Return-to-Work Corner

# Disability disclosure as an impression management technique used in the workplace: A grounded theory investigation

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**Abstract**.
**BACKGROUND:** In order to overcome obstacles to entry and inclusion in the workplace, individuals with disabilities engage in various impression management strategies to present themselves as the socially acceptable 'ideal employee.'
**OBJECTIVE:** This study expands on previous disclosure research by asking individuals with disabilities to share their experiences of identity management and workplace challenges.
**METHODS:** We leveraged qualitative research techniques to explore the reciprocal impact of workplace treatment and disclosure.
**RESULTS:** Impression management emerged as an especially salient aspect of participants' disclosure decisions, and participants used an array of impression management tactics. Some employees with disabilities described positive experiences; however, we also learned that impression management can present unique challenges that may outweigh potential benefits.
**CONCLUSION:** Our findings affirm that managing the image we project can be remarkably complicated and effortful when having a disability. This paper concludes with implementation recommendations for vocational rehabilitation counselors and human resource practitioners.

Keywords: Disability, impression management, employment, vocational rehabilitation, human resource management

## 1. Introduction

Despite protective legislation, such as the Americans with Disabilities Act (ADA), individuals with disabilities continue to face barriers to employment and inclusion in the workplace [1]. Specifically, individuals with disabilities (a) are at least twice as likely as individuals without disabilities to experience underemployment [2], (b) are paid less than their equally qualified non-disabled peers [3], and (c) have reduced access to training and advancement opportunities [4, 5]. Many employers remain concerned about the ability of individuals with disabilities to be productive employees; however, individuals with disabilities have repeatedly demonstrated reliability, commitment, and a strong work ethic [6]. Moreover, research has shown that individuals with disabilities

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want to work [2], seek the same types of jobs as individuals without disabilities [2], and want to be treated just like any other hard-working employed person [6, 7].

Decisions about on-the-job disclosure of one's status as a person with disabilities, a requirement for receiving workplace accommodations under Title I of the ADA [8], are fraught with uncertainty and anxiety. This "disclosure conundrum" has been well-documented in prior research [9–14], with numerous studies establishing varying views of individuals with disabilities about whether to disclose, what to disclose, to whom, and when. This conundrum is especially prevalent among those with invisible disabilities who represent 40% to 70% of all individuals with disabilities [14, 15]. When one discloses, negative reactions from others are most likely to occur when disabilities are invisible and/or ambiguous. In fact, both Hernandez et al. [16] and Smart [17] noted that a hierarchy of preference for disability exists in American society. At the top of the hierarchy are obvious, physical disabilities that tend to be stable. At the bottom of the hierarchy are hidden or invisible disabilities (e.g., human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS), attention deficit hyperactivity disorder (ADHD), post-traumatic stress disorder (PTSD) [18], disabilities of unknown or disputed origin (e.g., fibromyalgia, multiple chemical sensitivity), and disabilities that are perceived to be unstable and unpredictable (e.g., psychiatric disabilities). Those with highly stigmatized disabilities who do choose to disclose put themselves at risk of experiencing stigma, discrimination, microaggressions, incivility, denial of their accommodation requests, and difficulties performing the essential functions of their jobs [15, 19]. Non-disclosure can negatively impact job performance due to the absence of needed accommodations [19, 20], or result in coworkers or managers forming negative attributions for behavior unknowingly attributable to one's disability (e.g., lack of eye contact from a person with autism can be mistaken as disinterest) [21]. Thus, non-disclosure puts employees with disabilities at risk of experiencing on-the-job mistreatment due to inaccurate interpretations of their behaviors and job performance (e.g., laziness, incompetence).

Disclosure decisions often involve a risk/benefit analysis, and if perceived risks outweigh benefits, disclosure is unlikely [15]. These decisions are influenced by current and previous on-the-job treatment by supervisors and coworkers, the trustworthiness

of people to whom an individual would disclose (e.g., manager, supervisor), awareness of the stigma associated with disability, fears of negative perceptions or behaviors from others, and concerns that one would be viewed as receiving an unfair advantage if accommodations were provided [19, 22]. Moreover, although an employee would need to disclose to receive a reasonable accommodation under Title I of the ADA [23], some employees choose to disclose for other reasons—when disability is an important part of their identity, to reduce stigma, to receive emotional support, or to eliminate misunderstanding of disability-related behaviors [24–27].

The purpose of this study was to expand on previous research on disclosure with a sample of individuals who primarily had invisible disabilities. We contribute to ongoing discussions related to impression management strategies for individuals with stigmatized identities, and the consequences of impression management on employee attitudes and work-related outcomes by asking: (a) How does the way participants are treated influence their decisions about disclosure? and (b) How do decisions about disclosure influence the way they are treated on the job? The findings from our study lend additional support to the impression management literature, which argues that maintaining a less-than-authentic self-image, in particular for those with invisible disabilities, results in increased anxiety, self-doubt, and fear of discovery, accompanied by decreased self-acceptance, well-being, and job satisfaction [28–30]. Importantly, our qualitative approach to answering these questions provides rich, firsthand accounts from people with disabilities on *whether*, *how*, and *why* they choose to disclose their disabilities to their employers. These perspectives add critical nuance to our phenomenological understanding of the nature and interpersonal determinants and consequences of disclosure decisions at work.

## 2. Methods

### 2.1. Research Team

Six scholars from the fields of rehabilitation counseling, communication disorders, and organizational behavior formed a cross-disciplinary research team to explore the workplace experiences of individuals with disability: two scholars from rehabilitation counseling, one from communication disorders, and three from organizational behavior. Four scholars

identify as individuals with disabilities and one scholar is the spouse of a person with a disability. Our second and third authors collected the data. The first three authors, two of whom have extensive qualitative research experience, coded and analyzed the data.

## 2.2. Researcher reflexivity

Each of us brings to any research endeavor personal biases and assumptions that can influence data collection and interpretation [31]. Accordingly, contemporary qualitative researchers include in their research procedures strategies to (a) increase awareness of the biases, assumptions, and beliefs that may influence their data collection and analysis; and (b) set aside those biases, assumptions and beliefs to the best of their ability. Four members of our team identify as individuals with disabilities, and each has reported a variety of positive and negative experiences in the workplace.

The first author was a secondary education teacher who worked with students with disabilities, and professor whose research explored the workplace experiences of individuals with disabilities. She anticipated that some participants would describe negative workplace experiences.

The second author worked as a vocational rehabilitation counselor, conducted qualitative research with individuals with emerging disabilities, and has personal experiences with workplace mistreatment as a person with multiple hidden disabilities. Based on what she has learned from her personal experiences with disclosure, former rehabilitation clients, and individuals with emerging disabilities through her qualitative research, she anticipated that study findings would be more negative than positive and would reveal considerable subtle mistreatment in the workplace—versus overt discrimination—of individuals with disabilities who disclosed on the job.

The third author used the grounded theory approach to study the auditory rehabilitation experiences of adults with cochlear implants. Her clinical and research experience informed her belief that participant narratives would likely describe both positive and negative experiences.

Another team member, a rehabilitation researcher whose work focuses on workplace discrimination as experienced by individuals with autoimmune disorders, also identifies as a person with a disability. He joined the study with the belief that individuals with disabilities continue to experience mistreatment in the workplace and their mistreatment tends to be more subtle with overt harassment and intimidation occurring less frequently than in the past. He expected that those with invisible or less obvious disabilities—and individuals whose disabilities are more highly stigmatized—would experience greater workplace mistreatment than individuals whose disabilities are clearly visible. Additionally, he presumed that employers are not often motivated to build inclusive organizational cultures for individuals with disabilities.

The two organizational behavior scholars on our team conduct research on employee mistreatment in the workplace. These researchers have conducted quantitative and qualitative research that considers how employees perceive and respond to mistreatment from coworkers and supervisors. Both of these scholars anticipated that individuals with disabilities would respond to workplace mistreatment by using various coping strategies rather than pursue litigation.

We used several strategies to be reflexive throughout the research process and to prevent our biases from interfering with accurately representing the voices and experiences of research participants. Team members responsible for coding and analyzing data met weekly over the course of several months to compare codes and resolve differences. Specifically, two researchers independently coded each transcript while the third researcher acted as referee to assist in reaching consensus, pointing out when our coding introduced personal perceptions, biases, or diverged from what was *explicitly* stated by each participant. We rotated these roles. Notes from our weekly sessions described emerging codes, and themes were shared with the entire research team. Through our correspondence and meetings, these team members served as critical peers to evaluate our findings, challenge our biases and assumptions, and contribute expertise from their respective fields of study.

## 2.3. Recruitment

We used a purposeful sampling approach that would allow us to examine the breadth of workplace experiences among those with disabilities [32]. Specifically, we sought to recruit 25 to 30 full- or part-time employed, adult participants who differed on disability type, occupation, and other demographic characteristics such as age, gender, and race. Recruitment began with an invitation to our personal contacts and continued with snowball sampling to solicit referrals from those who agreed to participate. We

also circulated, via email, mail, and hand-delivery, recruitment materials to locations that provide rehabilitation and health care services to individuals with disabilities. In particular, we distributed IRB-approved flyers to an outpatient physical therapy office, a rheumatologist's office, a satellite office of the state-federal vocational rehabilitation (VR) program, a non-profit rehabilitation agency that provides employment-related services to individuals with disabilities, and a community independent living center. We also distributed recruitment information to our own university's speech and hearing clinic, and to our own university's center for educational access.

### 2.4. Participants

Twenty-six individuals with disabilities joined our study, 19 females and 7 males. Participants' age ranges included: 18 to 24 ($n = 10$), 25 to 30 ($n = 1$), 31 to 40 ($n = 5$), 41 to 50 ($n = 5$), 51 to 60 ($n = 1$), and 61 and older ($n = 4$). Participant-reported race/ethnicity included: 19 Caucasians, 6 African Americans, and 1 multiracial (i.e., Latin, Native American, and Alaskan Native) individual. Fourteen participants reported having two or more disabilities, and all but one had hidden disabilities (e.g., HIV/AIDS, ADHD, PTSD, anxiety disorders) [33]. However, some of these hidden disabilities became evident when individuals became symptomatic on the job or because they used medical devices that made their conditions apparent. Table 1 provides greater detail concerning the disabilities described by our participants. Participants reported their work status as full-time ($n = 8$), part-time ($n = 18$), and self-employed ($n = 5$). Ten employees reported working for employers who serve the disability community or who work regularly with individuals with disabilities. Among these, two individuals worked regularly with individuals with disabilities—this was a primary part of their job responsibilities and they were formally trained to do so. Four individuals interacted with individuals with disabilities—this was not a primary part of their job responsibilities and they received some instruction or training to do so. Five individuals encountered individuals with disabilities—this was not a primary part of their job responsibilities and they were minimally or untrained to do so. Employment tenure ranged from 2 months to 51 years ($M = 7$, SD = 11.76). Table 2 describes the participants' education, position level, occupations, and industries in which they were employed.

### 2.5. Data collection

Our study data were obtained from a demographic questionnaire and 26 individual interviews completed with participants, as well as researcher field notes, reflexive memos, and extemporaneous meeting minutes. The data collected for this study came from a larger study in which participants were asked to describe their workplace experiences as individuals with disabilities. All procedures involving human subjects were conducted in accord with the ethical standards of the University of Arkansas' Institutional Review Board (IRB #17-04-647). Each participant read and signed an informed consent form describing the purpose and nature of the study (e.g., benefits, risks), the interview procedures (e.g., audio-recording), and remuneration (i.e., $30 cash). In addition, participants received assurances of safeguards in place to preserve their anonymity (e.g., pseudonyms, secure data storage), the researchers' contact information, as well as contact information should they need to seek additional support following the interview. After signing the consent form, participants completed an 8-item demographic survey requesting age-range, race/ethnicity, highest level of education completed, and gender identity. Participants also provided information regarding their disabilities (i.e., type) and employment (i.e., tenure, occupation, full- or part-time status). Semi-structured interviews were then conducted using the protocol developed by our cross-disciplinary team. Interview length ranged from 30 to 90 minutes ($M = 48$ minutes). Interviews were transcribed verbatim by a professional transcriptionist or trained graduate assistant.

Our opening question asked participants to describe how they were treated in the workplace. Often, we did not have to ask about disclosure as these issues appeared to be an integral part of the narratives of individuals with disabilities and brought up extemporaneously.

### 2.6. Data analysis

Once the interviews were transcribed, we analyzed the data using open, axial, and selective coding strategies recommended for grounded theory research [34, 35]. The second and third authors independently identified categorical codes from individual words, lines, and sections of the transcripts. Members of the research team then came together in a series of meetings to discuss the emerging themes and experi-

Table 1
Participant disability characteristics

| Disability type | | | |
| --- | --- | --- | --- |
| Anorexia Nervosa ($n = 2$) | Bipolar Disorder ($n = 2$) | Dyslexia ($n = 3$) | Learning Disability ($n = 1$) |
| Anxiety ($n = 8$) | Cerebral Palsy ($n = 1$) | Epilepsy ($n = 1$) | Lymphedema ($n = 1$) |
| Arterial Fibrillation ($n = 1$) | Chronic Migraine ($n = 1$) | Fibromyalgia ($n = 1$) | Obsessive Compulsive Disorder ($n = 1$) |
| Asthma ($n = 1$) | Cognitive Deficit Due to Stroke ($n = 1$) | Hearing Loss ($n = 4$) | Post-traumatic Stress Disorder ($n = 2$) |
| Attention Deficit Disorder ($n = 2$) | Diabetes (I, II) ($n = 2$) | Hepatitis C ($n = 1$) | Postural Orthostatic Tachycardia Syndrome ($n = 1$) |
| Attention Deficit Hyperactivity Disorder ($n = 3$) | Depression ($n = 8$) | Hypothyroidism ($n = 1$) | Schizoaffective Disorder ($n = 1$) |
| Autism ($n = 1$) | Dysautonomia ($n = 1$) | Intellectual Disability ($n = 1$) | Tourette's Syndrome ($n = 1$) Vestibular Migraine ($n = 1$) |

*Note*: More than half of our participants reported that they had multiple disabilities. The conditions they reported were predominately mental and invisible disabilities.

Table 2
Participant work characteristics (N = 26)

| Education | Position-level | Occupation | Industry |
| --- | --- | --- | --- |
| Some High School ($n = 1$) | Entry-level ($n = 8$) | Administrative Assistant ($n = 5$) | Accommodation & Food Services ($n = 2$) |
| High School Diploma ($n = 10$) | Mid-level ($n = 7$) | Business Analyst ($n = 1$) | Administrative & Support Services ($n = 7$) |
| Technical School ($n = 3$) | Professional-level ($n = 10$) | Cashier ($n = 3$) | Construction of Buildings ($n = 2$) |
| 2-year Degree ($n = 2$) | Upper-level Management ($n = 1$) | Clinical Professor ($n = 1$) | Education & Health Services ($n = 7$) |
| 4-year Degree ($n = 6$) | | Door Greeter ($n = 1$) | General Merchandise Stores ($n = 6$) |
| Graduate Degree ($n = 4$) | | Engineer ($n = 1$) | Performing Art ($n = 1$) |
| | | Fabricator ($n = 1$) | Real Estate ($n = 1$) |
| | | Information Technology Specialist ($n = 1$) | |
| | | Musician ($n = 1$) | |
| | | Newspaper Lab Instructor ($n = 1$) | |
| | | Real Estate Agent ($n = 1$) | |
| | | Stocker ($n = 1$) | |
| | | Swim Lab Instructor ($n = 1$) | |
| | | Teacher ($n = 1$) | |
| | | Temporary Position ($n = 2$) | |
| | | Tutor ($n = 1$) | |
| | | Vocation Rehabilitation Counselor ($n = 1$) | |
| | | Waitress ($n = 1$) | |

*Note*: Entry-level: no degree required, no supervisory responsibility; Mid-level: associate/technical degree, intermediate skills, some supervisory responsibility; Professional-level: advanced degree, highly skilled positions; Upper-level management: business owner.

ences and to categorize the data to create a coding scheme. As previously described (see *Researcher reflexivity*), the first three authors carried out transcript coding over the course of several months. In that process, we continued to review, collapse, and refine our coding scheme, returning frequently to previously coded transcripts to check for inconsistencies. Through our correspondence and all-team meetings, the other research team members served as critical peers to evaluate our findings [35, 36].

They also assisted with the interpretation of the data and elaborating the professional implications of our findings.

## 3. Results

We began our interviews by asking our participants to describe how they were treated by others at work. In this context, interviewees often began by describing their disclosure decisions and how these were influenced by the way others treated them on the job. When they did not spontaneously share this information, we specifically asked them two questions: (a) What have been your experiences, if any, with disclosing your disability status to people at your workplace? and (b) How, if at all, has the way you are treated on the job influenced your decisions about whether or not to disclose and/or make an accommodation request? Our findings were mixed, with some individuals choosing not to disclose at all and some choosing to selectively disclose (e.g., disclosing one disability but not another that the employee viewed as stigmatized, disclosing to some in the workplace and not others, being selective about the information they shared about their disabilities). Although in the minority, several participants openly disclosed information about their disabilities. Workplace treatment and disclosure decisions did indeed have a reciprocal impact on each other. Many made their decisions based on how they were treated in other positions, by subtly assessing co-workers' impressions of individuals with disabilities, and by how any disclosures they did make influenced the way they were treated by others. Those who chose to openly disclose worked in environments that were perceived as inclusive of individuals with disabilities and more concerned about the employee's job performance than their disability status. One individual found that her decision not to disclose created conflict with a co-worker that could have been avoided if she had disclosed.

In discussing disclosure decisions, participants detailed how they negotiated their at-work identities in service of getting and keeping a job as well as the benefits, the costs, and the changes they might make in their decision-making in the future. With rare exceptions, participants presented as very self-aware. Specifically, each described in-depth knowledge of their own health status and work-related needs, including accommodations. Statements such as, "I know myself and I know that I can perform my job

adequately;" "I'm just as capable as anyone else, but sometimes I'm just not able to perform the same functions [in the same manner];" and "I typically stay away from loud jobs ... where I wouldn't be able to hear people;" made it clear that they were confident about their abilities and realistic regarding their limitations and employment expectations. Participants were equally aware that individuals with disabilities might be perceived as "not being as smart or not being able to do as much" and that their mannerisms and behaviors might make others uncomfortable, or less willing to hire or work with them because they diverged from perceptions of the 'ideal employee.' It was perhaps this awareness that motivated participants to use full disclosure, selective disclosure, or non-disclosure as an impression management strategy to overcome those "misguided views," control the narrative, and be seen as valued employees.

Impression management is defined as the social performance of behaviors designed to control the information that one person conveys to others [37]. Impression management allows the performer to project a desired positive self-image so that others perceive them favorably [37, 38]. In the workplace, impression management influences selection, performance appraisals, and promotions [39, 40]. People who successfully project the image of the 'ideal employee' are viewed as competent, prepared to meet the expectations of the job, and they are recognized and rewarded by their managers [37, 41]. Impression management strategies that individuals may use in work environments include claiming, passing, downplaying, and masking [37, 42].

Claiming occurs when an individual purposefully acknowledges the positive characteristics of their disability and reframes any characteristics that may be perceived as negative. Passing is the opposite of claiming. In this case, the person attempts to conceal entirely any sign of their disability in an attempt to be perceived as a person without a disability. Downplaying or covering is a low-profile acknowledgment of the disability where the individual attempts to cover any negative characteristics related to it and divert attention elsewhere. In masking, the person openly discloses the disability but conceals any sign that the disability may negatively impact performance. In the following paragraphs, we describe how participants used disability disclosure as an impression management technique in an attempt to be considered "the same as everybody else," because they felt that having a disability set them apart in an undesirable way.

### 3.1. Claiming

Nearly 60% of our participants described using what could be categorized as "claiming" strategies to manage how others in the workplace treated them [42]. Some acknowledged their disability to signal to others self-confidence, self-efficacy, and competence. For example, one individual felt that his positive attitude toward his disability contributed to his positive reception at work, saying, "I think there's an endless amount of things I could do without any issues … I think that my attitude … towards [my disability] makes a difference." Another openly disclosed her disability to a hiring manager during an interview because she believed that having a disability "could be a really good asset" for a position that required working with other individuals with disability. Others used claiming strategies as bridges to help their co-workers "feel more comfortable" or "alleviate an awkward situation." Participants talked to their supervisors and co-workers about their disabilities, "just so that they'd be aware if something happened." Several participants felt that it was important to proactively "manage expectations" of others to avoid "negative feelings [like] animosity [and] jealousy regarding reduced workloads" or "getting treated differently" by the boss. Taking it a step further, claiming was also used to control the narrative around disability to circumvent the risk of being misunderstood or misrepresented. As one person put it, "if there's ever any question about my mental health or about my disability, please come to me because it's *my* (participant emphasis) disability and nobody will be able to express or explain it better than me." Among the responses of our participants, three themes in particular stood out as contributing toward their willingness to use and their success with claiming strategies: past experience, perceived supervisor support, and organizational culture. In the following paragraphs, we describe the outcomes of claiming in striving for success and acceptance in the workplace.

### 3.2. Claiming outcomes

Past experiences of success at work, of being "treated as equally as everybody else" or not having "issues or adverse repercussions" made participants more confident that claiming would positively influence future treatment and opportunities. The experience of receiving requested accommodations made one participant more confident about asking again, but also "confident enough to say that I can do [my job] but I can do it better if I have the help." Negative past experiences can also motivate a change in impression management strategies. Several participants described lessons learned. As one said,

> I did myself a disservice … I learned the hard way that keeping that to myself could turn out bad … I definitely learned I need to disclose … make requests … [otherwise] they would just chalk it up to me not being qualified.

One of the challenges inherent in providing support to individuals with disabilities is knowing their needs. The ADA requires employers to provide reasonable accommodations [8], but this is only possible when employees with disabilities (a) disclose their disability status and (b) make tacit request for one or more accommodations. Claiming strategies, which would include talking about accommodations, enable supervisors to provide emotional and instrumental support to employees with disabilities. For example, participants who engaged in claiming strategies noted that their supportive supervisors "actually cared about me and cared about what was going on," "stood up for me" following client or coworker mistreatment, and were willing to "accommodate anybody with what they need." One supportive supervisor provided honest feedback that recognized job performance and promoted growth. As a participant shared with us, "they said that I exceeded expectations in dealing with customers... they said that I don't exceed expectations or I meet unsatisfactory requirements on being there on time."

Among our claiming participants, organizations whose primary function was to "eat, live and breathe disability" (i.e., serve individuals with disabilities) were described as "more friendly [and] more open-minded toward everything." Participants felt more at ease with supervisors and co-workers who had professional training that afforded them "an understanding about disabilities" and the need for "conversations on the regular about my capabilities." Some counted themselves as insiders stating, "we understand the whole process" of interacting with and serving individuals with disabilities. As another participant put it, "sometimes people who understand you best are people who go through the same problems as you."

Nevertheless, claiming is not always associated with positive outcomes. Of the 15 individuals in our study who claimed, only seven also reported positive workplace experiences. Claiming does not mean acceptance [43]. Supervisors and co-workers accused

some of our participants of "coming up with an excuse," or "being a baby, faking, or over-reacting." Other participants encountered reductive criticisms such as, "oh yeah like I have that too but I'm diagnosed by Google," or "oh all you kids nowadays have that." One person was "put down because their [disability] is worse [than mine] or a better type [of disability]." Several participants also described how claiming deprived or threatened to deprive them of a job. For example, on disclosure of disability during a job interview, one participant shared that "whenever I'd try to elaborate on it, they tried to talk me out of wanting a job there." Another potential employer "started listing all these problems he was gonna have as soon as he found out about my disability and never called me." A third participant detailed living under the constant threat of job loss because her employer "hung [my disability] over [my] head, saying, 'every time you decide that you need to have a mental breakdown, we're losing money.'"

### 3.3. Passing, Downplaying, and Masking

#### 3.3.1. Passing

Numerous participants in our study admitted that passing was not an option for them because "I seem obviously strange" or "No matter how hard I try, I can't do a convincing normal." However, in recognition of disclosure as "a sure way to *not* (participant emphasis) get a job," a number of individuals engaged in 'selective' passing. That is, they purposely withheld information about their disability until after they were hired to increase perceptions of employability, or as one participant put it, to "get them to give you a chance." Some participants described "put[ting] out feelers, just to … see if … I can trust... them" because "I don't want them to make fun of me." Others felt that they "didn't have an obligation to [the boss] or any other employees that worked there" to discuss [their] disabilities and doing so would be akin to "open[ing] up my checkbook to show 'em my balance." Several participants described disclosure as pointless, remarking that "I don't know any way that it would benefit me to tell you," and "I don't feel like they understand at all … I might as well not tell you."

#### 3.3.2. Downplaying

Often participants attempted to downplay or cover for their disability by deflecting. For example, instead of attributing a mannerism, such as twitching, to a disability, one participant substituted a plausible cause,

saying, "I had too much coffee or two 5-hour energies instead of one." Others might offer more generic reasons such as, "I told my boss I had personal problems" rather than point to a disability as the source of difficulties. In an effort to divert attention, one participant described disclosing one disability but no other "emotional or psychological disorders [that might be] less socially acceptable." Others remarked that although they were not trying to expressly "hide their disability" or "lie about it," they admitted that some "people have noticed, but I don't volunteer information … it's not something I go around broadcasting." Several participants used downplaying to avoid attracting unwanted attention. "I don't want them to feel sorry for me or for it to be a crutch," "I don't wanna get special treatment," or be "labeled as someone with a disability."

#### 3.3.3. Masking

One participant astutely commented that, "people as a general rule do not know how to deal with people with disabilities." Indeed, the social norm around disability is a tacit agreement not to stare, point, or ask questions. "Employers don't necessarily know everything about … disability, … they just know … a handful of terms, … they don't understand where you're coming from," and protective legislation makes employers worried that asking about disabilities might make them seem discriminatory. Vickers' [42] definition of masking assumes that the person with disabilities is making the choice to conceal any sign that the disability may negatively impact performance. However, we observed that the pressure to mask appeared to be externally driven by the managers and co-workers of employees with disabilities. For example, several participants expressed that they were "kind of put off," encouraged to "not talk about [their disabilities] anymore," but to show up at work, "hunker down," "endure," and "suck it up" as best as possible. In one particularly striking case, a participant described how she outwardly "present[ed] … as someone who is upbeat, who is peppy, … but [was] really nervous inside and sad," because her boss threatened her job by saying, "if you can't force yourself to be happy here, I will fire you, I will let you go for it."

### 3.4. Passing, Downplaying, and Masking Outcomes

Many of our study participants who engaged in passing, downplaying, or masking reported both

dread and certain resignation that sooner or later, regardless of efforts to the contrary, trust would be violated; control of information would be lost; and their image as qualified, competent employees would be compromised. For example, one manager revealed protected information to co-workers who then "made comments about accommodations." Two other managers called attention to another participant's mannerisms, maliciously inviting others "to make fun of [him]." One participant was subjected to gossip like, "Oh my God, she's crazy ... she's got three disorders ... she should be in a mental hospital," after a "coworker overheard a phone call" and shared that information. Another was the victim of a "tattletale co-worker who knows about my disability [and tried] to tell the boss that I'm not doing my work or I take off a lot." However, undesired exposure of one's disability does not always come from the outside; sometimes participants were exposed by their own disabilities when "ticks," "panic attacks," and "episodes" made the disability apparent to others.

Several participants talked about how the loss of image as a qualified, competent employee resulted in strained relationships, involuntary transfer, and job loss. Two individuals remarked that their experiences had long-term negative effects that would not be easily forgotten and continued to influence how they felt about themselves and working. Failed impression management aggravated health conditions and left participants feeling "discouraged," "embarrassed," "frustrated," "isolated," and "drained." For some, these feelings spilled into their home lives. As one participant shared, "I went home after that and just started crying and screaming at my [family]." Several described "chronic fatigue," or "going home and going to bed" after returning home from work. Others said, "I go home and I can't relax," or "it's ... hard to sleep at night."

## 4. Discussion

This study was drawn from a larger investigation with the overarching purpose of better understanding how employees with disabilities are treated in the workplace. Participants in this study who wanted to retain their positions or receive transfers or promotions often made disclosure decisions as forms of impression management such as claiming, passing, downplaying, or masking to direct attention toward strengths and away from weaknesses [37, 42]. Provided that the image presented does not stray too far

from self-authenticity, the consequences of impression management are generally positive [31, 41], as research has shown that impression management is related to hiring selection, positive performance appraisals, and promotions [28, 39, 40].

However, the relationship between work-related outcomes and impression management for those with stigmatized identities, including individuals with disabilities (especially hidden or psychiatric disabilities), is more complicated as the challenges of positive self-presentation are often greater and the stakes higher. It is, and has been historically, more difficult for individuals with disabilities to find and maintain employment than it is for non-disabled workers [1]. As the largest minority population in the world, individuals with disabilities contend with underemployment, underutilization, lower wages, fewer instances of promotion, and fewer training and career advancement opportunities [2–5]. In addition, as evidenced by our results, individuals with disabilities, especially those with hidden, stigmatized disabilities, continue to be subjected to bias, discrimination, and mistreatment in the workplace [22, 23, 25]. Motivated by the desire to overcome these hurdles and present themselves as the 'ideal' employee, we found evidence that individuals with disabilities engage in claiming, passing, downplaying, and masking strategies.

Approximately half of our 26 participants used claiming strategies to positively represent themselves at work. Research has demonstrated that claiming can alleviate inhibition, and it can foster instrumental and social support, as well as feelings of well-being [45, 46]. Indeed, in one study, individuals with visible disabilities using claiming strategies received higher evaluations as opposed to those who did not [47]. That said, only about half of the participants in this study who used claiming reported experiencing its long-term benefits. Those individuals described being accepted, well-treated, promoted, and respected as positive outcomes of claiming.

The narratives of our participants align with findings across the impression management, organizational behavior, and vocational rehabilitation literatures that supervisor support, as well as inclusive organizational cultures, encourage greater discourse among organizational members while also providing the means by which individuals and organizations can benefit from positive outcomes (e.g., increased trust, collaboration, organizational voice and productivity, decreased absenteeism and turnover) [41, 48]. Furthermore, for many of our participants, these past

positive experiences reinforced intentions to continue claiming behaviors [49].

That only a small number of our participants reported positive outcomes as a result of claiming suggests that employees with disabilities should be mindful of possible risks associated with claiming. Those who used claiming and reported negative outcomes described being excluded, treated differently than their peers, ignored, not accommodated, passed over for jobs and promotions, and the subjects of gossip and mistreatment (e.g., harassment, assault, ADA rights violations). Certainly, these findings underscore the importance of employees with disabilities being conversant with the provisions and protections set forth in Title I of the ADA, specifically, what recourses exist when an individual is subjected to discriminatory treatment by employers or coworkers. Although claiming is considered an effective method of impression management for individuals with stigmatized identities [48], this finding is not surprising given the array of factors including individual differences (e.g., emotional stability, stigma centrality) [48], disability characteristics (e.g., visibility, controllability) [29, 30], and persistent biases and stereotypes that may negatively influence the types and outcomes of claiming impression management strategies [24, 25, 27].

The findings from our study lend additional support to the impression management literature, which argues that passing, downplaying, and masking strategies are largely counterproductive [42, 48]. With the exception of the selective passing described above, whose efforts may have achieved short-term gains, the cost of nearly all other non-claiming impression management strategies included increased anxiety, self-doubt, and fear of discovery, accompanied by decreased self-acceptance, well-being, and job satisfaction [46, 50, 51]. Both the effort of maintaining a less-than-authentic self-image and the cost of failed impression management can leave individuals with disabilities worse off than when they began, exhausting resources, and resulting in increased absenteeism, withdrawal, and turnover intentions [51, 52].

None of the outcomes of passing, masking, and downplaying described by participants in this study are desirable. Importantly, although participants may not have been aware of them, there are downstream effects on the organization, as well. Individuals who feel constrained to limit or mute their discourse regarding stigmatized identities may experience increasing reluctance to contribute their

knowledge and expertise to work-related conversations [53], to the detriment of the organization. The literature informs us that non-claiming impression management tactics prevent others from knowing the lived experiences of individuals with disabilities [54]. On the other hand, claiming contributes to greater inter-personal understanding of the identities and needs of all organizational members (i.e., individuals with and without disabilities) and suggests ways in which organizations may better respond to those needs as they seek to cultivate truly inclusive policies and organizational cultures.

Finally, it should be noted that claiming, as it applies to disability status, requires the employee to suspend their legal right to privacy. The ADA clearly stipulates that employees with disabilities are not required to disclose their disability status to employers, and many disability advocates recommend that employees with disabilities *not* disclose their identities as such to employers unless or until the employee determines that they need a reasonable accommodation [8]. This issue of privacy and the right to refrain from claiming or disclosure is especially salient when the individual's disability is not readily apparent to others [8].

### 4.1. Implications

#### 4.1.1. Rehabilitation service delivery

One of the first considerations for rehabilitation professionals is how to assist individuals with disabilities to make disclosure decisions, and if they choose to openly disclose, how to do so in a manner that is likely to result in positive impressions. Impression management is commonly used by employees who are seeking to influence how they are seen by other members of the organization, and, consistent with our findings, prior research has demonstrated that some forms of impression management are more effective (i.e., in terms of impacting how one is viewed by co-workers and superiors) than others [55]. Thus, it behooves rehabilitation professionals to educate employees with disabilities about claiming and its many benefits. However, as our findings indicate, claiming does not always result in positive outcomes, and, based on prior literature [16, 17], claiming may actually result in unwanted outcomes for those with hidden disabilities. Thus, the risks and benefits must be carefully weighed in assisting individuals to make these decisions.

For those who do decide to disclose, whether it be openly or selectively, first and foremost, it should be

determined how much they know about their ADA rights [56]. If they know little or possess inaccurate information, education is the first step. Next, they should be encouraged to focus on the assets they would contribute to the workplace because of their prior work experiences, training, and transferrable skills, and also because of their status as an individual with a disability. Rehabilitation professionals should work with individuals to develop lists of personal attributes that correspond with the requirements of the position. Many of these personal attributes may have been acquired as a result of managing a disability (e.g., supervising others, creativity in overcoming obstacles, good time management skills, effective communication skills). For individuals who may not readily see the assets and skills they have gained from managing their disabilities, rehabilitation professionals may have to take the lead in pointing these out. Role plays with the rehabilitation professional and actual employers can assist clients with discussing their disability in a manner that highlights skills that are required for the position.

When possible, accommodation requests should be made after the job is offered to the employee, and, again, the focus should be on how these accommodations will contribute to making employees proficient at their jobs [57]. Rumrill and colleagues' [56, 58] win-win approach to reasonable accommodations emphasizes precisely this productivity enhancement argument, and it provides a set of non-adversarial and ADA-compliant steps that employees can take to disclose their disability status and request workplace accommodations from their employers. A caveat to the post-job-offer disclosure recommendation is manifested when disability status disclosure, as a necessary part of managing a disability or working with advocacy organizations to end stigma and discrimination, provides the individual with skills required for the position they seek.

In many cases, the provision of rehabilitation services diminishes once the client has obtained employment. However, research findings from this study, as well as from studies conducted by other researchers, indicate that the initial employment period is when rehabilitation counseling and other on-the-job supports may be needed most [19, 24, 57, 59]. Even equipping clients with the skills to effectively manage the impressions of others does not guarantee that they will not face discrimination, microaggressions, and workplace incivility on the job. Left unaddressed by the rehabilitation professional, clients may face so much stress from this

mistreatment that they prematurely withdraw from their jobs as well as from the general workforce. We advise counseling sessions to be provided on a regular basis for those employees who may struggle on the job, either because they disclosed or did not disclose, as they may benefit from counseling and guidance for responding to workplace mistreatment or denial of their requests for needed accommodations. Counseling and guidance can focus on a variety of issues depending on the needs of the client. These issues may include conflict resolution strategies; how to respond to employers and co-workers who are mistreating them; locating allies who are in higher-level positions to back-up the employee who confronts abusive co-workers and supervisors; and when and how to report instances of mistreatment to employers, human resources, or the Equal Employment Opportunity Commission (EEOC). Because of the large caseloads that many rehabilitation counselors may hold, it could be advantageous to offer employment support groups so that multiple clients may be served at once and benefit from each other's emotional support and suggestions for responding to workplace mistreatment.

An alternative is for vocational rehabilitation to employ job retention or stay-at-work specialists whose caseloads consist solely of clients who are employed and whose primary responsibility is to support these individuals in ameliorating any barriers (including workplace mistreatment) to retaining their employment and experiencing job satisfaction and satisfactoriness. These specialists can also be instrumental in assisting employees with disabilities to be assertive, when doing so is not detrimental to their jobs, in responding to mistreatment—saving jobs that may otherwise be lost due to poor performance because the individual chose not to disclose and request a needed accommodation—and exploring options with individuals who perceive their work environment to be detrimental to their well-being. Of course, providing these on-going post-employment supports may necessitate changes in case closure criteria, as both the private and public sectors of the field of rehabilitation counseling currently require cases to be closed soon after initial job placement [8].

## 4.2. Human resource professionals and employers

It is important to note that the onus should not be placed solely or even mostly on the employee with a disability to manage how they are treated

by others. As we found in our study, claiming does not always result in fair treatment of the employee with a disability. Changing negative attitudes about disability is a societal responsibility. As such, employers should ensure that employees with disabilities are treated equitably and with dignity and respect [57]. This responsibility requires the development, maintenance, and on-going evaluation of inclusive workplace environments.

Human resource managers; diversity, equity, and inclusion (DEI) officers; and other qualified parties (e.g., management consultants, industrial-organizational psychologists, rehabilitation counselors) should conduct workplace culture assessments and provide guidance to employers to ensure that their workplaces are inclusive of individuals with disabilities [25, 54]. Assisting employers to design, implement, and evaluate universal design and inclusive workplace policies and procedures benefits not only the employee with a disability, but all current and future employees with disabilities as well as employees without disabilities. These environments empower all individuals to claim their disabilities and employees without disabilities to expand their social networks and worldviews.

Employers can also assemble advisory committees consisting of employees with disabilities, human resource managers, DEI officers, and other qualified parties to evaluate and change exclusionary policies and practices [27, 56, 57]. Employers can include as part of their mission statements that they hire and accommodate employees with disabilities, and this information should be repeatedly reinforced in communications (both orally and in writing) with employees and customers. Additionally, managers should develop policies for workplace mistreatment and how to respond with immediacy if mistreatment occurs [5]. Likewise, as part of policies and procedures, employees who are bystanders of mistreatment can be instructed to intervene or report instances of mistreatment. Implementation of these policies and procedures can increase the likelihood that employees with disabilities feel no discomfort in claiming/disclosing their disability status if that is what they desire.

### 4.3. Limitations and future research directions

Our study had several limitations that were primarily functions of our non-randomized recruitment techniques. Our participants were recruited from the region immediately surrounding a university in the southern part of the United States. The majority of our participants were female and Caucasian; nearly 70% worked part-time and, more than one-third were students. Many more of our participants reported invisible rather than visible disabilities. Although our participants represented a broad array of disabilities, future research replicating our results among a more representative and demographically diverse sample would allow for further generalizability of our findings.

Another potential limitation lies in the fact that the data collected for this portion of a larger study were based on asking participants to describe their work experiences as individuals with disabilities. The relationship between disclosure decisions and impression management was not among our primary questions. But for many participants, an emerging theme was that much of their workplace experience revolved around their attempts to be seen for their abilities rather than their disabilities and to be recognized as a valued employee. Twenty-two of our 26 participants described disclosure and impression management within the first two sentences of the interview without an investigator prompt. That being said, had we focused explicitly on impression management, our participants might have provided us richer, more detailed responses. Going forward, our understanding of the workplace experiences of individuals with disabilities would benefit from a quantitative study to examine impression management strategies, as well as the effects of disability identity, intersectionality, tenure, self-employment, and organizational culture on important outcomes such as well-being, inclusion, and career advancement. Adding in the perspectives of co-workers and managers would also provide greater context regarding the effects of disclosure and impression management strategies.

### 5. Conclusion

Although nearly all employees with disabilities engage in impression management to some extent [47], we leveraged qualitative research techniques to explore the reciprocal impact of workplace treatment and disclosure. Interestingly, even though our interview questions did not explicitly refer to impression management, managing others' impressions of oneself—particularly with respect to one's disability—emerged as an especially salient aspect of participants' disclosure decisions and quality of their work lives. Notably, participants reported

using an array of tactics including claiming, passing, downplaying, and masking techniques previously identified in the impression management literature. In some cases, participants described positive experiences with respect to impression management. However, our research also revealed that impression management can present unique challenges that may outweigh potential benefits for employees with disabilities—a discovery that is perhaps unsurprising given the complexities surrounding disability in the workplace (e.g., discrimination, workplace mistreatment, inadequacy of legal remedies). In any case, our findings affirm that managing the image we project to others can be remarkably complicated and effortful when having a disability.

At this time in our history, discussions regarding DEI efforts have never been more relevant. Employers are being called upon to establish workplaces that reflect the entire breadth and depth of human variability. Disability must be viewed as a core element of such diversity initiatives, and the needs of individuals with disabilities must be considered within all social justice and fair treatment policies and practices. We hope that our investigation illuminating the nuances of impression management for employees with disabilities prompts additional research in this area and provides valuable insight to rehabilitation professionals and human resource managers seeking to better understand the workplace impression management experiences of these employees.

## Conflict of interest

The authors declare that they have no conflict of interest.

## Ethical Conduct of Research and Human Subjects Protection

The study was approved by the Institutional Review Board of the University of Arkansas (#17-04-647, April 10, 2018).

## Informed Consent

Informed consent was obtained from all study participants.

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