

1-1-2018

Motivators Impacting Employment After Disability Due to Injury or Chronic Illness

Damion B. Jackson

This document is a product of extensive research conducted at the Nova Southeastern University [Abraham S. Fischler College of Education](#). For more information on research and degree programs at the NSU Abraham S. Fischler College of Education, please click [here](#).

Follow this and additional works at: https://nsuworks.nova.edu/fse_etd

 Part of the [Education Commons](#), and the [Public Health Education and Promotion Commons](#)

Share Feedback About This Item

This Dissertation is brought to you by the Abraham S. Fischler College of Education at NSUWorks. It has been accepted for inclusion in Theses and Dissertations by an authorized administrator of NSUWorks. For more information, please contact nsuworks@nova.edu.

Motivators Impacting Employment After Disability Due to Injury or Chronic Illness

by
Damion B. Jackson

An Applied Dissertation Submitted to the
Abraham S. Fischler College of Education
in Partial Fulfillment of the Requirements
for the Degree of Doctor of Education

Nova Southeastern University
2018

Approval Page

This applied dissertation was submitted by Damion B. Jackson under the direction of the persons listed below. It was submitted to the Abraham S. Fischler College of Education and approved in partial fulfillment of the requirements for the degree of Doctor of Education at Nova Southeastern University.

Kathleen Kardaras, PsyD
Committee Chair

Analisa Smith, EdD
Committee Member

Kimberly Durham, PsyD
Interim Dean

Statement of Original Work

I declare the following:

I have read the Code of Student Conduct and Academic Responsibility as described in the *Student Handbook* of Nova Southeastern University. This applied dissertation represents my original work, except where I have acknowledged the ideas, words, or material of other authors.

Where another author's ideas have been presented in this applied dissertation, I have acknowledged the author's ideas by citing them in the required style.

Where another author's words have been presented in this applied dissertation, I have acknowledged the author's words by using appropriate quotation devices and citations in the required style.

I have obtained permission from the author or publisher—in accordance with the required guidelines—to include any copyrighted material (e.g., tables, figures, survey instruments, large portions of text) in this applied dissertation manuscript.

Damion Jackson

Name

March 26, 2018

Date

Abstract

Motivators Impacting Employment After Disability Due to Injury or Chronic Illness. Damion Jackson, 2018: Applied Dissertation, Nova Southeastern University, Abraham S. Fischler College of Education. Keywords: chronic illness, disability, injury, return-to-work, workforce

Unemployment caused by the need to treat and recover from a disability due to injury or chronic illness is a common phenomenon. Research illustrates that absence from work damages organizational growth, employers, and employees. Employees often experience problems with their mental and physical health that affect their social identity and function. In the context of the recognized value of employment for human health and well being, policy-makers have implemented various programs and approaches to encourage re-employment of those unemployed due to required treatment and rehabilitation. Many of the approaches are driven by financial incentives to encourage individuals to rejoin the workforce and become less dependent on government benefits. Those approaches do not appear to provide adequate motivation for many disabled Americans, a fact that is exacerbating the existing strain on Social Security. Through the use of interviews, this study explored the motivations of individuals who have experienced an injury or chronic illness and successfully managed to return to the workforce. This research demonstrated their common obstacles, what tools they found most instrumental, and what the primary motivators driving their transition back to work.

Table of Contents

	Page
Chapter 1: Introduction	1
Topic	1
Background to the Problem	2
Statement of the Problem.....	4
Definition of Terms.....	6
Assumptions of the Study	8
Purpose of the Study	10
Chapter 2: Literature Review	11
Introduction.....	11
Theoretical Framework.....	12
Maslow's Hierarchy of Needs	13
Goffman's Theory of Stigma	14
Adler's Life Tasks.....	16
Workplace Related Disability	17
Visible and Non-Visible Disabilities	21
Barriers to Workforce Re-Entry.....	22
Impact of Disability Benefits	23
Employer RTW Programs and Maintaining Employment.....	26
Healthcare Reform and the TTW Program.....	28
Conclusion	29
Research Questions	32
Chapter 3: Methodology	33
Introduction.....	33
Participants.....	34
Instruments and Measures.....	36
Research Design and Methodology	38
Data Collection	41
Specific Procedures.....	42
Data Analysis	43
Ethical Considerations	44
Trustworthiness.....	45
Limitations of the Study.....	47
Threats to Validity	48
Summary	49
Chapter 4: Research Findings	50
Introduction.....	50
Background of Participants.....	50
Emergent Themes	51
The Need for Normalcy	52
The Need for Support.....	53

Overcoming Stigmas.....	54
Personal Satisfaction.....	56
Summary.....	56
Chapter 5: Discussion.....	59
Meanings and Understandings.....	59
Summary of Findings.....	60
Implications of the Study.....	64
Recommendations for Future Study.....	65
References.....	67
Appendix	
Interview Questions.....	78

Chapter1: Introduction

Topic

The transitional path from being disabled to returning to the workforce can be complicated for patients who have experienced long-term physical impairments due to injury or chronic illness. From a physical standpoint, patients need to be healthy enough to earn an adequate income. There are also challenges surrounding the emotional readiness of patients that can prove to be difficult with this life-altering event. To help ease with this transition, Congress passed the Ticket to Work Incentives Improvement Act in 1999 and implemented the Ticket to Work (TTW) program in 2002 (O’Leary, Livermore, & Stapleton, 2011). The program was intended to significantly improve employment outcomes for disability income recipients by removing the obstacles preventing them from having to depend on Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) cash assistance. Disabled individuals who participate in the program would receive assistance in retraining and job placement through government sponsored Employment Networks (ENs). In 2008, the Social Security Administration (SSA) revised the TTW in an effort to increase the participation of SSDI recipients in ENs, however the revisions reduced the incentives the ENs received by getting beneficiaries to give up their benefits. The results were an increase in EN and beneficiary participation, but a decrease in the percentage of participants foregoing benefits (Hyde & Stapleton, 2015). Participants would be allowed to work for a 9-month trial period while still receiving monthly SSA disability incomes, regardless of earnings from their employers. They would still remain covered by Medicare and Medicaid and if

they find themselves unable to complete their trial period, they would keep their disability determination without having to re-apply for disability.

The aforementioned incentives for disabled individuals to participate in the TTW program seem to be consistent with the goals of the program yet historically there has been little reduction in the number of beneficiaries on the disability roll for benefits. The use of government supported ENs, which is crucial to assisting with job readiness and placement among beneficiaries, has not yielded the expected results. Furthermore, the incentives provided to these networks do not appear to align with promoting longevity of employment and permanent independence from SSDI and SSI benefits (O'Leary, Livermore, & Stapleton, 2011).

Background to the Problem

The TTW program was based on the notion that disabled individuals wanted to return to work, but did not have the tools and support in place. Its initial design laid the foundation for installing those support systems, however there has not been the exodus of disability income recipients from the disability roll as expected. One reason is the security and stability SSDI and SSI provide. The Social Security Administration (SSA) may have created a benefits system that encourages complacency among its beneficiaries. Disabled individuals know that their monthly checks arrive, like clockwork, on the pre-determined day each month. There are no fluctuations in dates or amounts and health insurance provided through Medicare or Medicaid is guaranteed. With those factors in place, there is little motivation to seek regular employment and be subjected to commuting, meeting a certain number of hours, and other assumed stressors involved with working daily. Furthermore, the SSA does not strictly adhere to the medical

disability review schedule that was designed to ensure that beneficiaries who are physically able to maintain gainful employment were not collecting benefits unnecessarily for indefinite periods of time. Without that system of checks and balances individuals who intend to manipulate the system for as long as possible can do so with minimal effort. In this regard, it appears that the SSA has created an environment that may run counter to promoting its own TTW program.

For those individuals who are motivated to return to the workforce, the TTW program can sometimes complicate the process to the point of being a hinderance. For these disability recipients, they are motivated to return to the workforce, but find navigating through the re-employment process overwhelming. A large portion of this patient population consists of kidney transplant recipients, many of whom are under forty years of age. They are at an age where they would like to start a career or resume a career and reestablishing a sense of autonomy is critical to their emotional well being and, at times, their physical recovery. They often lament over a lack of support from their ENs, anxiety with maintaining employment due to their health instability, and difficulty understanding the TTW program altogether. There is a need for a targeted approach among the disabled population to place them on the path back to self-sufficiency. A qualitative study focused on the perceptions of the TTW program among disabled individuals who have genuine aspirations to return to work could provide valuable insight into ideas on how to enhance the program. Gaining an understanding of the obstacles hindering motivated individuals from achieving long-term employment through the TTW program appears to be a necessary first step in revamping the process. Effectively getting

more disability income recipients back to work would provide relief to a Social Security System that, at present, is not self-sufficient.

Statement of the Problem

In the event of an injury or sickness that causes disability, individuals may take a leave in their employment to undergo the necessary treatment with the purpose of returning to workforce later (Ball, 2016). Empirical studies of Bonner et al. (2015), Hensing et al. (2013), and others underline that successfully returning to work leads to greater economic conditions, improved quality of life, and other overall personal satisfaction. However, stress caused by illness and disability exacerbated by the transition to a lower-income lifestyle may discourage and not motivate individuals to return to the workforce. Research in the field of post-disability workforce re-entry discovered that a person faces a range of motivation barriers and a substantial amount of discontent (Hensing et al., 2013).

The study of Chien, Hwang, and Lin (2017) illustrated the severity of injury being an important precursor of the individual's return to work after the disability leave. Uncontrolled pain and activity limitations are common in disabilities caused by severe injury or chronic disease. While temporary disability requires a minimum period of treatment and rehabilitation, serious injury prohibits work for a longer period. Hence, disability severity determines the duration of one's disability leave and absence from work (Hepp et al., 2011). As a result, clinical research evidence outlines low return rates of severely injured individuals who have been absent from work greater than two years. Cancelliere et al. (2016) asserts that disability and long-term rehabilitation affect individuals' psychological well being. Stress, denial of functional deficits, or depression

evoked by the dependence on someone's assistance or other disability-related limitations damage the adjustment ability of an individual as well as one's successful return to work. Anxiety and psychological stress caused by disability and the subsequent absence prevent positive expectations for individuals' capability to perform at the pre-injury level, thus, playing the same role in the organization (Galizzi et al., 2016). Extended recovery times can erode an individual's perception of self-worth due to weakness, pain, and physical or mental impairment. These factors frequently result in psychological problems and psychiatric disorders that require a professional intervention prior to encourage the person to rejoin the workforce.

Adverse effects of disability severity and duration on individuals' re-employment are exacerbated among relatively older individuals. Older sick or injured workers are often more vulnerable to co-morbidities like heart disease or diabetes (Chien, Hwang, & Lin, 2017). Additionally, older age can affect an individual's motivation in a negative way, diminishing self-esteem and confidence in the ability to fulfill earlier workplace functions due to perceptions of functional declines. This scholarly argument of Price (2015) was opposed by the clinical trial of Hepp et al. (2011) that revealed no significant impact of individual's age, gender, injury severity, and type of accident on the inclination to return to work.

Other factors proved to influence the injured employee's decision-making about the return to work, including the type of disability and injury, education level, prior sick leave and unemployment, behavioral impairment, cognitive performance, and duration of hospitalization (Cancelliere et al., 2016; Chien, Hwang, & Lin, 2017). When an individual has intentions to rejoin to the workforce, he or she must substantiate the gap in

the employment history. The necessity to reveal an earlier disability may prove to be challenging for a disabled individual. There are privacy issues to consider as well as stigmas that may be attached by the hiring organization or its representative. The perception of the experienced disability may discriminate a person in terms of the employment opportunity (Stewart et al., 2012).

The scholarly community lacks a general consensus on the scope of motivators that drive the post-disability re-employment. Research findings based on observations or reports of health care providers or counselors either support or oppose one another. The extensive list of physical, emotional, mental and social factors that affect an individual's motivation to return to the workforce are difficult to qualify.

Definition of Terms

Chronic Illness. Chronic illness is a medical condition or health problem characterized by predefined symptoms and associated with disability that requires long-term treatment and/or rehabilitation. It is likely to produce particular cognitive, emotional, and psychological reactions that affect patients' recovery (Guharaj, 2003).

Disability. "Disability is always a combination of a certain set of physical or mental attributes, in a particular physical environment, within a specified social relationship, played out within a broader cultural and political context, which combines to create the experience of disability for any individual or group of individuals" (Shakespeare, 2013, p. 78). In the context of health, disability concerns any lack of ability caused by impairment to perform an activity in a manner regarded as normal and usual in society.

Employment. Employment is intended to demonstrate a contractual relationship between a person and the employer for an outlined period for financial compensation. This means of earning a living embraces some social and technical tasks located within a given social and physical context (Waddell & Burton, 2006).

Health. This is somewhat of an abstract concept to define. It can be referred to as an optimal state of well-being, others – “a dynamic state of physical, mental, social, and spiritual well-being and not merely absence of disease or infirmity” (Basavanthappa, 2007, p. 1). The all-encompassing concept of health covers physical, mental, cognitive, emotional, sociocultural, and spiritual elements.

Injury. This describes any bodily harm sustained by an individual typically as a result of an accident or unexpected trauma.

Job-related injury. Concerns intentional or unintentional damage to the individual’s body caused by either a specific episode or a series of events. The injury is job-related when it occurs at the workplace or other settings due to person’s status of employee or work (Leigh, 2000).

Quality of Life (QoL). This concept covers a range of interdependent domains such as health, economic resources, and social-economic status. Typically, quality of life is the subjective perception of an individual’s position in life shaped by the social value system and culture that underpin their individual goals, standards, expectations, and priorities. Each discipline utilizes its specific quality-of-life definition narrowed to reflect the realm of the context (Fairclough, 2010).

Unemployment. Unemployment refers to a situation when an able-bodied, eligible individual is not a contractual relationship with an employer and therefore, jobless.

Well-being. Similar to health, the concept of well-being has a broad scope of definitions. Typically associated with being healthy and positive emotions, well-being refers to the subjective state of comfort, satisfaction, and the self-perception of quality of life. In this regard, well-being covers physical, emotional, social, material, activity, and development dimensions (Diener et al., 2009).

Work. This activity is defined as the application of physical or intellectual effort, knowledge, skills, or personal resources towards a particular objective. Thus, work goes beyond narrow concepts of employment or job to include voluntary and unpaid work, household chores, family responsibilities and care, education, and professional development (Waddell & Burton, 2006). Work can also be defined and quantified by its usefulness to the community regardless of if it is remunerated by monetary compensation (Dreikurs, 1935).

Workforce. This refers to the total number of the national population occupied in civilian jobs and armed forces as well as those currently unemployed people seeking paid work. National workforce statistics indicate the number of individuals permitted to and available for employment. At the organizational level, workforce reflects the overall number of individuals on the employer's staff in a given organization (Ward, Tripp, & Maki, 2013).

Assumptions of the Study

The overview of the existing knowledge base concerning individuals' motivation to return to work after disability leave demonstrates the most commonly cited barriers to that decision, such as: severity of disability, long-term treatment and rehabilitation period, psychological distress, age, and education (Chien, Hwang, & Lin, 2017; Cancelliere, 2016). These physical, mental, and emotional factors appear to be most influential for individual motivation. From the hierarchy of needs' perspective, a person is motivated to self-actualization only after the satisfaction of one's physiological needs, safety needs, social needs, and self-esteem needs (McGuire, 2012). Disabled individuals are at an increased risk of psychological stress and physical pain that may deprive them of the sense of security, comfort, and belonging. Therefore, this study assumes that disabled employees might lack the motivation to return to work because of the unsatisfied needs of lower base levels of motivation. Individual's motivation to work relies on the belief in the capability of the applied effort to lead to the achievement of the desired outcome (Leonard & Trusty, 2015). In line with this theory, this study suggests that employees forced to leave work due to injury or an exacerbation of chronic disease may lack confidence in their capability to reach the goal with the effort applied. In other words, post-disability employees do not see re-employment as a means of restoring their prior economic prosperity and social status.

The uncertainty about the feasibility of rejoining the workforce may be a byproduct of a reduction in self-esteem. The sociologist position of Goffman argues that social identity is comprised of physical activities, professional roles, and the concept of self (Breakwell, 2015; Kramer-Kile & Osuji, 2012). Physical injuries that result in disability are likely to encourage individuals' ostracism based on the efforts involved

with re-acclimation. Unemployment status is another manifestation of individuals' withdrawal from social routines. Therefore, the long-term absence from work affects the mind and mental condition and can exacerbate feelings that lead to extended absences. This study suggested that post-disability employees label themselves, which further discourages their decision to return to work or to take an active part in their community.

Purpose of the Study

Because there seems to be a lack of data exploring the perceptions of individuals who have a desire to forego their entitled disability benefits, the purpose of this study is to understand what internal or external motivators individually drive them to attempt to rejoin the workforce. Quantitative data may be utilized during the course of this study as necessary, however the primary focus will be on the personal experiences of individuals with various injuries or illnesses and their feedback.

Chapter 2: Literature Review

Introduction

This chapter contains a detailed background literature review on the subject of returning to work following a disability. In an effort to gain deeper insight into lived experiences and perceptions guiding employees to return to the workplace after an injury or debilitating disease, the researcher explored the historical perspective of various fields of research. To uncover the basic theoretical findings in this field, multiple theories constituting the theoretical framework of this study were examined in terms of their prior implementation in this field. The researcher looked into studies that already used self-determination theory, Maslow's hierarchy of needs theory, expectancy theory, and the theory of stigma in the study of employees' job re-entry after injury or disease causing disability. Other related studies were also included in the review to show in which bordering disciplines and areas of research interest these theories may be applied as research perspectives.

The next section of the literature review is intended to review various types of disabilities and accommodations for those varied disabilities. This will demonstrate the evolution of attitudes towards the disabled in the workplace and accommodations for fitting the workplace to their needs. The researcher also looked into potential barriers to returning to the workplace following rehabilitation. The following portion of the literature review in this study pertained to programs that have been implemented to help ease the transition of disabled employees back into the workforce. Some of these programs are employer driven while others are government sponsored; subsequently their approaches differ significantly. The chapter ends with a brief summary of obtained

findings and statements about their contribution to understanding the field of disability employment research.

These preliminary research observations served as a guide for what is known and unknown about work re-entry.

Theoretical Framework

A critical piece of literature in outlining a theory to explain human motivation is *Self-Determination Theory and Work Motivation* (Gagne & Deci, 2005). It outlines the differences between self-determination theory (SDT) and cognitive evaluation theory (CET). Both theories seek to define intrinsic and extrinsic motivators, however SDT has differentiations between controlled motivation (driven by pressure) and autonomous motivation (driven by choice). It is autonomous motivation which will be explored further in patients who seek to achieve personal satisfaction and development through re-assimilation into the workforce. Self-determination theory is also used to understand coping mechanisms following less than optimal health outcomes, which is vital to the process (United States Renal Data System, 2012; Ntoumanis, Edmunds, & Duda, 2009).

It is difficult to assess the desire among disabled individuals to return to work following a severe injury or significant illness. The uncertainty of long-term success or failure at a new or existing job can be daunting, as can the uncertainty of future health. Mei et al. crafted a study titled *Long-Term Health and Work Outcomes of Renal Transplantation and Patterns of Work Status During the End-Stage Renal Trajectory* (Mei, Kuiper, Groothoff, Heuvel, Son, & Brouwer, 2011). The goal of the study was to explore work outcomes during the period prior to kidney transplantation through the post-transplant period. They studied 34 transplant recipients and reviewed medical charts, and

data from social security, and conducted interviews at 3 months, 13 months, and greater than 6 years post transplant. They found that, although their participants had better general health than non-working transplant recipients, only 30% maintained full-time employment and they were still dependent on some disability benefits. Mei et al. (2011) concluded that the compromised health of transplant recipients creates limitations and fosters a reliance on disability benefits. They noted the advantages of transplantation, but emphasized their lack of confidence in recipients' abilities to return to an optimal working state.

Maslow's Hierarchy of Needs

There is a limited number of studies exploring both workplace motivation and returning to work after disability from the perspective of Maslow's hierarchy of needs. Taormina and Gao (2013) used this theoretical underpinning to define the five basic needs of people including physiological (food, water, sleep, etc.), belongingness (family, friends), safety–security (environment, finance), esteem, and self-actualization, as well as evaluate their relationships with each other. Researchers found the significant association among all needs and revealed that the more each lower-level need was satisfied, the more the higher-level need was met. Taormina and Gao (2013) compared a group of employed, successful workers with unemployed individuals belonging to the low socioeconomic background and found that the both lower and higher needs of the latter group were not properly satisfied. It has also been found that strong values, family support, and life satisfaction positively affected satisfaction of all five needs, whereas stress and anxiety adversely affected perceived achievement of needs. Although this research relates to the general population, it is still valuable for workplace satisfaction and motivation research

because it shows the importance of satisfying all levels of needs to achieve career success and, as a result, enhanced well-being and overall happiness.

The previous research of Omolayo (2009) used Maslow's theory to compare the self-motivational needs and self-esteem of disabled and non-disabled individuals. Scholars enrolled 186 participants in Nigeria and used the Manifest Need Questionnaire (MNQ) and Index of Self Esteem (ISE) to collect the data. Contrary to the common belief, researchers found that both groups had relatively similar results, which showed that disability might not have such a pervasive impact on self-esteem and self-motivational needs as it is traditionally considered. Omolayo (2009) noted that it is not right to claim that disabled are at a disadvantage in meeting their needs, because they normally have skills and intelligence to achieve the set goals. This population group, just like any other, needs food, clothing, security, social ties, self-esteem, and self-actualization to meet the needs outlined in Maslow's theory.

Goffman's Theory of Stigma

Research on workplace motivation and environment also incorporates Goffman's theory of stigma as one of the theoretical lenses for exploring barriers to re-entering the workforce. In fact, this theory is more suitable for studying the effects of disability than previously discussed theories because it incorporates the concept of social stigma. Stigmatization of employees on the basis of their illness or disability is a common problem faced by people with physical health problems, so Goffman's theory allowed for insight into these individuals' unique experiences (Dipboye & Colella, 2013).

One of the studies using Goffman's theory to explore the impact of stigma is that presented by Green et al. (2005). Authors explored the impact stigmatization has on the

lives of people with disabilities, specifically regarding the workplace experience. Participants included mothers of children with disabilities, as well as eight adults with disabilities who have experienced stigma at some period of their lives. In this way, authors managed to obtain first-hand data and provide the collective experience of people coping with serious health issues.

Green et al. (2005) found that for employees with disabilities perceived stigma they constantly experience at work reduces the length of time they spend with their coworkers. Moreover, it negatively affects their identity and confidence, because stigmatized people are made to believe that they are somewhat deficient. This, in turn, reduces their sense of worth and their willingness to interact with other people (Green et al., 2005). Not surprising, therefore, is that stigmatized individuals are reluctant to take social risks such as re-entering the workforce. Notably, it has been found that stigmatized people often get used to their colleagues' attitudes and successfully overcome the negative beliefs. This especially concerns people with disabilities who occupy senior positions in organizations, because they feel that they have enough power and authority to resist discrimination (Green et al., 2005). Although this research was conducted more than ten years ago, its arguments are still relevant for those facing discrimination and stigmatization because of their illness or disability.

The question of revealing or concealing one's identity is indeed extremely complicated for individuals with conditions that carry negative connotations (Flett, 2012). On the one hand, they are afraid of "coming out" because it can change colleagues' attitudes towards them and lead to discrimination, prejudice, and stigmatization. In extreme cases, people may face verbal harassment, social isolation, physical abuse, and

even job loss, which is why revealing should be carefully considered. On the other hand, the majority of researchers claim that revealing one's disability considerably reduces the stress experienced when a person has to hide his/her condition (Flett, 2012). Goffman (1963), for example, argued that concealing an illness requires substantial emotional efforts, which in turn contribute to the increased stress and even cognitive dissonance. Flett (2012), however, maintained that the main question is whether the problem bothers the individual. Therefore, it is a personal decision that requires careful consideration to calculate all advantages and disadvantages. If the risk to an individuals' reputation is too great, it would probably be better to avoid disclosure, thus maintaining the boundary between personal life and work (Flett, 2012).

Adler's Life Tasks

The debate about one's true meaning and purpose of life has been debated and analyzed for centuries. It is a debate that is not exclusive to just scholars, but also to artists, philosophers, and individuals of all walks of life. Alfred Adler had a fundamental view that all problems confronting man and his quest to find life's purpose can be formulated into three "life tasks" (Adler, 1935). These life tasks are grouped into three distinct categories: social, occupational (work), and sexual (Dreikurs & Mosak, 1966). Adler believed that the social life task is created by the fact that we live in world constantly surrounded by others and that our interactions with them are critical to our survival. The occupational life task is driven by the need to carve out a position amongst the fellow man in order to cooperate and add benefit. The sexual life task is a byproduct of existing in a world with two sexes and that the continuance of mankind is dependent on finding love which subsequently results in procreation. The individual importance of

each individual life task has not been clearly defined, however they are intertwined in one's ability to be at peace with one's self (Dreikurs & Mosak, 1967). It is important to note that Adler did not expect that human beings master these life tasks equally but understood that none of them can be solved separately as they are dependent on a healthy approach to the other two (Dreikurs & Moskar, 1966). Adler recognized that different individuals experience various levels of fulfillment tied to one or the other of the life tasks. Some apply a greater emphasis to the work task since their existence, status, and self-perception is tied to it (occupational). Compared to the others, this task is the one that is most often fulfilled (Dreikurs, 1935). Other people have a greater sense of community and obligation to their peer group (social). For others, the feeling or loving another while being loved is the problem that takes precedence (sexual). Regardless of the weight given to these tasks, Adler subscribes to the belief that none of these problems can be solved separately and that lifestyle is reflected by one's attitude towards these tasks collectively.

Workplace Related Disability

In most of the world, workers exposed to workplace-related disability are eligible to preferential treatment and compensation. A disabled worker whose disability was a consequence of work-related activities is entitled to claim a greater social security benefit than traditional treatment covered by one's insurance (Nijhuis, 2013). Furthermore, the disabled worker is eligible for compensation that does not depend on one's contributory record. In other words, the disability incurred on the first day of work is a sound reason for the worker's compensation and preferential treatment because of the sole

responsibility carried out by employers for the cost of benefits granted to workers for work-related disability (Nijhuis, 2013).

Apart from the granted treatment and compensation, workers with the workplace-incurred disability are entitled to rehabilitation and re-entry of the workforce in the future. Medical treatment constitutes only a single component of person's recovery from the experienced injury or stress (Walter, 2012). Apart from the physical recovery, disabled workers are to admit and develop a positive perception of their impairment. Otherwise, disabled employees are reluctant to disclose their problems that result in the problematic communication within the organization, the perceived undervaluation of their effort, and the mismatch between employees' capabilities and work tasks (Von Schrader, Malzer, & Bruyere, 2014). Workplace-related disabilities may be consequences of psychological stress, physiological pain, or injuries. Furthermore, disability caused by a workplace accident and musculoskeletal injury typically leads to mental problems, such as stress, anxiety, or depression evoked by the temporal physical limitation. In line with these concerns, the return-to-work framework emerged and become a crucial aspect of the academic interest. Clinical trials (Martin et al., 2012) and interventions (Sampson, 2015) along with theoretical analyses (Schultz & Gatchel, 2015) provide sound evidence to the importance and value of assisting the disabled workers to cope with the acquired impairment and to rejoin the workforce at the maximum possible speed. Thus, the positive impact of RTW (return-to-work) programs on the worker's intention to re-enter the workforce is empirically tested.

Scholars suggest that RTW should differ in accordance with the kind of person's disability since the key outcome of workplace injury is pain, physical limitations, and

psychological stress, low self-esteem and confidence in one's capability to perform duties properly. In their large-scale review of the existing empirical evidence, Alavi and Oxley (2013) underlined that pain evoked by repetitive motions should not be a reason for a person's prolonged leave and physical inactivity. Otherwise, the localized pain is likely to transform into chronic illness under the influence of bio psychosocial factors. In line with the RTW concept, employers are to modify and adjust working conditions by adapting their workplace, assigning new working hours, or delegating new tasks to such employees to enable their quick recovery and return (Schultz & Gatchel, 2015). As a result, a disabled employee stays active, which allows resuming normal activity at a higher pace and accelerating recovery.

According to Alavi and Oxley (2013), this assumption is grounded in the empirical evidence regarding back pain recovery. Thus, RTW programs integrated in the immediate follow-up of employees' back injuries managed to prevent symptoms of depression and long-term recovery, which contributed to the individual motivation to return to work. Another typical physical disorder associated with work is carpal tunnel syndrome that requires a surgical intervention, which causes temporal physical limitation and restrains the person's participation in activity (Parot-Schinkel et al., 2011). However, even short-term physical disability is powerful enough to promote depressive moods and low motivation. Clinical trials demonstrated a positive impact produced by timely RTW incentives on both physical recovery and emotional stability of such workers. Despite the apparent efficiency of the rehabilitation on the return of the disabled worker to their workplaces and pre-injury performance, some scholars stress the risks carried out by

cardiovascular and respiratory chronic illnesses, which require a precise consideration during the RTW planning (Walter, 2013).

Psychological stress caused by production pressure is the major precursor to employee's mental disability today because of the harsh competition in the market and ever-increasing workload demands. Work-related stress leads to work dissatisfaction, poor confidence in one's professional capabilities, uncertainty, conflicts with colleagues, and post-traumatic stress (Corbiere et al., 2014). The workplace incurred mental disability remains invisible until manifestations, such as absenteeism, drug or alcohol abuse, loss of productivity, unexplained physical symptoms, repetitive strain injury, chronic fatigue, and the like. Therefore, mental disorder streamlined by the work-related pressure and stress may stay undetected for a while (Corbiere et al., 2014). In contrast to physical injury, mental disability does not necessarily solicit the same type of attention from supervisors, employers, and policy-makers, which becomes evident in the scarcity of research and publications concerning RTW for the distressed workers.

Therefore, the conceptual framework of RTW relies on the premise that workplace safety is a much broader notion than just a mere health security. When it comes about post-injured workers and their potential return to work, employers and supervisors are responsible for creating a supportive atmosphere to enable their successful re-integration in the organization (Mabin & Randall, 2014). Another crucial aspect of RTW concerns the assistance delivered to the temporarily disabled employee by therapists and human resources counselors to promote a sense of emotional and cognitive safety of the personnel. In the United States, the Americans with Disabilities Act (ADA) obligates private, public, and government employers to provide appropriate accommodations and

adjustments to streamline the integration of the disabled into the organizational structure and performance, thus, receiving full access to employment opportunities (Harder, 2016).

Visible and Non-Visible Disabilities

The recent study of the Working Mother Research Institute (2016) discovered that employees with a visible disability experience a greater satisfaction with their work in comparison to their counterparts with non-visible disabilities. The disparity in satisfaction rates is a result of the higher responsiveness of non-disabled colleagues and employers to workers reporting or disclosing their disability. This finding is consistent with the argument of the Cornell University researchers who claim that workers with a nonvisible disability are reluctant to report their impairment to human resources and even direct supervisors (Employment and Disability Institute, 2013). The study does not specifically differentiate between mental or physical nonvisible disabilities. It also does not address mental issues exacerbated by physical ailments. Overall, existing evidence affirms that long-term leave from work because of mental disability only increases one's stress and drives a person to depression and anxiety. Indeed, depression is the major barrier to an employee's productivity and return to work. Apart from post-traumatic stress incurred in the workplace, depression may accompany chronic illnesses, including heart disease, End-Stage Renal Disease (ESRD), and, cancer. Though the link between these chronic diseases and depression is empirically proven, a handful of studies have examined the relationship between two health conditions and provided practical implication for their effective address and prevention (Walter, 2013).

As reported by male and female respondents included in the survey of the Working Mother Research Institute (2016), the visible nature of their disability allows for

free and open communication about the inherent limitations in some activities, which is taken into account by co-workers and employers. The survey displayed that in contrast to a third of nonvisibly disabled workers, 86% of employees with visible disability disclosed their impairment to employers, supervisors, and colleagues. As a result, they experienced a greater excitement about going to work and their daily routine.

Barriers to Workforce Re-Entry

The severity of illness may also serve as a self-perceived barrier to rejoin the workforce. Severe disease requires a comprehensive treatment and long-term withdrawal of the employee from work. As a result, some comorbid conditions, depression, and personality problems may arise and decrease the person's motivation to work (De Vries et al., 2014). Reward is another significant predictor to the person's commitment to work and motivation to cope with difficulties in order to realize one's potential. Thus, low position or insufficient compensation diminishes the worker's inspiration to return to the workplace and pre-injury duties (Asfaw, Pana-Cryan, & Rosa, 2012).

Limited education is a substantial barrier to the person's professional achievement and career progress. Furthermore, health ignorance deprives a person from the understanding of what needs to be done to overcome the disease and restore one's social function (Galizzi et al., 2016).

Improper workplace atmosphere may contribute to the employee's prolonging of leave. In particular, the absence of work adjustments, high work demands, low supervisor support, and poor communication are workplace aspects that reduce the employee's intention to return to work (De Vries et al., 2014). In the case of cancer-diagnosed workers, this chronic illness is not necessarily a reason for leave. Many individuals with

cancer undergo treatment while continuing to work. However, cancer outcomes like pain, fatigue, physical demands, psychological distress, and concentration problems indicate the person's eligibility for a temporary withdrawal from work (Baxi et al., 2016).

The return to work after heart disease is the most investigated area of post-disability re-employment. According to statistics, about 80% of employees treated for cardiovascular disease return to work within a 12-month period (O'Hagan et al., 2012). The duration of the person's disability leave depends on the severity of the heart illness, functional ability, and the position occupied in the company. However, depression, poor social control, and inadequate workplace adjustment are serious preventive factors to the return to work. Rehabilitation of workers exposed to disability leave through RTW programs is the major driver of person's motivation to rejoin the workforce. Indeed, rehabilitation process is dedicated to improving the personal, functional, and social potential of the temporarily disabled workers through individual, social, vocational, and environmental resources. The role of RTW rehabilitation counselors is to assist such individuals to undergo post-injury or illness disability and associated physical, emotional, and social impairment to promote a change in them and their environments (Mabin & Randall, 2014). With respect to diverse economic, social, and environmental factors reducing a person's intention to return to work, rehabilitation programs imply various motivational practices.

Impact of Disability Benefits

Disabled individuals who are United States citizens and have earned sufficient work credits are eligible to receive disability income benefits from the Social Security Administration (SSA). These benefits, commonly referred to as SSDI (Supplemental

Security Disability Insurance) benefits, are a means of providing an income source for individuals who are disabled and can no longer to perform “substantial gainful activity” as defined by the SSA. In addition to that requirement, the disability must be expected to last for a continuous period of at least 12 months and/or be expected to result in death (Social Security Administration, 2017). While this program helps to keep disabled individuals from falling into poverty due to inability to earn a living, its long-term sustainability has continued to be a highly contested social and political issue. The SSDI program distributions have increased dramatically over the last several years and have created significant concerns over the future of its existence. The SSDI Trust Fund is expected to be depleted by 2019 when revenue generated by taxes will only partially cover SSDI benefits (Social Security Administration, 2017). While the SSDI applications have been steadily increasing, the number of disabled workers returning to the workforce has steadily declined (Maestas, Mullen, & Strand, 2012). This phenomenon has taken place despite revisions in the ADA offering greater protections for disabled employees. Maestas et al. (2012) outlines the unattractiveness of returning to work versus remaining an active SSDI participant. Some of the factors driving that decision are the lack of adequate jobs, earning potential, and uncertainty about future health. For individuals who don't perceive a financial benefit from returning to work, remaining on SSDI is not difficult to accomplish even if they are physically able to perform substantial gainful activity. The delineation of being unemployed solely due to a health-related issue as opposed to being unemployed due to perceived lack of available work can become virtually impossible to validate (Purdie & Kellett, 2015).

The SSA has established certain time threshold within which disabled individuals need to be re-evaluated to validate that they are still disabled. Those Continuing Disability Reviews (CDRs) are not consistently completed in a timely manner. A review scheduled for thirty-six months might take forty-eight months to complete. If at that time, an individual is considered no longer disabled, and a decision is made to cease benefits, the individual can file an appeal to an Administrative Law Judge (ALJ) who will hear the case at a later date. That appeals process can take years to be completed and during that time an individual is still entitled to continue receiving SSDI benefits. That places an added burden on a system that presently is not self-sustaining. In 2009, less than 10% of disabled worker benefits were terminated because they no longer medically qualified for benefits; of those, less than 40% failed a CDR (Maestas, Mullen, & Strand, 2012). The remaining 60% were simply deemed ineligible due to excessive earnings, which meant they had shown too high of an income on their tax returns to qualify for benefits. The study noted that over the last twenty years, the SSDI recipient roll has had a significant increase in the number of individuals with ailments that are difficult to qualify. Mental and musculoskeletal impairments are not necessarily apparent particularly to a reviewer who may not be medically equipped to conduct those types of assessments. Maestas et al. (2012) concluded that based on their research on SSDI recipients' re-entry between 2005 and 2006 would have been 28% higher after a period of 24-months had the recipient never received SSDI benefits. They found that inconsistencies at the ALJ (administrative law judge) level would have resulted in higher employment levels had certain applicants been denied for not meeting disability determination criteria.

Employer RTW Programs and Maintaining Employment

Disability to work is often categorized by the nature and length of time an individual is unable to perform job-related tasks. Short-term disability is generally associated with an injury or condition that is expected to improve in a relatively short period of time. Long-term disability is typically exclusive for chronic or debilitating illnesses or injury. Approximately 10% of employees that require disability fall under the long-term distinction (College's Stay-at-Work and Return-to-Work Process Improvement Committee, 2006). The article *Preventing Needless Work Disability by Helping People Stay Employed* (2006) offers suggestions for how best to achieve retention among employees as opposed to initiating disability benefits. The committee that compiled the information approached retention from a blanket perspective. Independence and autonomy are among the first feelings that patients lose once they begin rehabilitation. The obligation of having to be attached to a life-sustaining machine, receiving treatments or therapies for several hours per week impacts one's ability to determine how they spend their time. For employed patients who feel "well enough" to continue working, the hours they must dedicate to their treatment regimen may create conflict for their employer and the needs of the organization. A cross-sectional study titled *Employment of Patient Receiving Maintenance Dialysis and After Kidney Transplant* (Helantero et al., 2012) showed significantly higher employment rates among patients who utilized home dialysis method. These patients would receive dialysis during off-hours and on daily shifts which allowed their bodies to recover more quickly and left them with fewer side effects than traditional clinic-provided dialysis. Furthermore, those employees never had to go

through the process of finding new employment after an extended time off while coping with their illness.

Employers that implement formal RTW programs or are willing to make accommodations for disabled employees can assist in shortening the duration of disability leave for a variety of conditions (United States Department of Labor, 2016b). Evidence suggests that RTW programs have value, however the research validating that value can be limited due to the approaches used. Randomized controlled trials tested on screened participants can lead to narrow and limited findings. Employers, therefore, are not always able to perform cost-analyses or justify the added expenses of RTW programs. A 2013-2014 study of 256 employers found that the most successful RTW programs had the following four elements in place (United States Department of Labor, 2016b):

- Formal resources for RTW from occupational injuries
- Formal resources for RTW from non-occupational injuries
- Workplace accommodation policies for employees returning from leave
- Tools to help supervisors manage their employees' RTW process

As it relates to workplace accommodations, the most common adjustments were modifying the employees duty, switching them to part-time, modifying their work area, changing their role, or changing their location/department. The organizations that had the best retention among their disabled employees had strong supervisor training that allowed for pro-actively trying to find roles where accommodations could be made, and whether the disabled person's work could be performed in another location or off-site.

Healthcare Reform and the TTW Program

The debate on whether or not the most recent revisions to the United States health care policy reflect actual improvement to the health care system continues to rage on. It is difficult to get a definitive answer from consumers due to partisan biases and preconceptions. Among chronically ill patients, the general consensus is that the system is not catered to them. This is not surprising since organizations/government manage to the needs of the many and not the few. The specific needs of the chronically ill vary on many factors including the nature of the illness. Furthermore, there are over 125 million Americans who have comorbidities which further complicates addressing their needs (Anderson & Knickman, 2001). Anderson and Knickman wrote *Changing the Chronic Care System to Meet People's Needs* (2001). It emphasizes the need to be more responsive to the chronically ill, however it lacks focused areas that need attention. It also does not prioritize where specific needs should be placed along the spectrum. This literature could be a vital accompaniment to a quantitative study that offered the statistics to support is speculations.

The study *Employment of Individuals in the Social Security Disability Programs* (2011) presented research findings on the number of disability beneficiaries from 2001-2009 that were removed from the disability roll. The deficiency in the data is that it does not specifically account for how many beneficiary departures are a direct result of the TTW program. It highlights how many disabled individuals left the roll due to employment and excessive earnings, but does not quantify the impact of the ticket-to-work (TTW) program, impact on SSA savings, or the specifics behind beneficiaries exiting the disability roll. O'Leary, Livermore, and Stapleton (2011) recognize the gaps

in the data collection through SSA and suggest more complex data collection that specifically measures transition-to-work activity and long-term outcomes.

Another glaring shortcoming in the SSA reports is that they do not include enough data from employment networks (ENs), which are supposed to be at the center of the TTW program. The ENs are the local agencies that actually make contact with the SSA, the beneficiary, and potential employers. The data they could potentially glean based on their position within the TTW program appears to be too valuable to overlook. Based on the reports provided in the article, the average participation in the TTW among beneficiaries is around two percent. The mysteries within that statistic are too vague to provide valuable, actionable data including the definition of “participation”, the specifics of the disability types, and the necessary accommodations for the employment of beneficiaries, to name a few.

Conclusion

As for theoretical approaches to researching disability in the workplace and disabled individuals’ motivation to return to the workplace, the review revealed a surprisingly scarce body of literature on the subject. There is some evidence on the ways to address disabled individuals’ fulfillment of needs in accordance with Maslow’s hierarchy of needs, but only a handful of studies shows how the disabled workers’ needs differ across that hierarchy from the needs of nondisabled workers. Research showed that the need for achievement is similar and sometimes even higher among the disabled employees because of their lower self-esteem and psychological stress connected with disability and impaired capacity. The application of social cognitive theory of Bandura showed how low self-efficacy of disabled employees often prevents them from seeking

better job positions because of the inherent fear not to be fit for the job. Only the stigma theory of Goffman seems to be well-illuminated in the literature on disability employment research because the fear of stigma and actual experiences of stigmatization in the workplace are still pervasive in the contemporary society for the disabled individuals, shaping their life and work experiences.

Review of methodological issues underpinning disability employment and work re-entry research showed that a variety of research approaches is common for this field of research and that the needs of disabled employees and impacts of disability on employment can be examined through both qualitative and quantitative paradigms. Quantitative studies most often target the causal effect of disability on employment, the effect of SSDI receipt on people's motivation to seek employment, and the connection between disease-related and social factors (e.g., severity of illness, living alone, etc.) and the likelihood of return to work. In addition, there are many quantitative studies examining the incidents of disability internationally, trying to quantify trends and impacts of those trends on the country's economy and healthcare system. Qualitative studies are mostly divided into two types: policy research targeting the exploration of how well the disability rights are protected and adhered to in the workplace and qualitative phenomenological research dealing with individuals' meaning of work and disability, experiences with disability and job re-entry, and experiences of barriers and facilitators for community and workplace reintegration after the disability.

Motivation is a challenging concept to define. While some scholars attribute it solely to a personality trait, others stress on the role of external factors in shaping one's motivation (Mabin & Randall, 2014). Motivation is a complex and multifaceted

phenomenon influenced by various external factors, individuals, and events (Mabin & Randall, 2014). In the context of a disability, the link between motivation and a person's post-injury recovery and rehabilitation is a well-substantiated fact.

Though work is at the core of a person's emotional, physical, social, and financial health and well-being, the existing knowledge base lacks insight and empirical evidence regarding motivators underpinning a person's inclination to rejoin the workforce after the disability due to injury or chronic illness. Instead, scholars focus on factors that act against one's eagerness and readiness to return to work. The mostly recalled barriers to post-disability return to work include old age, illness severity, low wage, and poor education (Galizzi et al., 2016; Robinson & Franklin, 2015; Price, 2015). Statistics for the few past decades show that despite the increasing amount of employment benefits, the rates of employed adults with disability remain low.

Disability research is based on the use of various social and motivational theories, including those mentioned in the theoretical framework section. These theories help explain the challenges of returning to work people with a disabling injury or chronic illness, as well as understand the less overt complexities of the disability experience. They also allow for insight into employee motivation and factors that affect the decision to return to work after prolonged illness or debilitating injury and recovery. More importantly, the selected theories allow analyzing the complex social identity of individuals with disabilities and chronic illnesses, thus revealing how their physical well-being may affect their workplace experience and desire to further their career.

Research Questions

1. What are the primary motivators for critically injured or chronically ill patients to re-enter the workforce if they are entitled to government-provided lifetime disability benefits?
2. What are the perceived challenges to re-entering the workforce after an extended period of time?
3. What is the disabled individual's perception of social support that will be provided if he/she is employed?
4. What type of support do disabled individuals believe to be ideal?

Chapter3: Methodology

Introduction

The qualitative research approach is most favorable as a research option in this study, because it enables the researcher to obtain a subjective, individual image of disabled peoples' motivators to return to the workplace after the injury or debilitating disease. Since the issue of motivation is by itself a subjective and individually specific feature to consider, evaluating it from the qualitative side will provide insight into how people envision their motives and how they implement them in job-seeking behaviors. Moreover, the very process of returning to work is connected with a person's subjective self-perception and self-efficacy, the degree of support and accommodation provided in the workplace, and the experiences of stigma and discrimination based on the physical or mental disability people acquire as a result of some adverse event.

Therefore, as it was supported by Olson, Young, and Schutz (2015), qualitative research helps uncover the complexities associated with organizing employers, healthcare providers, insurers, and the community to cooperate and facilitate the return-to-work process and help the disabled individuals raise their self-efficacy. Qualitative study can also give valuable insights into workplace conditionality and overall convenience of accommodation for the disabled based on comparison of views about the issue from the disabled and non-disabled employees (Grover & Piggott, 2015). Finally, it is important to note that qualitative research should help to change the lives of research participants for the better by uncovering the structural, psychological, or social barriers they encounter on the way to re-entry to work, social activities, etc., and propose solutions to alleviate those

barriers for fuller and more effective reintegration of the disabled (Denzin & Lincoln, 2011).

Participants

Driven by the current research pursuit to get an insight of the lived experiences of employees, this endeavor obtained subjective perspectives of individuals who became disabled due to an injury or chronic illness. As discovered by the preliminary literature review, employees exposed to the disability treatment and recoveries are eligible to vocational rehabilitation to assess their capability and assist them in returning to the workforce. However, low re-employment rates and various emotional, physical, and cognitive barriers reported by prior empirical research suggest that there is a need to acquire further insight into the experiences of such employees. Therefore, employees diagnosed with a disability caused by injury or an acute state of chronic illness and who have undergone rehabilitation in an acute facility will constitute the target population for this research.

According to the scholarly argument, an in-depth investigation of the matter narrows the scope of qualitative research (Maxwell, 2013). Hence, the researcher selected three employees who experienced the disability leave, treatment, and rehabilitation services. The sample shared the commonality of being diagnosed with at least one of the thirteen medical conditions considered to meet Medicare criteria for requiring acute rehabilitation. Those conditions are: stroke, spinal cord injury, congenital deformity, amputation, major multiple trauma, hip fracture, brain injury, neurological disorder, burns, rheumatoid arthritis, osteoarthritis, joint replacement, or chronic illness (Medicare.gov, 2017). The sample included those individuals whose medical condition(s)

resulted in a permanent disability. The investigator recruited study participants from a group of post-acute inpatient rehabilitation patients known to him (convenience sampling) to acquire perceptions of those employees within the target population. This method of sampling is one of the most recognized and widely used in behavioral science. In this sampling kind, researchers select participants from the target population on the basis of an individual's availability and eagerness to take part in the research project (Gravetter & Forzano, 2011).

Using convenience sampling, the researcher selected study participants in compliance with the established inclusion criteria. The research investigated the lived experiences of employees exposed to disability treatment and rehabilitation after the experienced injury or exacerbation of chronic illness. Hence, the major inclusion criteria were the diagnosed disability due to injury or chronic disease. Employees with inherent disabilities or acquired in childhood were excluded from the potential sample. Another inclusion requirement concerned earlier employment of the disabled employees. Thus, this research addressed re-employment of the disabled, rather than their initial entry into the workforce.

In line with the above-discussed inclusion criteria and sampling technique, the researcher selected three employees who underwent hospitalization, acute inpatient rehabilitation, and subsequently returned to their home environment. All selected individuals had previous employment history, which ceased for a period of time due to the determined disability due to injury or chronic illness. As a result, all selected employees were assigned to long-term treatment and recovery with further eligibility to services aimed at assessing their health condition and preparing them for a return to their

home setting. These characteristics were the only ones taken into account with no consideration for gender, race or ethnicity, socioeconomic status, and other factors made. Upon selecting employees, the researcher explained the nature of the planned research, its procedures, and participant duties and rights while requesting their involvement. The researcher realized that not all individuals originally asked to participate in this study would have provided their consent.

Instruments and Measures

The research aimed at examining the lived experiences of employees who had to terminate their employment because of an injury or chronic illness-caused disability to determine motivators driving their inclination to return to work. Qualitative research methodology was chosen to establish the overall research process. Among the existing qualitative methods, interview is the most widespread one, enabling the examination of the given reality through a social intercourse with persons exposed to it (Sharma, 1997). The goal was to eliminate any physical, social, emotional, or cultural barriers between the interviewer and the interviewee to build the atmosphere of comfort, confidence, and trust, thus, facilitating the exchanging of individuals' ideas, attitudes, observations, or experiences. Interview reflects an act of social communication between two persons, which allowed the researcher to produce understanding and insight of the interviewee's perspective. Non-verbal information and the situational context contribute to the sought comprehensiveness (Merriam & Tisdell, 2015).

Another strength of interview research concerns its flexibility that leaves room for changes, modifications, and adjustments of the interview content, form, and procedures in alignment with emerging needs or difficulties. The interviewer was free to provide

explanations, ask additional questions, request clarifications, or reformulate questions. These features were beneficial for the investigation of emotional, physical, and cognitive states of employees that shaped their decision about re-joining the workforce. Hence, the researcher selected interview as a method for collecting data regarding motivators of the employee's return to work.

Interviews may be formal or informal, where the latter implies a simple act of communication between the interviewer and the interviewee. Formal interview requires the development of interview questions to provide an orientation to the communication process. Depending on the structure of interview questionnaire, formal interview may use a semi-structured questionnaire that allows modifications of the questions' order and wording and a structured questionnaire that is applicable to survey research with its fixed content composition (Sharma, 1997). The researcher created a semi-structured interview questionnaire to cover all points concerning employee motivation to return to work after a disability while leaving room for modifications and additional questions if needed. Open-ended questions for the interview questionnaire were formulated on the grounds of the reviewed and analyzed academic literature relevant for the current research purpose.

The instrument used in this study was an adaptation of 18 interview questions derived from the Tremblay et al. (2009) Work Extrinsic and Intrinsic Motivation Scales (WEIMS) designed to measure employee motivation. Participants responded to 18 questions that were divided into six subscales, which represented six types of motivation. Those six types of motivation were: intrinsic, integrated, identified, introjected, external regulations, and amotivation (Tremblay et. al. 2009). The modifications to the questions for the purpose of this study addressed returning to work, but also measured levels of

self-determination similar to the original study. Prior to formally conducting interviews with participants, the modified questions were posed to 2 pilot study participants in order to obtain feedback and address any oversights in the questionnaire. The pilot study helped to ensure that the information collected addressed the aforementioned research questions.

Research Design and Methodology

This research produced an insight of the experience of employees forced to take a break in their employment because of a disability due to injury or chronic illness. In the pursuit of producing a valuable contribution to the existing knowledge base, this study focused on examining the lived experiences of employees assigned to medical treatment and vocational rehabilitation to discover motivators that drove their inclination to rejoin the workforce. Hence, this research purpose implied obtaining perspectives, ideas, and attitudes concerning the motivation to return to work from people exposed to the temporary disability leave. The investigator was able to gather subjective perceptions of employees who had undergone medical treatment and post-disability rehabilitation. Deductive reasoning of positivism served to provide factual evidence to the studied matter to generalize and substantiate results (Information Resources Management Association, 2015).

Dedicated to achieve generalizable results, quantitative methodology offers a variety of statistical methods, techniques, and tools to obtain and process numerical data. Such analytical means allow collecting large-scale volumes of data to prove the hypothesized association between the determined variables with statistical significance (Information Resources Management Association, 2015). Generalizability as the core goal of quantitative research is crucial for explaining occurrence of the studied

phenomenon as well as predicting its outcomes. Quantitative researchers interpret statistical results to formulate general statements for further sharing with others (McNabb, 2015). As already indicated above, the existing scholarly basis possesses a plenty of studies that explain the employee's motivation to return to work after disability-related absence through observations and statistical calculations. This approach to discovering motivators driving the re-joining of the workforce is effective to illustrate the impact of one or several physical, emotional, or cognitive factors on the individual's decision to come back. However, it lacks an insight of the reality experienced by employees forced to take off because of the required treatment and recovery. Thus, quantitative research methodology does not suit the current research pursuit of obtaining subjective perspectives of such employees.

Qualitative research methodology concentrates on getting an insight of the phenomenon through obtaining subjective experiences, attitudes, and ideas associated with it. Prioritizing the individual's perspective over common meaning, qualitative research methodology places the investigator within the research context to collect those observations and experiences in their natural context (Merriam & Tisdell, 2015). Therefore, it is typically defined as "a situated activity that locates the observer in the world" (Denzin & Lincoln, 2011, p. 6). Qualitative research offers various interpretive, material practices to visualize the world with the ultimate goal of making sense of the studied phenomenon through meanings brought by people to it.

Thus, qualitative research implies the use of various interpretive techniques and practice to describe, transcribe, translate, and interpret information collected from individuals to gain understanding of the phenomenon and to produce a meaning relevant

for its social context (Merriam & Tisdell, 2015, p. 15). The overall research process of qualitative research seeks to enable the understanding and meaning construction.

Qualitative research plays the key role in data collection and analysis being an integral part of the investigated context. This unique position enables qualitative researchers to adjust to the changing environment and to detect previously unaddressed patterns and factors. Through personal interactions with individuals exposed to the studied phenomenon, a qualitative researcher gets an insight that may result in a different point of view on the matter (McNabb, 2015). In respect to the current research pursuit of conducting an in-depth examination of emotional, physical, and cognitive barriers experienced by employees regarding their re-employment after the disability, qualitative research methodology suited this project entirely.

While the chosen research methodology underpinned the overall research process, research design was responsible for defining the questions to be asked, the participants recruited, methods used for data collection, and the procedures for data analysis. Thus, the research design served to bind together all research processes and strategies to make the study purposeful and coherent (Freeman & Mathison, 2009). Hence, the scope of the present research design included individuals exposed to rehabilitation services at a given rehabilitation center within the past fifteen years and completed their program.

Information collected through interview provided the dataset for further content analysis by research (Maxwell, 2013). Therefore, this study utilized qualitative interview research aimed at gaining an insight of motivators driving the employee's inclination to return to work.

Data Collection

Though the chosen research design and method were analyzed for capability to produce valid and reliable results, the researcher conducted a pilot study to verify the quality of the formulated interview questionnaire. The researcher selected two individuals, who met the aforementioned criteria, and requested their participation in the pilot study. Recruitment procedures were the same as those discussed in detail in the above section. Pilot study participants were informed about the research purpose and process during the first contact and through the written consent form before the interview session. After signing the form, interviewees were subjected to the developed interview questions (see Appendix). During the conversation, they were encouraged to ask for clarifications as needed. After the interview, the researcher received their feedback on the consent form rendered and questions asked during the interviews. The investigator took notes of their comments and remarks to fill in gaps in the questionnaire content. The researcher applied several criteria when selecting the study setting to recruit the planned sample. Based on physical convenience and proximity, the investigator conducted interviews in a rehabilitation center located in south Florida. The core requirement for the setting was its provision of rehabilitation services and preparatory activities to employees withdrawn from the workforce because of a disability due to injury or chronic illness. Hence, a publicly owned rehabilitation center in south Florida assisting temporarily disabled employees to return to work proved to be an ideal setting for this project. The granted approval allowed for conducting interviews in one of the center's offices, which eliminated the need for renting a special setting. As indicated above, data recording and

transcription took place through software established on the researcher's smartphone, which mitigated equipment-related costs.

Specific Procedures

Following the decision to utilize qualitative research design, the investigator faced the challenge of determining the kind of data to be collected and included in this inquiry. Interviews imply audio or video recording of communication sessions between the researcher and interviewees to produce transcripts of those conversations, thus, constituting the dataset for further analysis. Structured and semi-structured interviews allow room for participant comments regarding a particular issue raised (Anderson, 2010). During the interview process, researchers typically take field notes and other memos to distinguish themes and emerging issues. Observational qualitative research allows for including video recording made during specific performance, assignments, or lecture delivery. Case study notes, observation notes, photographs, press clippings, and images are other types of qualitative data. Qualitative research may analyze documents and diaries as well (Anderson, 2010). After a thorough analysis of various qualitative data types, the researcher decided on data obtained through semi-structured interview as the most suitable for the current research study. Qualitative researchers report participant responses in alignment with the formulated research questions to reveal common themes and patterns in the following analysis. To support each point, the researcher selected and cited quotes from the interview transcript to represent the research finding (Anderson, 2010). During the research endeavor, the investigator followed specific guidelines and substantiated each point raised by participants with quotes.

Data Analysis

The dataset composed through the accurate data collection was subjected to a comprehensive qualitative analysis which included data retrieval, organization, categorization into informational segments, summary, and synthesis to define common patterns, determine new pieces of knowledge, and the presentation to others (Klenke, 2015). The ultimate goal of qualitative analysis is to condense, categorize, structure, and interpret data to generate meaning using an array of analytical techniques for data qualification and summary. The most widely used method of qualitative data processing is content analysis that “allows researcher to analyze relatively unstructured data in view of the meanings, symbolic qualities, and expressive contents they have and of the communicative roles they play in the lives of the data’s sources” (Merriam & Tisdell, 2015, p. 179). In content analysis, the investigator remains involved in the process through reflecting on the studied findings with reference to the possessed competence and the scholarly literature. To mitigate researcher bias, content analysis implies a comprehensive coding process to categorize data and determine themes.

Coding begins at the stage of data collection, when the researcher makes notes and comments on interviewees’ responses, non-verbal information, and the situational context. Keeping in mind the pursued research purpose, the investigator composed analytical memos throughout the interview process to distinguish categories and common themes (Saldana, 2013). As a much broader approach than a single labeling of data pieces, coding included researcher comments on particular emotions, behaviors, or attitudes demonstrated by interviewees in relation to a given question to contribute to the understanding and insight of the studied reality. Coding conducted during the data

collection process categorized and simplified the analysis. Thus, the coding cycle allowed the investigator to provide an initial reflection on the motivators to return to work reported by employees.

At that stage, the investigator used hard copies for data transcription and coding focused on defining commonalities and differences in the entire dataset. “Analysis takes place and understandings are derived through the process of constructing a transcript by listening and re-listening, viewing and reviewing” (Tessier, 2012, p. 453). Thus, transcription was crucial for making sense of the gained material by reinforcing the interviewer’s attention and interpretive thinking (Klenke, 2015). The second cycle of coding contrasted and compared the determined categories to detect emerging themes and patterns to reorganize data in alignment with the formulated research questions (Saldana, 2013). For each research inquiry, the investigator produced a meaning through condensing, synthesizing, and interpreting participant responses.

Ethical Considerations

The proven validity and reliability of the selected research design required the researcher to take into account ethics of the procedures. When asking an individual to contribute to the planned study, the investigator introduced himself, and the research purpose and questions. Participant rights and duties, as well as research procedures were discussed during that contact. Additionally, the researcher reiterated the voluntary and non-compensated nature of their participation.

Before the actual interview session, each respondent was provided with a written consent form for signature. The form contained the same scope of information delivered to employees during the recruitment process. The strategy was aimed at refreshing the

interviewee's awareness of the upcoming research while allowing latitude for the participant to change their mind regarding their participation in the study. In addition, the researcher was committed to ensuring confidentiality of participant-related information and security of data obtained through interviews. In the pursuit of employee confidentiality, the investigator did not ask for their personal information and earlier employment-related data.

No names, contact data, or other non-relevant information was included in the study, interview questionnaire, or researcher's notes. This was due to the researcher's understanding and respect for participant autonomy and confidentiality. Otherwise, it would have been difficult to build trustworthy relationships with participants, which was essential for an open communication and sharing of their ideas, emotions, experiences, and feelings. Another concern was the data security to limit access to interviewee responses to anybody except the researcher. All raw data was collected in a password-requesting folder on the investigator's laptop. Apart from the discussed ethical considerations, the researcher introduced the project and its procedures to an authorized review board – IRB (Institutional Review Board), to grant prior approval of the research.

Trustworthiness

Any research design requires an analysis for its compliance with validity and reliability standards. Validity is a set of measures accountable for credibility, dependability, and trustworthiness of research results achieved with a particular method and procedures. Scholars distinguish three validity types, such as content, internal, and external validities (McNabb, 2015). In qualitative research, validity proves the success of an endeavor to capture and represent a holistic, multifaceted, and changeable reality of

human experience (Zohrabi, 2013). When measuring validity in qualitative inquiries, analysts apply trustworthiness criteria that correspond to three validity standards.

The overarching concept of trustworthiness encompasses criteria for credibility, transferability, and dependability. The credibility requirement refers to the plausibility of the achieved qualitative findings, obliging the researcher to demonstrate accurate and systematic approach in data collection and storage as well as providing supportive evidence. Prolonged data collection and triangulation are the key means to achieve credibility (Pitney & Parker, 2009). To meet the credibility criteria, the researcher developed a semi-structured interview questionnaire based on arguments and ideas suggested by the existing academic literature (Zohrabi, 2013). Thus, each research question was investigated from multiple angles reported by earlier research findings.

The requirement for dependability in qualitative researcher concerns the study's contribution to the existing knowledge base and reinforcement of learning. This trustworthiness pillar is consistent with the internal validity that embraces the congruence of the observed and examined reality and research findings (McNabb, 2015). In this regard, qualitative researchers must conduct an inquiry audit to evaluate the planned research procedures, methods, and processes to measure what was expected to be measured. In this study, the researcher utilized a peer-debriefing technique to receive the peers' feedback on the suitability of the chosen research philosophy, methodology, instrument, and procedures with the pursued research purpose (Merriam & Tisdell, 2015).

Finally, transferability defines the possibility to apply the achieved qualitative findings to other populations and settings (Pitney & Parker, 2009). This requirement corresponds to the pursuit of replicability and generalizability of research results entailed

by external validity (Zohrabi, 2013). As pointed out above, generalizability is challenged in qualitative research. However, the requirement for transferability implies providing a detailed description setting up the context to each issue raised. The strategy aims at enabling the reader's judgment based on the described reality (Merriam & Tisdell, 2015). In this inquiry, the researcher supported each point with academic sources. Hence, the research met all trustworthiness criteria, which indicates a holistic approach to the planning of research processes and procedures.

Apart from validity, an academic endeavor requires compliance with reliability criterion that ensures consistency, dependability, and replicability of the received results. However, scholars, such as Newman (2008) and Creswell (2014) regard reliability as a validity dimension because of their reciprocal association. Reliability measurement takes place only when a study fails to reach one of the validity domains to measure errors committed. The alignment with validity (trustworthiness) criteria has been proved above, which allows concluding the reliable nature of the chosen research design and procedures.

Limitations of the Study

Though the chosen research design has been subject to the validity and reliability analysis, the researcher admits that there were some limitations faced inherent to the chosen research instrument and data analysis. The ultimate reliance on qualitative research methodology poses a threat of subjectivity and high descriptiveness of findings. Face-to-face communication with representatives of the target population required a significant effort from the researcher to build sincere relations with them. It was crucial to gain trust to achieve transparency with each interviewee to encourage his or her

sharing of the lived experiences, which included the sharing some sensitive information. Otherwise, the interview would have been unable to produce a valid insight of the matter. In this regard, the researcher demonstrated respect for participant experience and emotions and commitment to contributing to the relevant field of science and policy-making. The researcher started each interview session with introducing himself and telling some facts about his personality, worldview, and earlier exposure to injuries, chronic illness, or disability. The researcher interviewed individuals who were previously known to him which limited the inclusion of more participants with varied diagnosis (i.e: traumatic brain or spinal cord injuries).

Another limitation concerning the data collection and analysis concerned interviewee bias and researcher bias. To mitigate exaggeration or withholding information, the researcher addressed various dimensions of the disability leave experience on the grounds of earlier research findings. The researcher's display of the commitment to listen and comprehend the reality of these employees encouraged fair responses. In qualitative research, the analysis depends entirely on the investigator's interpretation of the observed phenomenon. To minimize the effect of the researcher's personality and position regarding the return to work after the disability leave, participant answers were analyzed in relation to the reviewed academic literature.

Threats to Validity

The researcher has experience with being a rehabilitation patient and as a health educator to individuals dealing with a disability. Therefore, the researcher's experience and preconceptions could be perceived as a potential bias. The researcher understood that each participant had a unique disability experience and therefore his or her perceptions

and personal motivations may be vastly different. To ensure consistency and mitigate potential bias, the researcher utilized a structured series of interview questions (see Appendix) that were asked in a specific order to ensure consistency. Furthermore, the researcher was mindful of his personal body language, facial expressions or posing questions in a leading manner. Lastly, the number of subjects did not allow for an evaluation for how much gender factors into identifying motivators in returning to work.

Summary

In alignment with the research purpose, procedures for participant selection, sampling, and recruiting were discussed. The study included 3 participants, which represented specific disability groups (amputees, burn victims, end-stage renal disease, and chronic heart disease). The chapter described timeline, ethical considerations, and setting selection. Additionally, it covered procedures concerning instrument selection, development, data collection, and analysis. The chapter provided an overview of all methodological issues of the research project with a continuing justification of the selected research philosophies. Lastly, potential threats and limitations inherent to the selected research design were examined while addressing contingencies for minimizing them.

Chapter 4: Research Findings

Introduction

This study utilized qualitative research to understand the experiences of individuals who were forced to miss time from work due to a disability from injury or chronic disease. There seems to be a lack of data exploring the perceptions of individuals who elected to forego their entitled disability benefits, therefore the purpose of this study was to try to understand what internal or external motivators led them to that decision and drove them to rejoin the workforce. As previously stated, qualitative studies are mostly divided into two types: policy research targeting the exploration of how well the disability rights are protected and adhered to in the workplace, and qualitative phenomenological research dealing with individuals' meaning of work and disability, experiences with disability and job re-entry, and experiences of barriers and facilitators for community and workplace reintegration after the disability. This study primarily focused on the experiences with disability and job re-entry and the differences and commonalities experienced.

Background of Participants

The three individuals who participated in this study each were working prior to experiencing an injury or disease requiring medical intervention that subsequently forced them to miss significant time from work. All of the participants underwent physical rehabilitation, returned to full-time employment, and are currently employed at this time. This was a convenience sample, as all of the participants were known by the researcher. There were two male participants and one female participant. Within the group, one participant was Caucasian and two were African-American. There was one participant

who sustained a critical injury, one participant who suffered from a chronic illness, and one participant who had a chronic illness that led to a critical injury. Each participant's confidentiality was maintained during the data collection process and no medical records were utilized at any point.

1st Participant. This individual sustained a devastating injury following a motor vehicle accident resulting in severe burns and the amputation of both of his legs.

2nd Participant. This individual had an extended history of dealing with high blood pressure, which ultimately led to him experiencing an aortic aneurysm that ruptured requiring emergency surgery.

3rd Participant. This individual had a history of diabetes that led to end-stage renal disease for which she required dialysis and ultimately a kidney transplant.

Emergent Themes

Interviews of the participants provided insight towards answering the initial research questions. As outlined above, the participants had a variety of diagnoses, requiring differing medical interventions, different levels of rehabilitation, a varied recovery times. Despite their differences, the participants' responses revealed many commonalities and themes during this study. The first observation that held true for all of the participants was their eagerness to participate in the study. Generally speaking, individuals can be somewhat guarded when discussing their medical history. Each of the participants was very forthright with discussing personal details regarding their disabilities and expressed their desire to help individuals who may encounter similar health struggles in the future. In completing the data analysis of the interviews of the participants, there were four emergent themes that were prevalent: returning to normalcy,

the need for emotional support, overcoming stigmas, and personal satisfaction associated with their return to work.

The Need for Normalcy

Participants were asked whether their time off prior to returning to work was too short, too long, or adequate? Each responded that they felt ready to return to work at the moment they did. In each of their situations they were in a financial position to take additional time off due to some sort of provided benefit or economic position. When asked why they felt the time was right, the overwhelming response was the need to return back to normal.

Participant 1 replied:

“It was just a natural progression in life. It was just mentally where I was. It was just that time in my life to move forward. All my friends were kind of graduating around the same time, all getting full-time employment.”

Participant 2 replied:

“I just wanted to get my life back going, see my friends and family and my work family and that's basically it. I just wanted to win this. I wanted to be alive again.”

Participant 3 replied:

“I just, you know, I wanted to feel quote/unquote normal.”

Participant 2 specifically stated in his initial response that he missed his work family.

Participants 1 & 3 responded to a follow-up question regarding what they felt was the single thing that would make them feel most normal and they also stated that they missed the social interaction in the work place. All participants felt like the interaction amongst

their co-workers and peers was not only instrumental to their return to normalcy, but also instrumental to their recovery.

The Need for Support

Participants were asked three questions regarding support. Those questions were: (a) What type of support did you receive?; (b) Do you feel that support was adequate?; and, (c) Was there any type of additional support you think would've been beneficial? All three participants stated that they had received needed financial support. Participant 1 received income through Social Security Disability (SSDI). He felt that the monthly disability check was more than adequate to maintain the lifestyle he had at the time and expressed gratitude for the government program. The other two participants did not receive government provided disability benefits. Participant 2 received his full salary from his employer during his recovery, thus eliminating his need for SSDI. Participant 3 did not apply for SSDI, even though her work history and disability, ESRD, entitled her to full benefits. Her family and personal savings provided adequate income during the period of time she was away from work.

All participants also stated that they received emotional support from their circle of family and friends, which they disclosed was more beneficial than the aforementioned financial support. Participants 2 and 3 made specific reference to how much additional support came from their churches. Both of these individuals stated that they have become more in touch with their spirituality and more involved with their respective churches. All three participants stated that they have each shared their personal struggles with individuals experiencing medical issues in an effort to provide emotional support to others.

All participants expressed a need for additional support; however, they had different responses regarding the support they felt would have been most beneficial. Participant 1, who was away from work for the longest period of time, expressed the need for some type of vocational support. He stated that he felt like he could have benefitted from a program that would have sharpened his skills beyond what he had learned with the degree he attained while out of work. He stated he did not find any local programs to provide that support. Participant 2 said he would have benefitted from an individual(s) that could have managed his financial affairs during his recovery. While he did not experience any reduction in income while he was recovering, the physical act of opening bills, mailing payment, etc. was particularly challenging. Participant 3 stated that in retrospect she feels she would have benefitted from speaking with a psychologist. She stated that she has some unresolved issues dealing with her medical complexities at such a young age. Admittedly, she did not explore that type of support.

A recurrent theme among all respondents, despite not specifically asked during the interview, was their desire to make different lifestyle choices going forward following their injury or illness. Each of the respondents mentioned personal decisions they could have made differently that could have minimized their risk of injury or illness or eliminated it altogether.

Overcoming Stigmas

Each of the participants expressed that they expected to be treated differently upon returning to work. They all also revealed that they had a great deal of uncertainty regarding what that entailed. For Participants 2 & 3, their co-workers knew what they had been through and had kept in contact with them during their absence, which helped to

make the transition back to work a little easier. Additionally, they were returning to their previous employers where they had existing relationships. They also stated that they showed no true visible manifestations of what they had been through to the casual observer. For Participant 1, he returned to the workforce with a new employer where he only knew one individual from a previous personal recommendation. Additionally, he expressed concerns about his physical appearance. He described his concerns about his transition back this way:

“The difficult part was my perception of how people would treat me. That was more difficult from what I internalized, rather than the overt treatment that I received. It was more “Okay, I’m different, they’re going to see me different”, rather than their actual treatment. For me, I think it was easier because it was so overt. I mean, I have two amputated legs that I ... You know, I couldn’t really get through a workday without having to take them off. So it was something that was ... It was in their face. They couldn’t go through a day without realizing what my physical limitations were. So I’m sure that impacted them, just by the knowledge that they had. However it impacted them, it impacted them. But they were visibly aware that I was significantly disabled. So that kind of sparked the conversation many times of wanting to learn more about my story and my history and kind of ... So for me it made it easier.”

Each of the participants described their co-workers and peers as very supportive upon their return. They all actually described their co-workers as being overly protective of them. The participants all emphasized that they had to respond multiple times a day to

questions such as “How are you feeling?”, or “Can you manage that?”, and “Do you need help?” They all found it to be burdensome at times, but all expressed appreciation for the concern and preferred those reactions versus the alternative. Additionally, all participants admitted to incorrectly anticipating the responses they would receive upon their return. Participant 1 expected that his appearance would be more jarring to his co-workers. He stated they were “cool about it.” Participant 2 expected resentment from some co-workers whose workloads increased as a result of his absence and him being placed on restricted duty when he returned. He stated that he experienced none of those types of issues. Participant 3 thought that her co-workers would be less “overly-sympathetic after she received her transplant, however she says that was not the case. She admitted that she wanted to get back to the way things were, but it took almost a year before that happened.

Personal Satisfaction

Each of the participants had challenging paths on the road to physical recovery and their path back into the workforce. They each described great satisfaction that they received in their respective roles but also work itself. None of the candidates considered quitting the rehabilitation process or wavering on their internal desire to return to work. They viewed the process of returning to work as a competition against their disability as well as a challenge that they would ultimately win.

Participant 1 received his formal education in physical therapy, which he knew would be too demanding given his injuries and multiple subsequent surgical interventions. Despite that, he knew he wanted to work in that field and was determined to not only get back to work but to work specifically in that capacity. He described being

willing to relocate to a new city if necessary in order to satisfy his desire to provide physical to others. That desire was actually magnified following his accident.

Participant 2 had been with his employer for over ten years prior to his injury. He was considered to be among the best in his field and had an extensive track record of success despite his work primarily taking place behind the scenes. His doctors told him that if he chose to return to work at the time he did, he would not be able to immediately return to his prior role. Despite his employer paying him his regular salary while he was at home recovering, he elected to return to work in a less strenuous role and an entirely different capacity. He had found other activities and outside interests during his time off, however felt unfulfilled while not working. He felt that upon returning to work he would ultimately return to working in his prior capacity at some point and return to his prior level of function.

Participant 3 required dialysis treatments one month after returning to work. This entitled her to take additional time off under FMLA and entitled her to additional Social Security benefits. Instead, she created a unique dialysis treatment schedule after normal working hours to allow her to receive treatment without missing any additional time away from work. She felt that she had spent several years developing her craft and was determined to prove to herself she could excel at it.

Summary

This study was intended to understand the experiences of disabled employees who missed an extended period of time away from work due while recovering from illness or injury and ultimately returned. The participants included three previous full-time employees with varied disabilities who were all entitled to receive disability benefits.

That factor contributed to the reduced influence of controlled motivation (extrinsic) since none of the participants had financial needs that obligated them to return to work. They also did not encounter any pressures from their employers, family members, or friends to return to work. The participants' decisions to return to work were based on achieving personal satisfaction and development through both returning to work and overcoming the challenges required for reaching that goal.

This chapter included a brief description of their individual disabilities and their responses to the same series of questions. Despite the differences in their diagnoses, gender, and age, the psychological and emotional reactions of each participant following their disability was quite similar. Throughout the recovery process they were stressed about many of the same things, and had many of the same doubts. Despite that, they each were steadfast in their internal desire to return to work.

Their primary motivators were autonomous and therefore intrinsic in nature. They each valued the concept of working and personally valued the types of work they performed. All of the participants were also determined to return to work in an effort to reclaim victory over the injury or illness that initially sideline them. They each used the term "win" when describing physically returning to work drawing comparisons to a competitive endeavor. This process of returning to work allowed them to feel empowered and not defined by their respective disabilities. While their return to work may have proven to be an example of perseverance to their colleagues, co-workers, and friends, they all were clear that that was not factor was not their primary motivation.

Chapter 5: Discussion

Meanings and Understandings

The purpose of this study was to gain a better understanding of the motivators that drive critically injured or chronically ill patients to return to work. The researcher used a qualitative approach to evaluate the real-life experiences of individuals who have been through this journey and looked for commonalities within those varied experiences. The research questions centered on understanding those experiences and expressing them in a way that could prove useful to individuals who face similar physical challenges in the future. The research questions were as follows:

1. What are the primary motivators for critically injured or chronically ill patients to re-enter the workforce if they are entitled to government-provided lifetime disability benefits?
2. What are the perceived challenges to re-entering the workforce after an extended period of time?
3. What is the disabled individual's perception of social support that will be provided if he/she is re-employed?
4. What type of support do disabled individuals believe to be ideal?

The remainder of this chapter will be devoted to providing an understanding of the information the researcher was able to glean from the study, the implications, and their relevance.

Summary of Findings

Research Question 1. What are the primary motivators for critically injured or chronically ill patients to re-enter the workforce if they are entitled to government-provided lifetime disability benefits?

The overwhelming theme among all of the study participants regarding their primary motivation for returning to work was the personal satisfaction they received from work itself. Another prevalent theme among participants was that returning to work represented the initial step in returning to normalcy. This encompassed all facets of their life including their daily routines, interactions, income, etc. Although it would be irresponsible to make a generalization on regarding the participants, their work, to some degree seemed to define who they are. If not entirely, then it at least defined a component of their character. Regardless of their role with their respective employers or the perceived “worth” of the role, they all took great pride in the concept of working. Each of the subjects expressed an innate drive to contribute to society and take responsibility for sustaining themselves. The researcher had a misguided preconception regarding what the primary motivator might be prior to conducting the study. It was assumed that increased income would be the primary motivator to return to work. Among the study participants, Participant 1 was the only individual who experienced a financial gain in returning to work. That gain, was negligible and he admitted once he accounted for work-related expenses (i.e.: gas, meals, dry cleaning) it was negated. Participant 2 would have received exactly the same amount of income whether he returned to work or stayed home. Participant 3 would have earned less income monthly returning to work versus what she would have been entitled to in social security disability benefits.

Research Question 2. What are the perceived challenges to re-entering the workforce after an extended period of time?

The overwhelming concern among the study participants regarding perceived challenges with re-entering the workforce was the stigma they believed they would have received from their colleagues upon their return. Each participant admitted that they misjudged their colleagues' reactions and responses to each of them. Each of the study participants had very different disabilities that made them unique. Participant 1 was a double amputee and burn victim. Participant 2 returned to work following massive heart surgery. Participant 3 returned following a bout with a chronic illness, followed by dialysis treatments, and then a kidney transplant. The nature of their disability is relevant, because of how each participant visibly presented to their co-workers. Participants 2 & 3 had the option of sharing their the nature of their disability as they felt necessary. Participant 1 did not have that luxury due to the overt nature of his physical appearance. Participants stated that their co-workers were all very helpful and attentive. They reported that their colleagues were actually too doting on them following their return to the point of being overboard. While appreciative of the concern and support, the respondents all commented on not wanting to be sympathetic figures or having their disability begin to define them. All of them were highly functioning individuals who were proficient within their roles. They expressed not wanting to be perceived as good disabled employees, but rather, just good employees. Each of them transitioned back to work slowly, but once they resumed full functional status, they desperately wanted to leave the disabled stigma behind them.

Two of the participants shared their concern about different type of stigma. They were sensitive to their belief of their level of responsibility in causing their injury or illness and how that would impact their colleagues' judgment. Participant 1 was the driver and recklessly at fault for the accident he was injured in. Additionally, other people were seriously injured as a result. He was forthright in sharing how he became disabled with his co-workers, but chose not to disclose all the details of the accident when he returned to work. Participant 2 had an extensive history of poor nutrition and unhealthy eating habits that his co-workers had witnessed first-hand. He was concerned and somewhat embarrassed that they would be judgmental upon his return. He described them as being supportive; however, he personally feels he is judged regularly.

Participant 3 was disabled as a result of a genetic predisposition and therefore had no concerns about stigma regarding her specific disability. In fact, she shared her desire to help educate and support anyone with a similar illness in coping with the process.

Research Questions 3 & 4. What is the disabled individual's perception of social support that will be provided if he/she is re-employed? What type of support do disabled individuals believe to be ideal?

Social support is generally classified into three major categories: instrumental, emotional, and informational (Macarthur SES & Health Network, 2017). Instrumental support refers to tangible physical assistance such as transportation, childcare, or supplemental income. Emotional support involves counseling, advising, or outside encouragement. Informational support presents in the form of providing resources to access specific details like a directory of agencies to assist with the aforementioned types of support. The study participants unanimously placed the most value on emotional

support. While a return to normalcy was their primary motivator, they attributed emotional support to be one of the biggest benefits to returning to work. Some of the participants reported receiving a great deal of support from family, friends, or church groups. Despite those resources, there seemed to still be a void that needed to be filled by work friends and colleagues. Outside of emotional support, each of the participants had additional areas of support they thought would've been helpful. Participant 1 pursued instrumental support in the form of vocational training in his area. He was ultimately not able to find a suitable agency to provide that support. Participant 2 thought he could have benefitted from informational support from a social worker or case manager during his hospitalization and rehabilitation to help navigate the forms he was inundated with regarding disability, FMLA (Family Medical Leave Act), and various other forms. Participant 3 stated that in hindsight, she probably would've benefitted from speaking with a psychologist to work through some personal feeling about her disability. She stated that she leaned heavily on her church, however she would have liked to speak with a professional who didn't know her personally prior to her disability.

As a result of the findings, the participants valued emotional support to be the most ideal as it relates to a successful transition back into the workforce. To further validate that data, each of them have actively counseled disabled individuals on how to manage their disabilities and get back to work if they desired to. Each of the participants took great pride in being an emotional support to others due to the value they place on having received emotional support themselves.

Implications of the Study

This study was intended to give some insight into the lived experiences of individuals who endured disabilities that forced them to leave the workforce prematurely. The findings from this study will hopefully help provide useful data that individuals who will encounter similar challenges can benefit from in the future. The three participants had a commonality based on the fact they were working, were hospitalized, went through physical rehabilitation, missed an extended period of time, and returned to work. Many of the theories discussed in chapter two of this study became evident in the participants' feedback as it related to the research questions. The autonomous motivation described in Maslow's Self-Determination Theory (SDT) was apparent as each of the participants in the study returned to work of their own volition (Gagne & Deci, 2005). None of them had pressing financial needs and all of them were entitled to additional time to recover based on physician recommendation, employer accommodations, or government criteria. They all sought the personal satisfaction and development they believed they would be able to obtain through re-assimilation into the workforce. Participant 1 was entitled to a lifetime of financial benefits due to his disability, and the remaining respondents stated that they would've returned to work had they been entitled to a lifetime of financial benefits.

Maslow's Hierarchy of Needs which defines the five basic needs of people as physiological (food, water, sleep, etc.), belongingness (family, friends), safety–security (environment, finance), esteem, and self-actualization (fulfillment of one's talents and potential) was explored as it relates to returning to the workforce (McGuire, 2012). Each participant had a baseline of not having any physiological deficits, and their responses fell in line with the remaining basic needs as Maslow described. Social interaction in the

workplace was a common response for what prompted the urge to return to work, followed by earning a wage, feeling needed in their role, and further advancing their career. These findings also intertwine with Adler's Life Task theory, which tasks are grouped into three distinct categories: social, occupational (work), and sexual (Dreikurs & Mosak, 1966). For the purpose of this study, the sexual life task was not discussed, however the responses and their alignment with Maslow's theory certainly have distinct parallels with the social and occupational tasks in Adler's research.

Stigmatization of employees on the basis of their illness or disability is a common problem faced by people with physical health problems, and was a common theme among the participants although they each described it in a unique way (Dipboye & Colella, 2013). The disability label itself didn't appear to be the issue, but rather the notion that the participants wouldn't be able to perform their individual job functions. Furthermore, the participants described struggles with re-acclimation due in part to their time away from work and the deviation of normal routines.

Recommendations for Future Study

Expanded Sample Size. The research sample was limited to three disabled participants who successfully returned to the workforce. Although there was significant variation among the participants' diagnoses, future research should be conducted to examine a larger sample size to include greater variation. Marital status, race, gender, wider age ranges, and education are all factors that could provide greater insight into intrinsic and extrinsic motivators for this population.

Stigma. In an effort to further explore stigma, it would be of interest to the researcher to understand reactions to individuals with disabilities that carry innate

negative stigmas. Examining the lived experiences for someone with a disease or illness that is commonly related to mental health or poor lifestyle choices may carry additional pressures leading a disabled individual to not disclose their disability or forego rejoining the workforce altogether.

Worker's Compensation. Individuals who are forced to leave the workforce due to critical injury are sometimes injured while on-the-job. A future study including members of this population who have experienced a permanent injury, but have the desire to return to work in some capacity may reveal some additional psychological and emotional nuances.

References

- Alavi, H., & Oxley, J. (2013). Return to work and occupational illness and injury rehabilitation. *Monarch University Accident Research Center*, Report No. 0513-22.12-R1C, 1-15.
- Anderson, C. (2010). Presenting and evaluating qualitative research. *American Journal of Pharmaceutical Education*, 74(8), 141-147.
- Anderson, G., & Knickman, J. R. (2001). Changing the chronic care system to meet people's need. *Health Affairs*, 20(6), 146-160.
- Asfaw, A., Pana-Cryan, R., & Rosa, R. (2012). Paid sick leave and nonfatal occupational injuries. *American Journal of Public Health*, 102(9), e59-e64.
- Autor, D. H., Maestas, N., Mullen, K. J., & Strand, A. (2015). Does delay cause decay? The effect of administrative decision time on the labor force participation and earnings of disability applicants. *NBER Working Paper no. 20840*. The National Bureau of Economic Research. DOI: 10.3386/w20840
- Ball, C. (2016). *California workers' comp: How to take charge when you're injured on the job*. Berkeley, CA: Nolo.
- Basavanthappa, B. T. (2007). *Psychiatric mental health nursing*. New Delhi, India: Jaypee Brothers Publishers.
- Baxi, S. S., Salz, T., Xiao, H., Atoria, C. L., Ho, A., Smith-Marrone, S., Sherman, E. J., Yee, N.Y., Elkin, E.B., & Pfister, D. G. (2016). Employment and return to work following chemoradiation in patients with HPV-related oropharyngeal cancer. *Cancer of the Head & Neck*, 1(4). Doi: 10.1186/s41199-016-0002-0

- Bonner, B., Pillai, R., Sarma, P. S., Lipska, K. J., Pandian, J., & Sylaja, P. N. (2016). Factors predictive of return to work after stroke in patients with mild-moderate disability in India. *European Journal of Neurology*, 23(3), 548-553.
- Breakwell, G. M. (2015). *Coping with threatened identities*. New York, NY: Psychology Press.
- Cancelliere, C., Donovan, J., Stochkendahl, M. J., Biscardi, M., Ammendolia, C., Myburgh, C., & Cassidy, J. D. (2016). Factors affecting return to work after injury or illness: Best evidence synthesis of systematic reviews. *Chiropractic & Manual Therapies*, 24(32), 1-23.
- Chien, D.-K., Hwang, H.-F., & Lin, M.-R. (2017). Injury severity measures for predicting return-to-work after a traumatic brain injury. *Accident Analysis & Prevention*, 98, 101-107.
- College's Stay-at-Work and Return-to-Work Process Improvement Committee. (2006). Preventing needless work disability by helping people stay employed. *American College of Occupational and Environmental Medicine*, 48(9), 972-987.
- Corbiere, M., St.-Arnaud, L., Durand, M.-J., Coutu, M.-F., Lecomte, T., Negrini, A., & Renard, M. (2014). Factors influencing the return to work after depression: The viewpoint and role of unions. *Occupational Rehabilitation Studies and Research Projects*, Report R-847, 1-59.
- Creswell, J. W. (2014). *A concise introduction to mixed methods research*. Thousand Oaks, CA: SAGE Publications.
- Denzin, N. K., & Lincoln, Y. S. (2011). *The SAGE handbook of qualitative research*. 3rd ed. Thousand Oaks, CA: Sage Publications.

- de Vries G, Hees HL, Koeter MWJ, Lagerveld SE, Schene AH (2014) Perceived Impeding Factors for Return-to-Work after Long-Term Sickness Absence Due to Major Depressive Disorder: A Concept Mapping Approach. PLoS ONE 9(1): e85038. <https://doi.org/10.1371/journal.pone.0085038>
- Diener, E., Lucas, R. E., Schimmack, U., & Helliwell, J. F. (2009). *Well-being for public policy*. New York, NY: Oxford University Press.
- Dipboye, R. L., & Colella, A. (2013). *Discrimination at work: The psychological and organizational bases*. New York, NY: Psychology Press.
- Dreikurs, R. (1935). *The three life tasks*. Abingdon, Oxen: Routledge.
- Dreikurs, R., & Mosak, H.H., (1966). The tasks of life I. Adler's three life tasks. *Individual Psychologist*, 4(1), 18-22.
- Dreikurs, R., & Mosak, H.H., (1967). The tasks of life II. The fourth life task. *Individual Psychologist*, 4(21), 18-22.
- Employment and Disability Institute. (2013). Research brief: Inside the workplace: Case studies of factors influencing engagement of people with disabilities. *Research Presented at the Innovative Research on Employer Practices: Improving Employment for People with Disabilities, State of the Science Conference, October 22-23, 2013, Washington, D. C., 1-9.*
- Fairclough, D. L. (2010). *Design and analysis of quality of life studies in clinical trials* (2nd ed.). Boca Raton, FL: CRC Press.

- Flett, R. (2012). "To tell or not to tell?" Managing a concealable identity in the workplace. *Vulnerable Groups and Inclusion*, 3. Retrieved from <http://www.societyhealthvulnerability.net/index.php/shv/article/view/16145>
- Freeman, M., & Mathison, S. (2009). *Researching children's experiences*. New York, NY: Guilford Press.
- Gagne, M., & Deci, E. (2005). Self-determination theory and work motivation. *Journal of Organizational Behavior*, 26, 331-362.
- Galizzi, M., Leombruni, R., Pacelli, L., & Bena, A. (2016). Injured workers and their return to work: Beyond individual disability and economic incentives. *Evidence-Based HRM: A Global Forum for Empirical Scholarship*, 4(1), 2-29.
- Goffman, E. (1963). *Stigma: Notes on the management of spoiled identity*. New York, NY: Simon & Schuster.
- Gravetter, F. J., & Forzano, L.-A. B. (2011). *Research methods for the behavioural sciences*. Belmont, CA: Cengage Learning.
- Green, S., Davis, C., Karshmer, E., Marsh, P., & Straight, B. (2005). Living stigma: The impact of labeling, stereotyping, separation, status loss, and discrimination in the lives of individuals with disabilities and their families. *Sociological Inquiry*, 75(2), 197-215.
- Grover, C., & Piggott, L. (2015). *Disabled people, work, and welfare: is employment really the answer?* Chicago, IL: Policy Press.
- Guharaj, P. V. (2003). *Forensic medicine*. Hyderabad, India: Orient Blackswan.
- Harder, H. G. (2016). *Disability management and workplace integration: International research findings*. New York, NY: Routledge.

- Helantera, I., Haapio, M., Koskinen, P., Gronhagen-Riska, C., & Finne, P. (2012). Employment of patients receiving maintenance dialysis and after kidney transplant: . *American Journal of Kidney Disease* , 59(5), 700-706.
- Hensing, G., Bertilson, M., Ahlborg, G., Waern, M., & Vaez, M. (2013). Self-assessed mental health problems and work capacity as determinants of return to work: A prospective general population-based study of individuals with all-cause sickness absence. *BMC Psychiatry*, 13-259. Doi: 10.1186/1471-244X-13-259
- Hepp, U., Moergeli, H., Buchi, S., Bruchhaus-Steinert, H., Sensky, T., & Schnyder, U. (2011). The long-term prediction of return to work following serious accidental injuries: A follow-up study. *BMC Psychiatry*, 11(53). Doi: 10.1186/1471-244X-11-53
- Hyde, J.S & Stapleton, D.C. (2015). Changes to the ticket to work regulations in 2008 attracted providers and participants, but impacts on work and benefits are unclear. *Social Security Bulletin*, 75(4).
- Information Resources Management Association. (2015). *Research methods: Concepts, methodologies, tools, and applications*. Hershey, PA: IGI Global.
- Klenke, K. (2016). *Qualitative research in the study of leadership*. 2nd ed. Bingley, UK: Emerald Group Publishing.
- Kramer-Kile, M., & Osuji, J. (2012). *Chronic illness in Canada*. Burlington, MA: Jones & Bartlett Publishers.
- Leigh, J. P. (2000). *Costs of occupational injuries and illnesses*. Ann Arbor, MI: University of Michigan Press.

- Leonard, E. C., & Trusty, K. A. (2015). *Supervision: Concepts and practices of management*. Boston, MA: Cengage Learning.
- Mabin, A., & Randall, C. (2014). The role of client motivation in workplace rehabilitation. *Journal of Social Inclusion, 5*(1), 1-14.
- Maestas, N. Mullen, K. J., & Strand, A. (2013). Does disability insurance receipt discourage work? Using examiner assignment to estimate causal effects of SSDI receipt. *The American Economic Review, 103*(5), 1797-1829.
- Martin, D. J., Chernoff, R. A., Buitron, M., Comulada, W. S., Liang, L.-J., & Wong, F. L. (2012). Helping people with HIV/AIDS return to work: A randomized clinical trial. *Rehabilitation Psychology, 57*(4), 10. Doi: 10.1037/a0030207
- Maxwell, J. A. (2013). *Qualitative research design: An interactive approach*. Thousand Oaks, CA: SAGE.
- McGuire, K. J. (2012). *Maslow's hierarchy of needs. An introduction*. Munich, Germany: GRIN Verlag.
- McNabb, D. E., 2015. *Research methods for political science: Quantitative and qualitative methods*. New York, NY: Routledge.
- Mei, S., Kuiper, D., Groothoff, J., Heuvel, W., Son, W., & Brouwer, S. (2011). Long-term health and work outcomes of renal transplantation and patterns of work status during the end-stage renal disease trajectory. *Journal of Occupational Rehabilitation, 21*, 325-334.
- Merriam, S. B., & Tisdell, E. J., 2015. *Qualitative research: A guide to design and implementation*. Belmont, CA: John Wiley & Sons.

- Newman, I. (2008). *Mixed methods research: Exploring the interactive continuum*. Carbondale, IL: SIU Press.
- Nijhuis, D. O. (2013). *Labor divided in the post-war European welfare state: The Netherlands and the United Kingdom*. Cambridge: Cambridge University Press.
- Ntoumanis, N., Edmunds, J., & Duda, J. (2009). Understanding the coping process from a self-determination theory perspective. *The British Psychological Society, 14*, 249-260.
- O'Hagan, F. T., Coutu, M. F., Thomas, S. G., & Mertens, D. J. (2012). Work reintegration and cardiovascular disease: Medical and rehabilitation influences. *Journal of Occupational Rehabilitation, 22*(2), 270-281.
- O'Leary, P., Livermore, G., & Stapleton, D. (2011). Employment of individuals in the social security disability programs. *Social Security Bulletin, 71*(3), 1-10.
- Olson, K., Young, R. A., & Schultz, I. Z. (2015). *Handbook of qualitative health research for evidence-based practice*. New York, NY: Springer.
- Omolayo, B. (2009). Self-esteem and self-motivational needs of disabled and non-disabled: A comparative analysis. *Journal of Alternative Perspectives in the Social Sciences, 1*(2), 449-458.
- Parot-Schinkel, E., Roquelaure, Y., Ha, C., Leclerc, A., Chastang, J.-F., Raimbeau, G., Chaise, F., & Descatha, A. (2011). Factors affecting return to work after carpal tunnel syndrome surgery in a large French cohort. *Physical Medicine and Rehabilitation, 92*(11), 1863-1869.
- Pitney, W. A., & Parker, J. (2009). *Qualitative research in physical activity and the health professions*. Champaign, IL: Human Kinetics.

- Price, R. H. (2015). Changing life trajectories, employment challenges, and worker health in global perspective. In J. Vuori, R. Blonk, & R. H. Price (Eds.), *Sustainable working lives: Managing work transitions and health throughout the life course* (3-16). Dordrecht, the Netherlands: Springer Science & Business Media.
- Purdie, F., & Kellett, S. (2015). The influence of presenting health condition on eventual return to work for individuals receiving health-related welfare benefits. *Social Policy & Administration*, 49(2), 236-253.
- Robinson, R. K., & Franklin, G. M. (2015). *Employment regulation in the workplace: Basic computer for managers*. New York, NY: Routledge.
- Saldana, J. (2013). *The coding manual for qualitative researchers*. London, UK: SAGE.
- Sampson, A. (2015). Interventions to improve return to work outcomes in individuals with mental health conditions. *ISCR*, report No. 152-0615-R01, 1-26.
- Schultz, I. Z., & Gatchel, R. J. (2015). *Handbook of return to work: From research to practice*. New York, NY: Springer.
- Shakespeare, T. (2013). *Disability rights and wrongs revisited*. New York, NY: Routledge.
- Sharma, R. K. (1997). *Sociological methods and techniques*. New Delhi, India: Atlantic Publishers & Distributors.
- Social Security Administration. (2015, July 29). *Social Security Act 226A*. Retrieved July 29, 2015, from SSA.gov: http://www.ssa.gov/OP_home/ssact/title02/0226A.htm
- Stewart, A. M., Polak, E., Young, R., & Schultz, I. Z. (2012). Injured workers' construction of expectations of return to work with sub-acute back pain: The role of perceived uncertainty. *Journal of Occupational Rehabilitation*, 22(1), 1-14.

- Taormina, R. J., & Gao, J. H. (2013). Maslow and the motivation hierarchy: Measuring satisfaction of the needs. *American Journal of Psychology*, 126(2), 155–177.
- Tessier, S. (2012). From field notes, to transcripts, to tape recording: Evolution or combination? *International Journal of Qualitative Methods*, 11(4), 446-460.
- Tremblay, M., Blanchard, C.M., Taylor, S., Pelletier, L.G (2009). Work extrinsic and intrinsic motivation scale: Its value for organizational psychology research. *Canadian Psychological Association*, 41(4), 213-236.
- United States Department of Labor. (2016a). Federal vs. Minnesota family and medical leave laws. *Wage and Hour Division*. Retrieved from <https://www.dol.gov/whd/state/fmla/mn.htm>
- United States Department of Labor. (2016b). Division of Federal Employees' Compensation (DFEC). *Office of Workers' Compensation Programs*. Retrieved from <https://www.dol.gov/owcp/dfec/regs/compliance/ca-11.htm>
- United States Renal Data System. (2012). *ESRD Incidence, Prevalence, Patient Characteristics, & Modality*. USRDS.
- Von Schrader, S., Malzer, V., & Bruyere, S. (2014). Perspectives on disability disclosure: The importance of employer practices and workplace climate. *Employee Responsibilities and Rights Journal*, 26(4), 237-255.
- Waddell, G., & Burton, A. k. (2006). *Is work good for your health and well-being?* London, UK: TSO.
- Walter, P. J. (2012). *Return to work after coronary artery bypass surgery: Psychosocial and economic aspects*. Berlin, Germany: Springer Science & Business Media.

Ward, D. L., Tripps, R., & Maki, B. (2013). *Positioned: Strategic workforce planning that gets the right person in the right job*. New York, NY: AMACOM: American Management Association.

Working Mother Research Institute. (2016, Oct 26). "Disabilities in the workplace": Working Mother Research Institute unveils new study. *National Organization on Disability*. Retrieved from <http://www.nod.org/featured/news/2016/10/20/disabilities-in-the-workplace-working-mother-research-institute-unveils-new-study.html>

Zohrabi, M. (2013). Mixed method research: Instruments, validity, reliability and reporting findings. *Theory and Practice in Language Studies*, 3(2), 254-262.

Appendix
Interview Questions

Interview Questions

1. Did you experience a disability because of injury or disease?
2. Do you believe it was work-related? (for those who answer yes)
In what way? Did your employer participate, assist in your rehabilitation?
(for those who answer yes) In what way?
3. How long were you out of work? Do you think it was too long, too short, or adequate?
4. Why did you decide to return from work? Just in a few words – your main reason. (for clarifications on this question, ask sub-questions)
5. Was the reason financial? Do you believe that getting disability allowances and pensions would make you stay at home and not return to work?
6. Was the reason social? Did you feel lonely or isolated?
7. Was the reason psychological? Did you need to gain a social role and importance, social status of a normal working person?
8. Did you feel any stigma because of your disability from the side of your colleagues?
9. What was your primary motivator to re-enter the workforce if they are entitled to government-provided lifetime disability benefits?
10. What were your perceived challenges to re-entering the workforce after an extended period of time?
11. What type of support (social, financial, psychological) did you receive during your disability?
12. What type of support do you think would have been ideal?