

The call for diversity and appreciation of differences echoes across boardrooms and executive suites in hospitals and systems nationwide today. This awareness that diversity in leadership is one of the key ingredients to creating a strong, high-performing health-care system for our nation is becoming institutionalized in healthcare, representing a huge step in the right direction.



## The Prevalence and Impact of Disability Among Healthcare Executives

by Wayne M. Lerner, DPH, FACHE; Peter A. Weil, PhD, FACHE; and Kristi L. Kirschner, MD

When we seek to diversify our executive ranks, most of us think first of recruiting women and racial and ethnic minorities—in fact, these groups have been the subject of systematic studies by ACHE since 1990. However, one key minority group has received little attention from healthcare executives looking to diversify the makeup of their boards and senior management positions: persons with disabilities (PWDs).

Recognizing this potentially widespread inattention to PWDs among healthcare executives, ACHE and the Rehabilitation Institute of Chicago (RIC) sought to study the extent of disability among ACHE affiliates and, further, to determine how their disabilities affected their work life, achievement of career goals and social identity. Finally, the study aimed to identify steps in ensuring equitable treatment of healthcare executives with disabilities.

ACHE and RIC saw each other as ideal partners to shed light on a number of issues faced by healthcare executives who have disabilities. Each organization has a wealth of sources to provide a well-rounded approach to discovering the factors involved in fleshing out this forgotten minority. In addition, both ACHE and RIC have made public their strong advocacy of PWDs in the workplace.

ACHE's policy statement addressing the issue, "Strengthening Healthcare Employment Opportunities for Persons

With Disabilities," states; "While overt discrimination against employment of persons with disabilities is illegal and subject to sanction under federal law, even covert discrimination against the employment of persons with disabilities is incompatible with ACHE's *Code of Ethics*. Additionally, ACHE believes that healthcare executives must take the lead in their organizations to increase employment opportunities for qualified persons with disabilities and to advocate on behalf of their employment to other organizations in their communities."

### Defining Disability

RIC defines disability as "a physical or mental impairment that restricts one or more aspects of a person's daily activity." Realistically speaking, RIC notes that "we all experience disability at some point in our lives, through difficulties such as depression, insomnia or a broken leg."

In 2003, the U.S. Census Bureau conducted a survey of more than 829,000 households and found that 6.3 percent of workers who did not reside in an institution had a disability. To determine the extent of disability among ACHE affiliates, in fall 2005 ACHE and RIC sent a fax questionnaire to a random sample of 2,000 ACHE affiliates. The survey posed questions relating to the extent, nature and impact of disability on the careers of healthcare executives. Of the 2,000 questionnaires sent, 1,730 were successfully transmitted

### Defining Disability

For the purposes of this survey, ACHE and RIC identified two criteria to establish whether an affiliate had a disability: (1) Does the respondent have a condition that limits full participation in work? (2) Does he or she have a learning, emotional or mental disability or disease; a sensory impairment; a physical handicap; pain; or chronic fatigue syndrome? These criteria are similar to those the U.S. Census Bureau uses to define a disability.

and 832, or 48 percent, of surveyed affiliates responded. Complete survey results and analysis are available as supplements to this article and may be found in the Research area of [ache.org](http://ache.org).

### *Disability Among ACHE Affiliates*

We found that 63 affiliates, or 7.6 percent of those who responded, indicated they either had a disability that currently kept them from participating fully in work—that is, they could not participate in work to the same extent as their peers—or they acknowledged they had one or more of the following disabling conditions:

- A learning disability
- An emotional or mental disability or condition (e.g., depression, anxiety disorder, bipolar disease)

- A speech impairment
- A hearing impairment
- Any vision impairment except for ordinary eyeglasses
- Any physical handicap or disability that limits use of hands, arms or legs
- Chronic pain
- Chronic fatigue syndrome
- Any physical disability other than those stated above (respondents were asked to specify)

Of the 63 individuals reporting some disability, one-third indicated they have a hearing impairment and 29 percent said they experience chronic pain. All other conditions were experienced by less than 20 percent of respondents. For those who wrote in other conditions, the three most frequently mentioned disabilities were pain/stiffness and replacement of joints (15 respondents), mental or verbal disorder (13 respondents) and hearing loss (12 respondents).

### *Disabilities' Effect on Work*

Despite having a disability, most healthcare executives who responded say they are able to work, having only slight or moderate limitations, enjoy good health and are in their most preferred job situation. Among the individuals who reported some sort of disability, 21 percent said it kept them from participat-

ing fully in work as compared with the extent that their peers could participate in work. The remaining 79 percent stated their work was not affected and they were able to work as much as their peers. Further, none of the respondents described themselves as being in poor health, and only 14 percent stated their health was fair. The majority characterized themselves as having good health, and more than one-fourth stated their health was excellent.

Even though these employed affiliates are considered disabled by standard criteria, they are quite robust and characterize themselves in good health and able to work as much as their peers.

### *PWDs and the Executive Healthcare Work Environment*

Despite generally positive findings, the ACHE/RIC fax questionnaire revealed some unsettling patterns. Seven of the 63 respondents with disabilities felt they had encountered job discrimination because of their disability. Of these, three individuals reported being denied a promotion and three said they had been denied a workplace accommodation (e.g., more accessible shelving).

When asked to write comments on how they cope with their conditions in the executive suite, some indicated they hide their disability to get and hold positions. Others wrote that they were perceived as freeloaders because of their inability to travel and limited mobility. Perhaps most surprising and

dismaying were reports of both co-workers and managers not taking their disability seriously, as evidenced by jokes and other comments.

### *Ensuring Equitable Treatment*

ACHE makes clear in its policy statement on employment opportunities for PWDs that, as community-oriented entities, healthcare organizations should more readily employ disabled job candidates, including executives, physicians and staff. We need to remain vigilant in our quest for the equitable treatment of healthcare executives with disabilities in the workplace, both in the hiring process and throughout the course of a PWD's career.

On balance, our profession needs to achieve greater understanding of and sensitivity to PWDs. Based on the written responses to the survey from all the respondents (not just those who identified themselves as disabled), we identified four main actions that should take place in the future: (1) improve all affiliates' understanding of PWDs, (2) develop ways to accommodate the needs of those who are disabled, (3) recruit PWDs into the profession and provide them with support systems, and (4) advocate for reforms.

### *Understand PWDs*

Nearly 30 percent of survey respondents stated that healthcare executives need to develop a greater understanding of PWDs, and several suggested that ACHE should increase educational offerings about diversity

and publish reports and articles on the topic. Such programs would help persons without disabilities better understand their disabled colleagues and focus more on their full potential to contribute to their organization. For example, while employers and colleagues should be aware of someone's limitations, they also should treat them as they would nondisabled people and avoid labeling or prejudging them. Some respondents suggested that positive attitudes toward PWDs need to begin at the formal education level.

Readers are encouraged to visit RIC's Web site, [www.ric.org](http://www.ric.org), for more information—go to the Advocacy and Outreach section, click on About Disability and read Straight Talk About Disability. This online resource describes accepted ways of relating to PWDs and suggests behaviors that demonstrate both compassion and respect.

### *Accommodate the Needs of PWDs*

Affiliates suggested several ways organizations should accommodate the needs of PWDs, including providing

them with ergonomically correct accessories so they can fulfill their responsibilities, providing clear and volume-adjustable microphone systems and hearing devices at group meetings, ensuring that rooms are accessible at conferences and limiting the distances between meeting sites. In addition to these physical accommodations, affiliates mentioned offering various forms of time/distance arrangements such as flexible schedules and opportunities to work from home or work part time.

When affiliates with disabilities were asked to describe various aids that might help them cope with their disability, they most frequently cited hearing aids or other devices to assist with limited hearing or deafness (17 respondents). The next most common aids mentioned were accommodations from management such as a flexible work schedule (nine respondents), the opportunity to work from home (nine respondents) and extra time to complete projects (eight respondents).

### *Recruit PWDs Into the Profession and Offer Them Support Systems*

Respondents suggested that greater efforts need to be made to recruit people with disabilities into the profession. This recruitment base can be built by removing physical barriers, debunking myths about their performance challenges and quantifying their successes. Others suggested that PWDs be identified early so that

## Straight Talk About Disability

When meeting people with disabilities, the best thing to do is to be an open slate—be willing to learn and make no assumptions. Do not assume that all people who use wheelchairs cannot walk, for instance, or that someone with a cane needs help at a street crossing. There are no special rules. People with disabilities are as varied as social situations:

- People with disabilities possess the full range of personality traits. Disability is not a measure of character.
- Disability is not contagious.
- Most people with disabilities want to promote understanding. If you have questions about a disability, ask—within polite boundaries and

if your question is relevant to the conversation.

- People with disabilities would rather dwell on their strengths than their weaknesses.

### *Language: Preferred Usage*

People with disabilities prefer to be called just that: “people with disabilities.” This emphasizes the person, not the disability.

*Excerpted from “Straight Talk About Disability,” Rehabilitation Institute of Chicago, [www.ric.org/community/disabilities.php](http://www.ric.org/community/disabilities.php). Used with permission. If affiliates have comments or suggestions about this project and/or need advice related to PWDs, they are encouraged to contact Dr. Kirschner, co-author of this article, at RIC.*

counseling and special adaptive measures could be put in place. For example, if PWDs were identified prior to pursuing graduate education, they could be offered more support in school—especially those with learning disabilities. Similarly, those who are self-employed need to learn what options are best for their particular situation, including decreasing their workload.

### *Advocate for Reform*

Affiliates further suggested that they should become more active in promoting equitable treatment of their

colleagues with disabilities. These recommendations ranged from making sure insurance companies cover all types of disabilities to remembering the sacrifices made by veterans who have become disabled as a result of service.

### **PWDs Are Not Just an Acronym**

Healthcare executives who are considerate of the needs of PWDs and who work with them reap the benefit of committed, satisfied and generally highly productive employees. Pay attention, and you will see the inherent value

of this forgotten minority in the executive settings of healthcare organizations.

*Wayne M. Lerner, DPH, FACHE, was president and chief executive officer of the Rehabilitation Institute of Chicago from April 1997 through August 31, 2006. Peter A. Weil, PhD, FACHE, is vice president of Research and Development at the American College of Healthcare Executives in Chicago. Kristi L. Kirschner, MD, is director of the Rehabilitation Institute of Chicago Donnelley Family Disability Ethics Program.*

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