or illness*
- *The malfunction, malformation or disfigurement of a part of the body*
- *A disorder or malfunction that results in the person learning differently from a person without the disorder or malfunction*
- *A disorder, illness or disease that affects a person's thought processes, perception of reality emotions or judgements or that results in disturbed behaviour and includes a disability that*
 - *Presently exists*
 - *Previously existed but no longer exists*
 - *May exist in future (genetic disposition)*
 - *Is imputed to a person".*

The Australian DDA acknowledged that disability is a human rights issue and more faithful to the social model of disability than the American ADA in that it does not require the impairment "to substantially limit" competence to perform certain activities as an additional prerequisite. The DDA

treats disability as part of ordinary human diversity rather than something that happens rarely to a different and separate group of people.

The Canadian Charter of Rights and Fundamental Freedoms⁵⁸ (section 15 (1)) lists mental or physical disability as one of the “protected attributes”, but without further elaboration. The Canadian Charter is not the only instrument that regulates disability discrimination in Canada: at a federal and provincial level the Human Rights Act⁵⁹ also applies. Whilst organic impairment forms the basis of the definition, the approach is social, rather than medical.

The British Disability Discriminations Act of 1995⁶⁰ defines disability as a “physical or mental impairment that has a substantial and long-term adverse effect on a person’s ability to carry out day-to-day activities”. Although the Discrimination Act 2010 has now replaced the 1995 Act,⁶¹ the disability definition has not changed. The definition is mostly medically orientated as the impairment qualifies as a disability only when it causes a prescribed level of functional impairment. Recent reforms have signalled a small concession where HIV, cancer and multiple sclerosis have been included in disability definitions, even before they begin to manifest in the physical sense.

The definition used to classify disability in the South African employment environment is contained in the Employment Equity Act no 55 of 1998: “a long term, recurring, physical or mental impairment that substantially limits prospects of entry into, or advancement in, employment.”³ In this instance, the scope of protection for persons with disabilities focuses on the effect of the disability on a person in relation to the working environment, and not on the actual global disability definition as contained in the official South African definition of disability. These variations in the definitions (also in the social securities act) could lead to confusion and misinterpretation.

The Employment Equity Act no 55 of 1998 further states, and underwriting the Constitution of South Africa,⁶² that

*“no employer may discriminate against a person on any grounds, including gender, race, sex, pregnancy, marital status, family responsibility, ethnic or social origin, colour, sexual orientation, age, **disability**, religion, HIV status, conscience, belief, political opinion, culture, language or birth”.*

It also supports

Equal opportunity and fair treatment in employment through the elimination of unfair discrimination, and the implementing affirmative action measures to address the disadvantages in employment experienced by designated groups in order to ensure their equitable representation in all occupational categories and levels in the workforce.

Section 19.1 of the Act also directs designated employers “to collect information and conduct an analysis of employment policies, practices, procedures and the working environment in order to identify employment barriers which adversely affect people from designated groups.”

Section 11 of the Act talks to the fact that should an employee indicate that unfair discrimination took place in the workplace, the onus is on the employer to prove that unfair discrimination did not take place.

Proposed amendments to the Employment Equity Act,⁶³ published in 2010, include

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- Introduction of a clause of equal-pay-for-equal-work to bring the Act in line with the International Labour Organisation conventions;
- Empowering the Director-General to impose fines to strengthen enforcement and compliance, of between 2–10% of the annual turnover of a company.⁶⁴

The Code of Good Practice was made available in 2002⁶⁵ by the Department of Labour and soon thereafter, in 2003, the Technical Assistance Guidelines on the Employment of Persons with disabilities (TAG)¹⁶ on the employment of persons with disabilities was published.

These two documents contribute greatly to increased awareness on barriers that are experienced in the workplace, and guide employers on the employment of persons with disabilities. They also assist the person with a disability to know his/her rights as a disabled person in the workplace, including the right to reasonable accommodation. They include, amongst others, guidelines on recruitment and sourcing, training and career advancement, awareness and sensitisation training for staff, and termination and workers compensation.

The TAG¹⁶ defines reasonable accommodation as “modifications or alterations to the way a job is normally performed to make it possible for a suitably qualified person with a disability to perform as everyone else”, which depend on the job and its essential functions, the work environment and the person’s specific impairment.

Employers are guided on how to implement these, including job profiling, recruitment, placement and workplace diversity, training and career advancement, retention, health and safety, performance management and the work environment.

Unjustifiable hardship is defined as “action that requires significant or considerable difficulty or expense. This involves considering amongst other things, the effectiveness of the accommodation and the extent to which it would seriously disrupt the operation of the business.”

As can be seen from the above definitions contained in anti-discrimination legislation, there has been an effort, to a lesser or greater extent, to move the paradigm from a purely medical definition to a more inclusive social model. Ngwenya⁵⁴ concluded that the medical model was a limited paradigm for transacting disability in an equality context, and that the social model offers a more nuanced and holistic approach in the definition of disability in the South African context. In summary, Ngwenya inferred that it is clear that efforts are being made to move away for a pure impairment model to a model that acknowledges social and environmental impacts on the experience of disability, and to the protection of the rights of persons with disabilities in the workplace through the implementation of disability legislation. However, *disability consciousness* still lags behind; and South African disability law has remained relatively underdeveloped in terms of theoretical and programmatic frameworks. Ngwenya’s view of the social and medical models should be taken one step further to move towards an inclusive definition of disability as outlined in the ICF and standardise towards the official definition.

The National Development Plan 2030⁶⁶ proposes the creation of 11 million new jobs by 2030, with a concomitant rise in the total number of people in employment 13 million to 24 million, resulting in the

reduction of the unemployment rate to six per cent. It also proposes that disability should be integrated into all facets of planning and that persons with disabilities should have enhanced access to education and employment.

The proposed Employment Services Bill 2012⁶⁷ aims to reduce unemployment and inequalities, and promote the eradication of poverty, by accelerating employment creation and increasing productivity. It also aims to assist protective employment for vulnerable groups (including disability) by facilitating potential employment and work opportunities. Although this proposed Bill has positive implications for persons with disabilities, it remains to be seen, if promulgated, how effective it will be in achieving the targets set out in the National Development Plan, and whether the essence of both plans will not become diluted during the implementation of these plans.

Says Ari Seirlis, National Director of QuadPara Association of South Africa:⁶⁸

The kilograms of legislation, which are wonderful instruments, have not been enforced, have not been taken seriously and have not had the (expected) impact ... The disability sector are all proud South Africans, not apart from anyone, but we are not free and the shackles of disablement can only be removed by delivery from the promises of democracy, legislation, batho pele, ubuntu and the willingness of all South Africans to witness true integration and freedom for all South Africans.

Gathiram⁶⁹ shared her colleagues' views that there has been a pre-occupation with policies, commissions, committees, position statements and the like, none of which was ever fully implemented. She ascribes the failure of implementation of disability strategies to the following possible reasons:

- Capacity constraints at programme level;
- Limited conceptual understanding and poor championing;
- Inadequate/inappropriate institutional arrangements;
- General lack of capacity;
- Definition and nature of participation of persons with disabilities have not been reviewed and appropriately articulated; and
- Policy requirements for disability mainstreaming haven not been linked to performance management, thereby undermining commitment to implementation.

She recommended the following actions to ensure successful implementation:

- Political support by ministers and senior civil servants in charge of departments;
- Sustained commitment and on-going advocacy by the disability sector;
- Retaining of personnel in capacity building and community development strategies;
- Attention to people-centred, community-based intervention programmes;
- Giving prominence to social and economic empowerment; and
- Addressing social roots of poverty and unemployment.

Understanding the relationship between disability and poverty is key to addressing these social roots.

In conclusion, the value of legislation and proposed plans lie in how effectively they are implemented, and whether the people that the legislation was intended to serve, actually benefit.

2.5 Disability and poverty

“Poverty denies the enjoyment of practically all human rights.”⁷⁰

The Census report of 2011⁷ acknowledged that persons with disabilities often have inadequate access to education, transport, healthcare and other services, thereby making them vulnerable to the poverty trap and its associated vices, and acknowledged that even wealthier persons with disabilities are worse off than their non-disabled counterparts. Since they lack the resources to address their circumstances, poorer persons with disabilities have problems that are more serious. Disability has therefore been included as one of the specific areas in the 2011 Census to assist in planning and resource allocation.

Poverty and its alleviation have received considerable international attention, with the first of the eight Millennium Development Goals⁴¹ aimed at the eradication of extreme poverty and hunger.

The relation between disability and poverty has been proven in both developed and developing countries. Only Slovakia, Sweden and Norway show a relative poverty risk of nil.¹⁰ It is two times higher in Australia, Ireland and Korea, and slightly higher yet in Iceland, Mexico and the Netherlands. Disabled people were more than twice as likely to be unemployed, and were more likely to work part time only.

Access to social security assistance has also deterred disabled persons from finding employment, as proven by studies done in the spinal cord injured cohort in Italy,¹³ the United States⁷¹ and Malaysia.⁷² However, another study in the United States contradicts this finding, where fewer than 40% of respondents felt that incentives (or social assistance grants) were a barrier to finding employment.⁷³ A study conducted in Switzerland⁷⁴ also did not support this finding, possibly because compensation paid in Switzerland is linked to pre-morbid work status and persons with disabilities earn slightly lower salaries than non-disabled persons earn.

In Malaysia, in a study consisting of 105 people living with spinal cord injuries (SCIs) only 17% earned more than before the SCI, with an overall employment rate of 52%. However, of this 52%, 68% were self-employed.⁷⁵ These results were recorded two years post injury.

The World Report on Disability¹⁰ paints an even bleaker picture in developing countries where persons with disabilities have lower employment rates, and a lower attainment rate of education. Households with a disabled person spend more on healthcare than non-disabled households. Data for income is less available. Mitra⁷⁶ estimates that persons with disabilities over the age of 40, and those with multiple disabilities, were more likely to be multi-dimensionally poor.

The number of people receiving social grants in South Africa has grown from 15.3 million in January 2012 to 15.9 million in June 2012.⁷⁷ Of these, 1.2 million grants were disability grants and 117,000

were care dependency grants (R1,140 per month), amounting to a total monthly cost to the state of R1.5 billion. Gathiram⁶⁹ raised concerns that rather than facilitating independence, it appears that social disability and care dependency grants encourage dependency on social assistance. Mitra⁷⁸ postulates that access to disability grants could have contributed to the decline in employment of persons with disabilities during this time (as general employment rates increased), as could the possibility that job characteristics changed, resulting in excluding disabled persons from these positions. She also proposes conducting further research into the possibility that the introduction of the Employment Equity Act has negatively affected employment due to the greater burden placed on employees to provide reasonable accommodation to disabled employees.

Loeb, Eide, Jelsma, kaToni and Maart⁷⁹ support this opinion through their research conducted in the Eastern and Western Cape Provinces amongst isiXhosa-speaking individuals. According to the 2011 Census Report unemployment in the Eastern Cape was 37.4% (expanded definition: 49.9%). However, in 2006 at the time of the study, unemployment amongst isiXhosa-speaking individuals was 94%, regardless of whether they had a disability or not. Twelve per cent of isiXhosa-speaking persons with disabilities in the Eastern Cape had never attended school versus only one per cent of non-disabled isiXhosa-speaking people.

Similarly, unemployment in the Western Cape was 21.6% (expanded definition: 29.3%) according to the 2011 Census Report, while at the time of the study by Loeb et al., only 17% of isiXhosa-speaking persons with disabilities were employed, versus 35% of non-disabled people. Twenty-two per cent of isiXhosa speaking persons with disabilities had never attended school versus four per cent of non-disabled isiXhosa-speaking persons.

About 74% of isiXhosa-speaking persons with disabilities in the Eastern Cape received social grants (mostly disability grant) while in the Western Cape 54% of isiXhosa-speaking people received social grants (of these 87% were disability grants). However, it was found that there was no difference between disabled and non-disabled households with regard to income, and that income in disabled households was in fact higher than in non-disabled households. This was mostly due to the provision of disability grants. It is clear that if persons with disabilities were afforded equal access to services this would increase their self-sufficiency and make grants themselves redundant. However, this is dependent on improving the socio-economic situation of all members of the poorest sectors of South African society.

Persons with disabilities in developing countries, including South Africa, have significant hurdles of poverty to overcome, and one of the ways to do so is with gainful employment.

2.6 Employment of persons with disabilities

In this section trends in the employment of persons with disabilities are discussed, with reference to developed and developing countries, and factors affecting employment are outlined. Employment factors in the healthcare setting in South Africa, with specific reference to the public- and private-healthcare sectors, will be presented in the following section.

Employment issues that affect people with acquired disability is of specific importance and relevance, given the services this Company provides towards rehabilitation of people who have acquired spinal cord injury, stroke, traumatic brain injury and other cognitive and mental health conditions.

2.6.1 International employment trends

2.6.1 Developed countries

Pockets of focused best practice on the employment of persons with disabilities exist, mostly in developed countries to improve access to employment for persons with disabilities. These include:

- New York City Department of Small Business Services Work Grant⁸⁰ and Office of the Disability Rights Coordinator offering support and resources to persons with disabilities.
- Best practise initiatives in the European Union⁸¹ include strategies around the following:
 - Horizon 2000: Engaging with Belgian Companies and Trade Unions to raise awareness, as well as the development of an internet site for disabled job seekers. They also arrange demystification workshops to Human Resources Departments;
 - Irish Trade Union Trust: Bringing together trade union organisations and employers organisations, a pilot project to overcome recruitment and employment issues between persons with disabilities and employees, a trans-national cooperation project to exchange information that also lead to the development of employment guides;
 - Lika Villkor Foundation consisting of seven independent Swedish institutions to employment offering training sessions to employers, providing a dialogue service between managers of companies wishing to employ persons with disabilities, as well as a traineeship pool assisting persons with disability in accessing trainee opportunities; and
 - Employers' Forum on Disability is a UK-based association helping companies to manage disability as a business priority through business-to-business communication and networking by providing information on best practice, a help-line for companies and also providing a unique range of documents and guidelines to promote attitude change and to gain senior commitment to policy change.

In Great Britain, in 2011, 48.8% of people were employed.⁸² Over 11.2 million people have a disability, with 5.2 million adults with disabilities available for work.⁸³ Employment estimates indicate that only between 7–11% of people with severe learning difficulties were employed, as compared to 25–31% for people with depression and 58–64% of people suffering from asthma and other respiratory problems.

In the United States⁸⁴ the employment rate for persons with disabilities in 2011 was 17.8% versus 63.6% for non-disabled people:

Spinal Cord Injuries

Many people with SCI generally have low expectations for employment. The spinal cord injured population is a complex cohort, where the severity of the disability is often a significant barrier to accessing employment:

- Thirty-five percent¹⁴ of people with SCI were employed compared with 64% of non-disabled working age people, with little evidence that the employment of persons with disabilities is improving;
- The time from injury to return to gainful employment was reported by Berkowitz⁸⁵ as 3.8 years and Krause⁸⁶ as 4.8 years to first post-injury job and 6.3 years to first full-time employment. Ramakrishnan⁷², who also reported an average of 4.9 years to first time employment, supports this.

Cerebral palsy

Fifty-three per cent of people with cerebral palsy were competitively employed in 2000, compared to 19% in 1996, possibly due to⁸⁷ advances in rehabilitation technology, better home support services, and legal mandates for education and environmental access.

Traumatic brain injury

Twenty nine per cent of people returned to work after two years.⁸⁸ Women were more likely to decrease work hours or stop working than men, except in the age group 55-64 years.⁸⁹ Married women experienced a higher decrease in employment. Divorced women also tended to reduce hours or stop working as compared to divorced men.

Multiple sclerosis

Approximately 70-80% of persons with multiple sclerosis were unemployed at five years after the diagnosis was made. The progressive symptoms experienced by people with multiple sclerosis highlighted the importance of timing in decisions made regarding employment and the impact on issues related to the cost-benefit of the decision.⁹⁰

In Australia,⁹¹ the disability prevalence rate was 18.5% or 4 million people in 2009. Of the 15–64-year-old age population, 54% of persons with disabilities participated in the labour force in 2009 as compared to the 83% for non-disabled people. Women were particularly affected, with a participation rate of 49% compared to the participation rate of 77% of non-disabled women. A recent study by Rowell⁹² found that 29% of people who sustained a spinal cord injury (quadriplegia) in Queensland, Australia, were employed, versus 78% prior to injury.

Disability statistics for Italy (2010)⁹³ indicate that 4.8% of people have some form of disability and 19.3% were employed. The extensive Italian Group for the Epidemiological Study of Spinal Cord Injuries (GISEM),¹³ which included data obtained from patients in 24 SCI centres, 17 Italian rehabilitation centres and 7 spinal units, indicated a 42% employment rate post SCI, although 62% reported a worsening in their employment levels.

In Switzerland⁷⁴ it was found that 64% of persons with SCI returned to work within two years of the injury (2008). The reason for return to work was mostly social in nature. However, this study reported only a 27% response rate, which could have influenced this result.

In a study conducted in Denmark (2000-2006)⁹⁴, 66% of people who suffered strokes returned to work after two years. Grauwmeijer, Heijenbrok-Kal, Haitsma and Ribbers⁹⁵ reported that 15% of a small group of 113 participants returned to work in Rotterdam (Netherlands) after three months post-traumatic brain injury, which gradually increased to 55% after three years (1999-2004). The employment rate significantly increased between three months and one year post-injury. Age, length of hospital stay, discharge to a nursing home rather than home, and functional and cognitive abilities could be linked to employment status. They also found that patients with psychiatric symptoms and impaired cognitive functioning at the time of discharge from hospital were at the highest risk of non-employment at three years post-event.

2.6.2 Developing countries

Mizunoya and Mitra⁹⁶ concluded in their study of 15 developing countries that there was a difference in the employment rates of disabled versus non-disabled persons, that the largest disability gap was found in persons with multiple disabilities, and that the disability gap for men was more than for women.

In developing countries, employment rates after SCI are even worse: In India 41% of persons with paraplegia were employed but all lived in centres run by the armed forces or specialised centres run by non-governmental organisations. None of those living outside of these centres was employed.⁹⁷

In a 2009 Bangladeshi study of 107 persons with SCI,⁹⁸ where 54% were illiterate and most employment was in the agricultural and informal labour market and where the mean monthly income of the family was \$60, there was little chance for re-employment. As persons with SCI (and other injuries) are not supported by social assistance in Bangladesh, they become liabilities to their families, which might result in neglect or forcing them to turn to begging.

A Turkish study⁹⁹ of 192 persons with SCI, reported a return to work rate of 14.6%. Factors affecting return to work were educational level, pre-injury employment and bladder emptying methods.

In a small study of 37 persons with SCI living in Nepal¹⁰⁰ the mortality rate after two years was 25%. Six people were able to support themselves financially, four earned some income, two were in training, seven helped with tasks at home and five were unemployed.

From the information above, it can be surmised that persons with disabilities find employment in developed countries a challenge, and even more so in developing countries. The section below outlines employment in South Africa in general, and specifically in the public and private healthcare sector.

2.6.3 Employment trends in South Africa

The Community Agency for Social Enquiry (CASE) study¹⁰¹ reported the disability prevalence in South Africa in 1997 at 5.9%; 12% of persons with disabilities were reported as being employed, and 9% were unemployed. The remaining 79% of persons with disabilities considered themselves as economically inactive persons who were neither employed nor unemployed; therefore someone who did not want to work.

Mitra's study in 2008⁷⁶ reported a slight increase in the employment rate for persons with disabilities between 1998 and 2002 – from 16.8% to 18.5% – followed by a decline to 12.4% in 2006, and more evident in women than men.

The quarterly employment estimates (September 2011)¹⁰² indicated that approximately 19% of persons with disabilities in the age group 15–64-years-old performed work for money, compared to the 35% of non-disabled persons. Within the disabled group, women were less likely to be employed (15%) versus disabled males (22%).

Although the Census report of 2011⁷ indicated that there has been a general improvement in the number of people accessing schooling (96.7% of 7-year olds accessed school education in 2011 versus 88% in 2001), access to schooling for persons with disabilities remains a problem. Whilst awaiting specific information on access to schooling for persons with disabilities from the 2011 census, 30% of persons with disabilities had no schooling, compared to 13% of non-disabled people according to the 2001 Census report.³³ The most affected group were Africans where 38.8% had no schooling, whilst in the White population it was 6.7%. Access to education is also much worse in under-resourced areas.⁷⁹

At the launch of the 2010-2011 Employment Equity Report Labour Minister Mildred Oliphant reported she was aghast at the snail's pace of transformation in the South African workplace, and said that it called for drastic measures from all socio-economic partners¹⁵. Only 0.83% of the 5.2 million employees included in the employment equity report represented persons with disabilities, with most concentration in the lower categories. This is compared to the 0.7% in 2006, which is very far from the desired 2%^{16,17} of the workforce. She also identified a need to tighten certain aspects of the Employment Equity Act to deter certain employers from circumventing its intentions and purpose.

The ILO Global Employment Trends report of 2012¹² confirmed deterioration in the macro-economic climate, and a worsening in the employment outlook for young people globally. Whilst acknowledging economic growth of 2.8% in 2010 and 3.4% in 2012 in sub-Saharan Africa, it remained below the 4.3% target. It proposes a bleak outcome given that sub-Saharan Africa, is one of the two regions (the other being South Asia) least likely to meet the MDG target of halving the working poverty target. Reasons for this include the high population growth rate and the lack of structural transformation.

Specific information on best practice in developing countries is less readily available in the public domain. A number of Recruitment and Employment agencies exist which provide accessibility

assessment, training to Companies, placement of employees with disabilities and employee sensitization training are accessible via the National Disability Portal.¹⁰³

2.6.4 Employment in the South African healthcare sector

The Department of Labour¹⁷ set a target that 2% of people working in the public sector should be persons with disabilities by 2005, but due to the slow progress before, this deadline has been extended to the final deadline of March 2013. Designated employers in the private sector are required to develop and submit annual equity reports and plans to the Department of Labour. The equity plans must include self-determined targets for amongst others, progress on the plans and plans regarding reasonable accommodation.

Very little information is available about employment figures of persons with disabilities in the healthcare sector. Information on disability figures was mostly obtained from electronic Annual reports. Even though the various Departments of Health reported their figures in these reports, the same information was not available from the private healthcare sector.

2.6.4.1 Public healthcare sector

Table 2- below summarises the employment rates for persons with disabilities in the public healthcare sector. This information has been obtained from the various Provincial Departments of Health, as well as the National Department of Health 2010-11 Annual reports, which were available online. The figures ranged from 0.15% of the total workforce in the Free State Provincial Department of Health¹⁹ to 0.63% in the Gauteng Provincial Department of Health²⁰. The National Department of Health¹⁰⁴ reported that 0.7% of their workforce were persons with disabilities. No disability employment information could be found on the rest of the Provincial Departments of Health.

Table 2-1 Employment figures, national and provincial Departments of Health, 2011

| Department | Total number of employees | Persons with disabilities | Percentage (%) |
|----------------------------------------------|---------------------------|---------------------------|----------------|
| National Department of Health ¹⁰⁴ | 1 277 | 9 | 0.7 |
| KwaZulu-Natal ¹⁰⁵ | 58 647 | 145 | 0.25 |
| Gauteng ²⁰ | 64 678 | 404 | 0.63 |
| Free State ¹⁹ | 15 886 | 26 | 0.15 |
| Western Cape ¹⁰⁶ | 28 722 | 97 | 0.34 |
| Eastern Cape (2010) ^{107, 108} | 37 996 | 135 | 0.36 |
| North West ¹⁰⁹ | 17 271 | 41 | 0.24 |

It is not clearly understood what these low figures in the Departments of Health could be attributed to. The urgent question to be posed to the public healthcare sector is therefore whether there were valid reasons for the low disability figures and what specific barriers prevented the employment of persons with disabilities.

However, higher disability figures were reported for some Government Departments. The Office of the South African Presidency Report 2011¹¹⁰ stated that 1.57% of its employees were persons with disabilities. The Department of Public Service and Administration, which is responsible for the employment of government employees, reported that 1.6% of their workforce were persons with disabilities in 2010-11.¹¹¹ The Department of Labour exceeded the 2% target, but only achieved 2.7% of the departmental target of 5% according to their Annual report. The reasons given by the Department of Labour for not achieving the 5% target were a lack of funding and the economic downturn.¹¹²

2.6.4.2 Private healthcare sector

No disability data was available in the public domain from the South African healthcare companies' annual reports, and no mention was made of disability data per se. The Mediclinic Annual Report 2011¹¹³ only reported race and gender equity results. Life Healthcare's Annual report also only reports on its BEEE status, and results on gender and race.¹¹⁴ Netcare results are not available on their website.¹¹⁵ This lack of reporting on disability data in annual reports could indicate that disability employment is not getting the same focus as other areas of company transformation, and equity in the healthcare sector is either not tracked, or may not be considered important enough to be included in the companies' annual reports.

2.7 Barriers and facilitators to the employment of persons with disabilities

Disability cannot be understood without considering the environmental context.⁵ Environmental barriers are all external factors that influence participation, either as a barrier or as a facilitator. It is important to have an understanding of the environmental factors that place important restrictions on the degree to which persons with disabilities can fully participate in society, including the work environment. The character and importance of environmental factors are presumed to differ amongst groups with different impairments.

The ICF categorises environmental factors under the following sections:

1. Products and technology
2. Natural environment and human-made changes
3. Support and relationships
4. Attitudes and services
5. Systems and policies.

The older Quebec model (QEA) and the ICF are also used to measure environmental factors. However, they do not assess, in a comprehensive way designed for large-scale survey research, environmental factors in the general population and among persons with disabilities. Whiteneck, Harrison-Felix, Melick, Brooks, Charlifue and Gerhart,¹¹⁶ from the Research Department of Craig Hospital in Colorado, United States, developed and validated the Craig Hospital Inventory of Environmental Factors (CHIEF) questionnaire which is used to gather data on environmental barriers that persons with disabilities experience both at work and in other settings, such as home and in the community. It has been shown as having good test-retest and internal consistency reliability, and discriminant validity. It is a suitable test in questionnaire form to assess the environmental barriers encountered by people with and without disability. However, it only tests barriers, and not facilitators, to participation. The frequency and magnitude of environmental barriers also rely on perception, and are therefore subjective. No studies were found regarding the validation of the CHIEF in the South African context, or of any research being conducted in the healthcare environment.

This categorises barriers into five domains as shown in Table 2.2:

Table 2-2 Craig Hospital Inventory of Environmental Barriers (CHIEF)

| DOMAIN 1 Attitudes and Support | DOMAIN 2 Services and Assistance | DOMAIN 3 Physical and Structural | DOMAIN 4 Policies | DOMAIN 5 Work/School |
|-----------------------------------|-------------------------------------|-------------------------------------|----------------------------------|--------------------------|
| Support in Community | Transportation | Design of Home | Policies of Business | Support at Work/School |
| Attitudes in Community | Medical Care | Surroundings | Policies of Employment/Education | Attitudes at Work/School |
| Support at Home | Help at Home | Design of Community | Services in Community | Help at Work/School |
| Attitudes at Home | Education/Training | Design of Work/School | Policies of Government | |
| Natural Environment | Help in Community | Technology | | |
| Discrimination | Information | | | |
| | Personal Equipment | | | |

Employers in general tend to paint a rosy picture of employment, or as Kaye, Jans and Jones¹¹⁷ describe it as “a veneer of employer acceptance of workers with disabilities”, where employer self-selection of persons with disabilities yielded non-representative or artificially positive conclusions. Studies conducted about workers with disabilities often yielded generally favourable attitudes, benefitting both the employer and the worker. Kaye, Jans and Jones concluded that sometimes respondents’ responses might be biased to avoid social stigma and therefore were not a true reflection.

However, when employers, identified as being resistant to complying with the employment provisions in the ADA, were asked (in an indirect manner) to identify reasons for not hiring persons with disabilities, the following themes emerged:

- Ignorance, including: lack of awareness regarding accommodation issues; concerns about increasing the burden on managers; lack of exposure by managers to persons with disabilities; erroneous beliefs including stereotypes that persons with disabilities are poor performers, and would show increased absenteeism and social discomfort;
- Costs, including the cost of accommodation and increased insurance premiums;
- Legal liability due to lawsuit on the grounds of discrimination; and
- Job performance issues, including standard of work; absenteeism; limitations during the interview process to clarify the persons with disabilities’ ability to perform a task; concern about legal liability; discomfort around persons with disabilities and discomfort of co-workers and customers.

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Ephraim, MacKenzie, Wegener, Dillingham and Pezzin¹¹⁸ successfully used the CHIEF – Short Form as a reliable measure to identify environmental barriers, and reported barriers in the five domains. The majority of the 914 participants in the study reported barriers in one or more domains (87%) and 57% reported barriers in four or more of the five domains.

In the review article by Frieden and Winnegar¹⁴ facilitators of the employment of people with SCIs included education, community mobility, independence and decreased medical complications, gender, marital status and social support, vocational counselling, employer goodwill and the attachment between the worker and the employer, the environment and professional interests. They also concluded that negative attitudes regarding the hiring of individuals are continuing. The research showed that persons with disabilities who are working would leave their jobs faster after the age of 40 than non-disabled persons (the dynamic around this is not clearly understood). People with SCI have much higher rates of depression and mood-related disorders than those in the general population, and may experience stress related to work adjustment, scheduling specialised transportation, finding skilled personal assistance and organising other needed accommodations.

The GISEM study¹³ identified the facilitators of employment in the SCI population in Italy, including education, bowel continence, independence in mobility, ability to drive, participating in the community and the ability to live alone. Of specific interest were the larger availability of intellectual jobs and the lower impact of physical demands in recent years, which increased access to these employment opportunities. Persons who were employed had an overall better perceived quality of life. The study identified age, being married, tetraplegia, occurrence of recent medical problems, rehospitalisation, the presence of architectural barriers and having a public welfare subsidy as barriers. Krause, Terza, Saunders and Dismuke¹¹⁹ identified pre-injury education, return to pre-injury employer, having worked in management pre-injury, being Caucasian and male as facilitators to first job employment after SCI. Ramaskrishnan, Chung, Hasnan and Abdullah,¹²⁰ reported that those younger than 20 years of age at the time of injury, the ability to drive a modified vehicle, independence in personal care and mobility as facilitators to employment. They suggested a further review of whether hospitalisation in the preceding year and receiving of financial incentives were deterrents to employment.

Beatty¹²¹ identified the actual illness as the primary barrier when it comes to chronic illness, which affects 39% of all working-age adults in the United States. The issues that employees deal with include:

- Physical and psychological issues regarding the ability to perform, planning and scheduling of work as well as uncertainty of the progression of the illness;
- Reaction of others to their illness, including: inaccurate assumptions regarding their abilities, based on stereotypes and perception by others of their illness; feelings of pity from others; doubts about their job competency; questioning of their work ethic and perceptions of “being lazy”;
- People with epilepsy specifically mentioned transportation, because people with physical disabilities are able to access transport assistance that people with epilepsy, who are not allowed to drive, are not able to access.

To prevent a chronic illness sufferer's career path from moving in one of four directions (plateauing, redirecting, retreating or self-employment) Beatty suggested the implementation of coping strategies and contextual support, improving resilience and encouraging employees to seek interventions to overcome these barriers.

Krause and Reed,⁷³ whose study included both employed and unemployed persons with SCI, concurred with the barriers and facilitators above, and included personal factors identified by participants such as interest in working, confidence and motivation to work, availability of appropriate resources required to work and specific disability issues related to work. Health status and loss of financial and medical benefits were not as highly correlated to labour force participation than in other studies. This contradicts the study done by Kewman and Forchheimer¹²² where injury severity, disincentives and need for greater assistance were the major barriers to employment.

Krause raises the question whether the pattern of facilitators and barriers experienced in the SCI cohort would be different in other cohorts with different disabling conditions, demographic profiles or geographic locations.

Ramakrishnan, Mazlan, Julia and Latif¹²³ also mention return to previous employer, years of education and being younger as facilitators to reduce the time to first employment post SCI.

When looking at the traumatic brain injury population in the United States, Felmingham, Bauley and Crooks¹²⁴ found that post-discharge predictors of employment were the age at the time of injury, pre-morbid employment status, work status and the presence of psychological stress after six months post-discharge.

In the Netherlands a study by Hannerz, Ferm, Poulsen, Pedersen and Anderson¹²⁵ found that the size of the enterprise (or company) increases the odds of stroke patients returning to work.

Although a large percentage of persons who suffered burn injuries returned to work (79.7%), short-term physical and wound issues were barriers up to one-year post the injury. However, working conditions (humidity, temperature, safety) and psychosocial factors (nightmares, flash backs, appearance concerns) contributed to barriers in long-term employment.¹²⁶

Eighty-seven per cent of amputees reported barriers in one or more of the five environmental barrier domains, and 57% in four or more of the domains. Poverty and co-morbidity were significant predictors of significant barriers.¹¹⁸

The biggest barrier facing vision-impaired people in the workplace was related to perceptions of the employer and the public regarding the ability of the person with the disability to perform the job. Access to assistive devices greatly improves a visually impaired person's ability to perform the job, but could be quite expensive, ranging from 1 500 pounds Sterling to 25 000 pounds Sterling (2002).¹²⁷

Vocational Rehabilitation is a "rehabilitation strategy that aims at enabling a disabled person to secure, retain and advance in suitable employment and thereby to further such a person's integration or re-integration into society."¹²⁸ Limited access to these employment programmes can be a significant environmental barrier. Coetzee, Goliath, Van der Westhuizen and Van Niekerk¹²⁹

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identified significant gaps in the current vocational system in the Western Cape, including insufficient services provided, a lack of efficient referral pathways between the government departments, unacceptably long waiting lists, a high default rate and logistical challenges such as transport. The researchers proposed an inter-sectoral approach to reduce the critical participation barriers in order to increase employment of persons with disabilities. However, that would require collaborative thinking and sufficient funding to make it happen.

As an illustration, using the CHIEF classification¹¹⁶ the barriers mentioned above were allocated to the CHIEF domains as summarised in Table 2-1 (next page):

Table 2-1 Environmental barriers according to CHIEF domains

| Environmental Barrier | CHIEF DOMAINS | | | | |
|---------------------------------------------------------------|-----------------------|-------------------------|-------------------------|----------|-------------|
| | Attitudes and Support | Services and Assistance | Physical and Structural | Policies | Work/School |
| Lack of awareness | ✓ | | | | |
| Employer self-selection | | | | ✓ | |
| Community mobility, participation | | | ✓ | | |
| Access to equipment | | | ✓ | | |
| Stereotypes | ✓ | | | | |
| Cost | | | ✓ | ✓ | |
| Legal liability | | | | ✓ | |
| Job performance | | | | | ✓ |
| Access to vocational counselling | | | | ✓ | |
| Lack of transport | | ✓ | | | |
| Illness, progression of chronic illness | | ✓ | | | |
| Unable to live alone | ✓ | | | | |
| Race | | | | ✓ | |
| Working environment | ✓ | | | | |
| Size of enterprise | | | | ✓ | |
| Pre-morbid employment status | | | | | ✓ |
| Education | | ✓ | | ✓ | |
| Attitudes at work | | | | | ✓ |
| Access to financial/social assistance | | | | ✓ | |
| Incontinence | | ✓ | ✓ | | ✓ |
| Vocational rehabilitation and supported employment programmes | | | | ✓ | |

Given the challenges that persons with disabilities face in South Africa, it can be expected that some of the barriers identified in other parts of the world also exist in the South African context. However, as a developing country, where persons with disabilities often cannot escape poverty, marginalization and stigma, it is surmised that these barriers are more profound and therefore require further investigation.

2.7.1 Recommendations to rehabilitation professionals

Frieden and Winnegar¹⁴ made strong recommendations to rehabilitation professionals and those involved in research around employment of persons with SCI including

- How best to support injured employees as they communicate about their employment status and gaps in their employment history, as well as the communication between the patient, the rehabilitation professional and the employer
- Consideration to psychosocial history and readiness to return to work
- Research aimed at reducing and preventing of secondary health conditions vital to obtain and maintain employment, including management of medical problems, especially urological and skin problems
- Understanding individual challenges of resilience and understanding of the coping process
- With more access to on-line educational opportunities, it is proposed that education post-SCI can improve, thereby increasing employment prospects.

The report also recommends that SCI people are given the opportunity to work from home, as it would not only improve access to personal support, but also provide an opportunity to change physical positions during the course of the day, thereby reducing the risk of pressure sores. More research is required around management of an employee working from home, setting of boundaries and how to find the right work-life balance.

The GISEM study¹³ recommends that rehabilitation programmes should specifically focus on abilities to drive, access to public transportation and any device helpful to overcome any kind of barrier to independence in mobility.

Krause⁷³ recommends that those who have been at some time since SCI onset but are currently unemployed would be better candidates for intervention to promote labour force participation. In another study, Krause⁸⁶ recommended return to pre-injury employer for SCI as a priority, as it is usually a time-limited opportunity. Additional research is required to focus on work lapses and early retirement to give a clearer picture in how SCI affects post-injury employment.

2.8 Employment practices

2.8.1 Employment strategy

Employers have a right to have appropriate workforce, and persons with disabilities can easily be part of that group, given appropriate sensitivity to often minimal accommodations.²⁸ However, integrating a minority into a dominant corporate culture is not always easy, even where corporate social responsibility programmes exist. If integration is not handled effectively, it could lead to negative consequences and confusion.

Despite having company policies in place, the limited extent and impact of the employment of persons with disabilities is often linked to low commitment by senior management to the issue of equal opportunities for the disabled (although they may focus on either areas e.g. race and gender), especially in the light of financial and operational considerations, often more central to management. This frequently results in relatively limited time and resources being allocated to implementation, which often results in operational problems.¹³⁰ Markel and Barclay²⁸ recommended that employment of persons with disabilities should become a socially responsible initiative that actively pursues the human capital of persons with disabilities, rather than an issue driven by legal and compliance requirements.

Woodhams and Danieli¹³¹ acknowledges the importance diversity by viewing differences (disability) in a positive light and welcoming individual differences where individuals are appreciated for their strengths and talents and where less attention is paid to the consequences of visible differences, whilst at the same time acknowledging the challenges of implementation. The business case outlined by the aforementioned authors included that:

- The perceived costs for accommodation outweighs the costs incurred when replacing employees;
- By employing more disabled persons, thereby increasing the size of the “disadvantaged” group, it would reduce the accommodation costs per capita;
- A diverse workforce which is more representative of a diverse customer base and therefore the company is able to get “closer” to the customer; and
- Access to scarce skills.

Companies who pro-actively employ persons with disabilities will save money through avoiding fines for non-compliance and because persons with disabilities generally have lower absenteeism rates¹³² and attrition rates are up to 20% lower than in the general workforce.¹³³

Dibben, James, Cunningham and Smythe¹³⁰ warned that, unless more is done to promote the value of effective and strategic disability management and the business case for employing persons with disabilities in a company, there could be a disconnect between the strategy and the logistics of implementation.

Silver and Koopman¹³⁴ provided practical guidelines on the employment of persons with disabilities, and recommend a “cycle of change” approach to transform the workplace by becoming the employer

of choice. It included the establishment of an action team to drive the process by inspiring and motivating employees to achieve the goals set for the business. They also suggested strong leadership and a culture of interdependency and teamwork between persons with disabilities and their colleagues. They recommended on-going support from the Human Resources Department, colleagues and outside organisations, and proposed that on-going attempts should be made to address discrimination and to address the required shift in paradigms.

The group of non-compliant employees also suggested policy strategies, including government subsidies for reasonable accommodation costs, external expertise to assist employers with disability and accommodation-related issues at no cost to the employer, tax breaks for hiring persons with disabilities, initial trial employment period, external mediation service to resolve accommodation issues without recourse to lawsuits, easier access to recruitment of persons with disabilities and externally facilitated problem-solving group to address issues of accommodation and retention. Other unexpected strategies included to improve corporate culture, rewarding the efforts of managers who in fact are employing persons with disabilities, and to provide pre-employment coaching to prospective employees and re-training for new skills.

2.8.2 Recruitment

Persons with disabilities are as likely to desire employment as non-disabled people, but less likely to actively seek it.¹³⁵ Access discrimination exists when non-job related limitations are placed on an identifiable group, such as persons with disabilities.¹²⁷

Markel and Barcklay²⁸ recommend strategies for accommodation pre-employment and during the recruitment process, such as on-line application forms, and providing written materials in an alternative format such as large print. Managers should also know what to ask or not to ask in interviews, and a structured interview process is recommended as it has been shown to reduce bias and stereotyping in interviewer ratings and also understand what the core functions of the job entails¹³⁶. They recommended that companies develop a good rapport with local disability organisations and support of disability internship programmes. Although in general persons with disabilities do not work more in flexible hours positions than others, this may be one of the reasons why persons with disabilities are employed in part-time positions where hours are more flexible.¹³⁰

Kaye, Jans and Jones¹¹⁷ offered strategies to disabled person on how to approach a job interview.

Pagan¹³⁷ proposed a change in attitudes towards older persons with disabilities to increase labour participation and reducing levels of poverty and marginalisation by implementing part time work for older persons with disabilities, and gradual retirement opportunities with flexible and reduced working hours.

2.8.3 Disclosure of disability

All employees of designated employers in South Africa are given the opportunity to disclose their disability, as directed by the Department of Labour; this information is included in the annual Employment Equity Reports submitted by companies to track the progress made against the Employment Equity directives.¹³⁸ The employer is required to keep the disability information confidential and manage it in a responsible manner.¹³⁹

Benefits of disclosing a disability as summarized by Irvine (2011),¹⁴⁰ include exercising the right to disclosure; access to specialist support schemes; access to better tailored/more effective adjustment and support in the workplace; it might be looked upon favorably or may even be a requirement of certain posts; reduction of the negative psychological impact/stress of concealment and be an opportunity to educate others and challenge the stigma around disability.

However, the downside of disclosure might result in not being considered for interviews or not being appointed to a position. It might also result in exclusion from certain positions that might have 'fitness for work' standards. Employees with disabilities may also be perceived by colleagues as less competent, less reliable or less able to cope and might result in being treated differently at work. Disclosure of disability at work could also result in more negative attitudes and behaviours, the possibility of being dismissed from a job and enhanced surveillance from occupational health departments.

For individuals whose disability is not immediately apparent to others, total non-disclosure is an option. People with mental health issues might not mention this to employers as they do not perceive what they experience as a 'mental health issue' that would warrant involvement by the employer; if they do talk to their employers about their disabilities, they do not necessarily discuss their mental health in medicalised language.

Kaye, Jans and Jones offered guidelines for disclosure,¹¹⁷ and suggested that people with a visible disability should pro-actively discuss their disability during the interview stage and emphasize that the disability would not affect their ability to perform the core tasks of the job. Disclosure was also essential if they needed specific accommodation in the work place, and to emphasize the costs involved in providing the necessary accommodation as it is often much less than employers may anticipate. However, when disclosing non-visible disabilities, there were no hard and fast rules. People who participated in the above study who chose to disclose their non-visible disabilities up-front were usually good communicators and had disability-positive images of themselves. Most people with non-visible disabilities (especially those with stigmatized disabilities) struggled internally with the decision to disclose their disability and chose not to disclose it even though they knew this would result in little or no access to the accommodations that would make their jobs easier. Some participants suggested only disclosing the disability once they have proven that they were able to do the job. However, there were concerns that in this case the trust relationship between the employee and employer could be affected.

2.8.4 Accommodation in the workplace

Most litigation regarding employment of persons with disabilities have been as a result of accommodation in the workplace, and it was found that a quarter of employees who have left their jobs for a disability-related reason believed that adaptations to their environments would have allowed them to stay in work.¹³⁰ Therefore, access to retraining programmes or even supported employment could have improved the outcome for these employees and could have reduced attrition rates. The World Report on Disability¹⁰ suggests that if employers have to pay for providing reasonable accommodations they would be less likely to hire persons with disabilities, and suggest that tax incentives are offered to employers by government programmes. Although government employment agencies in the United States can provide advice and funding for employment-related accommodation and vocational rehabilitation, and up to 10 000 Australian Dollars' assistance for workplace modifications via the Australia Department of Employment and Workplace Relations Funds¹⁰, this initiative however does not exist in South Africa. It is not certain whether tax initiatives will form part of the proposed Employment Services Bill.⁶⁷

In the United States, 46% of companies did not spend any money at all on accommodating employees with disabilities, and many of the accommodations implemented benefited non-disabled employees as well, such as the introduction of more flexible working hours and more frequent breaks.¹⁴¹

Universal access and design¹⁴² is an architectural concept that recognises the changes everyone experiences, and considers the potential ability of all people, including the disabled. It seeks to maximise the benefit of the environment and products so that everyone can use them, regardless of physique, age or degree of disability; this concept is also supported by Markel and Barclay.²⁸

It was found that line managers often lacked the knowledge and expertise needed to address barriers that persons with disabilities face at work.¹³⁰ Even individuals with the same impairment might require different accommodation due to the severity of the disability or the workplace environment.

Silver and Koopman¹³⁴ suggested that the serious challenges with transport and accommodation difficulties should be addressed, as all people would benefit from having a more accessible environment.

Kaye, Jans and Jones' study¹¹⁷ yielded strategies to improve hiring of persons with disabilities, including better training on disability issues for managers and supervisors, a central organization-wide source of expertise on accommodation issues, written guidelines for dealing with disability issues and accommodation requests, an organization-wide system for handling of reasonable accommodation requests, external resources to get guidance on disability and accommodation issues, a diversity specialist who deals with disability issues, a centralized fund to pay for job accommodation and a written company policy on non-discrimination that includes disability.

The Code of Good Practice⁶⁵ and the Technical Assistance Guidelines¹⁶ provide detailed information to employers regarding accommodation, and also describes issues related to unjustifiable hardship.

2.8.5 Attitudes and discrimination

In a focus group with healthcare, hospitality and retail administrators it was found that there was concern about the possibility of increased time required for supervising, a negative impact on productivity, higher absenteeism rates, the cost of accommodation and manager bias if a manager had a negative experience with an employee with a disability. It was found that much of the manager bias could be attributed to lack of experience and understanding of disability issues.¹³²

Negative attitudes towards disability, especially intellectual disability and when disability is self-inflicted, persists around us even though fewer negative attitudes are displayed towards people with physical disability.¹⁴³

French and Swain²⁵ reminded professionals to stop having a “tragedy” approach to disabled people and not to presume that disabled people desire normality. Rather, disabled people’s expertise should be recognized, as should the constraints within the system so these can be changed for the better of persons with disabilities. Although this is a message to rehabilitation professionals, it is also relevant to employers to explore the implications that a non-tragedy view could have on policy, practices and the provision of services. They suggested that, rather than offering a blueprint on how persons with disabilities should be seen and treated, persons with disabilities should be allowed to establish their own identities and needs which could have great possibilities for the future.

2.8.6 Employment for nurses with disabilities

Marks at the University of Illinois¹⁴⁴ warns that the biggest barriers that nurses with disabilities will experience are attitudinal rather than institutional barriers. She admitted that nurses are still very much rooted in the medical model of disabilities, and have not yet “embraced a socio-political lens for understanding disability. She also added that nurses with disabilities are not knowledgeable enough regarding their rights, access to accommodation and assistive devices. Unfortunately no organization such as the National Organization of Nurses and Disabilities who supports, educates and breaking down barriers or a Society of Healthcare Professionals with Disabilities¹⁴⁵ exists in South Africa. No information could be found on the prevalence of disability in the nursing or healthcare profession, although lower back pain and joint pain have been mentioned as injuries incurred as a direct result of tasks performed during nursing.

2.9 The Company

The Company profile where the study was conducted is discussed below, including its employment policies. Strategies for employment of persons with disabilities are explored and best practices are presented. Challenges around the employment of persons with disabilities are discussed.

2.9.1 Employment policies and strategies

The Company Transformation Strategy (April 2010)²⁴ outlines its broad thinking regarding transformation as:

- Promoting equal opportunity and fair treatment in employment through the elimination of unfair discrimination;
- Implementing affirmative action measures to redress the disadvantages in employment experienced by designated groups, to ensure their equitable representation in all occupational levels of the work force; and
- Ensuring that it has competent people in key positions to contribute to the successful implementation of its Transformation Strategy and to the success of the business.

Above all, the Company will transform because it believes that it is the right and just thing to do. It acknowledges the need to take decisive steps to move beyond the legacy of race and other forms of discrimination that impact on its structure, culture and composition. It is committed to harnessing and nurturing the value and strength of diversity and is committed to attract, develop and retain the best people and empower them to reach their full potential. It wishes to maintain a common set of values which are characterized by openness and transparency, and a culture that all employees contribute and subscribe to. It believes that transformation contributes to the upliftment of the communities in which they operate and seeks to lead and set an example to the private healthcare industry and society as a whole. To these ends, it has developed specific transformation goals and objectives, including:

- Making diversity an operational and measurable strategy;
- Providing diversity training for employees;
- Linking diversity to recruitment, development and retention where practical;
- Reviewing, implementing and measuring the code of conduct on sexism, racism, cultural intolerance, religion and **disability**;
- Conducting regular surveys to measure and monitor perceptions about diversity and transformation;
- Considering a practical approach to recruit, train and retain **disabled persons** in the Company; and
- Establishing a facilitated national forum that is representative of the Company's geographics, including race and gender.

The execution of the Transformation Strategy is the responsibility of the General Manager, Human Resources who ensures execution through the Executive Management Team, the Human Resources management team and the National Employment Equity Forum.

An employment equity cycle is negotiated every three years, and the Company guides its activities around that cycle; the current cycle runs from March 2010 to February 2013. According to the Human Resources Systems and Policy Manager, the focus in the most recent cycle was mostly around achieving equity amongst the ethnic groups.¹⁴⁶ The Company has been creating opportunities for employment equity for disability, although this has not received the same attention as race and gender equity.

The Company is registered with the Health and Welfare Sector Education and Training Authority (HWSETA), and annual work skills plans are submitted to the Department of Labour. The Company tracks training against the Employment Equity figures as part of the annual submission. Training provided to persons with disabilities is tracked and reported, and is in line with the number of persons with disabilities employed by the Company.

To ensure access to medical care, all employees are required to have medical insurance cover through a medical aid, and the Company contributes towards the membership fees. Thirty days of sick leave over a three-year cycle are provided to employees. Average sick leave per employee per year is difficult to track due to the varying commencement dates of their respective three-year cycles. The responsibility for temporary and permanent disability processes rests with the insurance company who underwrites the Company's disability insurance. The insurance company makes use of external services for disability assessment, vocational and supported training programmes. Monitoring of the process rests with the Company.

Attrition rate of Company employees with disabilities for March 2011-March 2012 was 3.4%, versus the Company attrition rate of 16.7%.

2.9.2 Best operating practices

2.9.1.1 Celebrating diversity

The Company offers diversity management training, which includes topics on disability awareness and legislation. Three hundred and fifteen managers attended diversity management training in the previous work skills cycle (March 2010-Feb 2011).¹⁴⁷ Information resources are also available to the general employee population on diversity.¹⁴⁸

Guidelines on the employment of persons with disabilities are available to managers.¹⁴⁹

2.9.1.2 National Employment Equity Consultative Forum

This forum was established in June 2010, to:

- Give effect to Section 16(1) of the Employment Equity Act stating that: "A designated employer must take reasonable steps to consult and attempt to reach consensus on..."

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- Provide employees with an avenue to articulate their opinions and employment equity matters
- Collate submissions from the business, debate, confirm and sign off the content of the Employment Equity Report
- Provide regular feedback to respective constituents in the business in terms of the Company Employment Equity plan.

Although there is a culture of inclusion and negotiation in the Company, it does not extend specifically to employees with disabilities. There is no specific representation of persons with disabilities on the consultative forum.

2.9.1.3 Experiential learning

In 2005, a group of managers in Durban, including the researcher, identified lack of knowledge regarding the Employment Equity Act, disability and lack of skills in recruitment and performance management of persons with disabilities as problems.⁶ After undergoing a specific training programme on disability issues an improvement in knowledge has been reported.

Subsequently, the same group piloted an experiential learning initiative¹⁵⁰ by providing three-month training opportunities at the Company facility to persons with disabilities. Feedback on this initiative was positive from both the line managers and disabled persons; currently two of the 10 persons with disabilities who participated in the programme are permanently employed by the Company. The group also developed a disability toolkit including guidelines on disability recruitment and interviewing, interview templates and guidelines on performance management. However, the uptake of this initiative by the rest of the business has not been positive. The reasons for this are not clear, although it is thought that it was not sufficiently marketed and championed to the business.

2.9.1.4 Challenging the disability paradigm

No literature could be found on healthcare workers' perception of disabled employees. Given that they work in an environment catering for people in need of medical care, assistance and healing, which are generally accessible to patients with regards to structural layout, equipment such as wheelchairs, etc., and where patients are treated empathetically and with respect and understanding, it may be reasonable to assume that their attitudes are positive, or at least neutral.

However, the issue that is not clear is whether the healthcare industry is so impairment focused and stuck in the medical model of disability that it limits people's views on the total person, and the ability of people with disability to contribute to society and their own workplace.

2.10 Chapter summary

From the information outlined in this chapter it is evident that disability is a complex and multi-layered phenomenon, and that employment of persons with disabilities is affected by various factors, such as poverty, gender bias, discrimination and marginalisation. The extent of the disability is often exacerbated by a variety of environmental factors that can increase the morbidity or even result in more profound negative experiences.

Significant legislation is in place to protect the rights of persons with disabilities, driven internationally by important organisations such as the United Nations and the World Health Organisation. On a national level legislation is strongly guided by the South African Constitution. It is not evident from the literature review that disability is getting the same focus and attention as other designated groups such as black people or women. Processes to implement and enforce legislation are difficult, sub-optimal and flawed. It is also questionable whether persons with disabilities at grass root level have benefitted from the legislation.

Internationally and nationally employment figures for disability are at unacceptably low levels, with many physical and environmental barriers contributing to the low uptake of persons with disabilities in the work force. There appears to be lack of focus on employment as a measurable outcome for rehabilitation, and access to vocational training appears to be lacking.

The Company where the research was conducted appears to have excellent systems in place to comply with legislation. It is uncertain whether the employment equity process offers appropriate and adequate focus on disability and whether it gets similar attention as gender and race equity. Based on the current disability figures of the Company, it is important to understand what the barriers to employment is and what can be done to make the environment more conducive to the employment of persons with disabilities. The extent of disability under healthcare workers is not clearly understood, nor the specific challenges related to disability and the nursing profession.

CHAPTER 3: METHODOLOGY

3.1 Introduction

This chapter outlines the methodology used for the research study to achieve the objectives set out in Chapter 1. It will describe the design of the study, including the qualitative and quantitative processes used. It provides information on the study population, and the inclusion and exclusion criteria that were applied. The measuring tools used in the study are described, including the development of the measuring tools and pilot studies conducted, with a summary of the recommendations from the pilot studies. It also describes the various phases of the data collection and the procedure for analysing the data. The ethical considerations of this study are also discussed.

3.2 Study design

Due to the sensitive nature of the study, it was essential to have agreement at the highest level of the Company on the importance of the study, the benefits to the Company as well as the processes for data collection. It was important that the rights of the Company employees with disabilities were in no way compromised, particularly their right to confidentiality and the right to be treated with respect. Contact was made with the Department of Labour to confirm that information received from employees via the EEA1 form could be used for this study. Permission for the study was obtained from the Chief Operating Officer: Human Resources as well as the Group Industrial Relations Manager, as well as the researcher's direct manager at the time (Appendix 1). The logistics of the actual study, including the process of data collection was communicated to all Regional Human Resources Managers by the researcher and the Human Resources Operations Manager.

The premise of the study is that environmental barriers exist within the Company. A descriptive study with mixed methods formed the basis of this research project, as it sets out to quantify and qualify the extent of the situation, in this instance the barriers that Company employees with disabilities and their managers experience with regard to employment of persons with disabilities.

This study contained both quantitative and qualitative components. Data were collected sequentially, where the dominant part of the study was the quantitative phase, followed by the qualitative component. The purpose of the qualitative component was to clarify information and to explore further certain aspects arising from the quantitative part of the research.

The study design process is summarised in Figure 3-1 (next page):

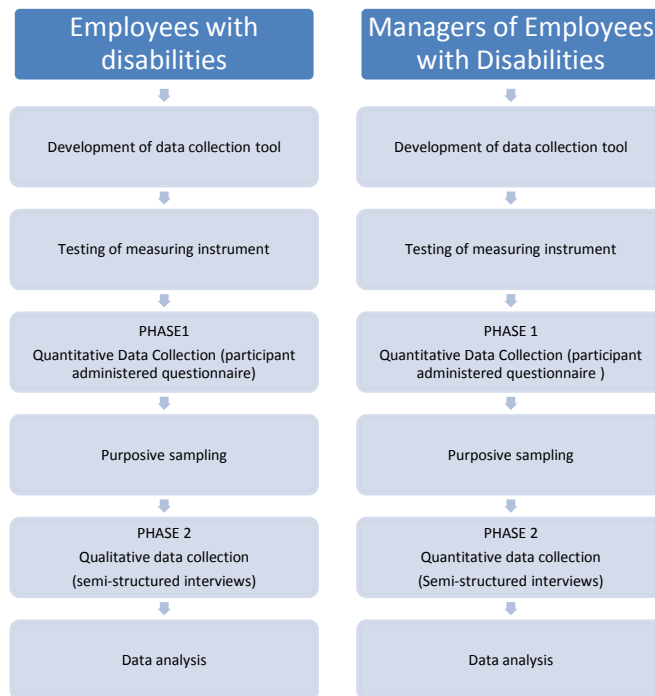


Figure 3-1 Study process outline

According to Joubert and Katzenellenbogen,¹⁵¹ a descriptive study sets out to comprehensively describe the current state of affairs of a certain aspect of health; it is also known as a situational analysis. The purpose of a descriptive study is to give service providers and planners information that will help them to design services and allocate resources effectively, and could generate questions for further studies. It is therefore an appropriate design to address the aim of exploring the employment environment of persons with disabilities who work for the Company.

Mixed methods research has become the method of choice due to the cost-benefit of this approach, but Bergman¹⁵² warned that the mixed method approach could be seen as superficial and a quasi-mixed study, where the benefits of neither approaches are fully realised. He acknowledged the benefits of mixed methods design in that it forces researchers and theorists to return to more fundamental questions in relation to the research design and to explore how it connects to research questions, data collection, data interpretations and analysis and interpretation of findings. He considered the research design as an opportunity to revisit coagulated, but insufficiently or incorrectly specified assumptions about particular methods and designs. It is important to note that the choice of methods depends on the aims and objectives of the study.

The quantitative approach is used to gather factual information regarding demographics and the state of affairs in the Company through the collection of data.¹⁵³ Quantitative data collection is often via surveys. In the first phase of this study, surveys were administered to collect information from Company employees with disabilities and from their managers.

Qualitative research involves the studied use and collection of a variety of empirical materials, case study, personal experience, introspective, life story, interview, observational, historical, interactional, and visual texts that describe routine and problematic moments and meanings in people's lives.¹⁵⁴

Qualitative research locates the researcher/observer in the world where a set of interpretive, material practices make the world visible.¹⁵⁵ Qualitative researchers seek to make sense of personal stories and the ways in which they interact. Things are studied in their natural setting whilst attempting to make sense of, or interpret, phenomena in terms of the meanings people bring to them, and is used successfully to enhance the qualitative component of research and to explore further certain aspects arising from the quantitative part of the research.

Skinner and Van der Walt¹⁵⁶ proposed that qualitative methods allow researchers to understand how the subjects of research perceive their situation and their role within that context. Health-related perceptions are born out of these perceptions. Therefore, qualitative research helps the researcher understand the reasons for behaviour and reasons why the behaviour occurs or why people hold these views.

The advantages of qualitative research are that the research is conducted within people's context and the researcher is able to get a closer feeling of the general social functioning of the person in the community. The results relate more to real situations than statistics. When new information emerges during the research, the researcher is able to explore this information within the framework of the research. An experienced researcher would be able to use greater flexibility as people tend to react differently when being watched, and would be able to pick up non-verbal cues.

Disadvantages are that researcher bias and subjectivity could influence the analysis. Transcribing and analysing data can be time consuming and costly. Due to a small sample size for qualitative research, the material may not be easily generalizable. Data collection in qualitative research is mostly subjective with the focus on how respondents experience or understand a situation. The objectives for this kind of research are usually very broad.

Lincoln and Guba¹⁵⁷ postulates that trustworthiness of qualitative research is important to assess the value of the research and recommend establishing of the following:

- Credibility

By spending sufficient time in the field to learn and understand the specific culture or confidence in the truth of the findings: The researcher has spent the last 25 years in the field of disability, and 9 years in the Company. This has provided the researcher with opportunity to speak to a large variety of people and to develop a rapport with members of the disability, as well as Corporate fields. This has allowed the researcher to rise above her own pre-conceptions, and also to build trust within those communities. Triangulation methods used by the researcher to improve credibility of the qualitative research was to use multiple data sources (employees with disabilities as well as their managers) as well as different data collection methods such as both qualitative as well as quantitative data. Using peer

debriefing by exposing oneself to disinterested peers helped to uncover taken-for-granted biases, perceptions and assumptions.

- **Transferability**

By being able to show that the study can be transferred to other settings by describing findings in sufficient detail, one can start to evaluate the extent to which conclusions drawn can be transferred to other settings, times, situations and people.

- **Dependability**

By having a researcher not involved in the study analysing the research process as well as the findings can lead to additional ways of data gathering and the development of stronger and better articulated findings, as was the case with having study supervisors. However, it could also lead to confusion when the external researcher disagrees with the findings of the researcher.

- **Confirmability**

This refers to the extent to which the findings of the research are shaped by the respondents, and not researcher bias, motivation or interest. Although a researcher's background and position will influence the topic, conclusion and how results are communicated, acknowledging the bias would assist in improving conformability. Strategies for improving conformability includes having more than one researcher involved in the research, or keeping a reflective journal, as well as reporting in the actual research manuscript how pre-conceptions, beliefs, values and position could come into play in the research process. The researcher was very aware of the risk of researcher bias, particularly being an employee of the Company where the research has been conducted.

3.3 Study setting

The study was conducted throughout the Life Healthcare Group, a private healthcare company. It included all 60 facilities, Regional Offices and the Head Office of the Company. The Company database of persons with disabilities was released to the researcher, with the agreement that the information should be treated confidentially. Other than staff in the Human Resources Department no person other than the researcher had access to the names of the Company employees with disabilities.

In 2011 the Company employed just over 12,000 people, of which 116 employees (0.93%) were recorded as having a disability.

3.3.1 Employee profile

3.3.1.1 Race and gender

Figure 3-2 shows the Company employee profile by race and gender in 2011. The biggest representation was African females (34%) followed by White Females (32%). Coloured females made

up 12% of the workforce. Indian females and African males each had 7% representation. White males made up 4% of the total company population.

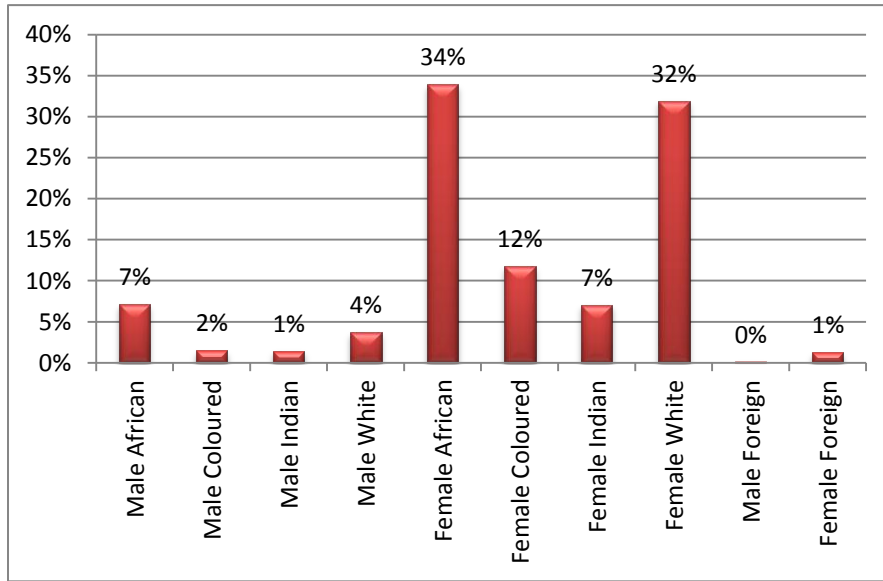


Figure 3-2 Company employee profile by race and gender (%)

Employees were given an opportunity to disclose their disability on Form EEA1¹³⁹ annually, but are under no obligation to disclose their disability. At the time of writing, disabilities that were disclosed have not been verified.

3.3.1.2 Number of persons with disabilities employed in the Company

Figure 3-3 shows a steady increase in the number of Company employees with disabilities, from 53 people in 2007 to 116 people in 2011. Persons with disabilities represented 0.42% of the total workforce in 2007 increasing to 0.93% in 2011.

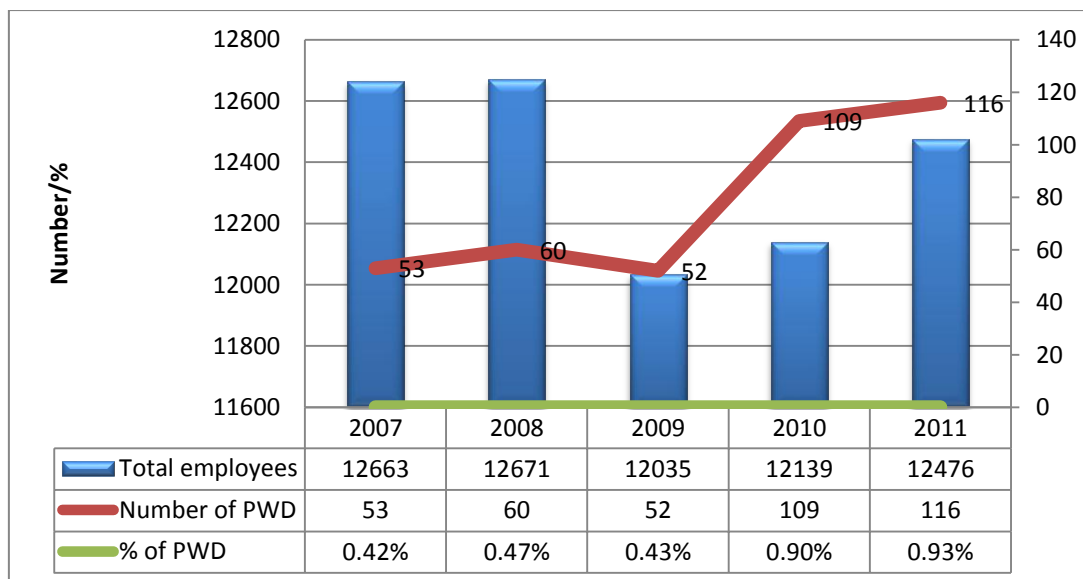


Figure 3-3 Number and percentage of persons with disabilities employed in the Company

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3.3.1.3 Number of persons with disabilities by gender and race

Eighty-six per cent of Company employees with disabilities were female. As can be seen from Figure 3-4 below, the Company employed 23 White females with disabilities in 2007. This picture has changed over the last five years and in 2011 the disabled female population consisted of 40% African females, 36% White females and the rest (23%) was made up of Coloured and Indian females. The weighted representation of females with disabilities was still higher for White females, even though the numerical value for the other females had increased. The pro-rata presentation for African females has increased significantly in 2010 and 2011 respectively. White disabled males had no representation in 2007, increased to 15 by 2008 and have remained fairly stable since then.

Figure 3-4 summarises the number of disabled employees per race and gender from 2007–2011:

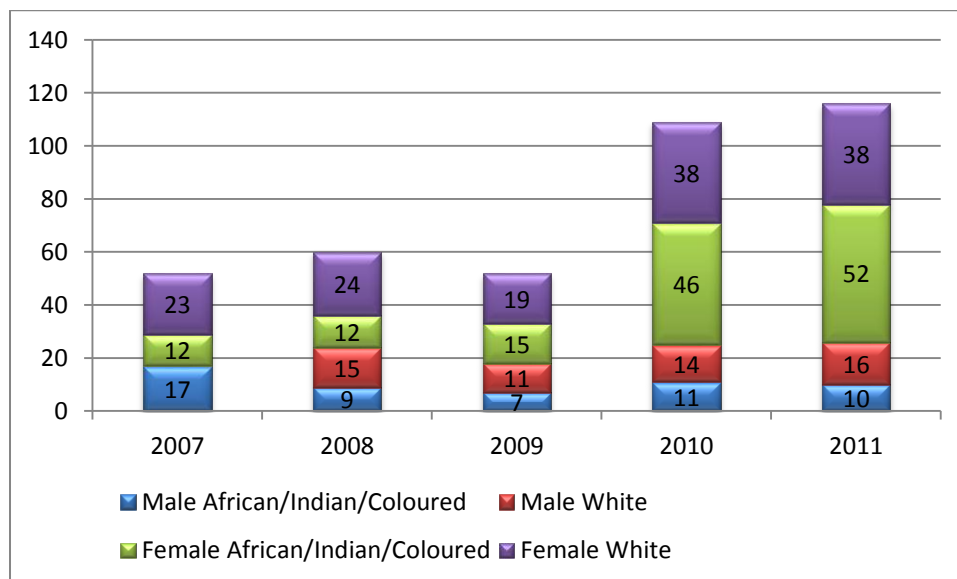


Figure 3-4 Number of persons with disabilities by gender and race: 2007-2011

Given that 67% of the total employee population of the Company consists of nurses or nurse-related professions, the impact of nurses with disability on the Company cannot be underestimated.

3.4 Study population and sampling methods

3.4.1 Phase 1: Quantitative

3.4.1.1 Persons with disabilities

The study population included all 116 persons with disabilities registered on the Company database who were in permanent and part-time employment at the Company during September 2011. Because it was a relatively small group, no sampling was done and all 116 people were requested to participate in the study. Of the 116 employees, one employee left the company and went on permanent disability retirement, one person responded that although she was on the database she did not have a disability and another employee stated that she only wore spectacles for myopia and could not contribute. Therefore, the total study population was 113.

Exclusion criteria

Any person who did not have a disability or who no longer worked for the Company.

3.4.1.2 Managers of employees with disabilities

The Human Resources Department supplied the names of the managers that Company employees with disabilities reported to. Managers were contacted telephonically and electronically via email to request completion of the questionnaire.

Table 3-1 below outlines the total number of managers in the manager population:

Table 3-1 Population of managers of employees with disabilities

| Managers | Number |
|--------------------------------------------------------|-----------|
| Total managers on data base | 102 |
| Unable to identify manager | 12 |
| Manager unaware of managing a person with a disability | 6 |
| Employees indicating that there were not disabled | 3 |
| Total managers in population | 81 |

All 102 managers who, according to the database, were direct managers of the Company employees with disabilities were initially included in the population. Some managers were managing more than one disabled employee.

Manager details of 12 employees were not available. This was possibly because the position of the manager was not formally occupied (vacant), and therefore the manager could not be identified and contacted.

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Six managers responded that they were not line managers of any person with a disability, even though according to the database persons with disabilities were registered to their department. As the information regarding Company employees with disabilities could not be disclosed, these managers could not participate in the survey.

Three managers of the Company employees with disabilities who indicated that they were not disabled were excluded.

The final total number of managers in the study population group was 81; therefore no sampling was necessary.

Exclusion criteria

Managers with disabilities and a manager who was not a manager of a person with a disability, or who was not aware that they he/she was the manager of a person with a disability.

3.4.2 Phase 2: Qualitative

3.4.2.1 Employees with disabilities

Purposive, convenience sampling was done to identify five employees most suitable to participate in the interviews.

Twenty-two of forty respondents with disabilities indicated their willingness to be interviewed and provided their contact details. Feedback on the questionnaires was scrutinised. The following aspects were considered during the process of selecting interviewees:

- Visible and invisible disability: No employee with a mental health problem was willing to be interviewed. An employee with a hearing disability was selected as the invisible disability. The other four employees' disabilities were physical, visible disabilities.
- Male/Female: Male representation in the group of persons with disabilities was 14%. One male was included in the interviews.
- Region: Logistically, it was not possible to conduct interviews in all regions (provinces). Three regions were included in the interviews: KwaZulu-Natal (KZN), Gauteng and Eastern Cape (EC).
- Race: 35% of employees are black. One black employee was included. No other black employee could be included for interviews for logistical reasons.
- Position: Many of the positions were administrative in nature. An attempt was made to include a variety of departments, including pharmacy, maintenance, rehabilitation, house-keeping and administration.

A summary of the employees interviewed appears in Table 3-2 below:

Table 3-2 Summary of persons with disabilities selected to participate in interviews

| Employee | Region | Race | Gender | Position | Disability |
|----------|---------|--------|--------|---------------------|--------------------|
| 1 | KZN | Indian | Female | Pharmacy Clerk | Dystonia |
| 2 | EC | Black | Female | Seamstress | Polio |
| 3 | Gauteng | White | Female | Receptionist | Deformity of legs |
| 4 | EC | White | Female | Typist | Hearing difficulty |
| 5 | KZN | Indian | Male | Maintenance Manager | Paraplegia |

Exclusion Criteria

Respondents who did not supply their names on the interview forms could not be contacted and were therefore excluded. Employees who indicated that they did not want to participate further were excluded. Logistically, and due to resources constraints it was not possible for the researcher to travel through the entire country to conduct interviews, and therefore a number of people who did indicate their willingness to be interviewed had to be excluded.

3.4.2.2 Managers of employees with disabilities

Managers of Company employees with disabilities who completed the questionnaires and who indicated their willingness to be interviewed by providing their contact details on the questionnaire. Five managers were selected for interviewing. Purposive, convenience sampling was done to identify five managers most suitable to participate in the interviews.

Of the 57 questionnaires returned, 27 indicated their willingness to be interviewed. The following aspects were considered in selecting interviewees:

- Managers of persons with invisible disability: The only manager who was managing a person with a mental health disability was included as an interviewee, as the questionnaire survey did not yield sufficient information regarding mental health disability. The manager of the employee with the hearing disability was also included. All other managers were the managers of employees with visible disabilities.
- A manager of an employee with a progressive disability, as the questionnaire survey did not specifically distinguished between various groups of disabilities.
- Managers of Company employees with disabilities who had agreed to be interviewed: three managers of people in the interviewee group of Company employees with disabilities were included, to get collateral and comparable information.
- Regions: managers from KwaZulu-Natal, Gauteng and Eastern Cape were included (the same regions as their employees who had agreed to be interviewed).

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- A manager who was not prepared to employ the employee with a disability again if he/she had a choice and the reason for the reluctance to employ again was not evident was also included.

Table 3-3 below summarises the details of the five managers who participated in the interviews:

Table 3-3 Summary of managers selected to participate in interview

| Manager | Region | Race | Gender | Position | Employee criteria |
|---------|---------|--------|--------|----------------------|------------------------------------------------|
| 1 | KZN | White | Female | Unit Manager | Not willing to re-employ, invisible disability |
| 2 | Gauteng | Indian | Female | Reception Supervisor | Physical disability, Indian |
| 3 | EC | White | Female | Unit Manager | Mental disability |
| 4 | EC | White | Female | Unit Manager | Invisible disability |
| 5 | EC | White | Female | Services Manager | African, physical disability |

Exclusion Criteria

Managers who did not supply their names on the questionnaire, or who specified that they were not interested in further participation, as well as managers unable to participate in face-to-face interviews for logistical reasons.

3.5 Measuring instruments

Measuring instruments used to collect quantitative data can include measurement with instruments (scale, thermometer), documentary sources (patient files, clinic reports), direct observation and questioning. This study used questionnaires to gather information.

A questionnaire/survey is “a list of questions which are answered by the respondent, and which give indirect measures of the variables under investigation”.¹⁵⁸ The advantages of questionnaires as a measuring tool are that they are generally cheap to administer and can cover a wide geographical area. They can also be anonymous. Disadvantages are that they generally have very low response rates (<30%), and when people have difficulty completing the forms it could result in poor data quality. It is also difficult to assess who completed the form.

For a survey to be successful, Blair¹⁵⁹ has reiterated that researchers should focus on a relatively small number of key scientific principles and practical guidelines that are applied in a series of key decisions. The questionnaire would typically contain a series of related questions for respondents to answer. Questions are most often (but not always) in a closed format in which a set of response alternatives is specified. The resulting numerical, or quantitative data are then entered into a data file for statistical analysis. Aspects for successful quantitative include:

- Clearly defined population;
- The researcher must be convinced that the majority of respondents would know the information to be provided; and
- The goals of the analysis should answer the research question by using appropriate statistical procedures.

3.5.1 Quantitative data collection instruments

3.5.1.1 Questionnaire for employees with disabilities

The basis of the questionnaire for Company employees with disabilities was the standardised Craig Hospital Inventory of Environmental Factors (CHIEF).¹¹⁶ Additional questions on demographic information and questions regarding the disability were also included in the questionnaire. Questions regarding environmental barriers were subdivided into five domains. For each domain respondents were asked to quantify the frequency that the barriers were experienced:

1. Never
2. Less than monthly
3. Monthly
4. Weekly
5. Daily

Respondents were also given the opportunity to qualify the problem as “a little problem” or “a big problem”.

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The questionnaire was in the form of a self-designed, participant-administered data coding form. It included the following aspects (refer to Appendix 2):

- Demographic data: seven questions including general information on gender, age, qualifications, data on employment e.g. position held in the company, permanent or seasonal position.
- Disability: six questions on disability type, cause, etc.
- Accommodation: three questions on type of accommodation required, whether it has been met and on evacuation procedures.
- Mode of transport: one question on type of transport used to get to work.
- Opportunity for participation: three questions on access to education, employment and leisure.
- CHIEF questionnaire: twenty five questions in one of five domains (Services and Assistance, Attitudes and Support, Physical and Structural, Policy and Work/School) in random order. These headings were never revealed to the respondents.
- Respondents were asked to indicate how often the difficulties were experienced and were given five options (never, less than monthly, monthly, weekly and daily) to select from, and a value of 1-5 was allocated (1=never to 5=daily).
- Respondents were also asked to indicate how “big” the problems were (“little” problems or “big” problems) and a value (1 or 2) was awarded (1=Little; 2=Big).

3.5.1.2 Testing of the questionnaire of employees with disabilities

The entire questionnaire was given to persons with disabilities not employed by the Company in order to test whether all the questions in the questionnaire was clear. The questionnaire was also given to the Human Resources Department of the Company and the statistician who conducted the statistical analysis for approval.

The time for completion of the questionnaire by the researcher was measured. The employee questionnaire was reviewed by five persons with disabilities who were in active employment outside of the Company. The purpose was to ensure that there was no ambiguity in the questions and that the questions were relevant and clear in the South African context.

Feedback received included the following:

- Layout of the document was confusing at places when questions were printed over two pages;
- The questionnaire was in printed format only, not allowing electronic completion of the form; this was problematic if someone’s primary mode of writing was electronic;
- Additional explanation was required for “accommodation” as it was not a term clearly understood/often used; and
- The option of “unsure” should have been included under question 9.

The above recommendations were included in the questionnaire.

The Company Human Resources Department Operations Manager also reviewed the questionnaire and made no further recommendations.

As English is the official language of the Company there was no need to translate the questionnaire. If requested, a translated questionnaire would have been provided.

3.5.1.3 Questionnaires for managers of employees with disabilities

The researcher developed a survey for self-administration by managers of Company employees with disabilities (refer to Appendix 3) as no suitable one existed. It included demographic questions regarding the manager; the manager's experience of managing a person with a disability; a survey regarding the manager's knowledge, attitudes, beliefs and practices (KABP) about disability, and lastly questions adapted from the CHIEF about barriers that they believed Company employees with disabilities experienced in the Company.

The questionnaire specifically contained the following:

- Seven questions related to general information about the manager: demographic data, including age, gender, language, ethnic group, region and position in the company and educational level;
- Three questions related to the manager's exposure to persons with disabilities;
- Four questions related to the manager's experience of managing the employee with a disability;
- Five questions related to the manager's knowledge regarding disability in general and the Employment Equity Act;
- KABP survey: consisted of 10 closed questions and 3 open questions on knowledge; 14 closed and 8 open questions on attitudes; 16 closed and 3 open questions on beliefs and 7 closed and 3 open questions on practices relating to disability.

Questions were adapted from the CHIEF questionnaire regarding the manager's perception of the barriers that Company employees with disabilities may experience in the Company environment only. Certain questions in the CHIEF questionnaire referring to a person with a disability's experience at home and in the community was left out, as managers would not have been able to answer those. The questions also offered the opportunity to indicate whether the manager believed that it was a "little" or "big" problem or barrier. The incidence of the barriers experienced was reported with ordinal numbers according to how frequently the problem occurred (1 for never, to 5 for daily). The average of these ordinal numbers in each domain was calculated. Managers only indicated whether the problem was not present=1; or present=2.

KABP surveys¹¹⁶ aim to measure the psychological variables of knowledge, attitudes, beliefs and practices and to measure the health-related behaviour these variables are believed to predict. Respondents were asked to answer closed questions on a 4-point Likert scale (Strongly agree, Mildly Agree, Mildly Disagree, Strongly Disagree). Open-ended questions were included to provide the respondent an opportunity to expand on certain issues.

3.5.1.4 Testing of the data collection instrument for Managers of Employees with Disabilities

The time taken to complete the questionnaire by the researcher was measured. Ten Company managers who did not manage employees with disabilities reviewed the questionnaire in paper format

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to determine whether the questions were clear, easy to understand and elicited the information required.

Feedback received included:

- Layout of questionnaire: the headings of the various sections were not clear
- There were concerns from two managers that the questionnaire was too long, and that it would prevent or limit participation
- Section B: Yes/No blocks were not shaded which caused confusion
- More lines were required for writing in Question 11.

Changes were made to the questionnaire based on the feedback received.

The questionnaire was also reviewed by the Company Human Resources Department Operations Manager and by the statistician who was going to conduct the statistical analysis; No specific feedback was received, other than approval

As the official language of the Company is English, there was no need to translate the questionnaire. If required, a translated questionnaire would be provided.

3.5.2 Qualitative data collection instruments

An interview schedule was drawn up to guide the interviewer regarding general questions, and to provide reference for specific issues that needed further clarification.

3.5.2.1 Interview schedule for employees with disabilities

Interviews were used to qualify and clarify information received from the questionnaires from Company employees with disabilities. The foci of the interviews were on the perceived barriers, the person's first-hand experience of these barriers and to understand the implication of the barriers from the person's own experience, not from a statistical or numeric point of view. Suggestions to ensure greater access to employment in the Company were also explored during these interviews. (Refer to Appendix 4).

3.5.2.2 Interview schedule of managers of persons with disabilities

Interviews were used to qualify and clarify information received from the questionnaires from the managers of Company employees with disabilities. The foci of these interviews were on understanding the challenges managers experience in managing persons with disabilities; the perceptions of the rest of the team regarding their colleague with the disability; the value of having a person with a disability as part of the team, and understanding, from the manager's perspective, the barriers to complying with employing persons with disabilities in the Company. Further clarification on issues raised in the questionnaires was also obtained. (Refer to Appendix 5).

3.6 Data collection

3.6.1 Quantitative data collection

3.6.1.1 Employees with disabilities

The researcher attempted to contact all Company employees with disabilities whose names appeared on the database, telephonically or electronically requesting participation in the study. The questionnaire, and a cover letter (Appendix 6) was handed, faxed or emailed to the employee. The cover letter included an explanation of the purpose of the study, an undertaking that the information would be treated confidentially, and clarification that the employee would not be identified as an individual during the presentation of the results, and was under no obligation to participate in the study.

Approximately 200 telephone calls were made to contact employees. Not all 113 employees were contacted as some worked night shifts and others did not have access to electronic mail. Nursing staff were moved between wards, and might not have been on the ward at the time of the telephone calls. These aspects affected the distribution and return rate of the questionnaires.

Managers of Company employees with disabilities were also provided with an electronic version of the questionnaire for Company employees with disabilities and asked to distribute it to any employee with a disability they were aware of. The names of Company employees with disabilities could not be disclosed to managers due to the confidential nature of the information. Therefore, if a manager was unaware of the disability status of the employee, the employee with the disability would not have received a questionnaire via his/her manager.

Employees with disabilities had the option to return the questionnaire anonymously via post, fax or electronically; therefore no consent forms were provided. Respondents had the option to include their contact details on the questionnaire if they wished to participate in follow-up interviews.

An electronic reminder was sent one and two weeks after the first contact, where possible, to improve participation rates. However, due to the anonymous nature of the questionnaires, it was impossible to identify the people who did respond.

3.6.1.2 Response rate

Forty questionnaires (37%) were returned within in the required time. An additional two questionnaires were returned too late to be included in the results (this would have brought the response rate up to 39%). The response rate should be considered in the light of the difficulty experienced in making personal or telephonic contact with all Company employees with disabilities. Also, only 46/113 (41%) employees chose to disclose their disability for the Company disability database, and therefore they might not have felt comfortable participating in the study, even anonymously.

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3.6.1.3 Managers of employees with disabilities

All managers of Company employees with disabilities were contacted physically, telephonically or via electronic mail to request participation and a questionnaire was given or sent to the manager electronically. Due to the confidential nature of the information on Company employees with disabilities, the electronic mail requested that the questionnaire was to be completed only if the manager was a manager of an employee with a disability. As mentioned earlier, a number of managers were not aware of the disability status of some employees, which affected participation.

A cover letter (Appendix 7) accompanied the questionnaire, along similar lines to that of employees regarding voluntary participation, confidentiality of information and that the manager was under no obligation to participate in the study. A reminder was sent electronically one week and three weeks after the first contact to improve participation rates. Due to the fact that questionnaires could be completed anonymously, it was not possible to identify all managers who responded.

As with employees, participants had the option to return the questionnaire anonymously via post or fax, or electronically, and therefore no consent forms were obtained. Participants had the option to include their contact details on the questionnaire if they wished to participate in follow-up interviews.

3.6.1.4 Response rate

Fifty-seven out of a possible 81 responses were received (70%).

3.6.2 Qualitative data collection

3.6.2.1 Employees with disabilities

Once prospective interviewees were identified and sampled as discussed above, they were contacted to request participation and to explain the process. Interviews were scheduled in advance, with permission from the employee's manager. A consent form (Appendix 8) was completed at the start of the interview. Interviews were conducted by the researcher in quiet and comfortable settings, and were audio-taped. Interviews lasted approximately 45 minutes per employee.

3.6.2.2 Managers of employees with disabilities

Once managers were identified and sampled as discussed earlier, they were contacted to request participation, and to explain the process. Interviews were scheduled in advance. A consent form (Appendix 8) was completed at the start of the interview. The researcher audio-taped the interviews, which were conducted in quiet and comfortable settings. Interviews lasted approximately 45 minutes per manager.

3.7 Data analysis

3.7.1 Phase 1: Quantitative data analysis

3.7.1.1 Basic quantitative data

Data from questionnaires were captured on to Excel, and converted to V-tables to allow easier analysis using STATISTICA 10 data analysis software programme¹⁶⁰ with the assistance of a statistician from the Centre for Statistical Consultation, University of Stellenbosch.

3.7.1.2 CHIEF

Data from the CHIEF were analysed to identify whether environmental barriers were present.

Frequency of occurrence of barriers

Frequency tables were used to calculate how frequently barriers in each domain were indicated.

Significance of domains

The median values were considered to assess whether the domains vary significantly from one another (Kruskal-Wallis test $p < 0.05$).

Significance regarding magnitude of problem

An average was determined for the size of the problem, i.e. 1 for a “little” problem, and 2 for a “big” problem. The averages of these ordinal numbers for each domain were calculated.

The median values of each domain was considered to assess whether the size of the problems was different in each domain (Kruskal Wallis test $p < 0.05$)

3.7.1.3 Knowledge, attitudes, beliefs and practices (KABP survey)

Managers were asked to agree or disagree with certain statements made regarding disability to assess their knowledge, attitudes, beliefs and practices. Managers had the option to strongly agree (SA), mildly agree (MA), mildly disagree (MD) or strongly disagree (SD) with the statements.

A multi-nomial test of equal probabilities was used to assess the probability that the responses varied significantly from each other ($p < 0.05$).

3.7.2 Phase 2: Qualitative data analysis

The narrative data was analyzed, using content analysis.¹⁶¹ The interviews transcribed by the researcher herself. The data was then categorized by indexing the data to identify coherent themes or patterns, which in this instance was more about behaviours and interactions, especially between the employee with the disability and his/her manager and vice versa. Analysis was focused on looking at how all individuals responded to each question and topic to identify consistencies and differences. Specific categories were then identified, based on the themes or patterns that were established. Some categories were pre-set, such as barriers experienced, reasons for low employment rates, the

Company as an employer, employment practices, etc. Emergent categories also were identified, such as the value of self by the Company employees with disabilities. Main categories were broken into sub-categories which allowed for greater discrimination and differentiation. Patterns were then identified and connections between categories were sought. Interpreting the data by attaching meaning or significance helped to explain findings. Quotations from participants were used to bring the data to life.

In this instance, the process was enhanced by pre-viewing feedback collected from the questionnaires to clarify and understand issues raised in the questionnaires. Quotations were chosen carefully to illustrate points.

3.8 Ethical considerations

Permission was granted by the Stellenbosch University Ethics Committee, Division of Research Development and Support, to conduct the study (N07/06/144) (Appendix 9). Permission was also obtained from the Company where the research was conducted.

Ethical practices during research are essential and non-negotiable. IJsselmuiden¹⁶² outlines the application of ethical principles to health research under the following:

- Respect for persons, including autonomy and maximisation of autonomy and protection of incompetent persons;
- Principles of Beneficence and non-malevolence; and
- Justice.

The ethical considerations for this study are discussed according to the above outline.

3.8.1 Respect for persons

3.8.1.1 Disclosure of information

Employees who disclose their disability status to the Company have the right to safe-keeping of this information. If not, employees would no longer see the value of disclosing information to employers.

Special permission to obtain the information on the database was received from the Group Human Resources Executive Manager. Information was managed confidentially, and the information was not disclosed to any third party. Questionnaires that included employee names were kept safely with no access to others. Where employee information was no longer required, such as on the data sheets, the information was removed or hidden.

Employees with disabilities and managers were given the reassurance that information would remain confidential, and that employees would not be identifiable when the results were presented in the research project.

Employees who participated in the interviews received the undertaking that the information disclosed would be treated confidentially i.e. not disclosed to third parties in such a way that they could be identified. The audio-taped records were stored in a safe place where no access by third parties was possible. Once the research report has been completed, the audio-taped versions of the interviews will be kept in storage for two years and then destroyed.

During presentation of the data care was taken not to identify employees; therefore information about employees was kept as general as possible, and grouped together to ensure anonymity.

3.8.1.2 Non-disclosure

Every employee has the right, respected by the Company and the researcher, to refuse to disclose confidential information, including to the Company. Close to 60% of employees on the database chose not to disclose their disability, which impacted the richness of the data available. However, neither the Company nor the researcher may force employees to disclose information they feel uncomfortable disclosing, even if there are disadvantages in so doing.

3.8.1.3 Voluntary decision-making

Participants should be given correct and appropriate information regarding the study, including the benefits, risks and anticipated outcomes of the study. Therefore a letter outlining these issues was attached to the questionnaires received by both Company employees with disabilities and their managers. They were also invited to contact the researcher for more information or to discuss concerns they might have regarding participation. The letter also clearly stated that participation was voluntary, and therefore participants had the choice to participate or not. Participation was not forced or influenced in any way, including through the lack of financial incentives, which may have influenced participation.

3.8.1.4 Understanding information

Providing information on the study to participants was essential, and therefore participants received written information, as mentioned above, and were provided with the researcher's contact information should they wish to clarify information. However, no information was given in Braille, and all communication was in English, the official language of the Company. The researcher would have tried to provide information in another format or official language, if requested, but no such requests were received.

3.8.2 Beneficence

The actions of healthcare professionals should always be directed at improving the well-being of patients or participants, and should not cause harm. This is true, including in instances where the participant's time was wasted, or when research was done for the benefit of researcher, and not for the benefit of the patient or society in general. Therefore, the researcher had a clear understanding of the possible positive outcomes of the study, including greater understanding of the barriers that

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Company employees with disabilities experience. The researcher also collaborated with other key role players in the Company, including the Human Resources Department, to ensure that the study was appropriate, potentially beneficial to its employees and the Company and supported by the Company as potentially a valuable contribution to the knowledge base.

Care was also taken to limit the research to a specific question not to take up too much of the participants' time. Questionnaires were kept as short as possible to limit time spent on completion.

Interviews were scheduled to fit into the work routine of the participant and permission was requested from the participant's manager. Interviews were arranged in advance and options around time and dates were given to participants to select the best-suited option.

On the principle of non-malevolence, the researcher must always strive to do no harm, or that research must do more good than harm. Given the risk around confidentiality for this study, the researcher is convinced that the outcome of this study outweighs the risk of potential breach of confidentiality. The researcher also implemented strategies to reduce this risk or minimise its impact.

3.8.3 Justice

3.8.3.1 Written versus oral consent

Although it was preferable that consent be given both verbally and in writing, Company employees with disabilities and managers had the option of returning questionnaires anonymously. The actual return of a completed questionnaire implied consent. By returning questionnaires and disclosing their contact information on the questionnaires, some participants implied their willingness to participate in the second (qualitative) phase of the study.

Participants who were involved in the interviews provided verbal consent during the set-up of the interviews. Prior to the actual interviews, participants were supplied with written information regarding the interview purpose and process, and their written consent was obtained.

3.8.3.2 Confidentiality and use of databases and medical records

Participants have the right to expect that specific, confidential information obtained from a study would remain confidential. In this study, good governance procedures were followed to obtain permission to access the data base, and to protect this information.

Information on Company employees with disabilities was not disclosed to their managers, even though it affected the study's participation rate when managers were not aware of having an employee with a disability reporting to them.

Information gained from the study was not disclosed in such a way that specific employees were identified.

As soon as data did not require identification per individual, personal information such as the participant's name was deleted; e.g. names were deleted on the data sheets used for statistical analysis.

3.8.3.3 Quality of research

Low quality research is unethical, as it exposes participants to risks and cost, without any real benefit to the participant. It is expected that the Company, the employees with disability, and their managers would benefit from this study by taking the results from the study forward with further policy development, as well as implementing recommendations from this study in such a way that environmental barriers are addressed.

3.8.3.4 Conflict of interest

Conflict of interest may arise when researchers take sponsorship from companies, which could result in an obligation to a company. When research is conducted primarily for degree purposes, it could encourage a researcher to modify the scope of research to manage expectations, rather than to benefit the participant.

In this instance, the research setting is also the workplace of the researcher, and the researcher received financial assistance in the form of a study bursary. The researcher was also given study leave and time off work to conduct the research. Therefore, the researcher may feel obliged not to include potentially sensitive or harmful information. Whilst careful consideration is required not to disclose intellectual property of the Company, the researcher must be aware of the potential bias and limitation of working for the Company where the research was conducted, and to acknowledge this issue as one of the limitations of the study.

3.8.3.5 Obligation to feedback and publish

The researcher will present feedback on the study, and the recommendations to key persons in the Company, including the Company Executive, Human Resources Department and persons involved in policy management so that feedback can be unpacked, action plans agreed upon and implemented, results monitored and outcomes reviewed.

3.8.3.6 Equal chance of participation

All employees that fit the admission criteria should have an equal chance to participate in the research study.

3.9 Chapter summary

This chapter provided an overview of the methodology that was used for the study. It outlined the study design, which was of descriptive nature, with both quantitative and qualitative components.

The population was clearly defined as Company employees with disabilities, and their managers.

Challenges with regard to limited disclosure by Company employees with disabilities, for the integrity of the Company database, were mentioned. The reasons for difficulty contacting all Company employees with disabilities were also outlined. The sampling process of Company employees with disabilities for the second (qualitative) phase of the study was outlined, and information on interviewees were summarised.

The facts that not all Company employees with disabilities were linked to a specific manager on the database, and that six managers were unaware of the Company employees with disabilities who reported to them, affected the participation rate of managers. The sampling process for managers who participated in the interview (qualitative) phase of the study was outlined, and a summary was given of the managers who participated with the interviews.

The process of developing and piloting measuring instruments, specifically the questionnaires for Company employees with disabilities and for managers, was outlined. No measuring instruments for qualitative analysis were used; instead, interview schedules were designed to prompt the researcher during interviews.

The process of qualitative data collection was outlined and the response rate to questionnaires was discussed.

The process of data analysis for the quantitative and qualitative components was presented.

Ethical considerations were discussed, particularly the efforts made to limit the risk around the disclosure of information contained in the data base, and to keep participant information confidential or depersonalised. The fact that the researcher was employed by the Company, and the implications thereof, was acknowledged.

The basis for the presentation of the results in the next chapter has been set.

CHAPTER 4: RESULTS

4.1 Introduction

This chapter provides results and feedback obtained from Company employees with disabilities, and their managers. Quantitative data are presented graphically and augmented, where applicable, by qualitative data.

Results obtained from **Company employees with disabilities** are presented in the first part of the chapter, including demographics of the participants and issues related to their disability itself, including reasonable accommodation, transport to work and education, employment and leisure opportunities. This is followed by detailed presentation of results on the employees' perception of environmental barriers. The environmental barriers are presented under the five domains identified in the CHIEF. First these are presented as frequency of occurrence of the barriers and the incidence of "big" versus "small" problems. Where applicable qualitative clarification is provided for greater depth and situational analysis of issues. The next section describes the significance of the various domains as they relate to each other, and the significance of the actual problems experienced. These results are supported by statistical analyses.

The results of the feedback received from the **managers** of Company employees with disabilities are presented in the second part of this chapter. It includes demographic information about the managers, information on the person with disability that the manager is managing, results on their knowledge and experience regarding the Employment Equity Act, followed by the results from the KABP section. The section concludes with managers' perceptions on the environmental barriers that persons with disabilities experience in the work place. The barriers are also presented according to the five CHIEF domains. Results are presented first according to frequency tables to show how often barriers were and problems were experienced. Qualitative data give further clarification on managers' responses. The last section discusses the significance of domains as they relate to each other, and the significance of the actual problems experienced. These results are supported by statistical analyses.

4.2 Employees with disabilities

4.2.1 Response rate

Figure 4-1 Respondents versus non-respondents per ethnic group below indicate the participation in the study per ethnic group. All African and Indian males on the database participated in the study. The poorest participation was from female African employees. The reasons for the participation rate were discussed under 3.6.1.

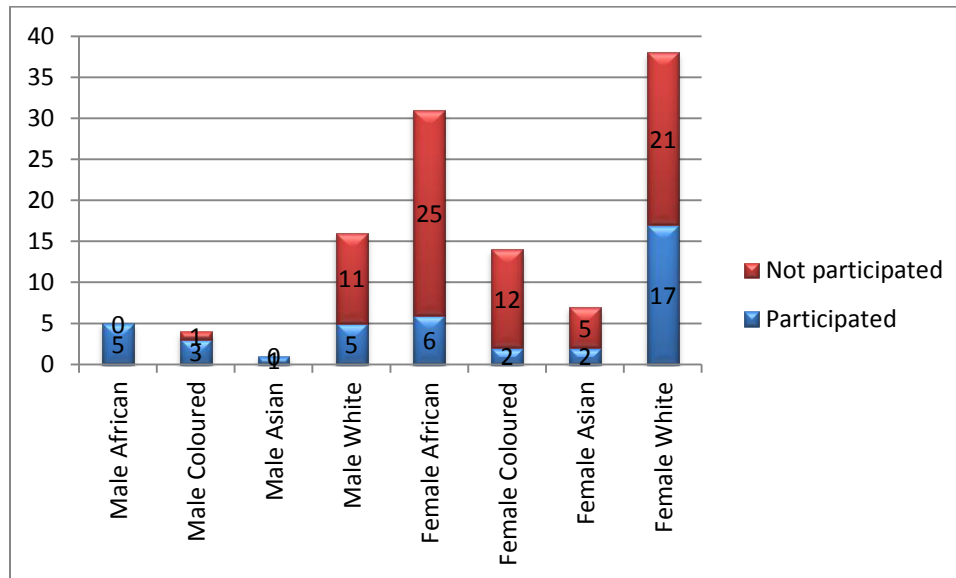


Figure 4-1 Respondents versus non-respondents per ethnic group

4.2.2 Demographic information

Demographic information with regard to Company employees with disabilities who participated in the study is discussed below and includes age, gender and ethnic representation, regional distribution and level of schooling.

It includes quantitative analysis, with qualitative data to support and elaborate on the quantitative findings.

4.2.1.1 Age distribution

Figure 4-2 shows that most Company employees with disabilities were between 36 and 60 years old, with a range from 24 years to 61 years, and mean and median values of 44 years (standard deviation 11 years).

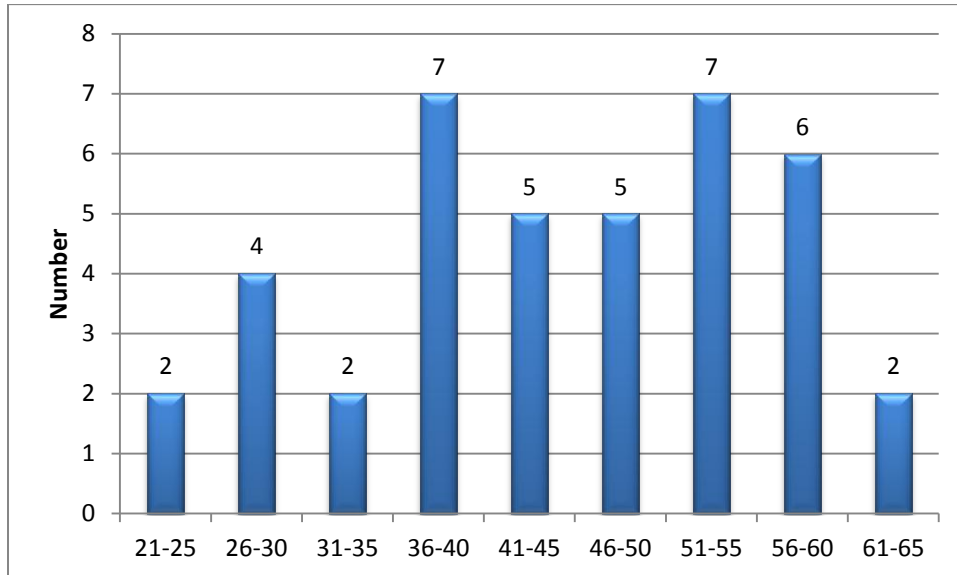


Figure 4-2 Age distribution of employees with disabilities

4.2.1.2 Gender distribution

Thirty-five per cent of respondents were male, and 65% were female, as shown in Figure 4-3.

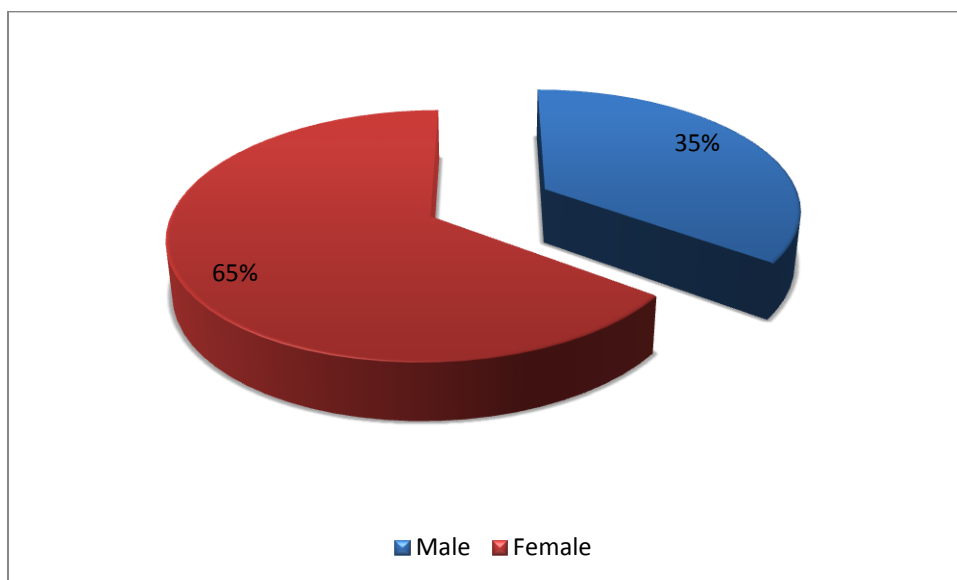


Figure 4-3 Gender distribution of employees with disabilities

Chapter 4: Results

4.2.1.3 Ethnic groups distribution

Figure 4-14 below shows that most Company employees with disabilities who participated in the survey were White (53%), while 28% were African. The rest of the Company employees with disabilities were either Indian/Asian or Coloured.

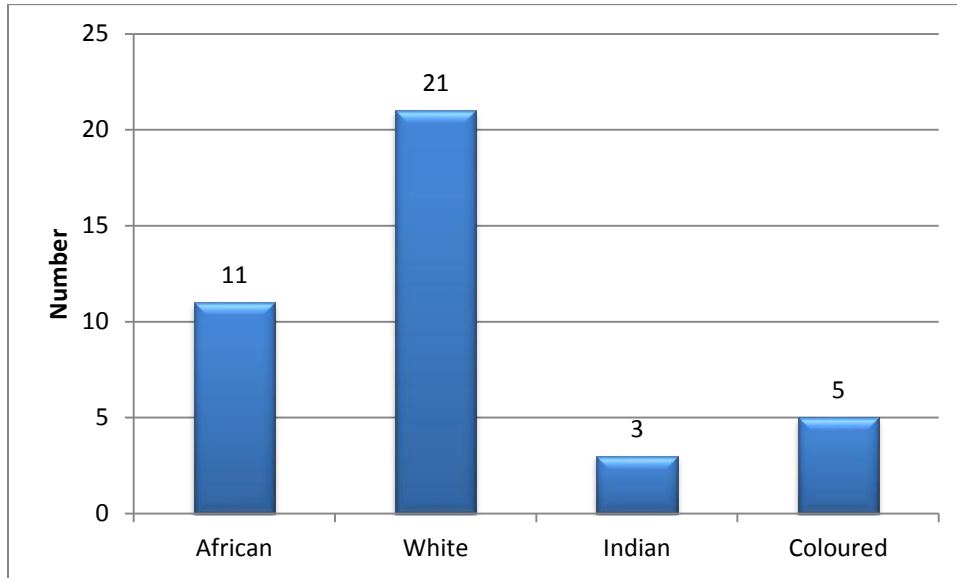


Figure 4-4 Employees with disabilities according to ethnic grouping

4.2.1.4 Language

Figure 4-5 shows that most Company employees with disabilities (17, or 43%) were Afrikaans speaking and 11 (28%) were English speaking. One employee preferred to speak Afrikaans and English and 12 employees spoke one of the other official languages.

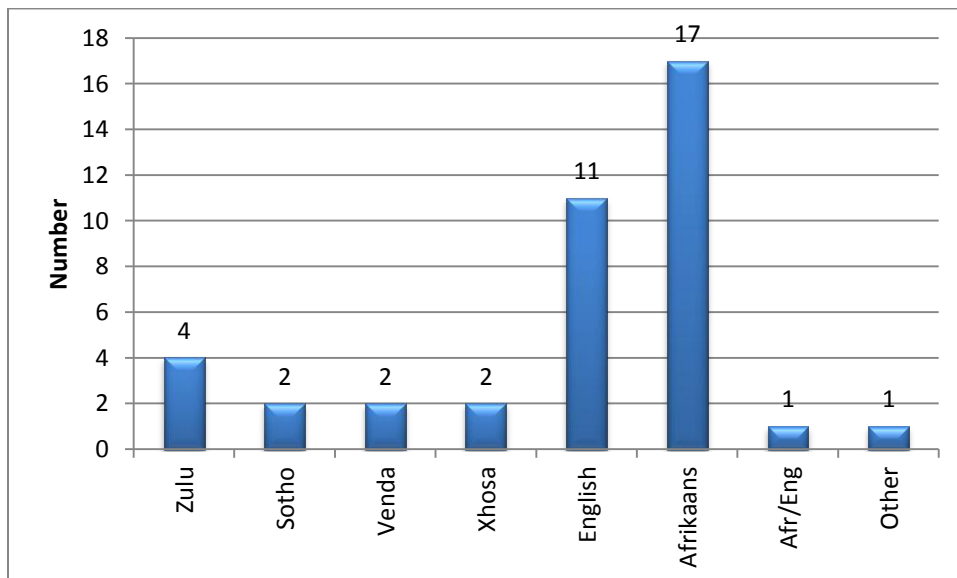


Figure 4-5 Language distribution of employees with disabilities

4.2.1.5 Region

Figure 4–6 shows most Company employees with disabilities who responded to the survey were from Gauteng (40%) and the Eastern Cape (20%). The third most representative province was KwaZulu-Natal.

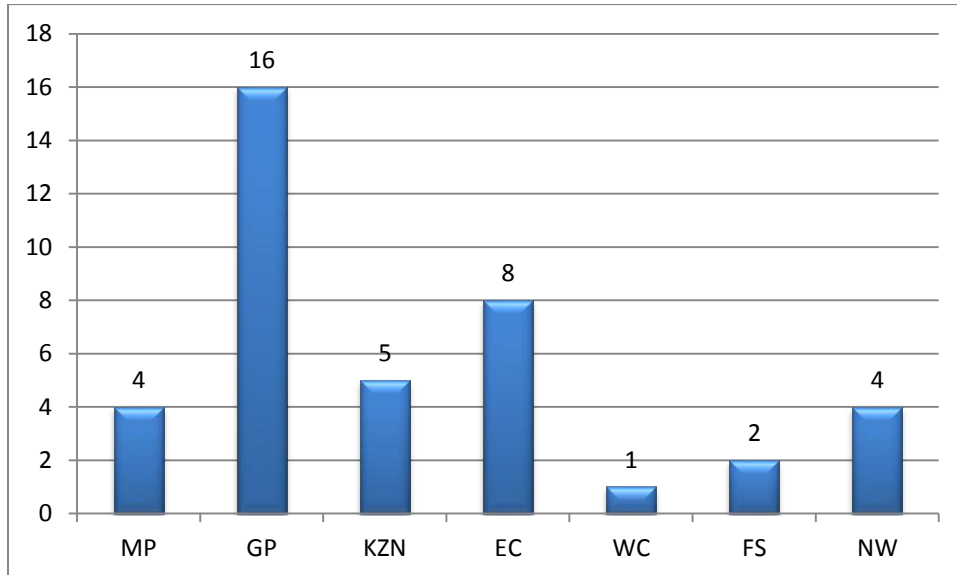


Figure 4–6 Regional representation of employees with disabilities

4.2.1.6 Educational level

Figure 4-7 shows that 25% (10) of the Company employees with disabilities had a matric qualification and 53% (21) had post-matric training. Only 23% (9) employees had not completed matric.

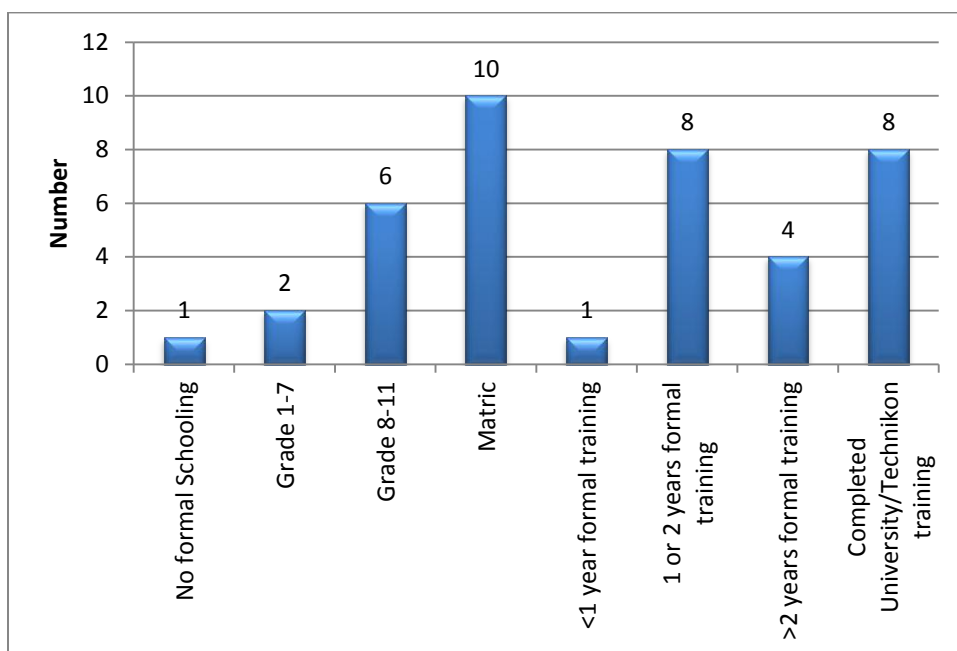


Figure 4-7 Educational level distribution of employees with disabilities

4.2.3 Job profiles

Figure 4-8 outlines the various job groupings that Company employees with disabilities occupied. Most were in lower categories of employment such as general assistants, switchboard operators and administrative positions. Five positions (13%) were in active nursing, and another nine (23%) in nursing-related positions.

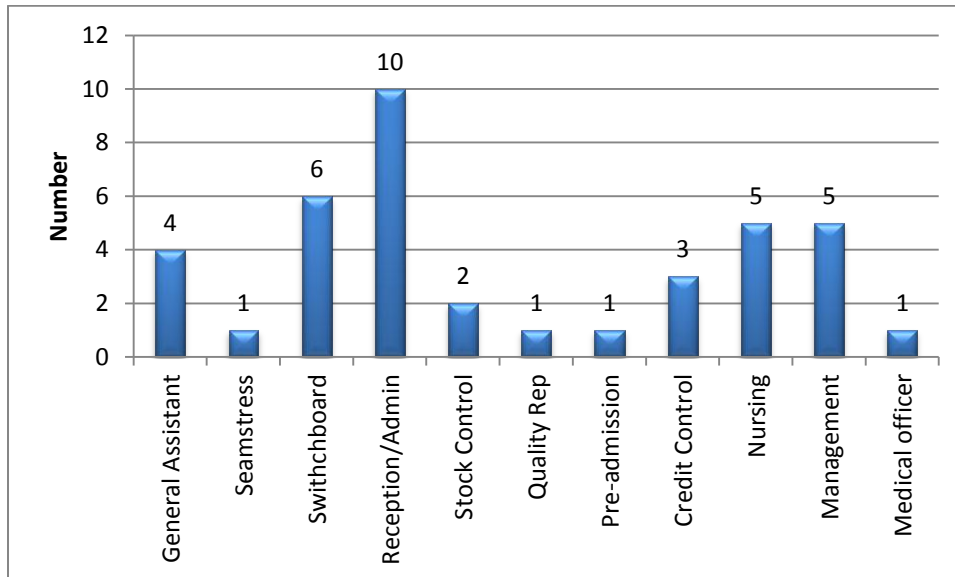


Figure 4-8 Jobs occupied by employees with disabilities

4.2.3.1 Number of persons with disabilities according to job category

Figure 4-9 below shows that 61% of the Company employees occupy the first two categories, compared to the pro-rata allocation of 71% of Company employees with disabilities. Representation in the third category for Company employees with disabilities is 10% lower. However, in the fourth category, the pro-rata representation of Company employees with disabilities is 1.7% versus 0.6% for the non-disabled workforce.

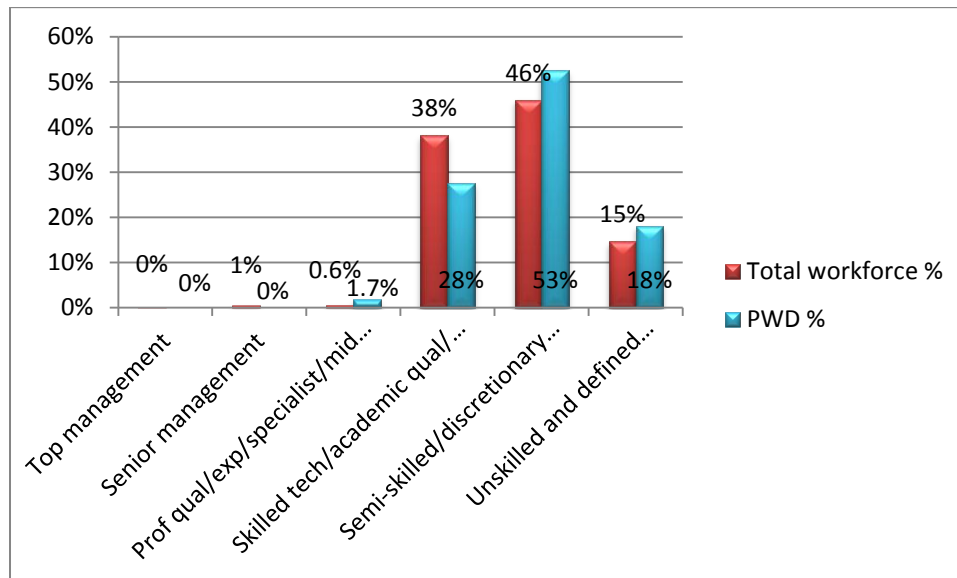


Figure 4-9 Pro-rata representation of total workforce and employees with disabilities per job category

4.2.4 Disability status

4.2.4.1 Impairment

Impairments of the 40 employees who participated in the study are shown in Figure 4-10 below:

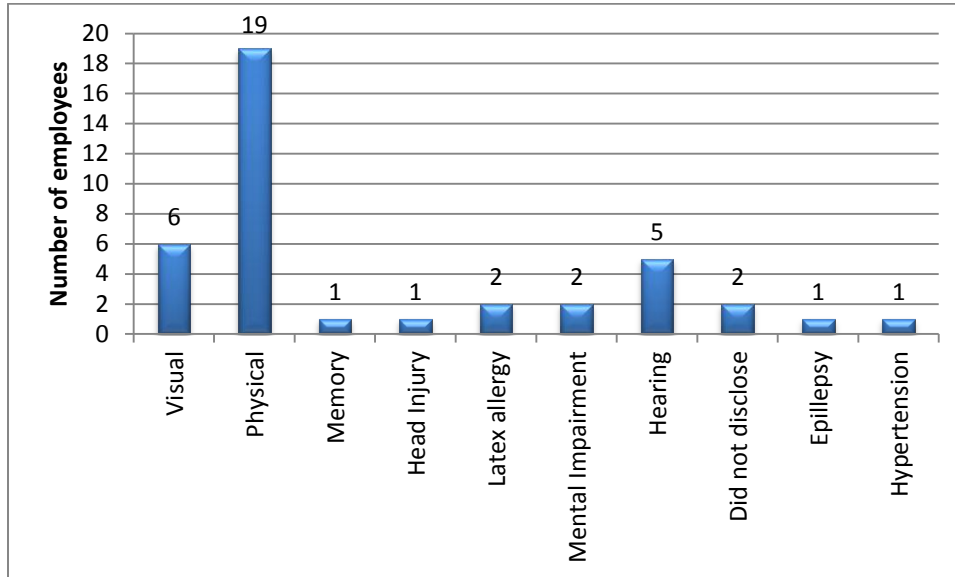


Figure 4-10 Range of impairments experienced by employees with disabilities

Impairments were mostly physical (19 employees), visual (6 employees) and hearing (5 employees). In total, 30 out of 40 employees had one of these three impairments. Invisible impairments included Latex allergies of two employees, memory impairment, epilepsy and one head injury. Two employees chose not to disclose their disability, and one other disability, namely hypertension, is questionable as a disability, based on the definition of disability used by the Employment Equity Act.

Of the employees with physical disabilities, most presented with orthopaedic conditions (back injury, missing hand, hip distortment, arthritis, etc.) as shown in Figure 4-11 below:

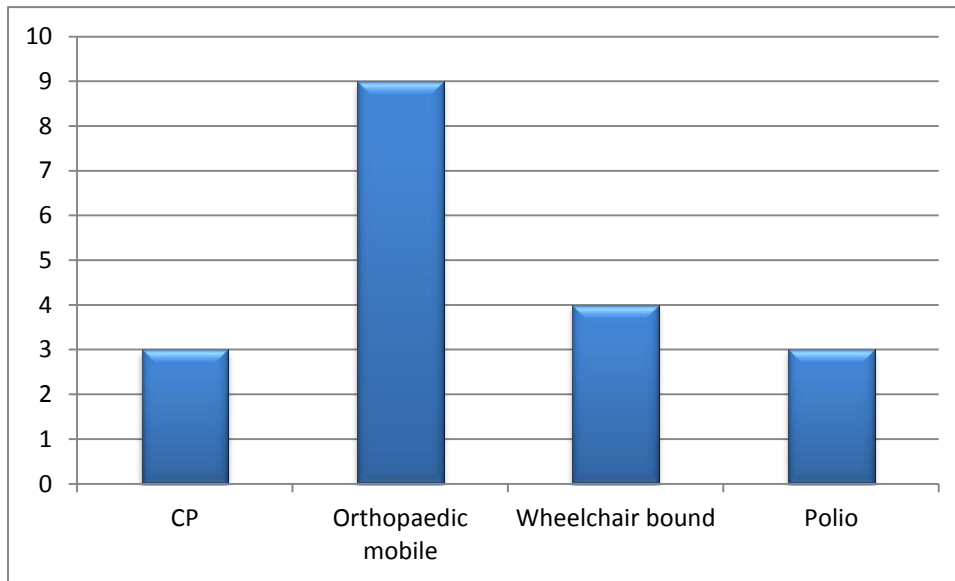


Figure 4-11 Breakdown of physical disability

The problems experienced because of the disability (Figure 4-12) were similar to the impairments reflected in Figure 4-9 above. Most employees had difficulty with walking (32%), followed by problems using a wheelchair (27%). Problems with vision (18%) and hearing (13%) were also important. Three employees had difficulty with one affected arm, while two employees had difficulty with both arms. Other problems mentioned included Latex allergy, epilepsy, lower back pain, balance problems and difficulty bending forward. Some employees chose more than one option.

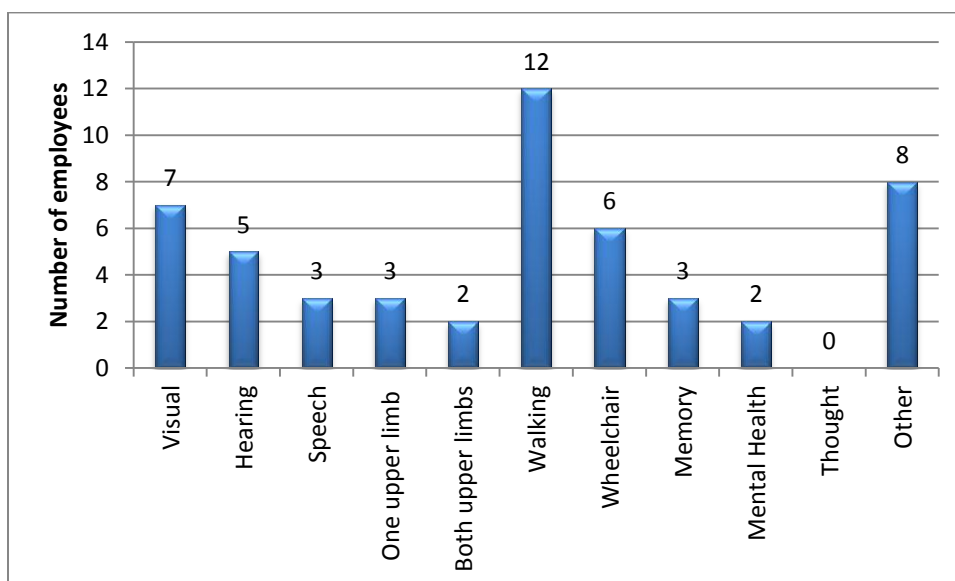


Figure 4-12 Problems experienced because of disability

Chapter 4: Results

4.2.4.2 Causes of disability

Figure 4-13 shows that 43% of all Company employees with disabilities who participated in the study and disclosed their disability reported medical reasons for their disability; 30% was due to trauma and 16% were of congenital origin. Three employees chose not to disclose the cause of their disability.

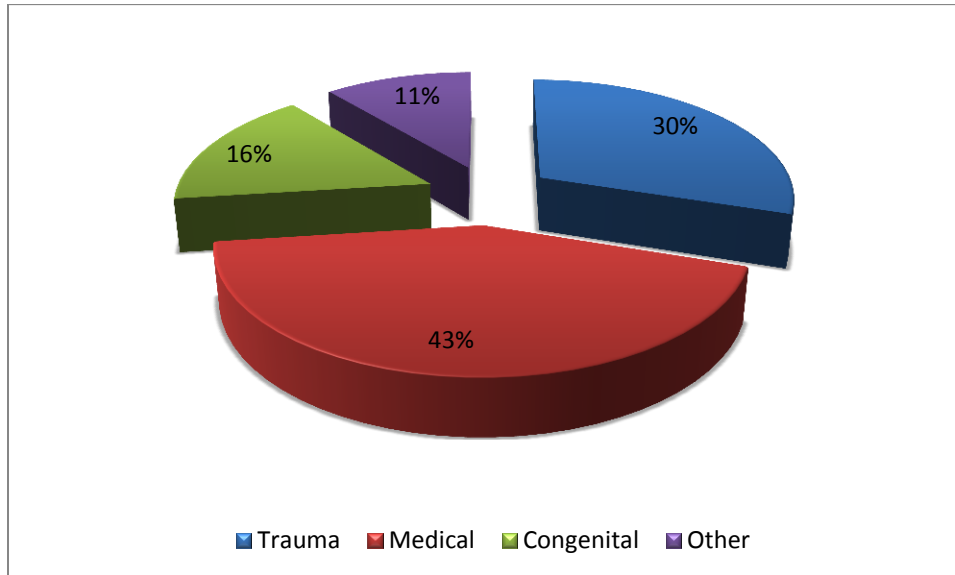


Figure 4-13 Causes of disability amongst employees who reported the cause of their disability

4.2.4.3 Time since onset of disability

The mean number of years that Company employees with disabilities had been living with their disabilities was 20 years (median 18 years; standard deviation 15).

4.2.4.4 Manager awareness about disability

Figure 4–14 shows that only 8% of managers were unaware of the respondents' disability status, whilst the rest were aware.

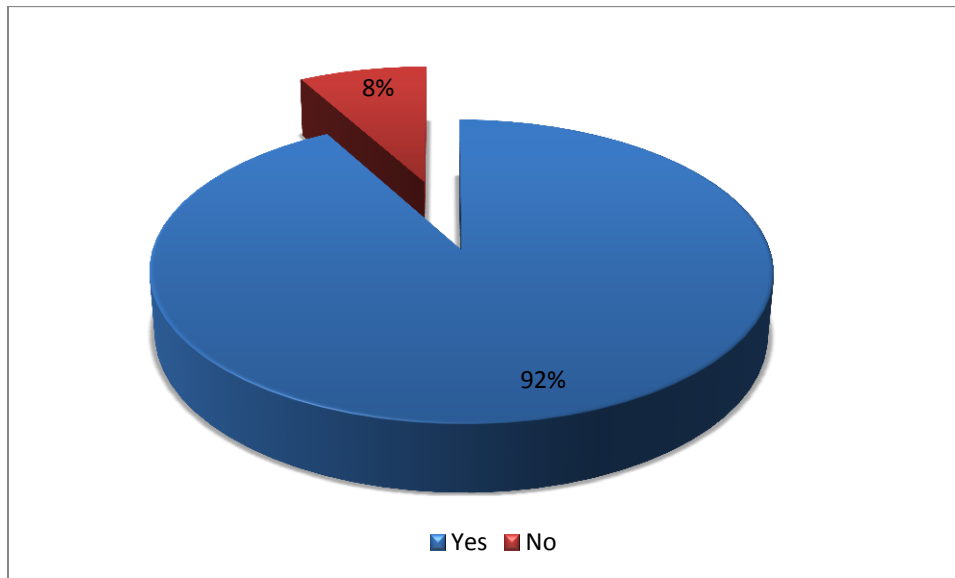


Figure 4-14 Manager awareness of employees' disability

4.2.5 Modes of transport used to travel to work

As per Figure 4-15 the primary modes of transport to work was driving themselves (32%) and taxi transport (11%). Thirteen per cent of employees owned their own transport, but someone else drove them. Two employees (4%) used a bicycle for transport. Some employees reported more than one mode of transport.

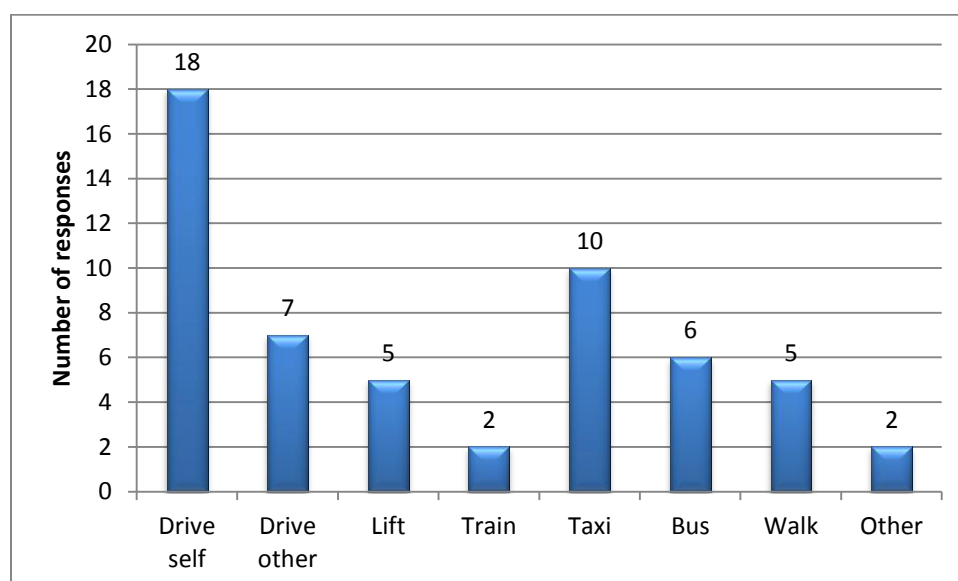


Figure 4-15 Employees with disabilities' mode of transport to work

4.2.6 Employment and accommodation needs

Results in Figure 4-16 show that 32% of employees who responded to the survey were employed by the Company prior to acquiring their disability. Forty-two per cent of the employees required some form of accommodation in the work place.

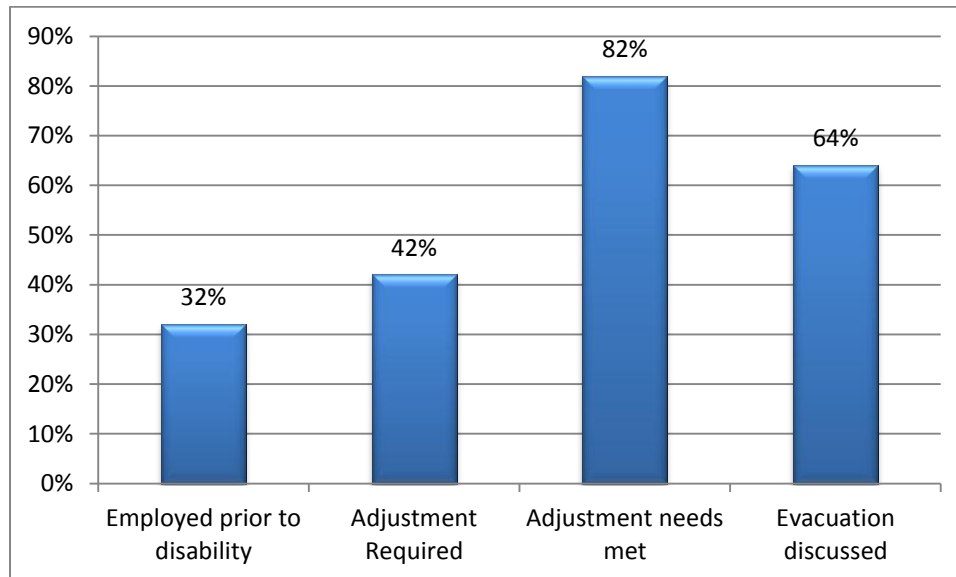


Figure 4-16 Employment and accommodation needs for employees with disabilities

Accommodation required by Company employees with disabilities in the work place included:

- Adjustment to the physical/structural work environment, including more space to write, chair with lumbar support, more space to manoeuvre in a wheelchair, adjustment to the height of the desk, special magnifying equipment to read (x2), special E-scope stethoscope, parking area closer to the office, Latex-free gloves and medication to treat the Latex allergy, special telephone (x2), wheelchair-accessible bath room.
- Adjustment to the core functions of the job, including not being able to do ward rounds.
- Relocation to a department other than nursing, including administration and linen departments (x2).

Eighteen per cent of Company employees with disabilities felt that their accommodation requirements had not yet been met. Three employees raised issues around accommodation. One employee acknowledged that it was her responsibility to make her manager aware of her needs, but also that it was difficult for her on an internal, personal level to come to terms with her need:

"I know it is my job to ask for a chair with more lumbar support, but I do not want to impose. If I ask for help it is like I give in... to the fact that I need it." (E1)

Accommodation requirements were sometimes partially met, but still caused significant distress:

“Only this toilet will take the wheelchair, accommodate the wheelchair. See, this one in the boardroom. And very often they have meetings here so I can’t go to the loo when the meetings are on and some of them are lengthy you know. And then I have to go down to the public toilet, well the front toilets in reception but I always need somebody to help me.... Otherwise I’m sitting there with a wheelchair and the door is wide open you know.” (E2)

Evacuation procedures were explained to 64% of Company employees with disabilities. It is not clear whether the remaining 36% of employees required any special evacuation procedures.

4.2.7 Opportunities to participate

Most employees felt that they had the same opportunities as others regarding employment (77%), education (76%) and leisure activities (74%). (Figure 4-17)

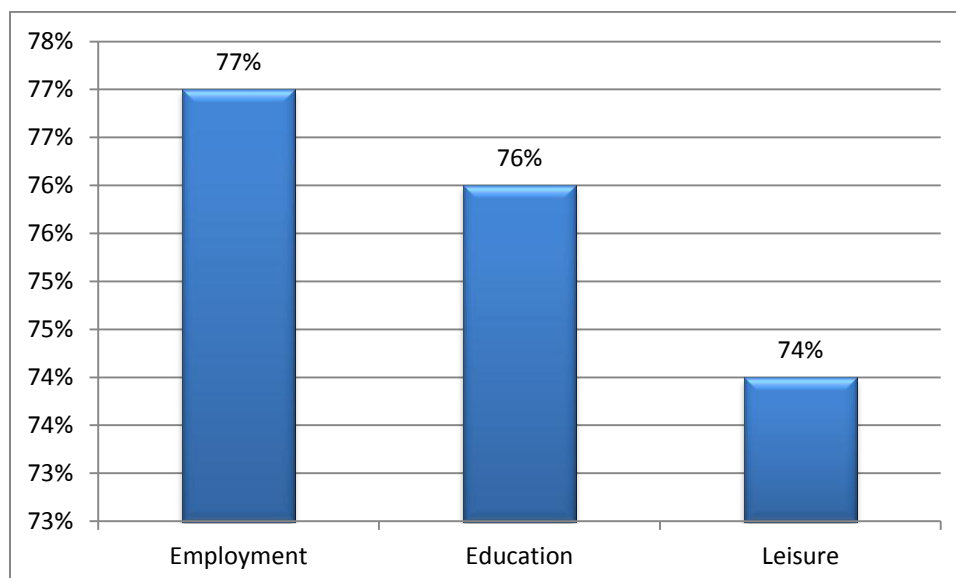


Figure 4-17 Opportunities to participate in education, employment and leisure

Only one employee who had an acquired visual impairment answered “no” to all three questions, indicating that he did not have the same opportunities for employment, education and leisure.

4.2.8 Environmental barriers

Employees with disabilities were asked how often each of the environmental factors listed below had been barriers to participation in things that they needed or wanted to do in the previous 12 months. Respondents were asked to indicate how often the difficulties were experienced and were given five options to select from: never, less than monthly, monthly, weekly and daily. They were also asked to indicate how big the problems were ("little" problems or "big" problems).

Results on the environmental barriers will be discussed according to the five domains outlined in the Craig Hospital Inventory of Environmental Factors (CHIEF).¹¹⁶ Qualitative data will be used to provide more context or expand on the quantitative data.

First, results are presented with the focus on how frequently the barriers were indicated, but without allocating a specific weight to the answers. Frequency tables were used to generate the results for this section.

Then barriers are explained, based on the significance of the barrier, and the size of the problem. Statistical analysis is presented to quantify the significance of the barriers in the domains when comparing the barriers identified in each domain. The significance of the size of the barriers in each domain and with each other are also compared.

4.2.8.1 Domain 1: Attitudes and Support

Barriers in domain 1 included community support, attitudes in the community, support and attitudes at home, the natural environment and discrimination. Figure 4-18 indicates how frequently respondents experienced problems in these areas.

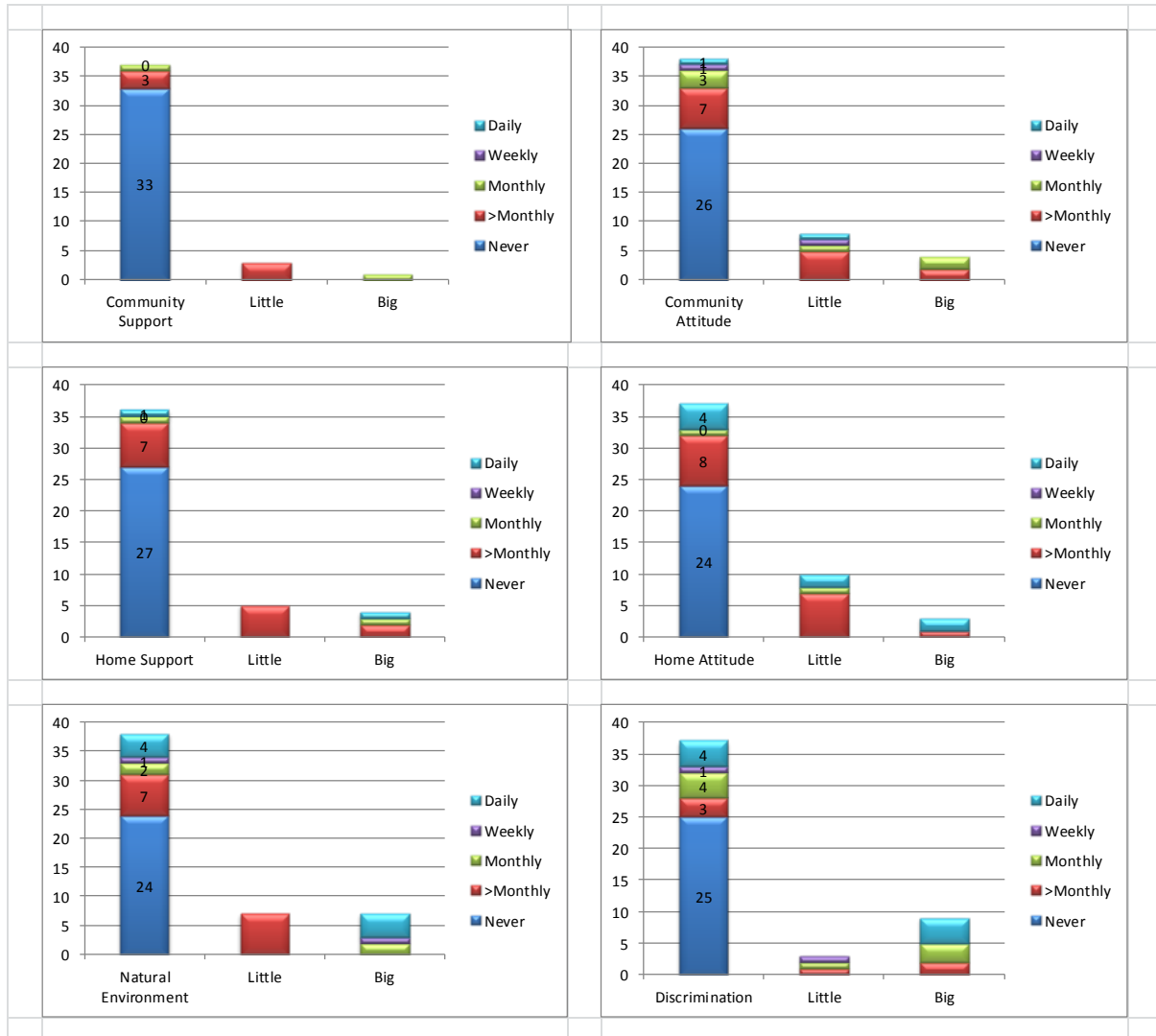


Figure 4-18 Domain 1: Individual responses to attitudes and support barriers

The natural environment (temperature, terrain and climate) was mentioned most frequently of all the barriers in this domain. Very few respondents who participated in the survey indicated that community support was a problem (11%). Home and community attitude and discrimination were also relevant. In most instances, more respondents indicated that the problem was small than big, except for the discrimination barrier where all four respondents who indicated that the problem occurred daily also indicated that it was a big problem.

Two of the five employees who were interviewed as part of the qualitative data collection process, identified attitudes in the community and at home as barriers. The numbers in brackets following the quote identify the speaker (employee).

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Initially the speaker referred to someone in the community who experienced a negative attitude, and later included herself as well:

“They are not welcome in the community... Sometimes when you are crippled no one take it deeply that you need that thing, that you are somebody to kick. That is because of your funny legs, or your arms. I think that we are not judged like others, you are funny... physically person, funny shoes”. (E2)

Childhood experience of negative attitudes could impact greatly:

“Ek’s ‘n wegoi kind. I was put in the home because, you know, being cripple I wasn’t welcome in my family’s one.” (E3)

Occasionally, persons with disabilities may also play on the sympathy of the public or the “tragedy” of the disability as indicated by this employee:

“When it is the end of the month and they forgot me at work, I say to them I will get there first. I go right to the front and tell the man, look I am a cripple, so I go right in.” (E2)

None of the other employees interviewed mentioned that they experienced any discrimination in the community or at home.

The barriers experienced by participants in domain 1 are summarised in Figure 4-19:

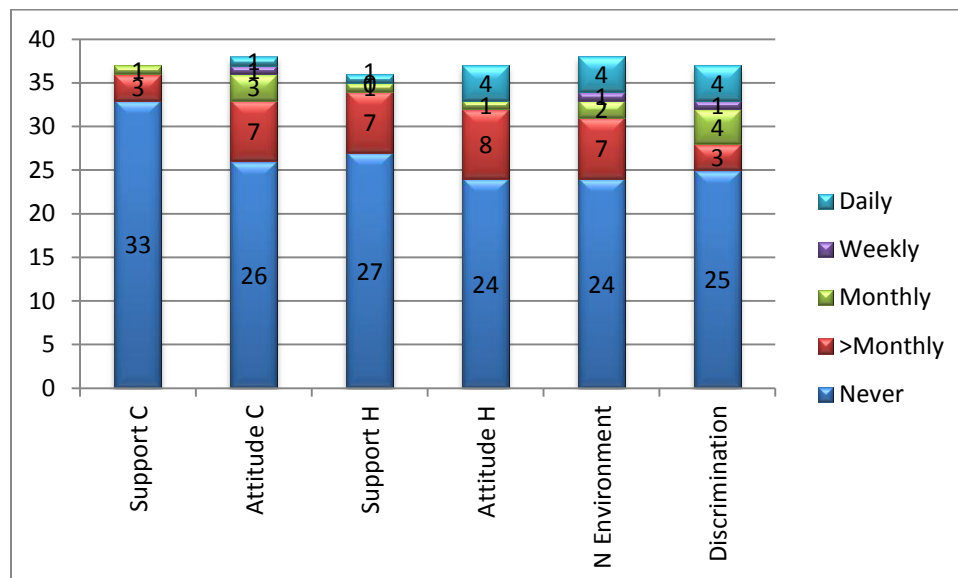


Figure 4-19 Domain 1: Attitudes and support barriers summary

Attitudes in the community, natural environment and discrimination stood out as barriers most frequently mentioned by respondents.

4.2.8.2 Domain 2: Services and Assistance

Barriers in domain 2 include transport, access to healthcare services and medical care, assistance required at home, education and employment programmes and policies, assistance in the community, access to equipment and assistive devices and access to information. Access to information included having information in the format needed, including audio, written, computer-based, Braille or larger print.

Figure 4-20 (next page) illustrates the results obtained from Company employees with disabilities who identified barriers in the services and assistance domain:

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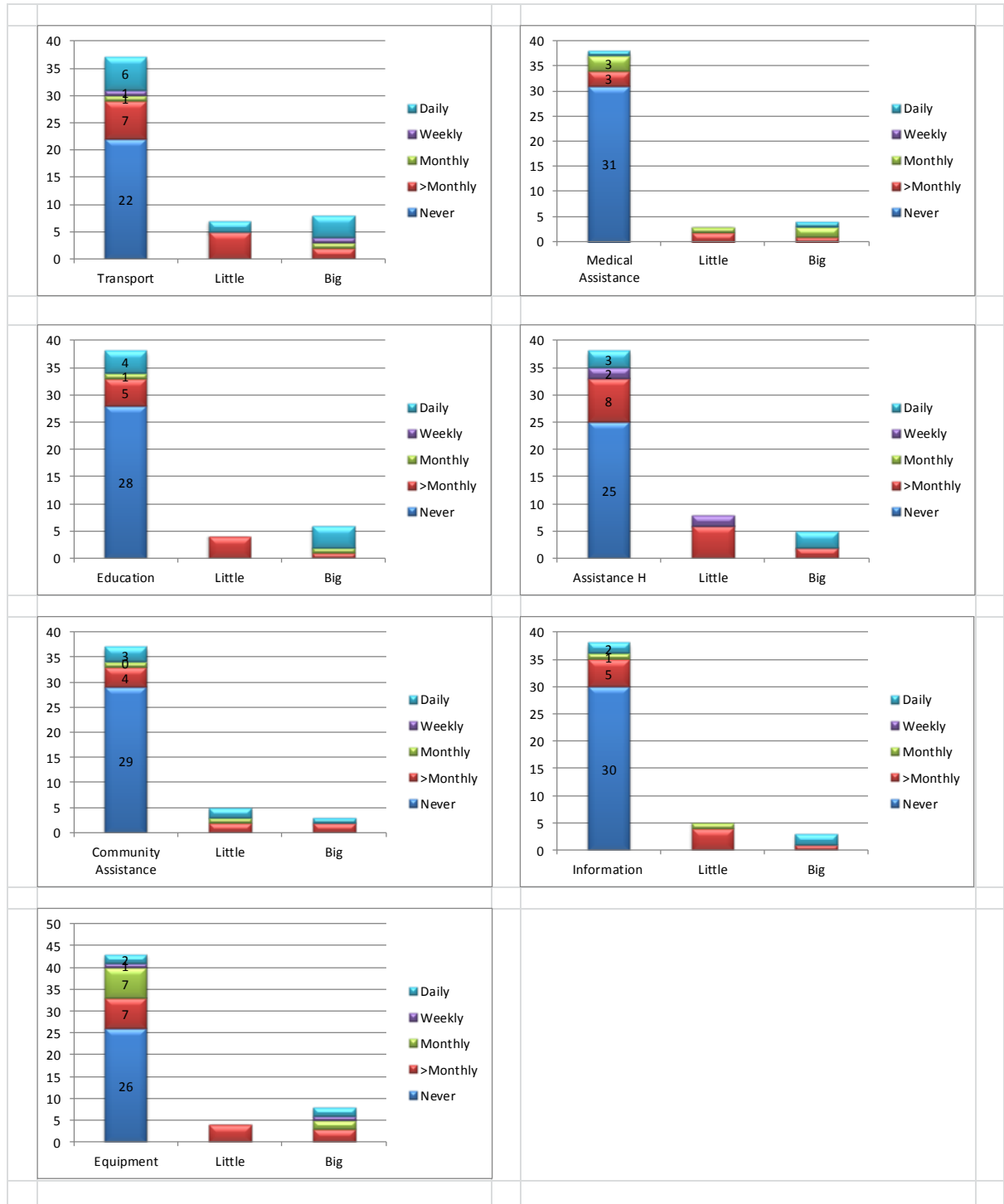


Figure 4-20 Domain 2: Services and assistance barriers experienced by employees with disabilities

Fifteen employees reported transport as a barrier experienced in the last twelve months, with six reporting it as a daily problem. Four of these six employees also reported transport as a “big” problem. The transport barrier was mentioned most frequently of all of the barriers in this domain, and was also identified as one of the two domains where the “big” problem outweighs the “little” problem (the other area being in the equipment and assistive devices barrier) as shown in Figure 4-21 below:

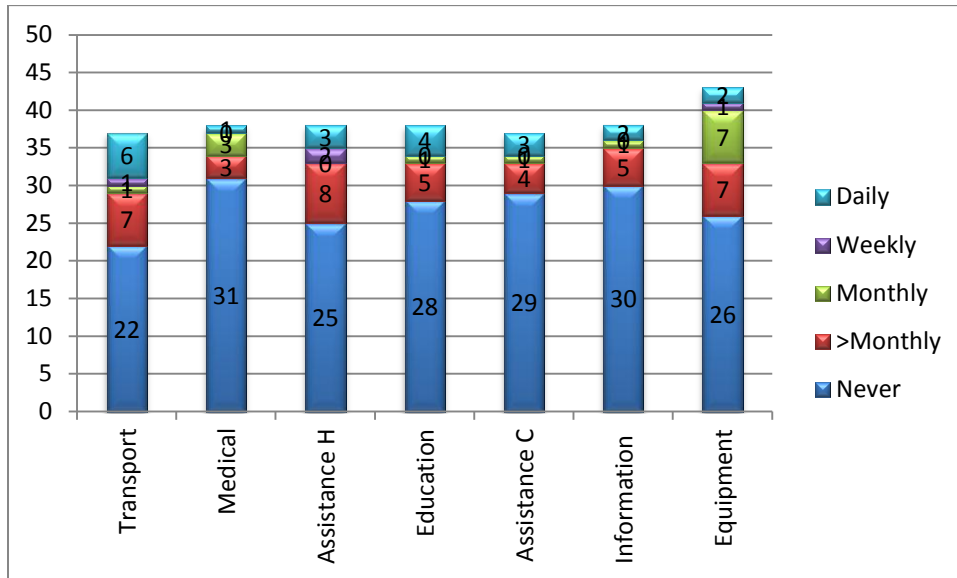


Figure 4-21 Domain 2: Services and assistance barriers summary

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4.2.8.3 Domain 3: Physical and Structural

Items under the Physical and Structural domain include home-, community- and work design, surroundings such as lighting, noise and crowds, and access to computer technology. The results are summarised in Figure 4-22 below:

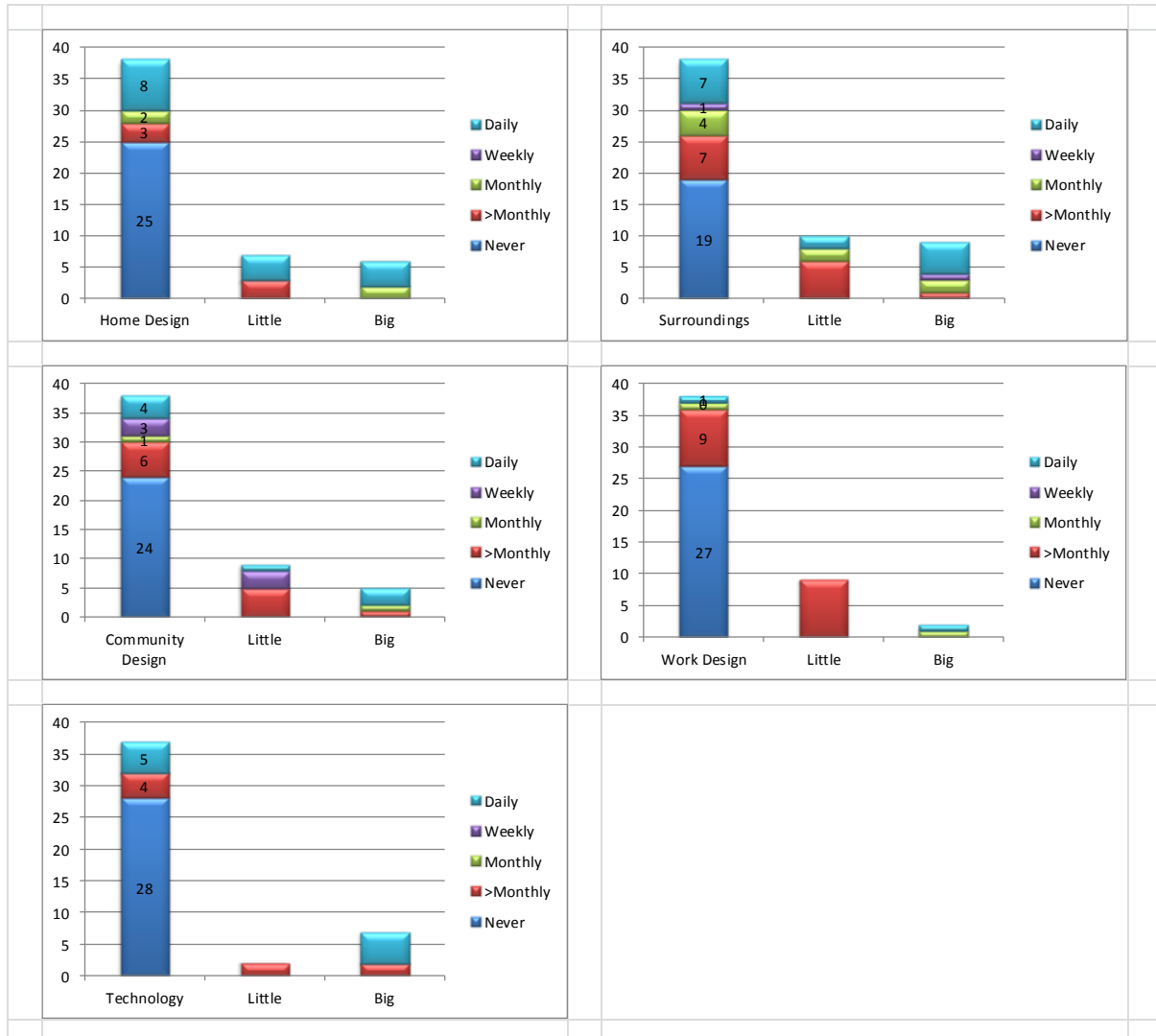


Figure 4-22 Domain 3: Physical and structural barriers experienced by employees with disabilities

Problems relating to access to computer technology appear to be the only barrier in this domain where the “big” problem outweighed the “little” problem. The barrier most frequently mentioned in this domain was surroundings, which include lighting, crowds and noise.

The frequency of barriers identified in domain 3 are summarised in Figure 4-23, where the barrier of natural surroundings stands out as the primary barrier in this domain.

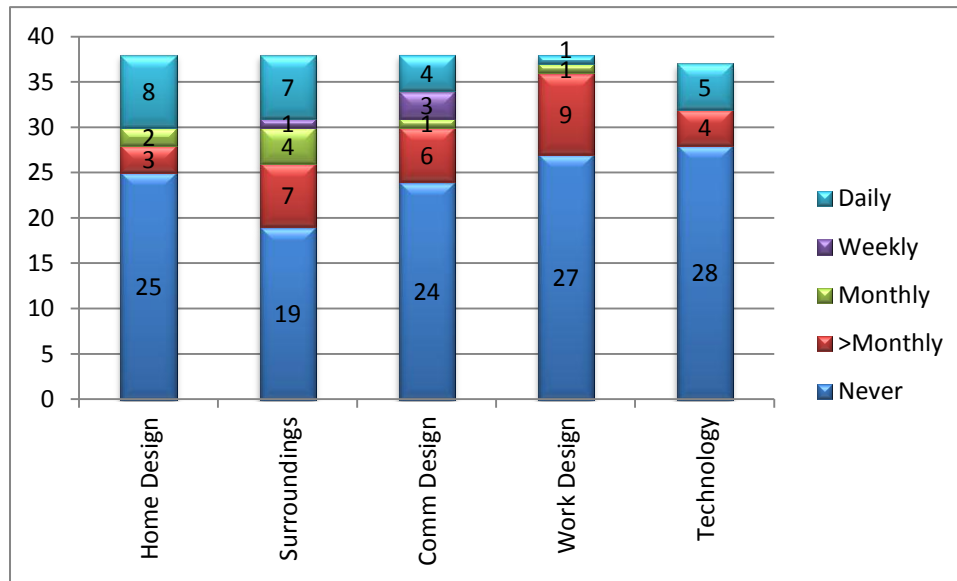


Figure 4-23 Domain 3: Physical and structural barriers summary

One employee gave a good example of a manager trying to address work design for a wheelchair user who is also a Maintenance Manager:

“He even built a ramp on to the scaffolding so that I could see into the building site and the electrical wiring. People said (manager) was mad, it is dangerous, but you know him, he always tried to make it easier. And you know, he was not very excited to get involved in the learnership initially.” (E5)

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4.2.8.4 Domain 4: Policies

Barriers or problems experienced in the fourth domain include policies and rules of the business, education and employment programmes and policies, programmes or services in the community and government programmes and policies, and are summarised in Figure 4-24 below:

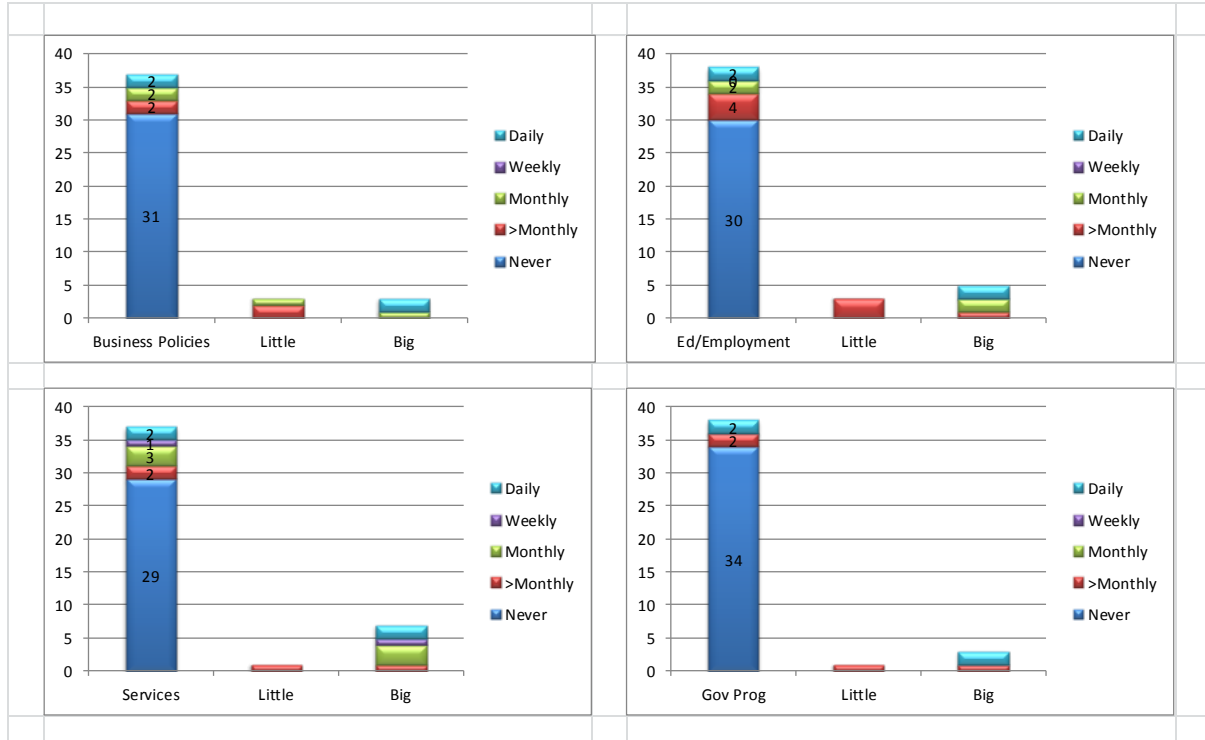


Figure 4-24 Domain 4: Policy barriers experienced by employees with disabilities

None of the barriers showed a high incidence. Of the eight employees who identified access to services a barrier, seven employees reported it as a “big” problem.

Results of barriers in the Policy domain is summarised by Figure 4-25 below:

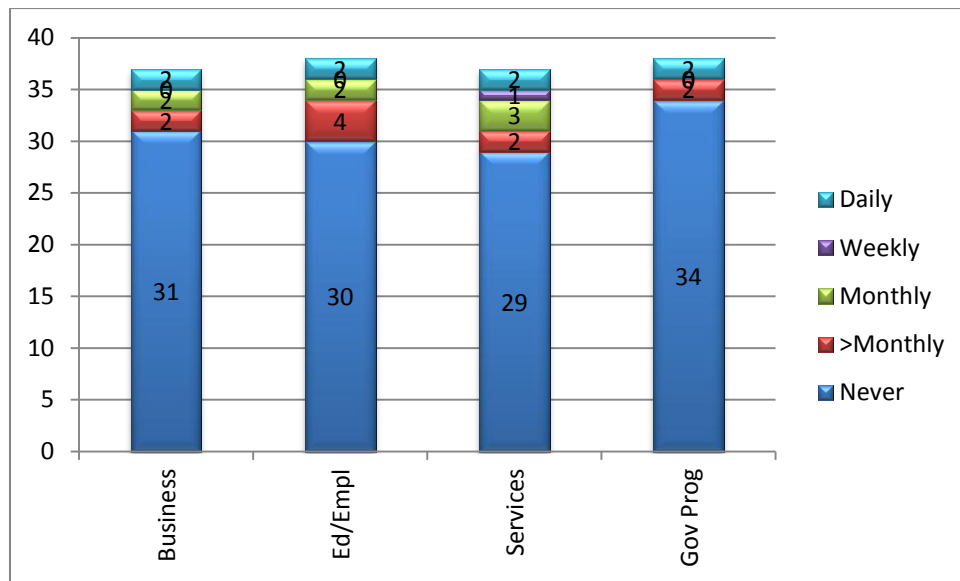


Figure 4-25 Domain 4: Policies barriers summary

In general, very few barriers in this domain were identified.

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4.2.8.5 Domain 5: Work

Although many barriers related to the work environment are also included in other domains, this domain focuses specifically on the work environment, particularly on issues related to support, attitudes and assistance required at work. The barriers reported by Company employees with disabilities are outlined in Figure 4-26 below:

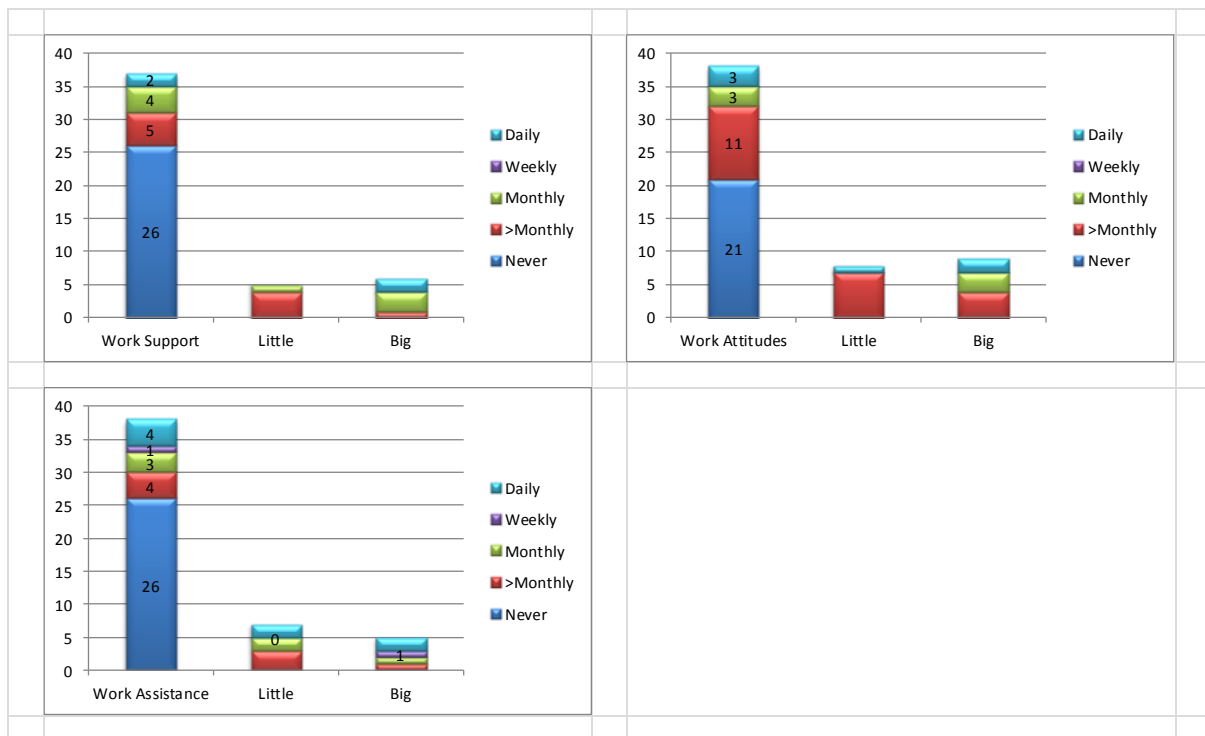


Figure 4-26 Domain 5: Work barriers experienced by employees with disabilities

Work attitudes were the most prevalent barrier in this domain, mentioned by 18 of the 39 employees who answered this section of the questionnaire. This barrier was also more frequently reported as a “big” problem. It also indicated that a lack of support at work was an issue.

With regard to experience of assistance at work, employees share the following:

One employee (typist) related the reluctance of one of the senior members in her team, who usually dictated reports on a Dictaphone, to accommodate her hearing problem. After intervention from a manager, a solution was found when the reports were dictated to her physically whilst she took it down in short hand. (E4)

E3 related to her experience in sheltered employment after battling to find work in the open labour market

“...it was a good experience for me but it, it left a big ding in my self-esteem. So I left that company very smartly and... Ja, I couldn’t take it anymore. You were not even classed as a

human being. Jy weet, jy's daar want niemand wil jou hê nie sort of thing you know. That was the early 70s, so ja it's been my experience my whole life of having to fight and having to stand up for my rights..."

One of the issues that were highlighted by most employees interviewed, was the lack of interest from employers to employ persons with disabilities in general:

"If it was not for the learnership I would not have gotten this job, and I would still sit at home and be depressed and bored. Once I could show them how I work, it was not a problem to get the job, but it is to get into a job. I could show them that I am qualified to do the job." (E5)

"...but I mean with affirmative action and previously disadvantaged people all getting jobs now, that they are not qualified for, I feel disabled people must also have a chance." She continued: "But I do also feel if they not capable then, you know, they must not employ them or give them something that they are able to do." (E4)

Figure 4-27 summarises the results in Domain 5 below:

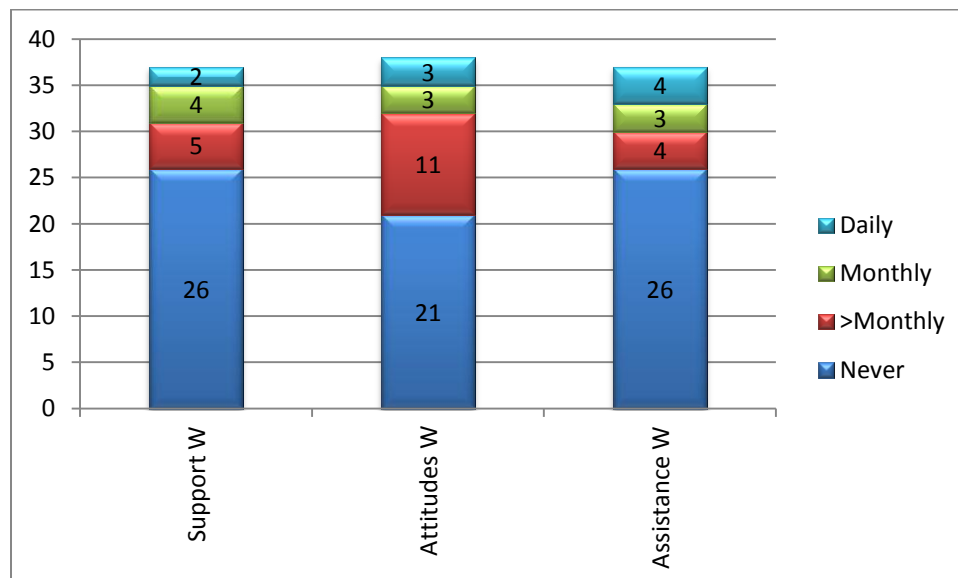


Figure 4-27 Domain 5: Work Summary

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4.2.8.6 Environmental barriers summary based on observed frequency

In summary, the top five barriers identified, based on the frequency they were mentioned, were:

1. Surroundings (lighting, noise, crowds): 50%
2. Attitudes at work: 45%
3. Transport: 41%
4. Equipment: 40%
5. Natural environment (temperature, climate, terrain): 37%

The barriers were not weighted for severity, and the above list is only according to how often they were perceived to occur. The frequency of the problems mentioned are summarised in Figure 4-28 below:

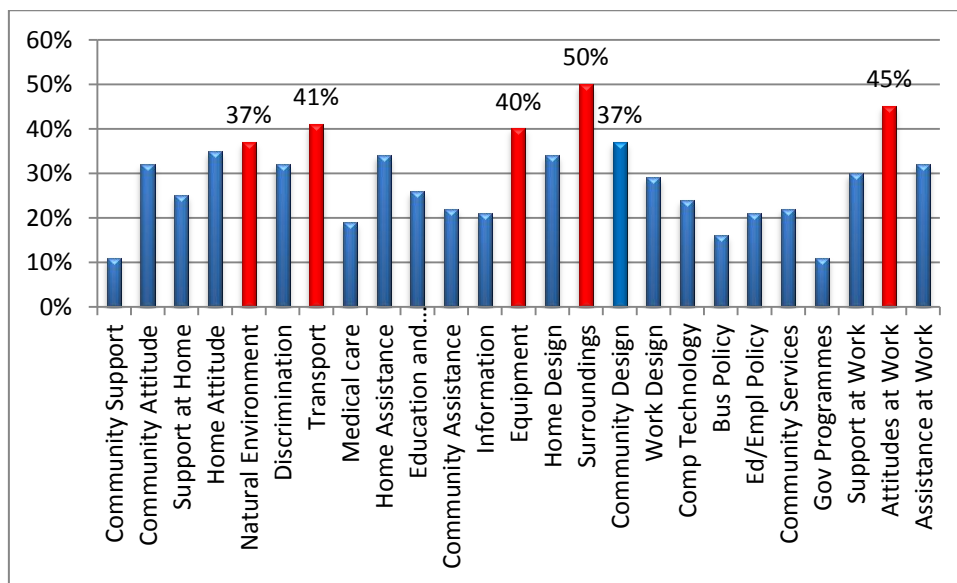


Figure 4-28 A summary of the environmental barriers experienced by employees with disabilities

The primary barriers mentioned in Figure 4-28 are highlighted in red for ease of reference. As can be seen from the figure, all of these highlighted barriers are related to the work environment. Based on the above finding, it is evident that there are environmental barriers that Company employees with disabilities experience in the workplace.

4.2.8.7 Barriers summary based on number of domains involved

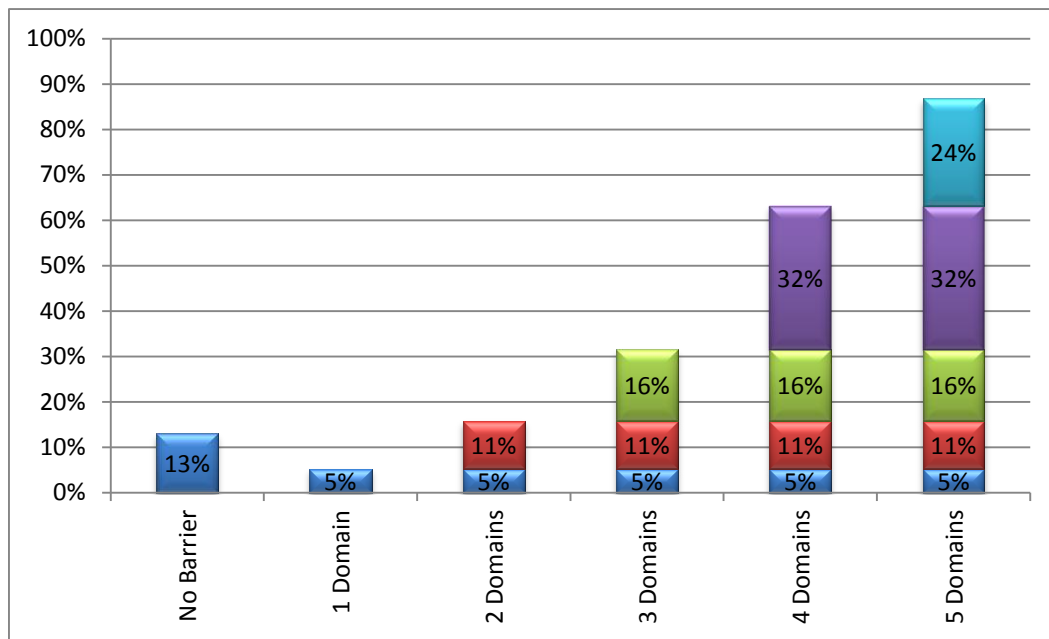


Figure 4-29 Barriers summary based on the number of domains involved

Figure 4-29 shows that 13% of Company employees with disabilities (five employees) who participated in the survey reported no environmental barriers. These included employees with hearing loss (cochlear implantee), epilepsy, head injury with headaches and unable to bend forward, polio and spinal injury with a prosthesis respectively. Employees who reported at least one barrier in 1-4 domains made up 64% of all employees, and 87% reported at least one barrier in 1-5 domains. Twenty-four per cent of employees reported barriers in all five domains.

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4.2.8.8 Significance of environmental barriers in each domain

The incidence of the barriers experienced was reported with ordinal numbers according to how frequently the problem occurred (1 for never, to 5 for daily). The average of these ordinal numbers in each domain was calculated.

The median values in the Box and Whisker Plot below (Figure 4-30) were statistically significantly different (Kruskal-Wallis test $p=0.00000$). A multiple comparison analysis showed that the largest differences are between the first three domains and the last two domains. Therefore, the severity of barriers in Domains 1 to 3 was higher than for Domains 4 and 5. It can be concluded that the severity of the barriers in the first three domains are more.

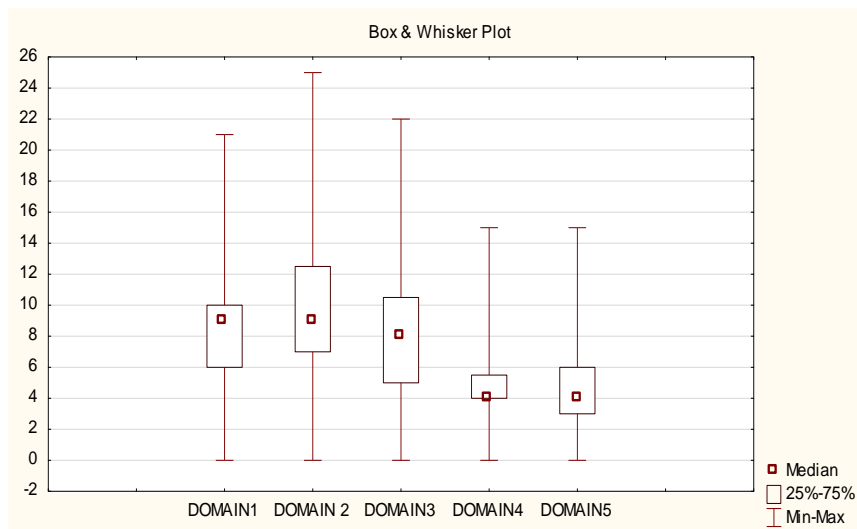


Figure 4-30 Significance of barrier domains as experienced by employees with disabilities

4.2.8.9 Significance of environmental barriers based on the magnitude of the problem

An average was determined for the magnitude of the problem, i.e. 1 for a “little” problem, and 2 for a “big” problem. The averages of these ordinal numbers for each domain were calculated.

The median values in the Box and Whisker Plot below (Figure 4-31) were statistically significantly different (Kruskal-Wallis test $p=0.00005$). A multiple comparisons analysis showed that the largest differences occurred between the problem size in the first three domains and the last two domains. Therefore, the size of the problems in Domains 1 to 3 was bigger than the magnitude of the problems for Domains 4 and 5. It can be concluded that the severity of the problems in the first three domains are more.

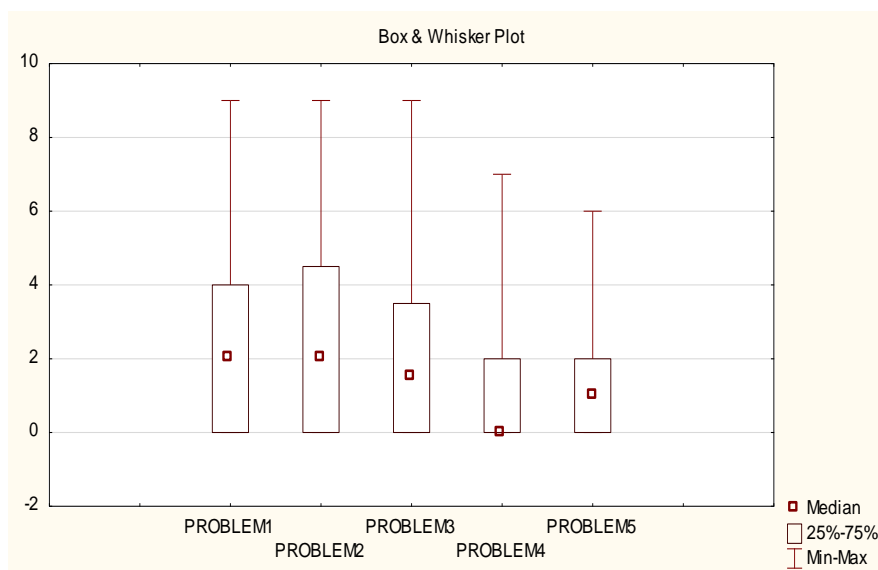


Figure 4-31 Significance of the magnitude of problems as experienced by employees with disabilities

4.2.9 Perception of employees with disabilities of Company employment practices

The purpose of the study was to get base-line information on the environmental barriers, and the researcher was therefore interested in the Company employees with disabilities' experiences regarding the Company's employment practices, their perceptions of the Company and the challenges that they experienced, other than what was included under environmental barriers. Interviews were conducted with five Company employees with disabilities, and the following themes emerged as outlined in *Table 4-1* below:

Table 4-1 Summary of themes emerging: employees with disabilities

| THEME | CATEGORY |
|-----------------------------------------------|-------------------------------------------------------------------------|
| Value of self as a contributor to the Company | Employees with disabilities contribute as much as a non-disabled person |
| | Employment is valued by persons with disabilities |
| Access to employment | Persons with disabilities should be given a chance |
| | Persons with disabilities should go out and market themselves |
| Strategies for employment | The use of employment agencies can increase access to employment |
| | Learnerships are valuable vehicles for accessing permanent employment |

These themes are now presented and narrative examples are provided. The number in brackets refers to the speaker.

All the employees who were interviewed indicated extreme gratitude for the opportunity to be employed, and all reported being happily employed.

4.2.9.1 Value of self as a contributor to the Company

Employees with disabilities contribute as much as non-disabled employees

Employees felt that they were no different to any other employee, and that they deserved the right to being employed. They all believed that they contributed to the Company and the Departments where they worked.

"I believe that people are not aware that we are fully functional. Ek glo dit vas. I have every right to be here and I have every right to be employed as a fully functional human being." (E3)

"I am intelligent, I am capable of doing the job and I deserve it as much as anyone else." (E1)

Employment is valued by persons with disabilities

"You will get, you can't say 'loyalty', but you will get someone that is very conscientious. That will do the job better than an able body person ... We work better than an able body person. We value our job more than an able body person because we know how difficult it is to get a job." (E3)

The impact of having a job provides a sense of purpose and acknowledgement

"Let me go to learn, to stand up. I want to show my mother that I am a grown-up girl, not a cripple girl any more ... My mother is so impressed to see that. I say, 'Mommy, here is money, here is pocket money, you can buy everything you want to buy. Mommy do you want to buy a TV? Yes my girl. I am going to buy a TV for you.' To me it is nice to be a cripple, I can do everything. I have everything I want to have." (E2)

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4.2.9.2 Access to employment

This theme is centred around the perception that persons with disabilities do not get a fair chance to enter employment, including access to information about positions available. It was also felt that persons with disabilities have a responsibility to market themselves and their abilities to potential employers.

“Give everybody a fair chance if they apply, you know if anybody applies and interview the one that do have a problem or disability as well as people who don’t.” (E5)

“...that disabled people can and do fulfil a very valuable place in society because we do. I know we do. Because we deserve it.” (E3)

It was also acknowledged that the persons with disabilities should market themselves to potential employers and that they should apply for available positions themselves.

“They must, they must be more aware you know, it is up to us to make them more aware.” (E2)

“Maybe they do not know where to get the disabled people. Maybe the disabled do not do application to the Company.” (E2)

4.2.9.3 Strategies for employment

Employees generally had little insight into what the Company does as a strategy to increase employment for persons with disabilities.

The role of employment agencies that specialise in recruitment and placement of persons with disabilities were mentioned as an option to increase access to employment

“They should keep in contact with these employment agencies and make it a point, you know, and that is the way they will get their disabled figures in agtermekaar.” (E3)

“I got the job through (employment agency). They still stay in touch with me.” (E1)

Experiential Learnerships

Learnerships where persons with disabilities were placed into temporary positions to gain experience were considered valuable vehicles for accessing permanent employment, as it provided an opportunity for the person with a disability to gain experience, at the same time showing the employer what the person with a disability is capable of.

“If it was not for the learnership I would not have gotten this job. I had a chance to show them what I am capable of, and then it was no problem to get the permanent job.” (E5)

Opportunities for growth and development

Two of the employees indicated that they were studying, or would like to study, to improve their qualifications. Opportunity for studying is an incentive to stay with the Company, and employees would like to remain with the Company once better qualified.

“I am studying IT at the moment, so this job is a stop gap. Once I have completed my studies I would like to stay in the Company, but the IT job is filled, so I might have to look elsewhere.” (E1)

“I would like to get a formal qualification in engineering. I know that the Company offers bursaries ... I would like to stay on with the Company. It is a good Company to work for.” (E5)

4.3 Managers

Results obtained from managers of Company employees with disabilities are presented using graphs to explain quantitative data, which is augmented, where appropriate, by qualitative information. Results are presented in the following order: demographic information, practices regarding current Company employees with disabilities, knowledge of disability and the Employment Equity Act, general employment practices, KABP survey results and finally, managers' perception of environmental barriers in the Company.

4.3.1 Demographic information

4.3.1.1 Gender

Figure 4-32 below indicates that 7% of managers who participated in the study were male, whilst the rest were female.

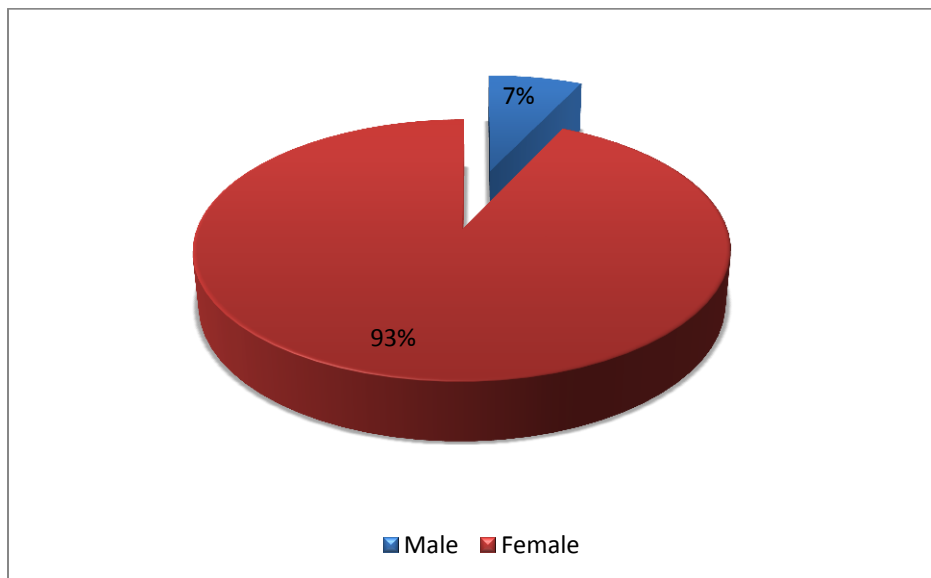


Figure 4-32 Gender distribution of managers of employees with disabilities

4.3.1.2. Language

The largest language representation was English (46%) and Afrikaans (40%), as shown in Figure 4-33 below:

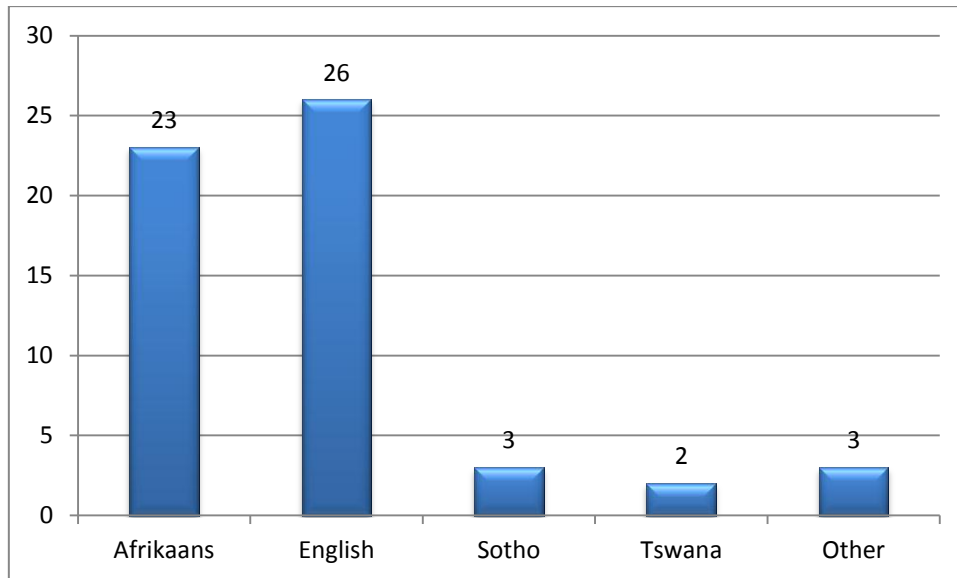


Figure 4-33 Language distribution of managers of employees with disabilities

4.3.1.3 Age distribution

Fifty-three per cent of managers (28) were between 36 and 50 years (Figure 4-34):

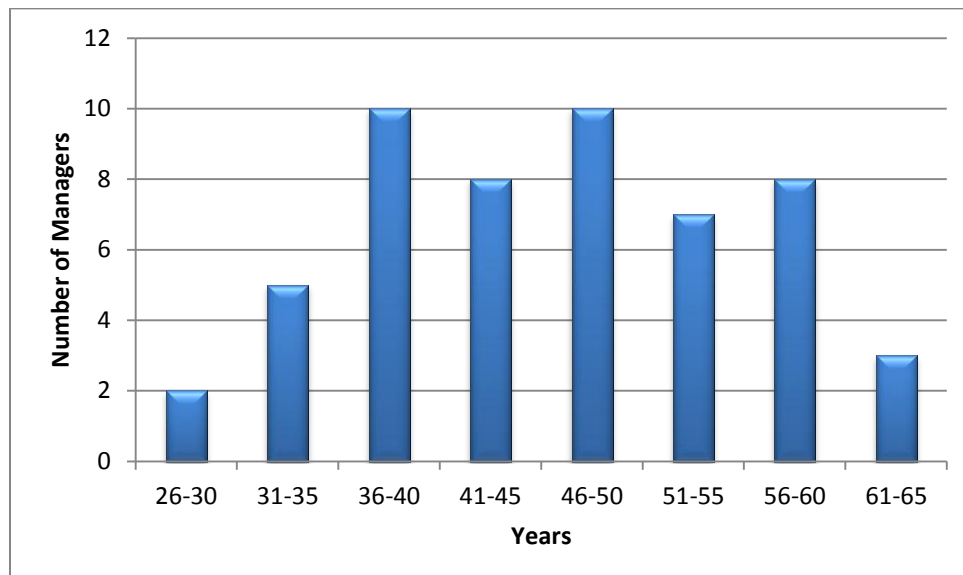


Figure 4-34 Age distribution of managers

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4.3.1.4 Ethnic distribution

Most managers who participated in the study were White (80%), followed by Indian/Asian (11%). Only 4% were Coloured and 5% were African (Figure 4-35).

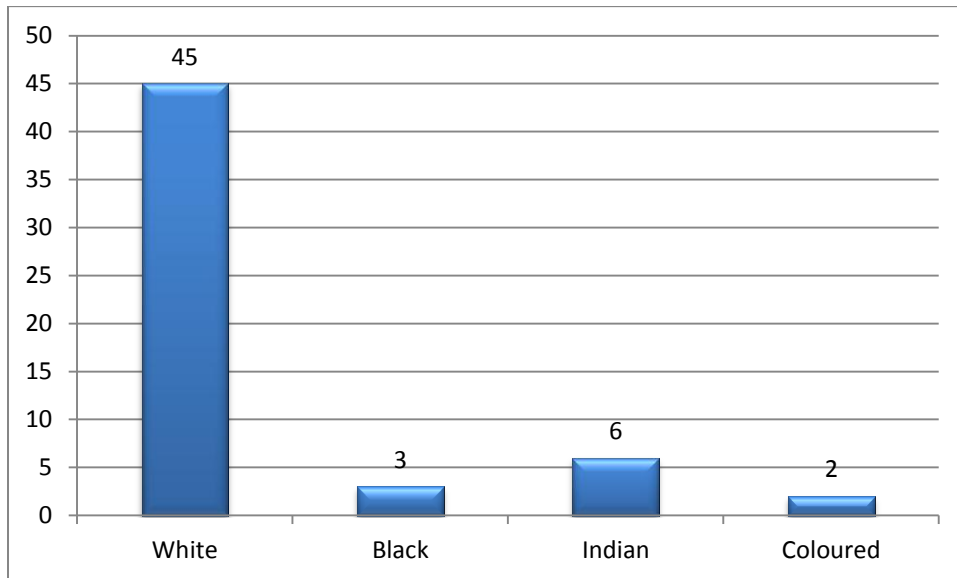


Figure 4-35 Ethnic distribution of managers

4.3.1.5 Geographical location

Most managers who participated in the survey worked in Gauteng (42%), followed by the Eastern Cape (23%) and KwaZulu-Natal (14%). The lowest representation was from Mpumalanga (5%) and the Western Cape (3%). (Figure 4-36):

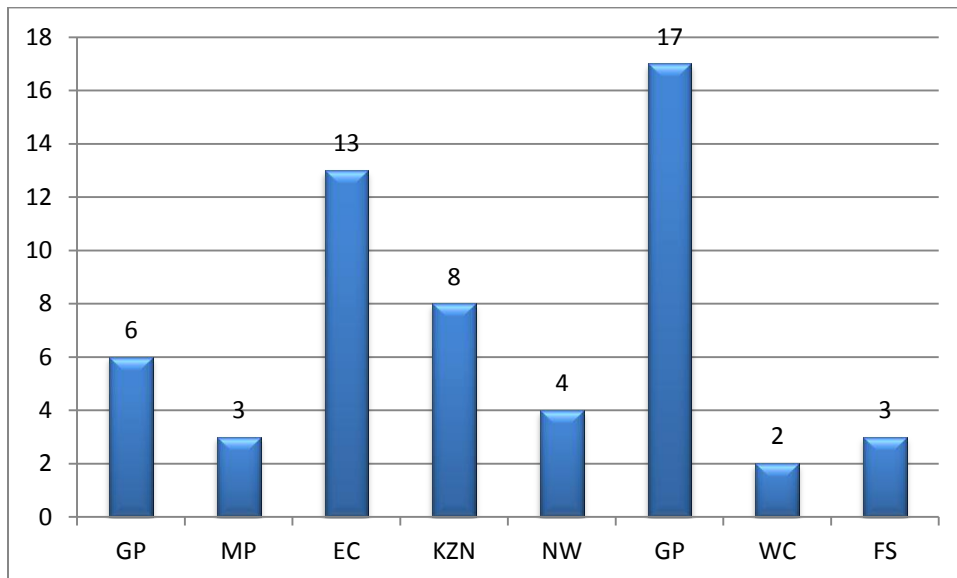


Figure 4-36 Geographical distribution of managers of employees with disabilities

4.3.1.6 Positions held

Most of the managers who participated were Unit Managers (25), followed by Reception/Administration Supervisors (7) and Patient Services Managers/Supervisors (5) as outlined in Figure 4-37:

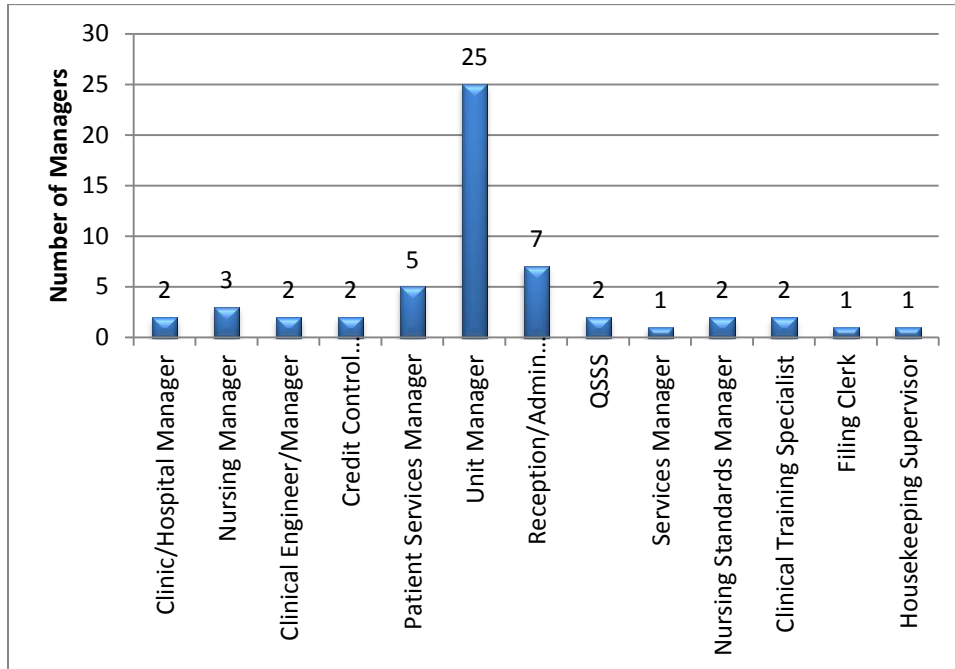


Figure 4-37 Positions held by managers of employees with disabilities

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4.3.1.7 Educational level

Fifty-four per cent of managers had completed University or Technikon training. Only two managers have not completed Matric (Figure 4-38):

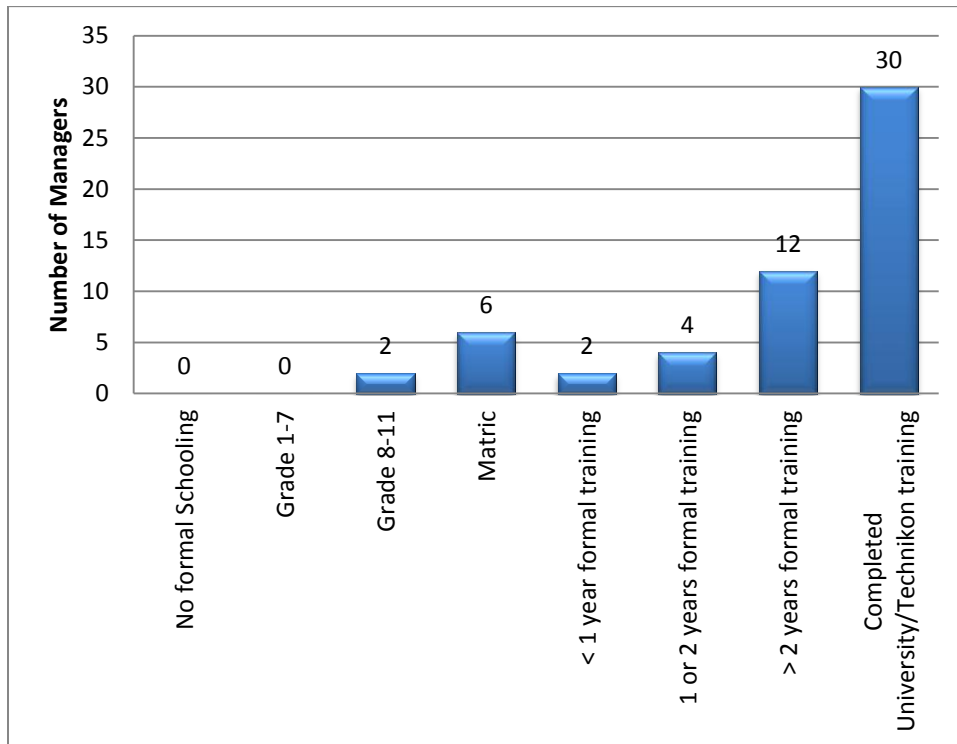


Figure 4-38 Educational level of managers of employees with disabilities

4.3.2 Information on employees with disabilities

4.3.2.1 Time that managers have known employees with disabilities

The mean number of years that managers have managed the particular employee with a disability was 3.6 years (median 2.6 years; standard deviation 3.7 years).

4.3.2.2 Recruitment practices

Interviewing and appointing employees with disabilities

Not all managers of Company employees with disabilities were involved in recruitment. Of the managers who do interview and appoint people, 20 managers (35%) have previously interviewed, and 18 managers (32%) have appointed persons with disabilities before (Figure 4-39).

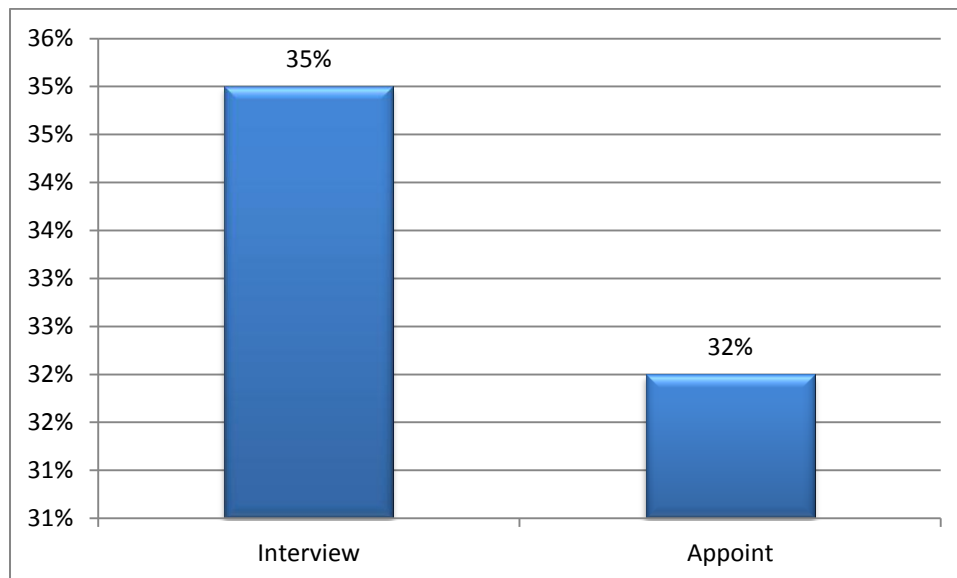


Figure 4-39 Recruitment practices of managers

Re-employment of current employee with disabilities

Eighty-one per cent of managers were willing to re-appoint the current employee with a disability that they were managing, and only 19% did not want to employ that employee again (Figure 4-40):

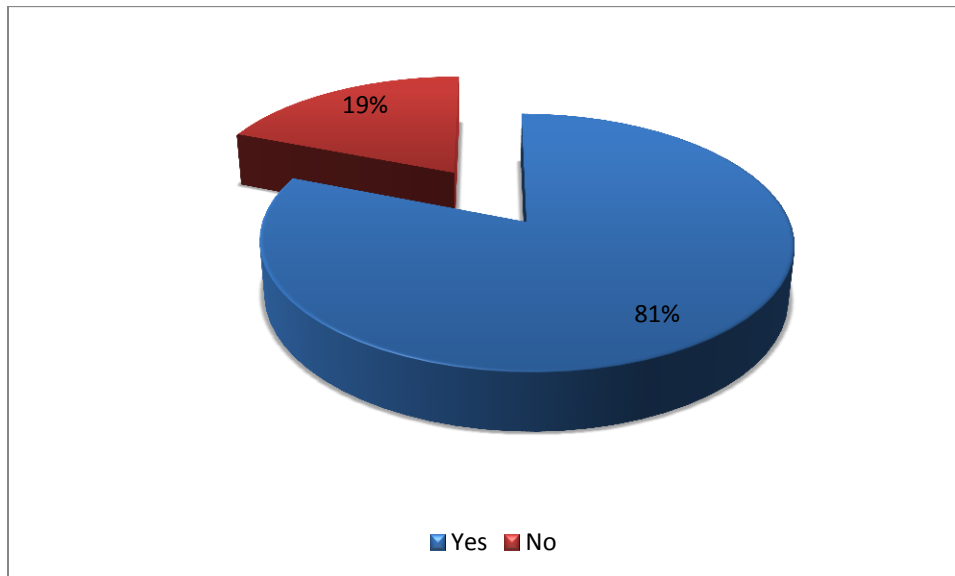


Figure 4-40 Willingness of managers to re-employ persons with disabilities

Reasons given by managers for **not** being willing to re-employ included:

- Consideration towards other members of the team:
 - *“Not always easy to find others to help, especially when short staffed”*
 - *“Does not work well in a ward situation”*
 - *“For myself yes, but the person is disruptive in the office environment”*
- Related to the disability itself:
 - *“Very difficult to communicate with employee. Employee has difficulty hearing over the phone, and can be subject to misinterpreting messages, especially doctor’s orders”*
 - *“Sometimes severe pain prevents her from performing her duties of quality at all times”*
 - *“Emotionally unstable”*
- Performance related:
 - *“She makes excuses for not doing her work all the time”*
- Other:
 - *“She is close to retirement”.*

Of the five managers who were interviewed, only one would not be willing to re-employ her current employee. The reasons for reluctance appear to be rooted primarily in the actual disability itself, but also, to some extent, to general performance issues.

An additional theme that emerged from the interview was that the manager felt disempowered:

“Sometimes I do feel stuck with her ... we can’t move her somewhere else. A lot of the wards will feel that we are passing on a problem. I don’t think (employee) thinks that her problem is that bad. I don’t know whether that would be allowed as such. It could become and IR (industrial relations) issue; that we want to get rid of her, or pass her off. It might become a problem.” (M1)

Themes that emerged from the feedback to the questionnaires and the in-depth discussion with managers around possible reasons why they would be willing to re-employ the employee with disability included:

- Positive impact on the rest of the team
 - *“Benefits to rest of the team”*
 - *“Very positive attitude and great benefits to disabled patients”*
- Good performance
 - *“If the person is qualified for the position, and the disability is not of such a nature that they are unable to perform the required duties”*
 - *“Her disability does not affect her performance and work ethic”*
 - *“She is a hard worker. Slightly hearing impaired. We know her so well - does not make an impact on her work”*
 - *“Good worker”*
 - *“Helpful and trying hard”*
 - *“Because he is never off sick with his disability and copes very well in his current position”*
 - *“No real effect on quality of work”*
- Benefits to employee
 - *“The difference that employment has made in these peoples’ lives is very satisfying and each person is entitled to feel they make a useful contribution and can be self-sufficient”*
 - *“The benefit is the joy to see someone with a disability being given a chance” (M4)*
- Attitude of manager
 - *“Why not?”*
 - *“They are still capable, only disabled”*
 - *“They have the right and are often very clever. The body is disabled, not the brain”*
 - *“Most disabilities can be accommodated in some way”*
 - *“Others can do the more detail work on the ward”*
 - *“If a person meets the job requirement then there should be no reason not to employ them”*
 - *“I would not have a problem to employ someone with a disability as long as they are competent enough for the position. I feel we cannot discriminate against anyone who has a disability. I would also make the area disability-friendly to ensure that the employee had the same rights that we have to where the work environment needs to be safe and according to legal requirements”.*

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Most of the managers interviewed felt that Company employees with disabilities should be appropriately qualified and able to perform the job.

4.3.3 Knowledge of disability and the Employment Equity Act

4.3.3.1 Definition of disability

Most Managers were able to give five examples of a disability. The definition of disability by most managers was very much rooted in the medical/impairment-based model. Examples of these were:

- *“Restrictions on some functions performed by the average “normal” person”*
- *“A person who is not able to do things the way other people in the population do them”*
- *“A person who cannot complete tasks in a normal or able-bodied environment”*
- *“Any form of disablement which is not the norm”.*

One manager mentioned the employment equity act as the basis for the disability definition:

- *“Employee for which special consideration has to be made”*

One manager gave a non-specific, broad, “political” definition:

- *“A person otherwise abled”.*

4.3.3.2 Employment Equity Act

Although most (98%) managers knew of the existence of the Employment Equity Act, and most (93%) had access to the Act, 27% of managers had not read the Act. Fifty-six per cent of managers felt that they did not have enough knowledge to manage an employee with a disability. All managers supported the necessity of the Employment Equity Act (Figure 4-41).

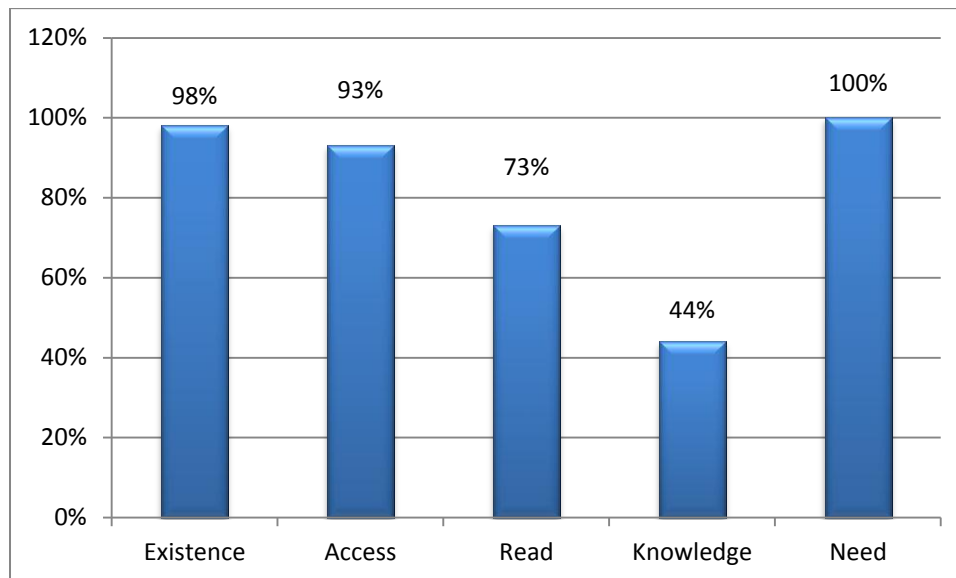


Figure 4-41 Managers' knowledge regarding the Employment Equity Act

Most managers understood the importance of Employment Equity Act. Their responses could be divided into three categories:

- Equal opportunities and protection of the rights of persons with disabilities
 - *“Disabled people have a place in the workplace and should be protected”*
 - *“To be able to be integrated into mainstream society”*
 - *“Everyone has the right to work, even with a disability”*
 - *“They do not get equal opportunities”*
 - *“To provide a safe place for people to be able to work to the fullest of their abilities”.*
- Access to work
 - *“Give access to work and community”*
 - *“Some of these people are very learned and are unable to get job placements in order to provide daily essentials for themselves”.*
- Perception of the ability of persons with disabilities to work
 - *“There is still a lot of ability within the disability”*
 - *“Just because a person is disabled does not mean that he/she is unemployable”*
 - *“Yes, such people are many times at a disadvantage due to being disabled while they actually can contribute and be a part of the working force in SA”.*

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However, many managers were unable to identify benefits regarding the employment of persons with disabilities in the Company:

- Thirteen managers (22%) did not answer the question or were not sure
- Six managers (11%) stated that there were no benefits (except for statistics).

Of the managers who responded to the questions, the following themes emerged:

- Compliance to the Employment Equity Act (14 managers, 27%)
 - *“Complying with EE, shows that we do not discriminate against persons with disabilities”*
- Increasing diversity and understanding
 - *“To gain greater insight to accept persons with disabilities”*
 - *“Diversity of staff, enabling a better understanding of disabled people”*
- Good work ethics
 - *“Loyal people, look after their job”*
 - *““They are hard workers and know how to overcome obstacles”*
 - *“Employees that really want to work and are performing their duties with a passion”*
- Improved company image
 - *“Sends out a positive message and we give someone the opportunity to be part of the economic/employment force”*
- Inspiration
 - *“They bring the experience and have the ability to inspire colleagues”*
- Providing opportunities for persons with disabilities
 - *“The employee appreciates the opportunities that he gets”.*

4.3.3.3 Managers' interaction with persons with disabilities

Eighty-nine per cent (51) of managers stated that they would act normally in their interaction with persons with disabilities. Managers generally reported they feel comfortable around persons with disabilities; and would not speak about the person with the disability to someone else who was present. However, 16% of managers admitted that they would speak louder, and 20% would speak slower when addressing a person with a disability. Fourteen per cent would act more sympathetically, 20% would be more friendly and 34% more helpful than usual (Figure 4-42).

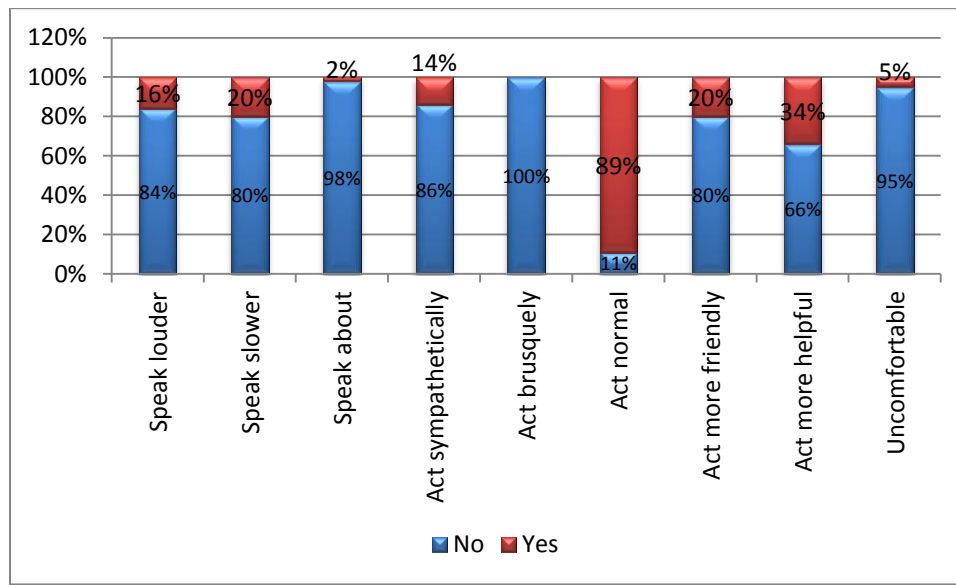


Figure 4-42 Interaction of managers with persons with disabilities

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4.3.3.4 Attitude towards barriers created by environment

Fifty-eight per cent of managers believed that a lot of a person’s disability was created because of the environment. Only 5% believed that the environment contributed 100% to the disability. Twenty-five per cent of managers believed that the environment played only a small role (Figure 4-43).

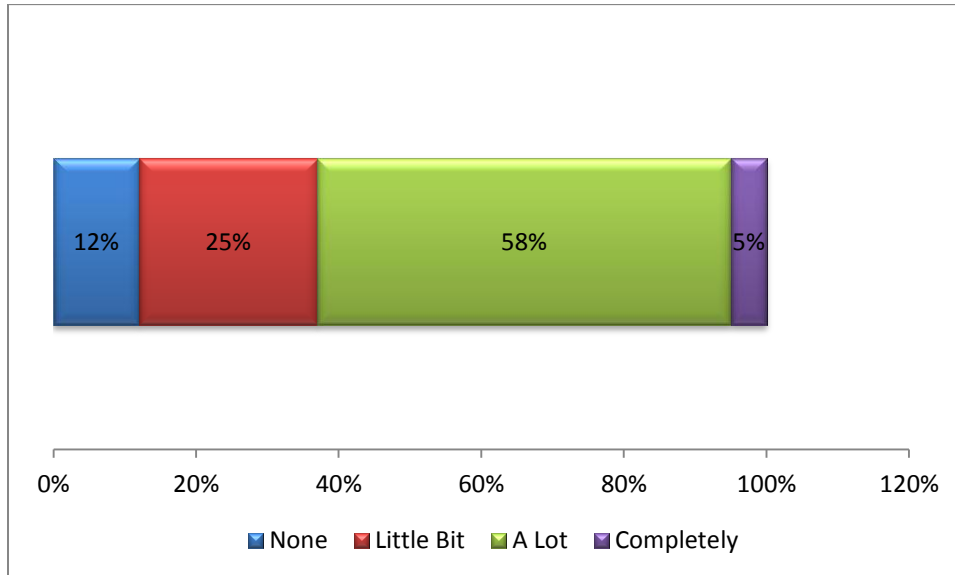


Figure 4-43 Attitude toward barriers created by the environment

4.3.3.5 Perceived level of discrimination

Twenty one per cent of managers did not believe that there was any discrimination in the workplace. However, most acknowledged that there was at least some discrimination, ranging from 2/10 to 8/10 (0 = no discrimination; 10 = worst possible discrimination), with an average of about 5/10, as per Figure 4-44:

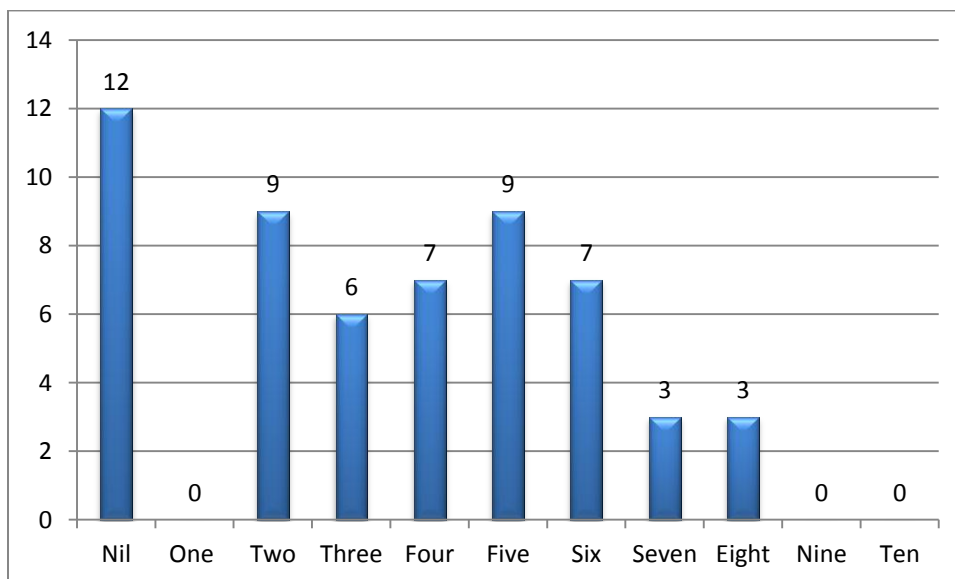


Figure 4-44 Managers' perception of level of discrimination in the work place

4.3.3.6 Employment practices of managers towards persons with disabilities

When given a choice between a person with a disability and a non-disabled person with similar experience and qualifications, 38% of managers would not employ the person with the disability. An additional 23% of managers were not sure (Figure 4-45):

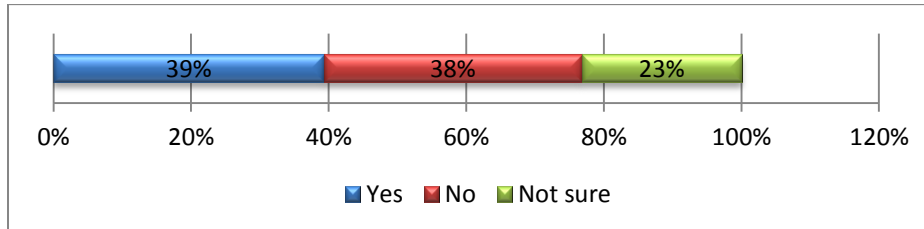


Figure 4-45 Managers' attitude towards employment of persons with disabilities

Two themes for reasons for not employing persons with disabilities emerged:

1. The hospital environment is an inappropriate environment for persons with disabilities, and that any disability impacts on someone's physical ability
 - *"In a nursing situation it would be easier for someone without a disability to cope with the work"*
 - *"Easier to work with - ward situation does not have the space for any specialised needs or equipment which may be needed"*
 - *"The person with the disability will increase the workload to the other staff, and increase nursing costs"*
 - *"If it were an admin function I would appoint a person with a disability, but not for theatre nursing as it is physically very demanding"*
2. Assumption that a person with a disability is somehow less competent and slower
 - *"Easier when you know you do not have to deal with a disabled person"*
 - *"High turnover unit. Need someone that can work fast and accurate"*
 - *"In my department we run around all the time to get things done. It all depends on placement"*
 - *"In a busy, competitive environment it is less complicated"*
 - *"Less problems"*
 - *"Just easier to cope with"*
 - *"It's the safer choice".*

4.3.4 Knowledge, Attitudes, Beliefs and Practices (KABP)

Managers were asked to agree or disagree with certain statements made regarding disability to assess their knowledge, attitudes, beliefs and practices. Managers had the option to strongly agree (SA), mildly agree (MA), mildly disagree (MD) or strongly disagree (SD) with the statements.

Frequency tables were used to calculate the nature of the distribution of the variables above. A p-value of less than 0.05 ($p < 0.05$) would indicate a significant difference between the variables, thereby allowing for adoption of the results.

The results for each area (knowledge, attitudes, beliefs and practices) are summarised. Aspects that stand out are highlighted. Qualitative data obtained from the interviews with managers is used to provide more context to the questions asked.

4.3.4.1 Knowledge

As the rest of the study already addressed issues around knowledge, including the Employment Equity Act and disability in general, the only additional aspect was to understand the knowledge of managers around the recruitment process:

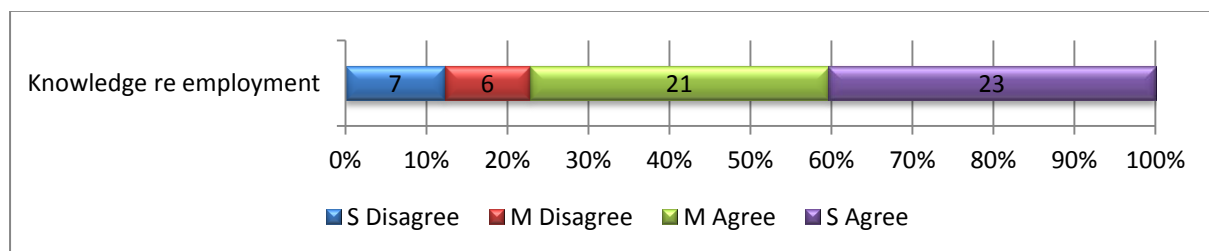


Figure 4-46 KABP: Knowledge summary

Most managers (44/57) mildly (37%) or strongly agreed (40%) that they needed more knowledge to recruit and appoint a person with disabilities, as can be seen from Figure 4-46.

4.3.4.2 Attitudes

Figure 4-47 below is a summary of questions regarding attitudes:

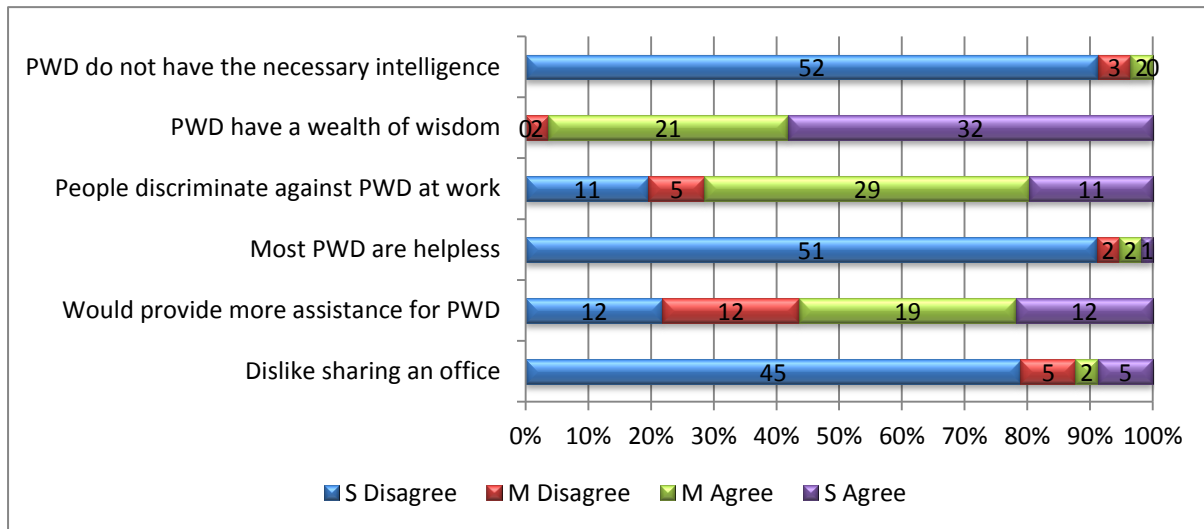


Figure 4-47 KABP: Attitudes summary

Almost all managers agreed that persons with disabilities are intelligent and able to perform in a job.

Forty out of fifty-seven managers believed that people discriminate against persons with disabilities at work. This is similar to the managers' responses to the level of discrimination in the workplace.

Managers also believed that most persons with disabilities are not helpless, and that persons with disabilities bring a wealth of wisdom to the workplace:

"...and I still do not want to lose her because of what she knows." (M5)

Managers could not agree whether they would offer more or less assistance to a person with a disability ($p = 0.445$, Chi-square test) and therefore this attitude cannot be accepted.

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4.3.4.3 Beliefs

Figure 4–48 shows a summary of the outcomes of the beliefs questions asked to the managers:

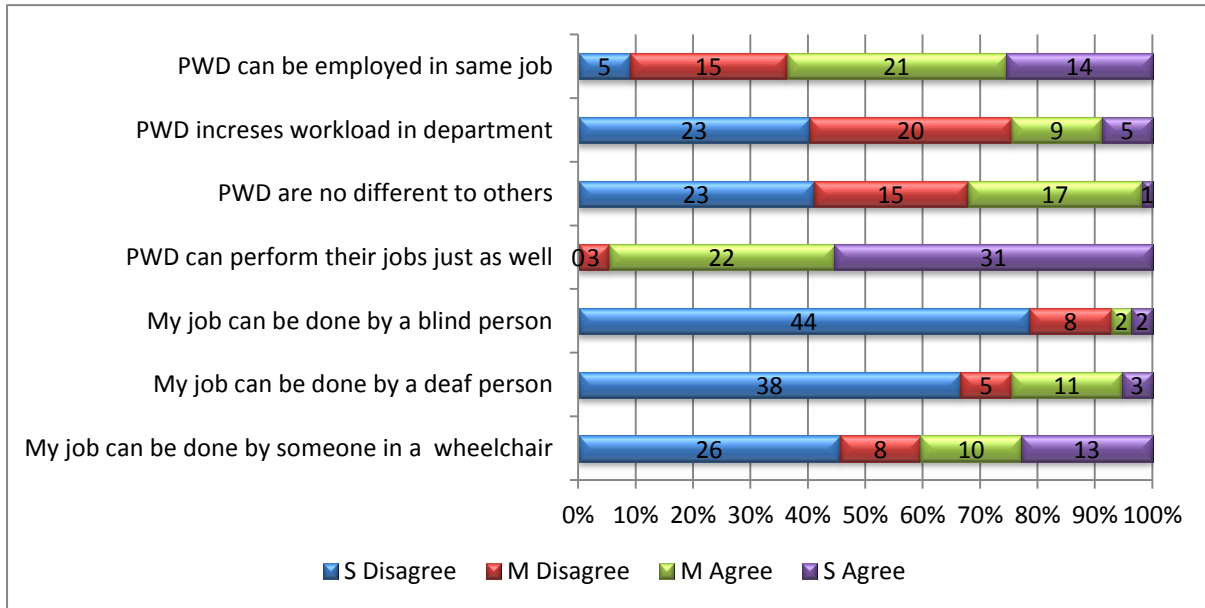


Figure 4-48 KABP: Beliefs Summary

Most managers believed that their jobs could not be done by someone in a wheelchair, or someone who is deaf or blind, and that persons with disabilities can perform their jobs just as well as non-disabled people. Surprisingly, most managers (43) felt that having a person with a disability in the department would not increase everyone else’s workload, which is in contradiction to the reasons given by managers for not employing persons with disabilities.

4.3.4.4 Practices

Figure 4-49 below summarises issues regarding practices:

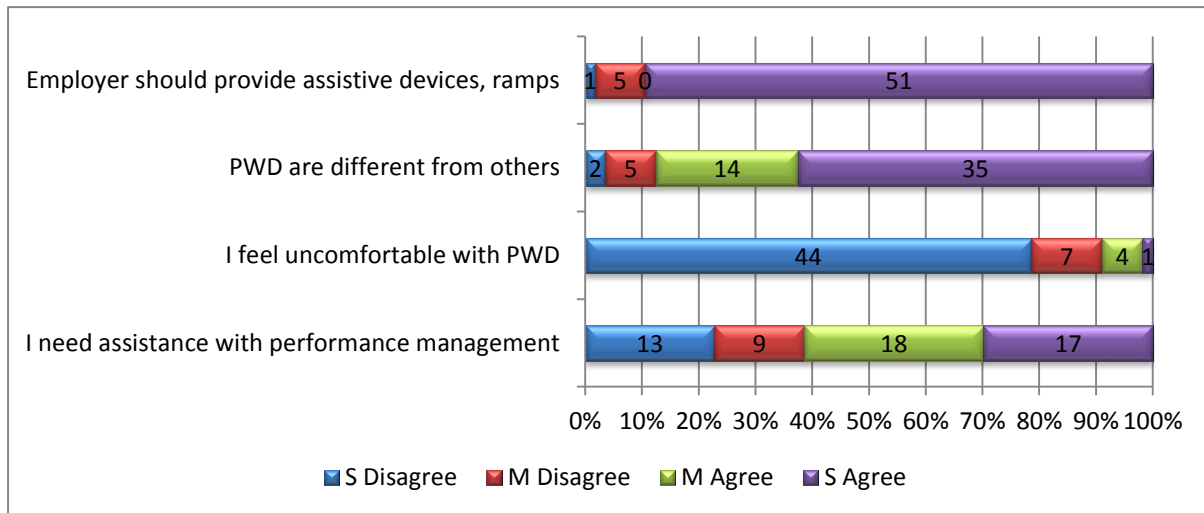


Figure 4-49 KABP: Practices Summary

Managers believed that employers should provide assistive devices and other equipment to accommodate the needs of a person with a disability. They also felt very comfortable around persons with disabilities. However, there was no agreement whether managers needed assistance with performance management of persons with disabilities, as there was no statistical difference between the variables ($p = 0.313$, chi-square test).

4.3.5 Environmental barriers

Managers were asked to identify barriers they perceived to exist in the Company; questions were based on the CHIEF questionnaire. Managers were not asked to comment on barriers experienced outside the work place, such as in the community or at home. Managers were also not asked how often a problem occurs, but only whether it was present or not. Therefore, the results on barriers cannot directly be compared to the barriers as reported by Company employees with disabilities. It is also important to note that managers reported on their perceptions for the general population of persons with disabilities who worked for the Company, whereas employees only reported on the barriers that affected them individually.

Figure 4-50 below provides a summary of the frequency that managers indicated the existence of environmental barriers. For ease of reference, the most prevalent barriers identified by managers, based on frequency, are highlighted in red:

1. Access to information (including Braille and easy-to-read information) (76%)
2. Transport (70%)
3. Access to education and training (60%)
4. Design and layout of buildings and the work environment (52%)
5. Surroundings (noise, lighting, crowds) (47%)
6. Attitudes at work (46%).

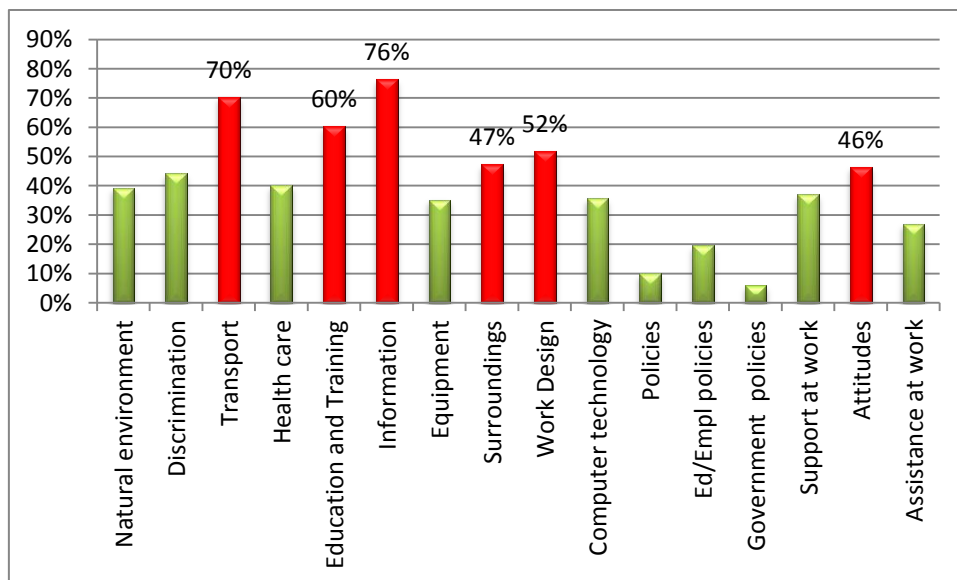


Figure 4-50 Summary of environmental barriers as reported by managers

The severity and the magnitude of the environmental barrier were not taken into consideration in the above result.

4.3.5.1 Significance of environmental barriers

Managers did not indicate how often they believed barriers occurred for Company employees with disabilities, but only whether the barrier was present or not. A value of 1 was allocated when the barrier was not present and a value of 2 when the barrier was present. The average of these ordinal numbers in each domain was calculated.

The median values in the Box and Whisker Plot below (Figure 4-51) are significantly different (Kruskal-Wallis test, $p=0.00000$). A multiple comparison analysis shows that Domain 2 differs from the other domains, and therefore it can be concluded that the barriers in Domain 2 (Services and Assistance) is more severe. Also, the median value of Domain 4 (Policies) varies significantly from the other four domains. It can be concluded that Domain 4 is of low severity.

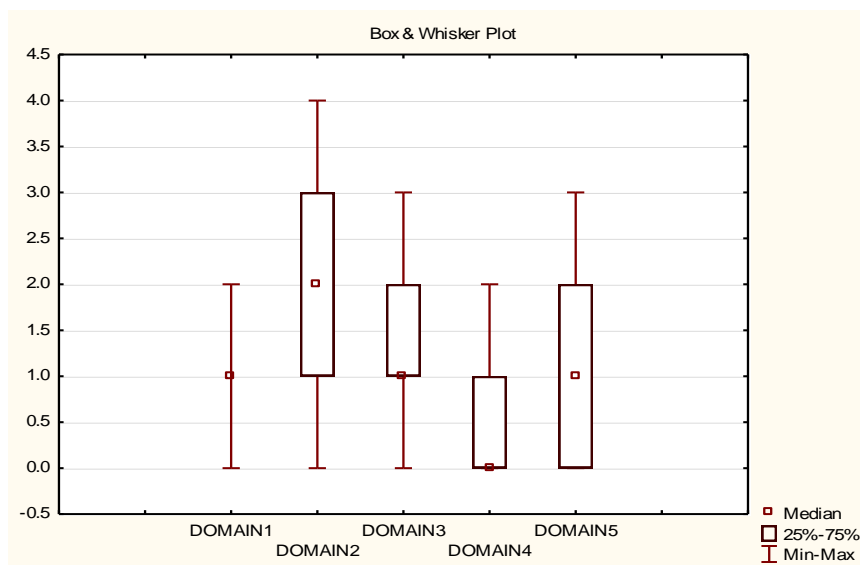


Figure 4-51 Significance of environmental barriers as reported by managers

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4.3.5.2 Significance of environmental barriers based on the magnitude of the problem

An average was determined for the magnitude of the problem, i.e. 1 for a “little” problem, and 2 for a “big” problem. The averages of these ordinal numbers for each domain were calculated.

The median values in the Box and Whisker Plot below (Figure 4-52) are statistically significantly different (Kruskal-Wallis test $p=0.00000$). A multiple comparison analysis showed that the largest differences were between the problem size in the second domain and other domains. Therefore, the magnitude of the problems in Domain 2 was higher than the magnitude of the problems for the rest of the domains. It can be concluded that the magnitude of the problems in Domain 2 is perceived to be bigger. Problem 2 in Domain 2 is therefore more significant. Also, the magnitude of the problem in Domain 4 is significantly less than the other domains. It can be concluded that the magnitude of the problem in Domain 4 is of low significance.

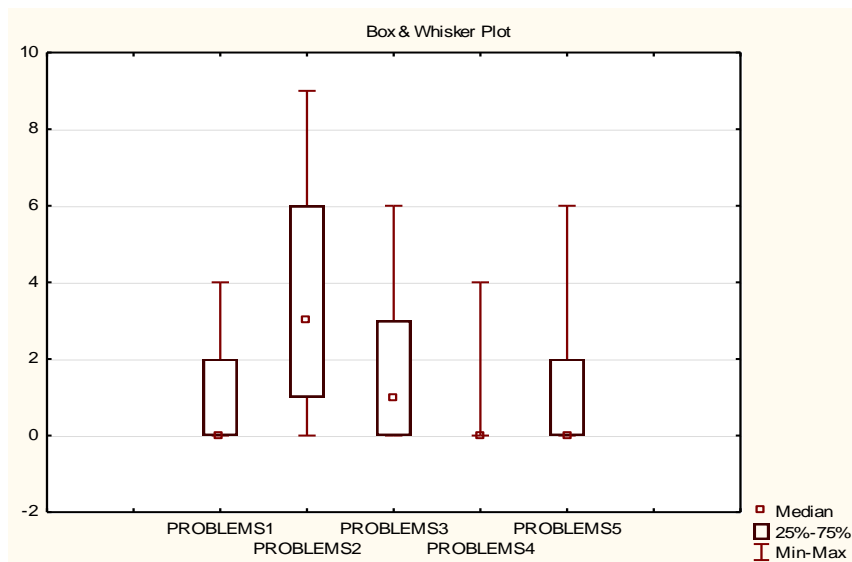


Figure 4-52 Significance of the magnitude of the environmental barriers as reported by managers

4.3.6 Employment practices of persons with disabilities in the Company

Managers were asked for reasons for the low employment rate of persons with disabilities, and for suggestions on how to increase the number of persons with disabilities employed in the Company. Themes identified are summarised in Table 4-2:

Table 4-2 Summary of themes emerging: managers

| THEME | CATEGORY |
|--------------------------------------------------|-------------------------------------------------------------------------------|
| Awareness and attitudes | Negative attitude towards persons with disabilities |
| | Immaturity in perceptions of people with disability regarding ability to work |
| | Cultural intolerance |
| | Impact of disability on team members |
| | Poor understanding of the value of sensitivity training |
| Recruitment | Unaccommodating advertising and interviewing practices |
| | Lack of availability of persons with disabilities |
| | Appropriate placement of employees |
| | Accommodation and job outputs |
| | Limited ability to manage poor performance |
| | Unmet succession planning and growth needs |
| Responsibility of the employee with a disability | Attitude of employee with a disability can influence acceptance |
| | Lack of knowledge on disclosure |
| | Non-disclosure of non-visible disabilities |
| | Underreporting of disabilities |

Themes are presented and narrative examples are provided. The number in brackets refers to the speaker.

There was a sense that the employment of persons with disabilities was not an issue that was foremost in managers' minds, and managers generally struggled to answer the questions related to the employment challenges, particularly with regard to strategies to improve employment practices in the Company.

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4.3.6.1 Awareness and attitudes

Most managers who managed Company employees with disabilities had a positive attitude towards the employment of persons with disabilities, and felt that persons with disabilities contributed to the diversity of the teams:

“Life goes round even if you have a disability and people tend to work.” (M5)

“I could be disabled next week, and what then?” (M5)

“That person might just say ‘You know what? There is no room for me in this world.’ Have the lower self-esteem. But ... when you give somebody the opportunity and give them reassurance, they could actually start living life again.” (M2)

When speaking of their perceptions of others there was a sense that significant immaturity in thinking regarding disability exists, and there is generally a lack in focus regarding employment of persons with disabilities:

“There’s almost like a stigma, maybe. If somebody is a bit weird to us we are inclined to look at them differently. We do judge, we are human, we do sort of look at them and wonder what is wrong with you. People are inclined to think that a disabled person is stupid; they seem to think that if you are disabled your brain is also disabled. Unfortunately that is the way they think.” (M1)

“I think the obstacle hazard is from able body people who don’t have the patience and the time for disabled people because life is a hurry. And until you are involved in disabled people or rehabilitation, it changes your whole outlook on life.” (M4)

“You know people will say as from a human you know the human mind is very evil. So it will limit a disabled person from going or doing whatever they want to achieve. And you know we always, and I think also humans all like to limit disabled people from what they can do.” (M2)

“I would say they will go for somebody that is normal thinking that you know what this person can be an added advantage to the Company. And most probably a disabled might not. But in actual fact they actually stop the growth of the disabled.” (M2)

Only one manager highlighted the fact that there are cultural differences in how disability is viewed:

“Especially amongst some cultures they are not tolerant. They can be hard on each other, you must just get on with it.” (M1)

Although there was awareness around the impact of having an employee with a disability as part of the team, it appears there is dissonance between managers and team members who are not able to distinguish between special treatment or favouritism, and accommodation. The value of sensitivity training and induction of the rest of the team appears not to have been specifically addressed, and managers do not see it as their responsibility to manage unhappiness in the team. This is illustrated by remarks such as:

"I don't even know if the new ones know that she has a hearing problem. They might get annoyed that she is just not listening." (M1)

"I think it is wrong to make allowances for people. Yes, I think it is because it affects the team spirit. This one can do what she likes ... you will get a lot of crap from the other team mates because they think it is not fair." (M1)

"People with bipolar get ex-gratia leave and they (team) feel sometimes it is a bit much because they also have problems. But when the chips are down they all pull together and support her." (M5)

"They accommodate (employee), they realise of her disability so they make a very concrete effort when they speak to her. And they actually very kind and very considerate. We do have one who is a little bit short with her and intolerant of her, but she is young." (M4)

4.3.6.2 Recruitment practices

The general sense was that once an employee with a disability is employed, most managers indicated that they would be willing to employ the person with the disability again, and that the challenges are more around resistance to employment, and the availability and access to persons with disabilities.

Some managers felt that the Company was not trying hard enough to communicate to the public that it is an equal opportunity Company which acknowledges diversity and disability:

"We are making all the right moves; they put all in place but whether they execute it I do not know, whether (the Company) actually go out to go and find people. I have never seen an advert that people would know that they can apply." (M3)

"It's terrible to put out an advert to say if you are disabled it does not matter, we will still employ you." (M1)

"We always go by the law of, you know, like the BEE and stuff like that, you have to have so many percentage of this and that. Maybe if we increase the percentage of disability that would help, then people know, you know, what we have to have so many and need more." (M2)

Managers felt that there were very few applicants with disabilities who applied for positions:

"I do not think persons with disabilities apply." (M1)

"Instead of keeping people on past their retirement age rather use persons with disabilities. Bring persons with disabilities in that are younger through agencies." (M1)

There was a perception that persons with disabilities are not suitable for the nursing environment.

Managers believed that somehow persons with disabilities were less capable to work, and that it would slow down a busy routine in an acute hospital ward:

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“And I think an acute hospital, they look for somebody normal, most probably thinking that, you know what, if we had to give this one the post we are going to get more out rather than somebody disabled.”
(M2)

The perception was that all disability has a physical component, and that it therefore excludes any person with a disability from entering the nursing environment:

“In nursing I feel you can’t employ persons with disabilities.” (M1)

Most managers agreed that an employee who is placed appropriately could add value, as indicated by this successful placement mentioned below:

“We have placed him in the emergency room as a porter where there is quick response to when he is having a seizure.” (M3)

There was a sense of resistance to inappropriate placement or tokenism:

“... people are put into positions where they must fill the quota so that it looks good on paper and I’ve never believed in that. EE is not a good thing because people are told what to do ... I will take you on merit, not because of your colour or disability. There is no discrimination in my department.” (M5)

Managers who successfully employ persons with disabilities are able to manage the performance of the employee with a disability.

“I monitor her carefully. Immediately if she is depressed or on a high I will ask her if she is OK and if she is compliant with her medicine. I will also call her doctor and ask to get an emergency appointment. She calls me if she is suicidal ... we’ve got it down to a fine art.” (M5)

“I use the performance planning process, with counsellings so they know there are no excuses.”
(M5)

However, it seemed managers lacked confidence in managing Company employees with disabilities’ performance, and that they found it difficult to distinguish between poor performance and the disability itself causing performance issues:

“I think that I have made a few excuses for her. If it was another staff member I would be annoyed.” (M1)

“Nobody else was willing to address it and they were kind of hoping that I would. I have spoken to HR, but I am still not confident...” (M3)

“She has become a friend in a way, and it would be extremely difficult for me to discuss with her that she has to go.” (M3)

Managers felt that Company employees with disabilities did not get an opportunity for development and succession opportunities.

"I think there is room for growth there. I think a lot of disabled people, are, they might be employed, but they not growing. But there is a lot of homework to be done and a lot of work to be done to give disabled people the room to grow." (M4)

"A skill you have to develop. And you can get a disabled person just as good, or even better than me." (M4)

4.3.6.3 Responsibility of the employee with a disability

There was a perception that persons with disabilities think that society owes them something, and that they need special treatment:

"Maybe a lot of persons with disabilities think that because I have a disability I am treated differently and I can slap down if I want to and you must understand it because if I am sick and this and that: it costs the company financially. You knew I had this problem so do not be surprised that I am always off." (M1)

"Along with the disease she also has this feeling that everyone is out to get her." (M3)

"I notice persons with disabilities normally bottle. They don't show their true self to someone else. But I think they ... you know. You are actually, you are putting a stop to your own growth where else you can live life you know as it comes to the fullest." (M2)

The opposite also seems to be true, where an employee with a disability goes out of her way to use her disability to the benefit of her job:

"She is always motivating people and saying 'You know what, I once was there so I know what its like.' And also when people see her in front, I think also the atmosphere changes. If you get an irate patient and when you look at (employee) ... When they look at her the whole mind set changes and they want to know what happened ... to get that reassurance." (M2)

There was a sense that there were possibly more employees with disabilities working for the Company who had not disclosed their disabilities. The following reasons were identified:

Employees might not understand the benefits of disclosure, and the potential support that can be given by the manager:

"She has only now, after eight or nine years, accepted eventually that we are not trying to force her. She is at peace with the problem for the first time, so maybe next time she would be happy to disclose her disability." (M5)

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There might be a sense of feeling ashamed, both from the manager's side and the employee's:

"It is a bit embarrassing. We do not want to say (employee) is disabled because she is simple; she might take offence to that." (M1)

"People might be ashamed, we are inclined to hide disabilities, you don't come forward." (M1)

The issue that people might not consider that their problems exist, or that it could be considered a disability:

"Some people do not think they have a disability. Still it is labelled as such." (M1)

4.4 Chapter summary

There were 113 employees with disabilities on the Company database, and 40% participated in the study. The median age of participants with disabilities was 44 years and most participants were female (65%), White (53%) and Afrikaans speaking (43%). Most employees lived in Gauteng (40%) and the Eastern Cape (20%). Twenty-five per cent of Company employees with disabilities who participated in the study had a matric qualification only, and 53% a post matric qualification. Positions occupied in the Company were mostly in administrative/clerical, switchboard and lower category positions.

Seventy-five per cent of employees had either a physical (19 employees), visual (6 employees) or hearing (5 employees) impairment, with resultant walking, wheelchair mobility, hearing and visual difficulties. Two employees had Latex allergies, which is a disability particular to the healthcare environment. Most disability was a result of trauma (43%). Most employees drove themselves to work in their own vehicles (32%) or caught a taxi (11%). Most employees felt that they had the same opportunities as others with regard to employment, education and leisure. Sixty-eight per cent of employees were not employed by the Company prior to acquiring their disability. Most employees (82%) felt their accommodation needs had been met.

Environmental barriers most frequently identified were surroundings (50%), attitudes at work (45%), transport (41%), access to equipment and other assistive devices (40%) and the natural environment (37%). Thirteen per cent of employees did not identify any environmental barriers and 24% of employees identified at least one barrier in every one of the five domains identified in the CHIEF questionnaire.

Employees with disabilities indicated difficulty to access employment as an important factor surrounding employment, even though they felt they could be as valuable to the Company as non-disabled employees. They felt that learnerships and employment agencies that specialise in placement of persons with disabilities could be of value to improve employment of persons with disabilities.

Managers of Company employees with disabilities who participated in the study were mostly female (93%), White (53%), English speaking (46%) and with an average age of 47 years. Most managers were from Gauteng (42%), the Eastern Cape (23%) and KwaZulu-Natal (14%). Most managers were Unit Managers. Fifty-four per cent of managers have completed University or Technikon training.

Less than 40% of managers had previously interviewed or appointed a person with a disability. Eighty per cent would re-employ the person with a disability that they were currently managing.

Most managers agreed that the Employment Equity Act was necessary, although only 73% have read the Act. Fifty-six per cent of managers indicated that they did not have enough knowledge of the Employment Equity Act.

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Fifty-eight per cent of managers believed that the environment contributed a lot to a person's disability, and most managers believed that there was discrimination against persons with disabilities in the work place.

Results from the KABP survey indicated that managers needed more knowledge on recruitment practices for persons with disabilities. Attitudes regarding persons with disabilities were mostly positive, but some managers acknowledged that there was some discrimination against persons with disabilities in the work place. Most managers believed that their jobs could not be performed by blind or deaf people, or someone in a wheelchair. They did not believe that having a person with a disability in the workplace would increase the workload on everyone in the department, which is contradictory to reasons given for not employing a person with a disability in the first place. They felt that employers should provide accommodation. They could not agree on whether they needed assistance with managing performance of persons with disabilities.

Barriers for persons with disabilities in the workplace identified by managers included access to information (76%), transport (70%), access to education and training (60%), design and layout of buildings (52%), surroundings (47%) and attitudes at work (46%).

Managers believed there were negative attitudes and cultural intolerance towards persons with disabilities. They highlighted limitations in interviewing practices and persons with disabilities accessing employment. There was a sense that disability is under-reported in the Company, and that having a person with a disability in a department impacts on the team. They did however have limited insight in to their role as manager with regard to sensitising team members. They had limited ability to manage poor performance, especially when issues were complicated. They believed that persons with disabilities did not have enough opportunity for growth and development.

The next chapter will discuss the results in more detail.

CHAPTER 5: DISCUSSION

5.1 Introduction

The purpose of the study was to explore the employment environment of persons with disabilities working for the Company, by obtaining information from them and their immediate managers.

The findings obtained from the study, presented in Chapter 4, are now discussed in relation to the aim and the objectives of the study (1.6 page 8), integrating the qualitative and quantitative results. The discussion will also integrate findings between Company employees with disabilities and their managers, which, where relevant, will be compared to the general Company profile and recent literature.

5.2 Workplace profile

5.2.1 Company employment profile

According to the Company's 2011 Employment Equity Report,²³ Company employees with disabilities represented 0.93% of the entire workforce. There has been a steady increase in the number of Company employees with disabilities since 2007. However, the number of Company employees with disabilities is still low as compared to the 2% recommendation for public departments, which prompted this research in order to understand the reasons for the low employment rate. It was important to clarify whether the employment figures could be attributed to the healthcare environment not lending itself to the employment of persons with disabilities, or whether there were other reasons, which could be addressed, therefore improving the potential employment of persons with disabilities.

Compared to the disability employment figures of the various provincial Departments of Health, and the National Department of Health, this private healthcare Company has performed reasonably well, bearing in mind that both the Company and the public healthcare sector fell short of the desired 2% of the workforce target set for the public sector as a whole. The Company has achieved the disability targets set for 2011. The Company disability employment figure is also slightly above the average disability figure, of 0.83%, reported in the Department of Labour's Annual Employment Equity Report of 2011.¹⁵

Provisional figures prepared by the Company for its Employment Equity Report for 2012 (which was only available after the completion of the study) indicate 154 Company employees with disabilities were now employed, an increase of 38 employees (0.32%) since 2011. This brings the percentage of Company employees with disabilities to 1.25% of the workforce. The researcher surmises this increase was due to employees receiving a personal communication encouraging disclosure of their disability together with the EEA1¹³⁹ form. It must also be noted that the disabilities disclosed have not been verified; thus the figures could be different once verification is done.

The Company employee profile for 2011 is summarised in Table 5.1 below and compared to the Company and national disabled population. It excludes foreign employees in the Company.

Table 5-1 Company and national disability statistics

| Race and Gender | National % representation of total population (Census 2011) ⁷ | Company % representation of disabled population ²³ | National % representation of disabled population (Census 2001) ³³ |
|---------------------|--------------------------------------------------------------------------|---------------------------------------------------------------|------------------------------------------------------------------------------|
| White Male | 3.7 | 13.8 | 4.1 |
| African Male | 7.2 | 4.3 | 39.0 |
| Coloured Male | 1.2 | 3.4 | 3.9 |
| Indian/Asian Male | 1.4 | 0.9 | 1.0 |
| White female | 31.9 | 32.8 | 4.4 |
| African Female | 34.0 | 26.7 | 43.2 |
| Coloured female | 11.8 | 12.1 | 3.5 |
| Indian/Asian female | 7.1 | 6.0 | 0.9 |

5.2.1.1 Gender

The Company has been more successful with gender equity, with 85% of the Company's entire workforce being female, which is higher than the national population distribution (51.4% females versus 48.6% males).⁷ This high proportion of females in the Company could be attributed to the fact that the healthcare environment is dominated by females. To illustrate this, the South African Nursing Council reports¹⁶³ that the female:male ratio of nurses is 52:48. Considering that 67% of the Company's workforce is nurses, it is not surprising that the female representation is higher than for males. The very high female representation also indicates that the Company values the contribution that females make to the work environment. The disability figures for females were 78% (Figure 3-4).

5.2.1.2 Race

African employees made up 41% of the total Company workforce (versus total national population of 79%). African Company employees with disabilities were 31% of total disabled Company population (versus national disabled population of 82% African people). Therefore the Company is lacking in the employment of African people in general and also African employees with disabilities. Given the high unemployment rate for Africans, this is particularly regrettable.

Coloured employees made up 13% (national population: 8.9%) of the total Company workforce and Coloured Company employees with disabilities were 15.5% (national population: 7.4%). The unemployment rate for Coloured people was below the national unemployment rate. Therefore, employment levels in the Company for Coloured people were acceptable.

Indian/Asian employees made up 8.5% of the entire Company workforce (versus 2.5% of the national population). Indian/Asian Company employees with disabilities in the Company were 6.9% (versus national population of 1.9%). National Indian unemployment was also below the average national unemployment rate. Therefore, the employment of Indian people in the Company is at acceptable levels.

White males (4%) and White females (34%) comprised the bulk of the Company workforce (versus 8.9% of the national population). Whites with disabilities were 14% male and 33% female versus national disabled population of 8.5% for male and female combined. The unemployment rate for White males was far below the national average and therefore Whites are over-represented in the Company workforce. The Company reached its Employment Equity targets set for 2011, but still has progress to make regarding employing Africans, which is included in its employment equity strategy.²⁴ Although persons with disabilities, regardless of race or gender, are considered a separate designated group, the high proportion of African people who have disabilities should be considered and must receive special focus.

5.2.1.3 Disclosure of disability

Employees are not required to disclose either the fact or the nature of their disability for inclusion in the Company database. However they are encouraged to do so and are invited annually to complete form EEA1¹³⁹ to register. Employees are not informed of the benefits of disclosing their disability, nor are they given examples of conditions considered as disabilities in terms of the Employment Equity Act. Of the 116 employees who registered as disabled on the for Company database by completing the form, only 46 chose to disclose the nature of their disability. The conditions which were disclosed were primarily physical, hearing or visual disabilities. Only four mental disabilities and four learning disabilities were disclosed.

Mental illness is considered the leading cause of disability worldwide.¹⁶⁴ Depression is considered the third highest moderate-to-severe disability in the world (98.7 million people worldwide), with bipolar affective disorders in twelfth position (22.2 million people worldwide) and schizophrenia in fourteenth place (16.7 million people worldwide).¹⁰ Based on these statistics, the employment rate of people with mental health disability is low, even when considering that the employment rates of people with mental health disability is generally low.⁸³ Disclosure of disability, particularly for mental health and other stigmatised disabilities requires complex decisions.^{140,117} Even when employees seek guidance from managers about these decisions and the issues they involve, they may still not be fully understood. Managers of the Company agreed that there were probably more employees in their teams who did not disclosed their disability, particularly mental health or other non-visible disabilities. They suggested that employees may not consider themselves as being “disabled” by conditions such as depression and bi-polar affective disorders. Managers agreed that the root cause of poor performance in some employees could be a possible mental health disability, which would have changed the way these employees’ performance was managed. Employees may also not understand the benefits of disclosing their disabilities. It has been recommended that enhanced focus on

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concepts of medical well-being and positive mental health, as matters of universal relevance, may lead to earlier recognition of, and better support for, common mental health problems at work.¹⁴⁰

Thus, to encourage disclosure of mental health disability the Company will have to make an active effort to de-stigmatise mental health conditions. It is hoped that the Company strategy of branding Mental Health as a separate business entity will assist in raising the profile of mental health conditions, and also create greater awareness regarding mental health in general.

Employees who acquire a disability whilst working for the Company might be reluctant to disclose this for fear of losing their jobs. This appears plausible in the light of the low number of Company employees with disabilities who acquired their disability whilst working for the Company.

5.2.1.4 Medical boarding

Sixty-eight per cent of Company employees with disabilities joined the Company after acquiring their disability, indicating the Company's willingness to employ persons with disabilities. On the other hand, the fairly low retention rate of employees who acquired a disability whilst in Company employment might indicate a lack of knowledge or reluctance to consult with experts who might have been able to assist by reviewing job profiles, considering flexible work hours, etc.; which could possibly have prevented the loss of trained and skilled employees. Company policy exists around the processes to be followed for temporary and permanent disability¹⁶⁵ and although it talks to accommodating an employee when a disability claim has been declined, it only offers re-location as an alternative option, and no other accommodations. Focusing on retention of employees who become disabled after joining the Company has not been a specific focus in the Company.¹⁶⁶ The researcher believes more could be done to retain employees who become disabled, as not only will the Company retain the knowledge and skill of such an employee, it will also reduce the costs of hiring, inducting and training a new employee. However, when comparing the number of employees registered on the Company permanent and temporary disability register since 2004, it appears that significant efforts were made to encourage employees to return to work. It is not certain whether all employees on the temporary disability list were registered on the Company disability database; this should be further investigated.

5.2.1.5 Attrition

The attrition rate of 3.4% for Company employees with disabilities is 13.3% lower than the average attrition rate for the Company in 2011. This supports suggestions from Hernandes,¹³² Cleveland¹³³ and Swain's²⁵ and should be one of the factors to consider during recruitment.

5.2.2 Disability profile of study participants

5.2.2.1 Defining disability

As previously discussed, a number of definitions exist for disability in South Africa, depending on the context and the purpose for the definition.

The definition included in the Employment Equity Act³ is very much an impairment-based model, and only refers to the work environment as limiting entry or progression in a career. This definition does not take into consideration the complete person, and does not make provision for how or the extent to which activity and participation could be affected by disability, or the impact of the environment and personal factors on the person with the disability.

It is therefore recommended that the Company rather adopt a holistic view of disability, such as the working definition of disability contained in the Convention on the Rights of Persons with disabilities.⁴ By accepting this definition, the Company would be better able to understand the effect of disability on an employee's ability to participate in the work environment, as well as the impact of the environment and personal factors. Hopefully this would result in more appropriate accommodation being provided to the employee with a disability, and a more productive and satisfied employee.

5.2.2.2 Disability groups

Seventy-five per cent of Company employees with disabilities who participated in the study had a physical disability (47%), visual impairment (15%) or hearing impairment (13%), the same as the top three impairment categories experienced in the South African population as a whole.³³ Problems reported by employees were mostly related to physical issues such as walking and manoeuvring a wheelchair, or problems with vision and hearing. Results from the study should be interpreted with caution for other disability groupings.

The concept of disability was closely linked to physical disability by most of the managers who participated in the study, and influenced their perception of accommodation required for persons with disabilities in the workplace. This also created the perception that there were very few opportunities for persons with disabilities in the general work environment, which is very physical in nature, given that the primary purpose of the business is to care for patients. Had managers included other types of disabilities in their frame of reference, this could have created greater awareness of opportunities for persons with disabilities in the workplace. If the Company were to challenge the current perception of disabilities, emphasis should be placed on the wide variety of disability.

To establish whether someone has a disability according to the Employment Equity Act, the disability should qualify on all three grounds: being an impairment, long-term or recurring, and limiting a person's ability to perform the core functions of the job. Impairments excluded from this definition include an impairment that is easily controlled, lessened or corrected.

One of the disabilities recorded in the database was Latex allergy, which is only infrequently observed outside the hospital environment. This type of disability is not specifically included in the Employment

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Equity Act,³ or the TAG,¹⁶ as it is easily controlled, and therefore has few limiting factors. However, scrub nurses wear gloves all the time and in their case Latex disability would have significant impact on an employee's ability to perform an essential part of the job. If Latex allergies are not specifically considered a disability, the Company is not required to provide accommodation to a scrub nurse by the way of non-Latex gloves (at an increased cost), or allocating the employee to a different department where the core duties do not include constant wearing of gloves. In this instance therefore it is recommended that Latex allergy be considered a disability.

Attention deficit disorder was also recorded as a disability on the Company database. Once again it is important to consider the condition in terms of whether all three aspects of the definition apply. A person on well-controlled medication who performs well, and whose condition does not affect his/her performance, access to other jobs within the Company or progression in the Company, would, by definition, not qualify as a person with a disability. The same reasoning applies for the employees with hypertension and astigmatism who are also included in the database.

Learning difficulties, which often include perceptual difficulties, reading and spelling challenges, etc. would only be considered a disability if they affected the employee's ability to perform the core functions of the job, and opportunity for progression in the Company.

It is also important to acknowledge that some disability present only episodically with symptoms, e.g. someone with bi-polar affective disorder who is well managed on medication (and therefore not presenting with a disability), who would only occasionally require accommodation and support when the person becomes symptomatic.

Other examples of exclusions include wearing glasses and contact lenses; only if the person's sight is still severely limited even with glasses/contact lenses can it be considered as a disability.

The second category of excluded impairments are so-called "public policy exclusions". These include sexual behaviour disorders that are against public policy; self-imposed body adornments such as tattoos and body piercings; compulsive gambling; the tendency to steal and light fires; disorders that affect a person's mental or physical state caused by drugs or alcohol (unless the person is enrolled in a recognised programme of treatment) and normal deviations in height, weight, strength, conventional physical characteristics and common personality traits).¹⁶

It is also important to note that a person may present with a disability in one position, but not in another,¹³⁰ particularly when someone who is unable to work in an active position is moved to a more sedentary position where he/she is able to perform the core functions of the job perfectly well.

Each employee's disability will have to be verified based on the definition of disability according to the Act. However, just because an employee does not qualify as a person with a disability under the definition of the Act, does not imply that the employee would not need accommodation, such as special gloves for a Latex allergy, or a quiet, less distracting work environment for an employee with attention deficit disorder.

5.2.2.3 Job profiles

Education, especially the number of years of study, has been highlighted by many authors as a facilitator to employment.^{13,14,119,123} Most (78%) Company employees with disabilities had at least a matric qualification, vastly different to the general population of persons with disabilities.^{79,33} African persons with disabilities historically have had less access to schooling than other races, which could explain the smaller number of African persons with disabilities in employment in the Company, compared to other ethnic groups. Increasing employment for African persons with disabilities would require a special effort, by identifying suitable candidates and providing additional training or other educational support before he/she would be able to perform all the tasks required for a particular position. Career advancement for African Company employees with disabilities would require very specific focus for up-skilling and training.

The largest proportion of Company employees with disabilities worked in reception or administrative positions (Figure 4-8); this is approximately 11% more than the Company population. In the skilled technical/academic qualified category (which includes qualified nursing staff) representation was 10% lower than the Company population. Only five employees (13%) were actively working in nursing positions and a further nine (23%) in nursing-related positions, which is low considering that the nursing complement constitutes approximately 67% of the entire workforce. It is possible that a number of employees on the database who could not be reached telephonically fell into this nursing category, and therefore the representation of nurses with disabilities might be skewed.

There are unfortunately no data available in the literature to compare the number of Company employees with disabilities in the nursing profession to information obtained in this study. The notion, as indicated in the literature, that disability is still seen through a medicalised model,^{144,145} and that nursing professionals in particular do not consider other nurses with disabilities as valuable contributors to their work environment should also be considered in this Company.

Clinical nursing is fast-paced, stressful and physical in nature, which would exclude people with a variety of disabilities such as significant mobility impairment and significant stress and anxiety disorders. However, there are a number of aspects of nursing that do not fall into this category, such as patient education, engaging with family members, routine medication rounds, developing nursing care plans, checking emergency equipment and reviewing intake, outputs and vital signs of patients. In addition, there are a range of administrative duties such as incident investigations, quality data collection such as slips and falls, medication errors and infection control data, mentoring and training, compiling staff duty rosters and general administration. These duties could be performed by someone with a mobility impairment, acquired disability such as lower back pain or depression and anxiety impairment. Employing a professional nurse for these tasks would allow the individual to contribute fully to the care of the patient, using the skills required and enabling the rest of the nursing team to provide physical care of patients, which would also comply to the TAG. Implementing this recommendation would require a shift in attitudes from managers and team members, and re-visiting job descriptions and core functions of nursing positions. Sensitisation of nursing teams would be required to prevent poor attitudes and discrimination by uninformed members of the teams.

Six employees worked as switchboard operators, and considering the relatively high number of visually impaired Company employees with disabilities, it is easy to assume that these employees were switchboard operators. This was not the case, as visually impaired employees were employed as maintenance-, pharmacy- and store assistants, and the switchboard positions were filled by employees with spina bifida, polio, wheelchair user, hypertension and an undisclosed disability. This again reminds us of the importance of moving away from stereotypes and assuming that people with certain disabilities can only work in certain positions.

Employees with disabilities felt that they contributed to the Company by performing their jobs as well as non-disabled persons, and that they did not get special treatment from their managers. Managers and employees stressed the importance of appropriate placement of the employee with the disability in a position where the employee can deliver work outputs (but not necessarily the same tasks) similar to those of non-disabled people. The challenge is to match an employee with a particular disability to a specific job. This is not easily accomplished, and recruitment and placement will have to be done on an individual basis, and with the support of appropriately trained and experienced disability specialists.¹¹⁷

5.2.2.4 Participation rate

The participation rate (37%) of Company employees with disabilities was undoubtedly affected by the researcher not being able to make personal contact with all employees, and therefore making use of indirect methods such as telephonic contact, communication via their managers or via electronic mail. Some employees, possibly including employees with non-visible disabilities, chose not to participate in the study. Thirdly, employees who were less satisfied in their work environment could have chosen not to participate.

The lowest participation rate was from African females (19%), which could have influenced results (Figure 4-1). The reason for this low participation by African females is not clearly understood. It is recommended that further studies specifically target this ethnic group for further information.

5.2.3 Transport

The ability to be able to drive independently has been shown as a specific facilitator in accessing employment,^{13,14,120} and it seems to be true in this study as well. The public transport system in South Africa does not comply with universal access principles and continues to marginalise persons with disabilities, even though hosting the World Soccer Cup tournament in 2010 contributed greatly to the improvement of transport in cities, especially for wheelchair users.

Although the Company does not provide transport for any of its employees, transport has a significant impact on employees' ability to get to work on time and might be an important accommodation factor to consider, including flexible working hours. This would be especially relevant to the study group, considering that 19 employees had a physical disability, and one had epilepsy, many of whom could have had difficulty with transport. A possible solution for employees with physical impairments based

at the Head Office would be to use the Gautrain, as Company transport is available from the Gautrain station to the Company Head Office.

One employee specifically mentioned discrimination experienced by wheelchair users accessing taxi transport. It is hoped that improvement in the public transport system, as promised in the National Development Plan 2030,⁶⁶ will reduce this barrier in future.

5.2.4 Accommodation in the workplace

Article 5 of the United Nations Convention on the Rights of Persons with disabilities⁴ reminds us that everyone should be treated equally and in a non-discriminatory fashion. Accommodation in the workplace is essential to prevent loss of employees to early retirement due to disability, and also litigation.¹³⁰

Only 42% of employees required accommodation in the workplace, none of which was expensive, as also suggested in the literature.^{127,141} Eighteen per cent of these employees felt their needs have not been met. Although this seems fairly low, all accommodation requirements should be met, and it is the employee's right to have accommodation requirements attended to. The employer is responsible to provide the accommodation, within reason.

5.2.4.1 Recruitment and employment

It appears that the bigger challenge to the Company is access into the Company by persons with disabilities, rather than dealing with a CEWD after appointment. Both managers and Company employees with disabilities believed there was not enough engagement with disability organisations and, especially, employment agencies focusing on placing persons with disabilities, to attract persons with disabilities to apply for positions. Employees and managers did not see advertising positions to persons with disabilities as effective, and did not believe that marketing the Company as an "equal opportunity company" was clear and unambiguous enough to encourage persons with disabilities to apply for positions.

The TAG¹⁶ outline accommodation requirements for advertising and the job application process, including interviews, and the employer's responsibility with regard to these. The guidelines are also supported in the literature.^{28,117,130,134,136}

The facts that only 35% of managers have ever interviewed a person with a disability, and most managers admitting they lack knowledge on the Employment Equity Act and recruitment processes that accommodate persons with disabilities, highlights additional reasons for the low disability figures.

Company employees with disabilities felt that they contributed as much as other employees to the workplace, and that they were as capable of performing the work. They believed that they have earned the right to be part of the teams they were working with. Employees also did not believe that they received any special privileges or treatment not related to accommodation for their disabilities. The "tragedy" approach to employment was not evident, and no CEWD or manager believed that persons with disabilities were employed by the Company as tokenism or to comply with employment

Chapter 5: Discussion

equity targets, which, if true, they would have perceived as discriminatory if employees were not suitable for the positions that they were placed in.

Most managers indicated they were willing to re-employ the CEWD they managed, indicating the working environment is supportive of employees with disabilities in place, and that the bigger problem seems accessing employment in the first place.

The reasons for not being willing to re-employ the CEWD were mostly due to a lack of sensitisation of the rest of team and lack of appropriate accommodation. These resulted in poor working relationships in the team, which may have been avoided if sensitisation was done as recommended by the TAG. One manager admitted to lacking knowledge regarding performance management, highlighting the need for training of managers specifically in this process. It is not clear if human resources managers have the necessary knowledge and skills to ensure line managers have appropriate support for managing issues of poor performance by, and industrial relations to, employees with disabilities. Alternatively, a person with expert skills must be contracted to assist.

Managers identified benefits of employing persons with disabilities including the positive impact on the rest of the team, good performance by Company employees with disabilities, benefits to the employee itself, and the positive attitude of the manager. This is supported by findings of a previous study, where an experiential learnership programme was introduced at one site in the Company¹⁵⁰ Managers involved in that study indicated that exposure to persons with disabilities provided opportunities for team members to interact with them, improved management attitudes to persons with disabilities in general, and their employment in the Company specifically. The success of the project was due to the implementation of competency-based interviewing, appropriate placement and sensitisation of teams. The implementation of such a programme throughout the Company could have far-reaching benefits.

Progression and career development were highlighted by managers and Company employees with disabilities as areas that were lacking. Awareness of the “glass ceiling”, mentioned by Smith,¹²⁷ is essential to ensure a CEWD has every opportunity to progress and development. Access to training was mentioned by two employees as incentives to remain with the Company. Employees should be actively engaged in planning their own career development.

5.2.4.2 Physical Accessibility

Contravention of the Code of Good Practice or regulations of the South African Bureau of Standards; or failing to eliminate obstacles that unfairly limit or restrict persons with disabilities from enjoying equal opportunities; or failing to take steps to reasonably accommodate the needs of persons with disabilities all constitute discrimination.⁶⁵

Whilst there was an example of a manager going out of his way by making a ramp onto scaffolding for a wheelchair user, the opposite was also found: an employee occasionally had no choice but to use inaccessible toilet facilities when an accessible toilet was not available. This disregard for the person

and violation of her human right to dignity indicates that accommodation is often guided by immediate managers, and not necessarily because of legal requirements.

Regarding accessibility in the workplace, it must be remembered that many of the Company hospitals were built years ago, making it structurally difficult to provide access to all areas. The Company follows national building regulations and complies with all regulatory requirements of the Department of Health, but has not formally adopted the universal access and design principles¹⁴² for all new projects; but this should be considered.

5.2.4.3 Access to assistive devices and adaptive equipment

Increased mobility creates opportunity for education and work, and although none of the Company employees with disabilities expanded on reasons for identifying access to equipment as a barrier, this problem resonates with the World Health Organisation statement that the mobility needs of persons with disabilities have not been met, particularly in less resourced countries.¹⁶⁷ The National Rehabilitation Policy also highlights the importance of mobility and aims to facilitate resources, including for assistive devices.¹⁶⁸ Both the TAG¹⁶ and the Code of Good Practice⁶⁵ provide information to employers regarding provision of assistive devices in the work place as reasonable accommodation measures. Accommodation therefore should not negatively influence employment.

One employee admitted that insisting on a more suitable chair, she was confronted by her disability, something she did not particularly want to do.

The fact that access to equipment remained a barrier for Company employees with disabilities in spite of policies being in place confirms that challenges continue with regarding implementation and compliance monitoring.

5.2.5 Evacuation processes

Whilst it was not clear whether employees who did not receive information around special evacuation procedures actually required it, the issue of the need for ensuring safe evacuation of all employees was highlighted. This is particularly important for employees with hearing impairments who might not be able to hear fire alarms, visually impaired employees who might have difficulty in finding their way out of buildings when visibility is affected, and employees with physical impairments who would require physical assistance when the normal accessibility routes, e.g. via lifts, are not available.

Ensuring the safety of all employees should be a priority by ensuring that everyone is informed adequately about evacuation procedures.

5.2.6 Opportunity to participate

Participation in education, employment, sport and leisure is guaranteed under the United Nations Convention on the Rights of Persons with Disabilities⁴ under article 24 (education), article 27 (work and employment) and article 30 (participation in cultural life, recreation, leisure and sport). Even

though participating Company employees with disabilities all reported above 70% opportunity, consideration should be given to that portion of employees who did not enjoy access.

5.3 Environmental barriers

It is well documented in the literature review (Chapter 2.7, pages 29-35) that reasons for the low employment rate of persons with disabilities are the actual disability itself, and the environmental barriers that limit access to employment in general. These include factors such as limited access to transport, physical design and layout challenges in the environment, inappropriate surroundings, unaccommodating policies, and attitudes and stereotypes.

In this study, 87% of Company employees with disabilities identified at least one barrier in one domain, and 57% reported at least one barrier in four or five domains. This is very similar to a study conducted in an amputee cohort¹¹⁸ where the CHIEF was also used as the measuring tool. In this study, the first three domains identified by Company employees with disabilities were of statistical significance, both in frequency and magnitude. Therefore, the hypothesis that Company employees with disabilities experience environmental barriers should be accepted.

Domain 2 was of significance to managers, both in frequency and magnitude. Managers did not comment on home- or community-related barriers, and therefore the domains identified by managers and Company employees with disabilities cannot be directly compared to each other.

When specific barriers are considered, both managers and employees identified transport, surroundings and work attitudes in the top six barriers; these findings are supported in the literature as important barriers. Other barriers indicated by managers, which were not on the “top five” list of the responding Company employees with disabilities, included access to information, access to education and training and work design and layout. These last three barriers deal with responsibilities that managers have in providing training and a suitable workplace, which could be the reason they prioritised these aspects. Employees with disabilities rated access to equipment as the fourth highest priority, whilst managers indicated the lack of equipment, the need for adaptation to the workplace and the associated cost as a barrier to employment, which might indicate a reason for poor uptake of new Company employees with disabilities in the Company in the first place.

Access to information was rated by managers as the highest perceived barrier, which was possibly due to the fact that Braille was specifically mentioned in the question and also because Braille was used not used routinely as part of signage and directions in the Company.

Employees indicated surroundings as the most important barrier of all and the natural environment as the fifth most important barrier. Unfortunately and unexpectedly, no further clarification was given to help understanding this phenomenon. It can be surmised that the answers related to the specificity of the impairment groups of respondents in the study, where lighting and terrain issues are specifically important to visually impaired employees and those with certain physical impairments; and noise and

crowd issues for the hearing-impaired group. Managers indicated surroundings as the fifth most important barrier, and the natural environment only in eighth place.

Employees with disabilities put work design and layout in 14th position out of a possible 25 barriers, whilst managers rated this barrier as the fourth most important. The reasons for this discrepancy might be that most of the accommodation needs in setting up appropriate workplaces have been met for current employees. Managers on the other hand identified this barrier due to the implication of preventing access to employment and the issue of cost in adapting workspace was again highlighted. Managers are also tasked with future thinking and planning, so work design and layout issues would become policy and budget issues for managers.

Poor attitudes at work were rated by Company employees with disabilities as the second biggest barrier they experienced. Managers also highlighted poor attitudes were limiting access into employment in the Company. This indicates that the Company and its employees have not yet fully embraced and internalised the fact that persons with disabilities are able to contribute to the Company as valuable employees.

This study has provided insight into the environmental barriers experienced by CEWD from both their perspective and that of managers. Certain barriers were rated more important than others, and the Company should take the cues from this when prioritising barriers to be addressed.

The biggest barrier to be addressed as a matter of urgency is work attitudes, including attitudes by managers regarding the value of CEWD, the role of Company employees with disabilities in teams and the benefits of having an employee with disabilities as part of the workforce. Team members should also have training and sensitisation training when new employee with disabilities join the team. Convincing the nursing managers to consider employing employee with disabilities into clinical nursing teams will require very specific engagement at all levels, and will require input from managers who are already successfully employing employee with disabilities in the clinical field. If attitudes are not sensitively addressed at all levels, a strategy to improve the employment of persons with disabilities will not succeed.

As mentioned before and although transport is not specifically provided by the Company to its employees in general, the provision of accessible transport for employees with disabilities might just assist in opening opportunities to more employees with disabilities who might currently be stranded or rely on unreliable or expensive private or public transport.

Barriers of access to equipment, layout and design and access to information could be addressed by allocating funds dedicated to providing accommodation in the workplace.

5.4 Knowledge, attitudes, beliefs and practices

5.4.1 Knowledge

The fact that only 7 out of 10 managers have read the Employment Equity Act, and that at least 5 out of 10 managers indicated they needed more information about the Act shows a gap that should be addressed as part of the strategy to increase employment of persons with disabilities. A trend emerged (even though statistically inconclusive) that managers felt a need for more knowledge on recruitment practices and performance management of employees with disabilities. It had already emerged that when managers are unable to effectively manage an employee with a disability, it could result in the manager feeling trapped and unsupported; and teams becoming resentful towards a CEWD. The issue of whether the various human resources personnel feel capable of assisting managers was not explored as part of this study.

Specific training in this regard is currently not offered by the Company, and external training might be required if there is not sufficient knowledge and skills in the Company itself.

5.4.2 Attitudes

Poor attitudes in the workplace were identified as one of the major barriers in the Company. Poor attitudes, on the part of both potential employers and employees, as barriers to employment are well documented.^{132,143} Cultural intolerance was mentioned by one manager, which would require further exploration in the Company.

What was very positive was the perception of managers that the environment plays a big role in the way that disability is experienced, which indicates at least a mind shift towards the social model of understanding disability. There is an urgent need to address the attitudes of everyone in the Company regarding disability and the benefits of having employees with disabilities as part of a team. Diversity training should include specific content on disability. It is recommended that this training is done by experts in the field. Managers and employees with positive experiences and attitudes could influence further employment initiatives within the Company, and should be utilised for championing employment initiatives and training on attitudes.

Employees identified attitudes in the workplace as the second most important barrier, and rated it as a “big” problem. Managers rated poor attitudes as the sixth most important barrier. This study involved managers who were already managing Company employees with disabilities. They generally showed positive attitudes towards persons with disabilities and 81% were willing to re-employ the CEWD they were managing. Managers indicated that poor attitudes at work could be linked to a lack of knowledge regarding disability (and ability) in general, and that people feel uncomfortable in the presence of a person with a disability. There were also concerns around decreased productivity and the negative effect that “special treatment” might have on other employees in the same department. There also

seemed to be a general perception that all disability is somehow linked to physical impairment, which would limit all persons with disabilities working in a physically demanding work environment.

Although none of the managers subscribed to the “tragedy” attitude, they believed that it prevailed in the Company where pity is shown to the person with a disability, rather than acknowledging the fact that the employee is as valuable as other employees, and just “happens to have a disability.”²⁶ Although literature¹⁴⁴ specifically points to discrimination that nurses with disabilities experience in the healthcare sector, the notion that the Company and in particular nursing departments, was not suitable to the employment of persons with disabilities is not clearly understood and the dynamics involved require further investigation. The challenge for the Company is to engage with all role players to get buy-in and cooperation to move forward with such an initiative.

5.4.3 Beliefs

There was an interesting dynamic between Company employees with disabilities, who believed they were no different to able-bodied employees and as capable of performing their job as anyone else, and managers, who, whilst believing that persons with disabilities were no different to anyone else, did not believe their jobs could be done by someone who was deaf, blind or in a wheelchair. This requires further clarification, as it could be related to the actual question or the nature of the managers’ jobs that could have precluded people with these impairments from accessing the job in the first instance. Managers did however believe that persons with disabilities were as capable as people without disabilities. Managers did not believe that having an employee with a disability would increase the workload on others; however, this was contradicted when the same issue was raised as a reason for non-employment in the rest of the study. A previous study conducted in the Company¹⁵⁰ indicated that sensitisation training helped to improve attitudes regarding disability.

5.8.4 Employment practices

The employment of persons with disabilities is complex and multi-faceted. This is also true in the healthcare environment and the Company. Currently, the Company equity plan includes all designated groups under one umbrella and has no defined, specific strategy for the employment of persons with disabilities. Visible leadership is important when trying to introduce a minority group into the corporate culture.¹³⁴ The Company has not linked performance rating of senior managers to disability targets, as is the case currently for race equity targets.

Persons with disabilities are less likely than others to look for employment,¹³⁵ resulting in 73% of all persons with disabilities considering themselves as unemployed and not looking for work.⁷ Strategies around attracting persons with disabilities would require greater effort on the part of the Company, through more effective communication regarding available positions, engaging with disability organisations and providing accommodation around the recruitment process.¹³⁰

A paradigm shift is required on how persons with disabilities are viewed by others in the Company. There is work to be done to address this by, as Silver and Koopman suggested,¹³⁴ including an action

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team to drive the process, support from human resources departments, and linking with external disability associations, as well as incentivising managers who do employ persons with disabilities.

5.9 Chapter summary

This chapter discussed the aims and objectives based on findings of the study. The Company has fared reasonably well in reaching employment equity targets for 2011, although greater emphasis is required on a strategy for the employment of persons with disabilities.

Factors affecting employment were discussed, including limited access into employment because of discriminatory practices around advertising, recruitment, interviewing and attitude barriers.

Environmental barriers, as identified by Company employees with disabilities, included issues related to surroundings, attitudes at work, transport, access to equipment and other assistive devices, as well as the natural environment, with domains 1-3 being the most significant. Managers identified barriers in domain 2 (services and assistance) as the most significant. Barriers identified by both managers and Company employees with disabilities, and identified as highly important, included transport, attitudes at work and surroundings.

Knowledge, attitudes, beliefs and practices were discussed, inconsistencies identified and issues regarding employment practices were highlighted.

The next chapter will conclude the study, and will include recommendations and also outline limitations to the study.

CHAPTER 6: CONCLUSION AND RECOMMENDATIONS

6.1 Introduction

This chapter concludes the study and includes recommendations arising from the findings to all relevant stakeholders, including the Company, persons with disabilities, rehabilitation professionals and policy makers.

6.2 Conclusion

Employment of persons with disabilities is complex and multi-faceted in general, which is also true in the healthcare environment.

Whilst employers have the right to an appropriate workforce, persons with disabilities can justifiably be part of that group. However it is not easy to integrate a minority into a dominant corporate culture, and if not done properly, could have negative repercussions for morale and cohesion within the culture. A paradigm shift is required to pursue and promote the human capital of persons with disabilities, and acknowledge them as equal contributors to the diversity of the Company.

Although there has been a steady increase in the number of persons with disabilities in the Company, there is a relative lack of focus and leadership regarding a strategy for promoting disabled employment equity in the Company.

The Company's disability data is scant, with very few employees disclosing their actual disability; nor has the disability status of individual employees been verified. There is an impression that disability is under-reported, particularly mental health disabilities.

Access into the Company is limited for persons with disabilities due to a lack of external visibility of the Company, reluctance to source persons with disabilities specifically, and limited engagement with external disability organisations. Managers do not have sufficient knowledge of recruitment processes and related accommodation for recruitment of persons with disabilities. Experiential learnerships offer opportunities to persons with disabilities to gain work experience, and to managers and other staff to be exposed to persons with disabilities in the workplace. The reasons for the low employment rate of persons with disabilities in the nursing environment are not clearly understood, and require further investigation.

Company employees with disabilities experienced significant environmental barriers, which included barriers directly related to the work environment. Managers and Company employees with disabilities agreed that the primary barriers experienced at work are attitudes encountered, transport and surroundings. Employees felt that the natural environment and access to equipment and other assistive devices were also important. Managers indicated accessibility as a precursor for employment, and the importance of training and access to information as secondary barriers. Therefore, the hypothesis that environmental barriers exist in the Company can be accepted.

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It is now up to the Company to devise strategies to address the primary barriers, the greatest of which appears to be discriminatory attitudes of the workforce towards the employment of persons with disabilities.

Both managers and employees indicated there was a need for development opportunities and succession planning.

Rehabilitation professionals have a responsibility towards their clients to ensure that persons with disabilities reach their optimal potential in preparation for accessing work.

Policy makers should address the need for a good transport infrastructure and access to vocational rehabilitation.

6.3 Recommendations

6.3.1 Disability equity framework

In the absence of a clear policy on disability employment equity, it is recommended that the Company consider adopting the framework detailed in Figure 6.1 (next page):

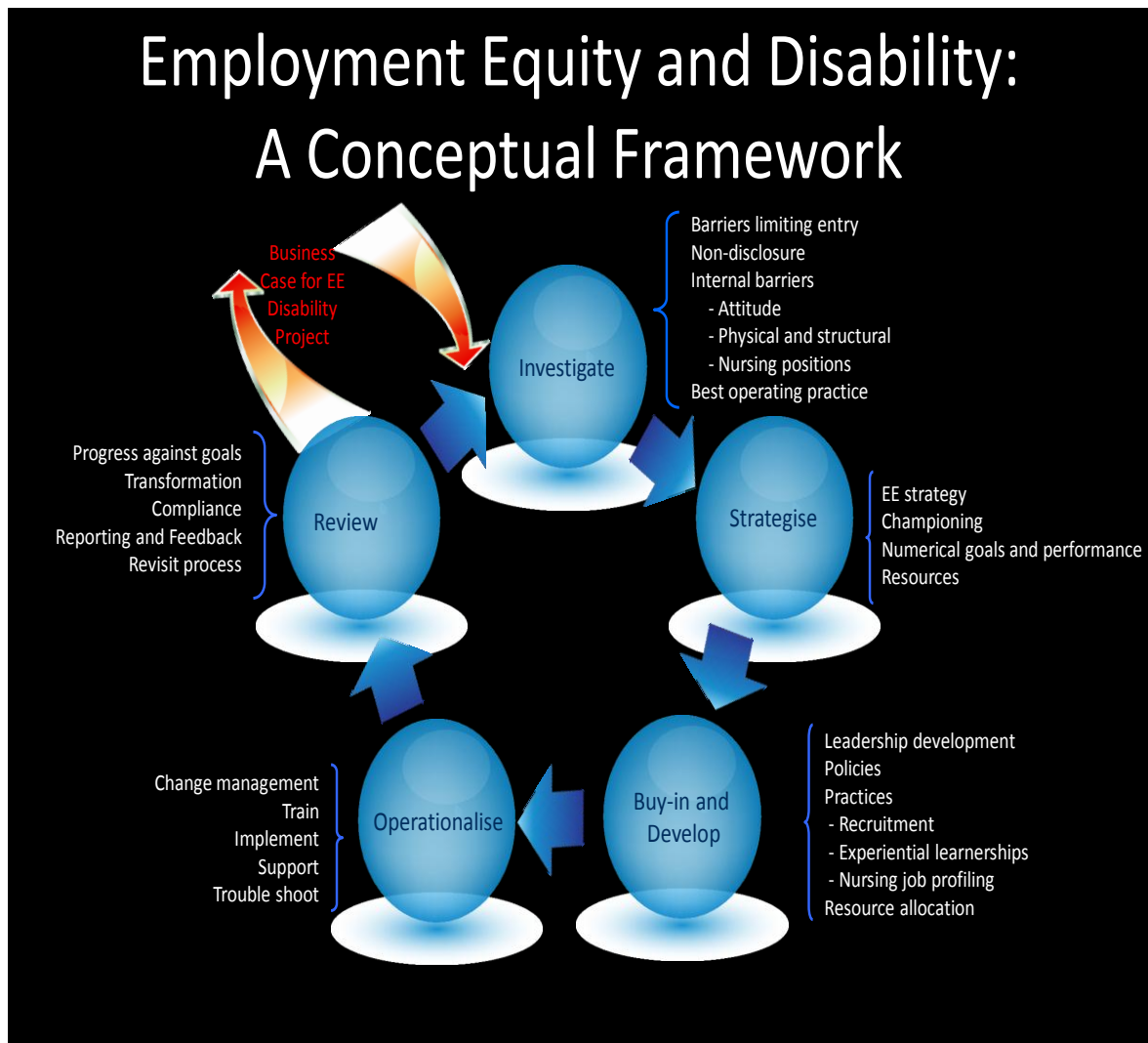


Figure 6-1 Disability equity conceptual framework

Chapter 6: Conclusion and Recommendations

6.3.1.1 Phase 1: Investigation

Barriers limiting entry into employment

Although this study was a good start in obtaining base-line information on disability employment trends within the Company, it is important that Company employees with disabilities who were previously not contactable are offered the opportunity to provide input. Job seekers and disability organisations could also provide content to reasons for low participation in accessing employment.

This study only investigated attitudes of managers who are already employing and managing persons with disabilities; however attitudes of other managers and their attitude towards the employment of persons with disabilities should be assessed.

Non-disclosure

Improving the integrity of the data on Company employees with disabilities is of utmost importance to understand the issues of all Company employees with disabilities. Special effort should be made by the Human Resources Policy Development Department to investigate reasons for non-disclosure of employees' disability status. Specific effort should also be made to understand the extent of mental disability in the Company.

Internal barriers

Attitudes of peers, especially their understanding of accommodation provided to Company employees with disabilities, should be investigated to understand reasons for possible resentment regarding perceived "special treatment" given to Company employees with disabilities.

Best practices should be obtained from managers who are successfully employing persons with disabilities to guide the final employment model. Both managers and Company employees with disabilities would not only contribute with their knowledge, but could also play an important role as consultants and provide visible leadership in making the paradigm shift in attitudes.

Employees currently employed by the Company can contribute greatly to identifying current barriers, as this study has proven, and more employees should be approached to get richer data from a larger variety of impairment groups.

Given the dominance of nursing in the Company workforce, it is of primary importance is to understand the reasons for the low employment rates of persons with disabilities in nursing positions; it is also important to investigate whether adopting other nursing models would increase opportunities within the Company for persons with disabilities.

The cost and extent of accommodations required should be investigated, to quantify resources required for accommodation with regard to accessibility, equipment and other assistive devices.

6.3.1.2 Phase 2: Employment strategy

Employment equity strategy

Based on the information obtained during the study and root-cause analyses, the Human Resources Department should propose a strategy by the beginning of the next Employment Equity cycle (March 2013), which outlines the process with regards to leadership responsibilities, priority issues to be dealt with in the short and medium terms, and outputs and targets to be achieved within the time frame.

Championing

The literature was clear that apart from having buy-in and involvement at the top level of the Company, a champion who is committed to the case and is equipped with appropriate experience and knowledge should be empowered to drive the process. Expertise regarding reasonable accommodation needs and disability equity issues will be required.

Numerical targets

These are essential to understand timeline and resources required.

Resources

The cost of accommodation was raised as one of the deterrents to access. It is suggested that accommodation requirements are quantified and ring-fenced to ensure easy access to funds.

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6.3.1.3 Phase 3: Buy-in and development

Leadership development

The implementation of an employment plan for disability will require visible leadership from key members, including executive management, regional and local hospital managers, human resources departments and disability representatives to ensure buy-in and insight into related issues.

Policies

Once agreement has been reached regarding strategy and focus areas, these need to be spelled out.

Processes

Agreement is to be reached on best practices as a pre-requisite for the development of processes:

- Recruitment: develop processes for advertising, recruitment, interview format, assessment of skills and accommodation required;
- Experiential learning: agree on the implementation process including stipend for candidates, sourcing of employment agencies, approval of contracts, budgeting, identifying opportunities, review, etc.;
- Nursing profiling: make recommendations regarding how nursing practice could accommodate skills of persons with disabilities.

Resource allocation

Budgeting is essential to ensure the success of the project.

6.3.1.4 Phase 4: Operationalise

Change management

Communication regarding purpose, goals and benefits are essential to get buy-in and enthusiasm from teams. Appropriate training is required for managers regarding the legal implications, recruitment process and performance management of persons with disabilities. Implementation must be carefully monitored by the Human Resources Systems and Policy Manager with the correct amount of support from experts to ensure positive outcomes.

6.3.1.5 Phase 5: Review

Review of progress made against goals and compliance to the programme must be included, to make decisions regarding the value and success of the programme. Regular feedback to all staff is essential to maintain momentum and renew commitment.

6.3.2 Specific recommendations to the Company

6.3.2.1 Company strategy

- a. A framework for disability employment is essential to ensure appropriate focus on the process
- b. A dedicated person with appropriate knowledge and skill regarding disability issues is required to champion and own the process
- c. Managers who are already successfully employing a person with a disability should be engaged to identify best operating practices
- d. Disability employment should be linked to performance for senior and top management
- e. Support must be offered to Company employees with disabilities, possibly with the introduction of a support group
- f. Representation of an employee with a disability on the Employment Equity Forum is essential
- g. Stretch targets should be set and incentives for reaching targets should be explored.

6.3.2.2 Recruitment

- a. Employees with disabilities must be specifically recruited via employment agencies specialising in disability
- b. Contact should be made with disability organisations to ensure that effective advertising is in place
- c. Accommodation requirements pre-employment must be clearly understood and implemented
- d. Competency-based interviews should be introduced and managers trained on how to conduct such interviews. Managers will require support from Human Resources Departments
- e. Bursaries should be considered for promising students with disabilities
- f. Experiential learnerships should be introduced throughout the business as an effective way of providing work experience for employees with disabilities; exposure to managers to conduct interviews and in performance management; and to peers to engage with persons with disabilities in the workplace.

6.3.2.3 Disclosure of disabilities

- a. Integrity of disability data should be improved
- b. Employees should be educated about the value of registering as an employee with a disability, as well as disclosing their actual disability
- c. Managers must be guided about how to engage with employees with suspected disability and encourage disclosure
- d. Disabilities must be verified.

6.3.2.4 Attitudes and knowledge

- a. The root causes of poor attitudes and lack of knowledge should be explored and training to address these attitudes should be implemented for all employees
- b. Profiling of positions should be done to identify the core functions of all positions, to assist managers in assessing which candidate would be most suitable for a vacant position
- c. The potential for introducing more persons with disabilities into nursing positions should be explored, including reviewing nursing processes to accommodate employees with disabilities, or adopting alternative nursing models
- d. The Company and its employees should learn from the experiences of persons with disabilities.

6.3.2.5 Reasonable accommodation

- a. Experts should be used to assist with reasonable accommodation; therapists from rehabilitation units could fulfil these tasks
- b. A dedicated budget should be ring-fenced to provide for accommodation costs
- c. Transport needs should be accommodated as far as possible, including flexible work hours
- d. Employees who acquire disabilities whilst employed by Company should be accommodated as far as possible to retain Company employees with disabilities to recover the cost of hiring, induction and training already invested, including flexible hours and other accommodation requirements. A disability expert should be consulted to assist with recommendation regarding accommodating employees, as well as the provision of vocational rehabilitation programmes
- e. Universal access and design should be implemented for all new building projects
- f. All Company employees with disabilities should receive specific guidance with regard to evacuation procedures by the department safety representative
- g. Awareness of the effect of the natural environment and surroundings must be increased
- h. Sensitisation for team members should be implemented as a norm by appropriately experienced and trained employees, preferably a therapist and/or human resources representative
- i. Braille directions in lifts and public places should be implemented.

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6.3.2.6 Succession planning and training opportunities

- a. Company employees with disabilities should have a specific, tailor made individual development plan taking into consideration further development opportunities with the disability in mind, special training required as well as accommodation requirements, which should be discussed annually with his/her manager
- b. Clear understanding is required by line managers regarding the succession of the employee with the disability to provide a career path.

6.3.2.7 Public relations

- a. Successful stories and best practice must be externally communicated to the public via the marketing department
- b. Include appropriate disability content in marketing material
- c. Disability figures must be included in the Company Annual Report.

6.3.3 Persons with disabilities

6.3.3.1 Internal

- a. Employees with disabilities should strongly consider disclosing their disabilities to their manager and also ensure that the disability is registered on the Company database
- b. Employees with disabilities must understand their rights and responsibilities
- c. Employees must indicate their accommodation requirements and should continue to lobby for accommodation needs
- d. Employees with disabilities must make the effort to educate team members regarding their accommodation needs, and consider the needs of non-disabled employees

6.3.3.2 External

- a. Persons with disabilities should continue to access training to equip themselves for work, including computer training
- b. Persons with disabilities should continue to look for work and register with employment agencies
- c. Preparation for interviews is essential, including a game plan for disclosure of non-visible disabilities.

6.3.4 Rehabilitation professionals

Rehabilitation should include

- a. Addressing enablers for employment, including continence, independent mobility and functioning
- b. Ensuring access to appropriate assistive devices is essential for successful return to work
- c. Engaging with pre-morbid employer to facilitate return to work, as employment with the pre-morbid employer is the best chance a patient has to return to work
- d. Adapted driving should be included in rehabilitation programmes
- e. Vocational rehabilitation in the post-acute period of rehabilitation is essential
- f. Continued lobbying on behalf of persons with disabilities to ensure that policies are implemented at grassroots level
- g. Support for Community Based Rehabilitation Philosophy.

6.3.5 External role players and customers

Best practice should be shared with other healthcare institutions, including private companies and public healthcare departments.

6.3.6 Policy makers

- a. Continued efforts are required to protect the rights of persons with disabilities with regards to their human rights and protection under the law
- b. Addressing transport needs for persons with disabilities is essential, including accessibility of public transport.

6.3.7 Findings of the study

Findings of the study should be disseminated internally (company executive and senior management) and externally (academic presentations, peer reviewed literature, etc.)

6.4 Limitations of the study

The response rate of employees with disabilities was sub-optimal, with a 37% return of questionnaires. Factors to consider include possible non-participation by employees with non-visible or stigmatised disabilities; the difficulty in contacting all employees who were shift workers and were moved to other departments on a regular basis; and that not all managers were aware of employees' disabilities. It is possible that only employees who were satisfied with their current employment situation participated and that employees who were less satisfied did not participate.

Three large impairment groups made up 75% of the total number of employees who participated in the study. Results should be interpreted with caution for groups other than those with physical-, visual- or hearing impairments.

The low disclosure rate and participation rate by employees with mental impairments affected the richness of the findings.

Only managers who were managing an employee with a disability were included in this study. Therefore it does not include data on the opinion of managers who have not had first-hand experience with employees with disabilities.

The study only relates to employees currently employed by the Company, and does not include corroborative data from ex-employees, unemployed persons with disabilities or persons with disabilities who were employed by other companies.

The study was conducted at one private healthcare company, and the results might not reflect the situation in other private healthcare companies, or the public healthcare sector.

Researcher bias might have played a role during the study as the researcher was employed by the Company, and could have influenced the truthfulness of responses from managers and Company employees with disabilities.

6.5 Strengths of the study

The fact that this study was conducted in the healthcare arena should create awareness of disability employment issues in this sector. Data was gathered from various sites, and from Company employees with disabilities as well as their managers, and therefore provided rich content. Opportunity was created to identify best practice on the employment of persons with disability, based on feedback from employees and managers directly involved.

The study included both quantitative as well as qualitative components; and therefore it was possible to identify barriers that were of high importance. The conceptual framework that was developed as a result of the information gathered, provided the Company with a concrete plan on how to prioritise and address issues of primary concern.

There was opportunity to get specific information from nurses who make up a large proportion of the workforce, and therefore there is also opportunity to review of nursing tasks and nursing processes. Addressing issues pertaining to nursing would influence a large proportion of the entire Company population.

Some of the issues identified in this particular healthcare company, could also be transferable to other healthcare environments, including the private and public sectors and could provide guidance for gathering information, as well as to develop their own plan for implementation.

6.6 Further research

As this study only provided base-line information on the employment of persons with disabilities, further research is recommended:

- a. Investigate the potential for accommodating persons with disabilities in clinical nursing positions
- b. Investigate attitudes of managers and peers working with an employee with a disability versus those who are not exposed to employees with disabilities
- c. Projected cost of reasonable accommodation required for each newly appointed employee with a disability
- d. Understanding of managers regarding the accommodation needs of employees with disabilities
- e. Productivity and efficiency of an employee with a disability versus a non-disabled employee
- f. Identification of environmental barriers per impairment/disability group
- g. Public perception of the Company as a result of the employment of persons with disabilities
- h. Attrition and sick leave requirements of employees with disabilities compared to non-disabled employees
- i. Value of vocational rehabilitation and supported programmes for return-to-work.

*“Let me go to learn, to stand up. I want to show my mother that I am a grown-up girl,
not a cripple girl any more ...*

My mother is so impressed to see that.

*I say, ‘Mommy, here is money, here is pocket money, you can buy everything you
want to buy.*

Mommy, do you want to buy a TV?

Yes my girl.

I am going to buy a TV for you.

To me it is nice to be a cripple,

I can do everything.

I have everything I want to have.” (E2)

APPENDIX 1: PERMISSION FROM COMPANY



National Rehabilitation office
Oxford Manor, 21 Chaplin Road, Illovo, 2196
Private Bag X13, Northlands, 2116, South Africa
Telephone +27 11 219 9620
Facsimile +27 86 686 0441
www.rehab.co.za

16th October 2007

Nina Strydom
Rehabilitation Standards Manager
c/o Life Healthcare Head office – Oxford manor
21 Chaplin Street
Illovo
Johannesburg
2196

Dear Nina,

Re: Approval to proceed with research study:
Environmental barriers to the employment of people with disabilities in Life Healthcare, a private healthcare company

It is with great pleasure that on behalf of Life Healthcare, I hereby grant you permission to proceed with your research study, entitled as above, according to the protocol detailed in your research proposal.

We would prefer that you do not distribute the questionnaire to the entire company, but rather increase your sample of managers as we believe they represent a wide variety of positions and jobs and therefore is an accurate reflection of general knowledge and opinion.

There is no doubt that the study will carry enormous benefit to the company's capacity to continue to employ people with disabilities successfully, as well as contribute to the general body of knowledge around employment of these people in the open labour market. It is well aligned with Life Healthcare's vision around people management and with Life Rehabilitation's vision of reintegrating people with disabilities into our South African communities.

It is understood that you will keep the company updated with regards the progress of your studies, and create the opportunities to discuss your results at critical points during your data collection.

The company will support the publication of your results in line with our support of the study's active implementation into the business. Please do not hesitate to request resources and support to ensure optimal conditions are created within the company to facilitate the study.

Best of luck with the work ahead!
With best regards,

A handwritten signature in black ink, appearing to read "Kathy Wundram".

Kathy Wundram
Acting National Rehabilitation Manager
Tel: + 27 11 219 9626
Fax: + 27 86 686 0441
Mobile: + 27 83 968 5644
Email: kathy.wundram@lifehealthcare.co.za

APPENDIX 2: SURVEY - EMPLOYEES WITH DISABILITIES

Section A: DEMOGRAPHIC INFORMATION

Please complete all questions

1. Date of birth:

2. Gender:

| | |
|---------------|--------------------------|
| Male | <input type="checkbox"/> |
| Female | <input type="checkbox"/> |

3. What is your home language? _____

4. Position held in company: _____

Is it a permanent or non-permanent position? _____

5. In what region are you working? Please tick **ONE** appropriate box

| | |
|-----------------------|---|
| North West | 1 |
| Mpumalanga | 2 |
| Gauteng | 3 |
| Kwa Zulu-Natal | 4 |
| Free State | 5 |
| Eastern Cape | 6 |
| Western Cape | 7 |

6. Ethnic group. Please tick **ONE**

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Black | White | Coloured | Asian | Other |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If you selected other, please specify: _____

Appendix 1: Company permission

7. **Highest Educational level** (tick **ONE**)

| | |
|------------------------------------------------|---|
| No formal schooling | 1 |
| Grade 1 - 7 | 2 |
| Grade 8 – 11 | 3 |
| Matric | 4 |
| Less than one year formal training | 5 |
| One to two years formal training | 6 |
| More than two years formal training | 7 |
| Completed university/technikon training | 8 |

8. Type of Disability/Diagnosis: _____

9. Is your immediate line manager aware of your disability?

| | |
|---------------|--|
| YES | |
| NO | |
| UNSURE | |

10. Cause of disability (choose one)

| | |
|---------------------------------------|---|
| Congenital/Born with it | 1 |
| Medical | 2 |
| Trauma/ Motor vehicle accident | 3 |
| Other (specify) | 4 |

If you selected **other**, please specify: _____

11. How long have you been living with the disability? (e.g. 5 years and 3 months)

| | | | |
|--------------|--|---------------|--|
| YEARS | | MONTHS | |
|--------------|--|---------------|--|

12. Which of the following problems do you experience as a result of your disability?

Please tick ALL the options relevant to yourself

| | |
|------------------------------------------------------|----|
| Visual problems | 1 |
| Hearing problems | 2 |
| Speech problems | 3 |
| Upper limb function (One side) | 4 |
| Upper limb function (both sides) | 5 |
| Problems with walking | 6 |
| Wheelchair bound | 7 |
| Memory problems | 8 |
| Psychiatric problems | 9 |
| Problems with thought processing and planning | 10 |
| Other (please specify) | 11 |
| | |

13. Were you employed by the Company prior to acquiring your disability?

| Yes | No |
|-----|----|
| | |

14. Do you require any specific adjustment/accommodation (changes to the environment, etc.) at work to perform your job?

| Yes | No |
|-----|----|
| | |

If you answered yes, please specify

15. Have your work accommodation/adjustment needs been met? Please specify.

| Yes | No |
|-----|----|
| | |

16. Have specific evacuation procedures in case of an emergency been discussed with you?

| Yes | No |
|-----|----|
| | |

Appendix 1: Company permission

17. How do you get to work from where you live? Please select ALL appropriate answers

| | |
|-------------------------------------------------------|---|
| Own private transport – Drive myself | 1 |
| Own private transport – Driven by someone else | 2 |
| Private lift | 3 |
| Train | 4 |
| Taxi | 5 |
| Bus | 6 |
| Walking | 7 |
| Other (specify) | 8 |
| | |

18. Do you think that you have had the same opportunities as other people to participate in and take advantage of:

| Activity | YES | NO |
|---------------------------|------------|-----------|
| Education | | |
| Employment | | |
| Recreation/Leisure | | |

Complete the following questions by indicating **how often** each of the following has been a barrier to your own participation in the activities that matter to you. Think about the past year, and indicate how often each item has been a problem (daily, weekly, monthly, less than monthly or never). If the problem occurs, indicate **how big the problem is** with regard to activities that matter to you (little problem, big problem)

19. In the past 12 months, how often has the availability of **transportation** been a problem to you?

| Daily | Weekly | Monthly | Less than monthly | Never |
|--------------|---------------|----------------|--------------------------|--------------|
| 5 | 4 | 3 | 2 | 1 |

When this problem occurs, has it been a little problem, or a big problem?

| Little problem | Big problem |
|-----------------------|--------------------|
| | |

20. In the past 12 months, how often has the **design and layout of your home** made it difficult to do what you want or need to do?

| Daily | Weekly | Monthly | Less than monthly | Never |
|-------|--------|---------|-------------------|-------|
| 5 | 4 | 3 | 2 | 1 |

When this problem occurs, has it been a little problem, or a big problem?

| Little problem | Big problem |
|----------------|-------------|
| | |

21. In the past 12 months, how often has the **design and layout of buildings** and places that you use **at work** made it difficult to do what you want to do or need to do?

| Daily | Weekly | Monthly | Less than monthly | Never |
|-------|--------|---------|-------------------|-------|
| 5 | 4 | 3 | 2 | 1 |

When this problem occurs, has it been a little problem, or a big problem?

| Little problem | Big problem |
|----------------|-------------|
| | |

22. In the past 12 months, how often has the **design and layout of buildings** and places that you use in your **community** made it difficult to do what you want to do or need to do?

| Daily | Weekly | Monthly | Less than monthly | Never |
|-------|--------|---------|-------------------|-------|
| 5 | 4 | 3 | 2 | 1 |

When this problem occurs, has it been a little problem, or a big problem?

| Little problem | Big problem |
|----------------|-------------|
| | |

23. In the past 12 months, how often has the **natural environment** (temperature, terrain, climate) made it difficult to do what you want or need to do?

| Daily | Weekly | Monthly | Less than monthly | Never |
|-------|--------|---------|-------------------|-------|
| 5 | 4 | 3 | 2 | 1 |

When this problem occurs, has it been a little problem, or a big problem?

| Little problem | Big problem |
|----------------|-------------|
| | |

Appendix 1: Company permission

24. In the past 12 months, how often have other aspects of your **surroundings** – lighting, noise, crowds, etc. made it difficult to do what you want or need to do?

| Daily | Weekly | Monthly | Less than monthly | Never |
|-------|--------|---------|-------------------|-------|
| 5 | 4 | 3 | 2 | 1 |

When this problem occurs, has it been a little problem, or a big problem?

| Little problem | Big problem |
|----------------|-------------|
| | |

25. In the past 12 months, how often has the **information** you wanted or needed not been available in a format (audio, written, computer-based, Braille, larger print, etc) you can use or understand?

| Daily | Weekly | Monthly | Less than monthly | Never |
|-------|--------|---------|-------------------|-------|
| 5 | 4 | 3 | 2 | 1 |

When this problem occurs, has it been a little problem, or a big problem?

| Little problem | Big problem |
|----------------|-------------|
| | |

26. In the past 12 months, how often has the availability of **education and training** you needed been a problem for you?

| Daily | Weekly | Monthly | Less than monthly | Never |
|-------|--------|---------|-------------------|-------|
| 5 | 4 | 3 | 2 | 1 |

When this problem occurs, has it been a little problem, or a big problem?

| Little problem | Big problem |
|----------------|-------------|
| | |

27. In the past 12 months, how often has the availability of **healthcare services and medical care** been a problem for you?

| Daily | Weekly | Monthly | Less than monthly | Never |
|-------|--------|---------|-------------------|-------|
| 5 | 4 | 3 | 2 | 1 |

When this problem occurs, has it been a little problem, or a big problem?

| Little problem | Big problem |
|----------------|-------------|
| | |

28. In the past 12 months, how often has the lack of **personal equipment or special adapted devices** (hearing aids, eye glasses, wheelchair) been a problem for you?

| Daily | Weekly | Monthly | Less than monthly | Never |
|-------|--------|---------|-------------------|-------|
| 5 | 4 | 3 | 2 | 1 |

When this problem occurs, has it been a little problem, or a big problem?

| Little problem | Big problem |
|----------------|-------------|
| | |

29. In the past 12 months, how often has the lack of **computer technology** been a problem for you?

| Daily | Weekly | Monthly | Less than monthly | Never |
|-------|--------|---------|-------------------|-------|
| 5 | 4 | 3 | 2 | 1 |

When this problem occurs, has it been a little problem, or a big problem?

| Little problem | Big problem |
|----------------|-------------|
| | |

30. In the past 12 months, how often did you need someone else's **help in your home** and could not get it easily?

| Daily | Weekly | Monthly | Less than monthly | Never |
|-------|--------|---------|-------------------|-------|
| 5 | 4 | 3 | 2 | 1 |

When this problem occurs, has it been a little problem, or a big problem?

| Little problem | Big problem |
|----------------|-------------|
| | |

31. In the past 12 months, how often did you need someone else's **help at work** and could not get it easily?

| Daily | Weekly | Monthly | Less than monthly | Never |
|-------|--------|---------|-------------------|-------|
| 5 | 4 | 3 | 2 | 1 |

When this problem occurs, has it been a little problem, or a big problem?

| Little problem | Big problem |
|----------------|-------------|
| | |

Appendix 1: Company permission

32. In the past 12 months, how often did you need someone else's **help in your community** and could not get it easily?

| Daily | Weekly | Monthly | Less than monthly | Never |
|-------|--------|---------|-------------------|-------|
| 5 | 4 | 3 | 2 | 1 |

When this problem occurs, has it been a little problem, or a big problem?

| Little problem | Big problem |
|----------------|-------------|
| | |

33. In the past 12 months, how often have other people's **attitudes** towards you been a problem at **home**?

| Daily | Weekly | Monthly | Less than monthly | Never |
|-------|--------|---------|-------------------|-------|
| 5 | 4 | 3 | 2 | 1 |

When this problem occurs, has it been a little problem, or a big problem?

| Little problem | Big problem |
|----------------|-------------|
| | |

34. In the past 12 months, how often have other people's **attitudes** towards you been a problem at **work**?

| Daily | Weekly | Monthly | Less than monthly | Never |
|-------|--------|---------|-------------------|-------|
| 5 | 4 | 3 | 2 | 1 |

When this problem occurs, has it been a little problem, or a big problem?

| Little problem | Big problem |
|----------------|-------------|
| | |

35. In the past 12 months, how often have other people's **attitudes** towards you been a problem in the **community**?

| Daily | Weekly | Monthly | Less than monthly | Never |
|-------|--------|---------|-------------------|-------|
| 5 | 4 | 3 | 2 | 1 |

When this problem occurs, has it been a little problem, or a big problem?

| Little problem | Big problem |
|----------------|-------------|
| | |

36. In the past 12 months, how often has a lack of **support and encouragement** from others in your **home** been a problem?

| Daily | Weekly | Monthly | Less than monthly | Never |
|-------|--------|---------|-------------------|-------|
| 5 | 4 | 3 | 2 | 1 |

When this problem occurs, has it been a little problem, or a big problem?

| Little problem | Big problem |
|----------------|-------------|
| | |

37. In the past 12 months, how often has a lack of **support and encouragement** from others **at work** been a problem?

| Daily | Weekly | Monthly | Less than monthly | Never |
|-------|--------|---------|-------------------|-------|
| 5 | 4 | 3 | 2 | 1 |

When this problem occurs, has it been a little problem, or a big problem?

| Little problem | Big problem |
|----------------|-------------|
| | |

38. In the past 12 months, how often has a lack of **support and encouragement** from others in the **community** been a problem?

| Daily | Weekly | Monthly | Less than monthly | Never |
|-------|--------|---------|-------------------|-------|
| 5 | 4 | 3 | 2 | 1 |

When this problem occurs, has it been a little problem, or a big problem?

| Little problem | Big problem |
|----------------|-------------|
| | |

39. In the past 12 months, how often did you experience **prejudice or discrimination**?

| Daily | Weekly | Monthly | Less than monthly | Never |
|-------|--------|---------|-------------------|-------|
| 5 | 4 | 3 | 2 | 1 |

When this problem occurs, has it been a little problem, or a big problem?

| Little problem | Big problem |
|----------------|-------------|
| | |

Appendix 1: Company permission

40. In the past 12 months, how often has the lack of **programmes or services in the community** been a problem?

| Daily | Weekly | Monthly | Less than monthly | Never |
|-------|--------|---------|-------------------|-------|
| 5 | 4 | 3 | 2 | 1 |

When this problem occurs, has it been a little problem, or a big problem?

| Little problem | Big problem |
|----------------|-------------|
| | |

41. In the past 12 months, how often did the **policies and the rules of the business** make problems for you?

| Daily | Weekly | Monthly | Less than monthly | Never |
|-------|--------|---------|-------------------|-------|
| 5 | 4 | 3 | 2 | 1 |

When this problem occurs, has it been a little problem, or a big problem?

| Little problem | Big problem |
|----------------|-------------|
| | |

42. In the past 12 months, how often **education** and employment programs and policies make it difficult to do what you need to or want to do?

| Daily | Weekly | Monthly | Less than monthly | Never |
|-------|--------|---------|-------------------|-------|
| 5 | 4 | 3 | 2 | 1 |

When this problem occurs, has it been a little problem, or a big problem?

| Little problem | Big problem |
|----------------|-------------|
| | |

43. In the past 12 months, how often did **government** programmes and policies make it difficult to do what you want or need to do?

| Daily | Weekly | Monthly | Less than monthly | Never |
|-------|--------|---------|-------------------|-------|
| 5 | 4 | 3 | 2 | 1 |

When this problem occurs, has it been a little problem, or a big problem?

| Little problem | Big problem |
|----------------|-------------|
| | |

44. Did you require any assistance from someone to complete the questionnaire?

| Yes | No |
|-----|----|
| | |

If yes, please specify: _____

45. Was the questionnaire in the format that you required?

| Yes | No |
|-----|----|
| | |

If no, please specify: _____

THANK YOU FOR TAKING THE TIME TO PARTICIPATE IN THIS SURVEY

Please provide your name and contact details if you are willing to answer follow-up questions

Name: _____

Telephone number: _____

Email address: _____



APPENDIX 3: SURVEY - MANAGERS

PLEASE COMPLETE ALL QUESTIONS. IF YOU DO NOT KNOW THE ANSWER, CHOOSE "UNSURE" or "DO NOT KNOW"

SECTION A: DEMOGRAPHIC DATA

1. Date of birth: _____

2. Gender:

| | |
|---------------|---|
| Male | 1 |
| Female | 2 |

3. What is your first/home language? Please tick ONE

| | |
|------------------|---|
| English | 1 |
| Afrikaans | 2 |
| Zulu | 3 |
| Xhosa | 4 |
| Sotho | 5 |
| Other | 6 |

If you chose other, please specify: _____

4. In what region are you working? Please tick ONE

| | |
|-----------------------|---|
| North West | 1 |
| Mpumalanga | 2 |
| Gauteng | 3 |
| Kwa Zulu-Natal | 4 |
| Free State | 5 |
| Eastern Cape | 6 |
| Western Cape | 7 |

5. Ethnic group. Please tick ONE

| Black | White | Coloured | Asian | Other |
|-------|-------|----------|-------|-------|
| 1 | 2 | 3 | 4 | 5 |

If other, please specify: _____

6. What is your position held in Life Healthcare at present? _____

7. Educational level (tick your highest education level)

| | |
|------------------------------------------------|---|
| No formal schooling | 1 |
| Grade 1 – 7 | 2 |
| Grade 8 – 9 | 3 |
| Matric | 4 |
| Less than one year formal training | 5 |
| One to two years formal training | 6 |
| More than two years formal training | 7 |
| Completed university/technikon training | 8 |

SECTION B: EXPOSURE TO PEOPLE WITH DISABILITIES

8. Complete BOTH the A and B sections of each question in the table:

| | | | |
|-------|------------------------------------------------------------------------------------------------|-----|----|
| 8.1 A | I have a disability | Yes | No |
| 8.1 B | I have had the disability for _____ years and _____ months | | |
| 8.2 A | I am the line manager of a person with a disability | Yes | No |
| 8.2 B | I have worked with him/her for _____ years and _____ months | | |
| 8.3 A | I work with a person with a disability in the same department, but not as his/her line manager | Yes | No |
| 8.3 B | I have worked with him/her for _____ years and _____ months | | |
| 8.4 A | I know of someone with a disability who works for Life Healthcare, but not in my department | Yes | No |
| 8.4 B | I have known him/her for _____ years and _____ months | | |
| 8.5 A | I know someone who has a disability who is employed, but not by Life Healthcare | Yes | No |
| 8.4 B | I have known him/her for _____ years and _____ months | | |
| 8.6 A | I do not know anyone who has a disability | Yes | No |

Appendix 3: Manager questionnaire

9. Have you ever interviewed a person with a disability for a job? If you do not do job interviews as part of your job please tick N/A.

| Yes | No | N/A |
|-----|----|-----|
| | | |

10. Have you ever appointed a person with a disability in a job? If you do not make job appointments as part of your job please tick N/A.

| Yes | No | N/A |
|-----|----|-----|
| | | |

SECTION C: EXPERIENCE AS A MANAGER OF A PERSON WITH A DISABILITY

(Complete section C only if you are a line manager of a person with a disability)

11. What type of disability does the employee have?

12. What accommodation or assistance does the employee require in the workplace?

13. Have all of these requirements (as mentioned above) been met for the employee?

14. Will you employ this employee with the disability again, if you had a choice?

| Yes | No | Not sure |
|-----|----|----------|
| | | |

Give reasons for your answer:

SECTION D: KNOWLEDGE, ATTITUDES PRACTICES AND BELIEFS REGARDING THE EMPLOYMENT OF PEOPLE WITH DISABILITIES (

Complete all the questions in this section, regardless of being a manager of a person with a disability or not)

15. Define or explain in your own words what disability means to you

16. Give examples of conditions that may be classified as a disability

| | |
|----|--|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |

The Employment Equity Act:

17. Do you know of the existence of such an act?

| Yes | No |
|-----|----|
| | |

18. Do you have access to the Employment Equity Act?

| Yes | No |
|-----|----|
| | |

19. Have you read the Act?

| Yes | No |
|-----|----|
| | |

Appendix 3: Manager questionnaire

20. Do you think that you have enough knowledge of the Employment Equity Act to be the line manager of a person with a disability?

| Yes | No |
|-----|----|
| | |

21. Do you feel that there is a need for such an Act for persons with disabilities? Explain.

22. What changes to the work environment can be reasonably expected of an employer to make it possible for a person with a disability to be a reasonably productive worker in the work environment?

Please tick ONE option only in each box below that describes your situation the best:

23.

I need more knowledge regarding the employment of people with disability in order to recruit and employ a person with a disability

| Strongly agree | Mildly agree | Mildly disagree | Strongly disagree |
|----------------|--------------|-----------------|-------------------|
| | | | |

24.

I need assistance to manage the performance of an employee with a disability

| Strongly agree | Mildly agree | Mildly disagree | Strongly disagree |
|----------------|--------------|-----------------|-------------------|
| | | | |

25.

I would dislike sharing an office with a person with a disability

| Strongly agree | Mildly agree | Mildly disagree | Strongly disagree |
|----------------|--------------|-----------------|-------------------|
| | | | |

26.

My job could be done by a person in a wheelchair

| Strongly agree | Mildly agree | Mildly disagree | Strongly disagree |
|----------------|--------------|-----------------|-------------------|
| | | | |

27.

My job could be done by a deaf person

| Strongly agree | Mildly agree | Mildly disagree | Strongly disagree |
|----------------|--------------|-----------------|-------------------|
| | | | |

28.

My job could be done by a blind person

| Strongly agree | Mildly agree | Mildly disagree | Strongly disagree |
|----------------|--------------|-----------------|-------------------|
| | | | |

29.

I would provide more assistance to a disabled person than an able bodies person in my work environment

| Strongly agree | Mildly agree | Mildly disagree | Strongly disagree |
|----------------|--------------|-----------------|-------------------|
| | | | |

30.

Most persons with disabilities are helpless

| Strongly agree | Mildly agree | Mildly disagree | Strongly disagree |
|----------------|--------------|-----------------|-------------------|
| | | | |

31.

People are likely to discriminate against persons with disabilities in the workplace

| Strongly agree | Mildly agree | Mildly disagree | Strongly disagree |
|----------------|--------------|-----------------|-------------------|
| | | | |

Appendix 3: Manager questionnaire

32.

I feel uncomfortable around someone with an obvious disability

| Strongly agree | Mildly agree | Mildly disagree | Strongly disagree |
|----------------|--------------|-----------------|-------------------|
| | | | |

33.

Persons with disabilities have a wealth of wisdom to bring to the job

| Strongly agree | Mildly agree | Mildly disagree | Strongly disagree |
|----------------|--------------|-----------------|-------------------|
| | | | |

34.

Persons with disabilities can perform their jobs equally well as compared to people without a disability

| Strongly agree | Mildly agree | Mildly disagree | Strongly disagree |
|----------------|--------------|-----------------|-------------------|
| | | | |

35.

Persons with disabilities are different from other people

| Strongly agree | Mildly agree | Mildly disagree | Strongly disagree |
|----------------|--------------|-----------------|-------------------|
| | | | |

36.

Persons with disabilities do not have the necessary intelligence to perform a job

| Strongly agree | Mildly agree | Mildly disagree | Strongly disagree |
|----------------|--------------|-----------------|-------------------|
| | | | |

37.

Persons with disabilities are no different from others and should be appointed to jobs

| Strongly agree | Mildly agree | Mildly disagree | Strongly disagree |
|----------------|--------------|-----------------|-------------------|
| | | | |

38.

An employer should provide facilities and assistance like ramps or special computers in order to employ a person with a disability, within reason

| Strongly agree | Mildly agree | Mildly disagree | Strongly disagree |
|----------------|--------------|-----------------|-------------------|
| | | | |

39.

One disabled person in the department will increase the workload of the rest of the people working in the department

| Strongly agree | Mildly agree | Mildly disagree | Strongly disagree |
|----------------|--------------|-----------------|-------------------|
| | | | |

40.

A person with a disability can be employed in the same job as a person without a disability

| Strongly agree | Mildly agree | Mildly disagree | Strongly disagree |
|----------------|--------------|-----------------|-------------------|
| | | | |

41. On a scale from 0 to 10 where 0 is no discrimination at all and 10 is the worst possible

discrimination; how much discrimination do you think is there against persons with disabilities in your workplace?

No discrimination

Worst possible discrimination

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|----|
| | | | | | | | | | | |

Appendix 3: Manager questionnaire

42. In interaction with a person with a disability, do you (Please mark ALL the applicable options):

| | |
|--------------------------------------------------------------|----|
| Speak louder | 1 |
| Speak slower | 2 |
| Speak about the person to someone else who is present | 3 |
| Act sympathetically | 4 |
| Act brusquely | 5 |
| Act normal | 6 |
| Are more friendly than usual | 7 |
| Are more helpful than usual | 8 |
| Are uncomfortable | 9 |
| Other (specify) | 10 |
| | |

43. How do you feel when you meet a person in a wheelchair for the first time?

Your colleague with a disability is often away from work or late for work, because of transport problems, ill health, medical appointments etc. It increases the workload on the rest of the employees in the department.

44. How do you feel about this situation?

45. What would you do to deal with this challenge?

46. During an interview 2 candidates are equally suitable for a job. The one has a disability and the other not. Which candidate would you appoint? Choose ONE option.

| | |
|----------------------------------|--|
| Person with disability | |
| Person without disability | |
| Not sure | |

47. Explain your choice.

48. Would you mind having a person with a disability as a colleague?

| Yes | No |
|-----|----|
| | |

Please explain your answer:

49. What, according to you, are the benefits to the employer by employing persons with disabilities?

50. Do you believe that persons with disabilities have the same opportunities as other people for employment?

| Yes | No |
|-----|----|
| | |

51. Do you believe that persons with disabilities have the same opportunities as other people to relax and have a social life?

| Yes | No |
|-----|----|
| | |

52. In your opinion how much of a person's disability is a result of the barriers created by the work environment? Tick ONE option.

| None | Little bit | A lot | 100% |
|------|------------|-------|------|
| | | | |

SECTION E: PERCEPTIONS OF BARRIERS THAT PERSONS WITH DISABILITIES EXPERIENCE

Please complete the questions below so that it expresses your understanding of the barriers that persons with disabilities experienced in the last 12 months as employees in Life Healthcare.

Also state whether you believe whether it is a big problem or a small problem.

53. Is there sufficient availability of transportation?

| Yes | No | | Big Problem | Little Problem |
|-----|----|--|-------------|----------------|
| | | | | |

Comment: _____

54. Are the design and layout of buildings and work environment suitable?

| Yes | No | | Big Problem | Little Problem |
|-----|----|--|-------------|----------------|
| | | | | |

Comment: _____

55. Is the natural environment (temperature, terrain, climate) suitable?

| Yes | No | | Big Problem | Little Problem |
|-----|----|--|-------------|----------------|
| | | | | |

Comment: _____

56. Are the surroundings (noise, lighting, crowds) suitable?

| Yes | No | | Big Problem | Little Problem |
|-----|----|--|-------------|----------------|
| | | | | |

Comment: _____

56. Is information available in required format, like Braille, easy to read directions, etc)?

| Yes | No | | Big Problem | Little Problem |
|-----|----|--|-------------|----------------|
| | | | | |

Comment: _____

57. Is there sufficient availability of education and training)

| Yes | No | | Big Problem | Little Problem |
|-----|----|--|-------------|----------------|
| | | | | |

Comment: _____

58. Is there sufficient availability of health care services?

| Yes | No | | Big Problem | Little Problem |
|-----|----|--|-------------|----------------|
| | | | | |

Comment: _____

59. Is there a lack of personal equipment or special adapted devices (hearing aid, eyeglasses, wheelchairs)?

| Yes | No | | Big Problem | Little Problem |
|-----|----|--|-------------|----------------|
| | | | | |

Comment: _____

60. Is there a lack of computer technology?

| Yes | No | | Big Problem | Little Problem |
|-----|----|--|-------------|----------------|
| | | | | |

Comment: _____

61. Is it difficult to get help or assistance, if required?

| Yes | No | | Big Problem | Little Problem |
|-----|----|--|-------------|----------------|
| | | | | |

Comment: _____

62. Do people have negative attitudes towards persons with disabilities?

| Yes | No | | Big Problem | Little Problem |
|-----|----|--|-------------|----------------|
| | | | | |

Comment: _____

Appendix 3: Manager questionnaire

63. Are there a lack of support and encouragement to persons with disabilities?

| Yes | No | | Big Problem | Little Problem |
|-----|----|--|-------------|----------------|
| | | | | |

Comment: _____

64. Are there prejudice and discrimination against persons with disabilities?

| Yes | No | | Big Problem | Little Problem |
|-----|----|--|-------------|----------------|
| | | | | |

Comment: _____

65. Do persons with disabilities experience difficulties around company policies and rules?

| Yes | No | | Big Problem | Little Problem |
|-----|----|--|-------------|----------------|
| | | | | |

Comment: _____

66. Is it difficult to access education and employment training programmes, if required?

| Yes | No | | Big Problem | Little Problem |
|-----|----|--|-------------|----------------|
| | | | | |

Comment: _____

67. Are there discriminatory government policies regarding persons with disabilities?

| Yes | No | | Big Problem | Little Problem |
|-----|----|--|-------------|----------------|
| | | | | |

Comment: _____

THANK YOU FOR COMPLETING THE QUESTIONNAIRE. Please send the completed questionnaire via internal mail to: Nina Strydom, Life Rehabilitation Head Office, Illovo or to nina.strydom@lifehealthcare.co.za . Please complete the information below if you are willing to answer follow-up questions:

Name: _____

Telephone number: _____

Email address: _____

APPENDIX 4: INTERVIEW SCHEDULE - EMPLOYEES

Name of Employee: _____

Hospital: _____

Date of Interview: _____

Outline of questions:

What is your current position?

What does your job entail?

What special assistance/accommodation is required?

Have all your needs been met?

What is it like to be employed by the Company?

What difficulties are you experiencing at work as a result of your disability?

Why should the Company employ persons with disabilities?

What do you think are the reasons that the Company does not employ more persons with disabilities?

What should the Company do to increase the number of employees with disabilities?

Specific questions (based on questionnaire information):

| |
|--|
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

Checklist:

1. Manager informed
2. Interview room booked
3. Consent form signed

APPENDIX 5: INTERVIEW SCHEDULE - MANAGERS

Name of Manager: _____

Hospital: _____

Date of Interview: _____

Outline of questions:

What is your current position?

Tell me more about the person with the disability?

What special assistance/accommodation has been done to accommodate the employee?

What is it like to be the manager of an employee with a disability?

What problems are you experiencing?

What are the benefits?

Why should the Company employ persons with disabilities?

What do you think are the reasons that the Company does not employ more persons with disabilities?

What should the Company do to increase the number of employees with disabilities?

Specific questions (based on questionnaire information):

| |
|--|
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

Checklist:

4. Manager informed
5. Interview room booked
6. Consent form signed

APPENDIX 6: COVER LETTER TO EMPLOYEES



Oxford Manor, 21 Chaplin Road, Illovo, 2196
Private Bag X13, Northlands, 2116, South Africa
Telephone +27 11 219 9620
Facsimile +27 86 686 0441
www.rehab.co.za

Dear Colleague

I am presently enrolled for a Masters Degree in Rehabilitation at the University of Stellenbosch. The study project has been approved by the committee of Human Research (US). (Project number N07/06/144).

The aims of my study are to:

- identify the environmental barriers that persons with disabilities experience in Life Healthcare,
- as well as to test the knowledge, attitudes, practices and beliefs around the employment of persons with disabilities of managers and fellow employees.

Permission has been granted by Life Healthcare to conduct the research. All information will be treated in the strictest of confidence. Although results will be published, individual confidentiality will not be compromised. Return of a completed questionnaire will be seen as consent to participate in the research project.

You are under no obligation to complete the questionnaire. However if you do, you will provide me with invaluable data towards bettering employment conditions for persons with disabilities at Life Healthcare. You will not be remunerated in any way for participating in the study. Neither will not participating be held against you in future. It will take 10-15 minutes of your time to complete the questionnaires. I would therefore appreciate it if you would complete the attached questionnaire truthfully.

If you are interested in participating in the second phase of the research and if you are willing to be interviewed, please include your name and contact details at the end of the questionnaire.

Please place the completed questionnaires in the enclosed envelope, and forward for my attention. Please return completed questionnaires by _____2012 via internal mail to: Nina Strydom, KZN Regional Office; PO Box 738, Mount Edgecombe, 4300; via fax 0866781450 or nina.strydom@lifehealthcare.co.za . Do not hesitate to contact me on 084 566 1281 if you have any queries. I appreciate your assistance in completing the questionnaire.

Sincerely

Nina Strydom
Support Specialist
Clinical Products



APPENDIX 7: COVER LETTER TO MANAGERS



Oxford Manor, 21 Chaplin Road, Illovo, 2196
Private Bag X13, Northlands, 2116, South Africa
Telephone +27 11 219 9620
Facsimile +27 86 686 0441
www.rehab.co.za

Dear Colleague

I am presently enrolled for a Masters Degree in Rehabilitation at the University of Stellenbosch. The proposal for the research project has been approved by the committee of Human Research (US). (Project number N07/06/144)

The aims of the study are to:

- identify the barriers that persons with disabilities experience in Life Healthcare, as well as to
- test the knowledge, attitudes, practices and beliefs around the employment of persons with disabilities of managers and fellow employees.

Please be assured that all information will be treated in the strictest of confidence. Although results will be published, individual confidentiality will not be compromised. Permission has been granted by Life Healthcare to conduct this study. Completing the questionnaire is voluntary. However if you do, you will provide me with invaluable data towards bettering employment conditions for persons with disabilities at Life Healthcare. You will not be remunerated in any way for participating in the study. Neither will not participating be held against you in future. Return of the questionnaire will be seen as consent to participate in the survey.

It will take 15-20 minutes of your time to complete the questionnaire. I would appreciate it if you would complete the attached questionnaire truthfully. Should you be interested in participating in the second phase of the study and are willing to answer follow-up questions, please add your name and contact details to the end of the questionnaire. Please return the completed questionnaire by _____2012 via internal mail to KZN Regional Office, PO Box 738, Mount Edgecombe, 4300 or Fax: 0866781450 or nina.strydom@lifehealthcare.co.za

Do not hesitate to contact me on 084 566 1281 or email me if you have any queries. I appreciate your assistance in completing the questionnaire.

Sincerely

Nina Strydom
Support Specialist
Clinical Products



Tel: + 27 31 313 7912
Fax: + 27 866781450
Mobile: + 27 84 566 1281
Email: nina.strydom@lifehealthcare.co.za
Website: www.lifehealthcare.co.za

APPENDIX 8: INFORMED CONSENT FORM

FACULTY OF HEALTH SCIENCES STELLENBOSCH UNIVERSITY

INFORMATION AND INFORMED CONSENT DOCUMENT

TITLE OF THE RESEARCH PROJECT: Environmental Barriers and the employment of persons with disabilities in a private healthcare company.

REFERENCE NUMBER: N07/06/144

PRINCIPAL INVESTIGATOR: NINA STRYDOM

Address: 14 FERN ROAD, UMHLANGA

CONTACT NUMBER: 084 566 1281

DECLARATION BY PARTICIPANT:

I, **THE UNDERSIGNED**, (name)

[ID No:]

of

..... (address).

HEREBY CONFIRM AS FOLLOWS:

1. I was invited to participate in the abovementioned research project which is being undertaken under the auspices of the Centre for Rehabilitation Studies, Faculty of Health Sciences, Stellenbosch University.

2. The following aspects have been explained to me:

2.1 Aim:

To identify the environmental barriers that employees with disabilities experience at the Company.

2.2 Procedures:

- Interviews will be held with selected persons to further explore the environmental barriers that persons with disabilities experience in Life Healthcare, as well as the knowledge, attitudes, practices and beliefs of the interviewee around the employment of persons with disabilities
- Interviews will be pre-arranged and permission will be obtained from the line manager.

Appendix 8: Informed consent form

- Interviews between the interviewee and the researcher will last approximately one hour
- Interviews will be audio taped for transcription at a later stage.

2.3 Risks: There are no risks involved in participating in the research project

2.4 Possible benefits: Identification and greater understanding of the barriers that persons with disabilities experience in the workplace can ultimately lead to removal or reduction of these barriers. More disabled people will have access to employment and those currently employed will experience fewer barriers. It will also lead to greater understanding by managers and better and more effective performance management of persons with disabilities.

2.5 Confidentiality: All information collected will be treated as confidential, and the identity of the participants will not be disclosed.

2.6 Access to findings: The participants will have access to the final thesis upon completion of the study. No access will be granted to any of the participants into individual feedback received from other participants.

2.7 Voluntary participation/refusal/discontinuation: Participation is voluntary, and the participant may choose not to participate or terminate participation at any time. Such refusal will not prejudice the participant's future employment at the company.

2.8 The researcher has been given permission from Life Healthcare to perform the study. The researcher will in no way be influenced by the employer regarding conclusions drawn from the study.

2.9 Participants will not be paid to participate in the study

3. The information above was explained to me by

..... (*name of relevant person*) in

Afrikaans/*English and I am in command of this language/. I was given the opportunity to ask questions and all these questions were answered satisfactorily.

4. No pressure was exerted on me to consent to participation and I understand that I may withdraw at any stage without any penalization.

5. Participation in this study will not result in any additional costs to me.

I HEREBY CONSENT VOLUNTARILY TO PARTICIPATE IN THE ABOVEMENTIONED PROJECT

Signed/confirmed at on20

(place) (date)

.....
Signature or right thumb print of participant

.....
Signature of witness

STATEMENT BY OR ON BEHALF OF INVESTIGATOR(S):

I,, declare that

- I explained the information given in this document to (*name of participant*);
 - he/*she was encouraged and given ample time to ask me any questions;
 - this conversation was conducted in Afrikaans/*English..... by
- (*name*).

- Signed at on20
- (place) (date)

.....
*Signature of investigator/*investigator's representative*

.....
Signature of witness

*Delete where not applicable

IMPORTANT MESSAGE TO PARTICIPANT:

Dear participant,

Thank you for your participation in this study. Should you, at any time during the study, require any further information with regard to the study, kindly contact Nina Strydom at telephone number 084 566 1281.

15 May 2012

APPENDIX 9: ETHICS CLEARANCE

29/11/2007 16:47 +27-21-9319835

REHABILITATISIE STUDI

PAGE 02



UNIVERSITEIT•STELLENBOSCH•UNIVERSITY
jou kennisvennoot • your knowledge partner

27 November 2007

Ms N Strydom
Centre for Rehabilitation Studies
Dept of Interdisciplinary Health Sciences

Dear Ms Strydom

RESEARCH PROJECT: "ENVIROMENTAL BARRIERS TO THE EMPLOYMENT OF PEOPLE WITH DISABILITIES IN LIFE HEALTHCARE, A PRIVATE HEALTH CARE COMPANY"

PROJECT NUMBER : N07/06/144

At a meeting of the Committee for Human Research that was held on 1 August 2007 the above project was approved on condition that further information that was required, be submitted.

This information was supplied and the project was finally approved on 27 November 2007 for a period of one year from this date. This project is therefore now registered and you can proceed with the work. Please quote the above-mentioned project number in all further correspondence.

Please note that a progress report (obtainable on the website of our Division) should be submitted to the Committee before the year has expired. The Committee will then consider the continuation of the project for a further year (if necessary). Annually a number of projects may be selected randomly and subjected to an external audit.

Patients participating in a research project in Tygerberg Hospital will not be treated free of charge as the Provincial Government of the Western Cape does not support research financially.

Due to heavy workload the nursing corps of the Tygerberg Hospital cannot offer comprehensive nursing care in research projects. It may therefore be expected of a research worker to arrange for private nursing care.

Yours faithfully

CJ VAN TONDER
RESEARCH DEVELOPMENT AND SUPPORT (TYGERBERG)
Tel: +27 21 938 9207 / E-mail: cjvt@sun.ac.za

CJVT/pm

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Fakulteit Gesondheidswetenskappe • Faculty of Health Sciences



Verbind tot Optimale Gesondheid • Committed to Optimal Health
Afdeling Navorsingsontwikkeling en -steun • Research Development and Support Division
Posbus/PO Box 19063 • Tygerberg 7505 • Suid-Afrika/South Africa
Tel: +27 21 938 9677 • Faks/Fax: +27 21 931 3352
E-pos/E-mail: rdsdinfo@sun.ac.za

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