COMMENTARY

Making pandemic response disability inclusive: Challenges and opportunities for organizations

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The global COVID-19 pandemic has caused approximately 15 million diagnosed cases and over 600,000 reported deaths worldwide as of July 22, 2020. Although the spread of the virus appears to have been contained in a few countries, in most countries there continues to be an upward trajectory in the rate of infection. Under the circumstances, it appears that the pandemic may last for several more months (if not years), with its effects extending over a much longer period. Rudolph et al. (2021) provided an excellent overview of areas that the field of industrial and organizational (I-O) psychology needs to focus on to deal with workplace repercussions associated with the pandemic. However, a major omission in their article was the influence that the COVID-19 pandemic has had on the work and lives of persons with disabilities (PWDs). The purpose of this paper is to explore these effects and the role that I-O psychology could play in enhancing the quality of life of PWDs in the workplace during this period of crisis.

Special needs of PWDs

Rudolph et al. (2021) do recognize that the degree of disruption from the pandemic is not the same for all groups. However, they restrict their analysis to only certain occupational groups, such as comparing healthcare workers with people working from home, and seemed to have overlooked disability even though they discuss the aging population. According to the Centers for Disease Control and Prevention (CDC, 2016), one in four adults has a disability. In other words, disability should be considered an important demographic variable, similar to gender, age, and race/ethnicity when planning for an appropriate response to the COVID-19 pandemic.

The COVID-19 pandemic has serious implications for the life of PWDs. Innumerable PWDs around the world have been earning their livelihood and living independently. However, the COVID-19 outbreak has created enormous hurdles in this process, sometimes even leading to tragic deaths. Qi and Hu (2020) report a case of how a 16-year-old teenager with cerebral palsy died in China because his relatives could not reach him following strict lockdown orders in their city.

Although disability may not be inherently linked to increased risk of COVID-19 infection, PWDs often have underlying health problems and live under special circumstances that increase their risk of infection. Just like people in old age, PWDs often present multiple and chronic health conditions such as hypertension, diabetes, cardiovascular diseases, obesity, and chronic lung diseases, which increase the risks associated with the pandemic. Critically, many PWDs need to take regular medications for their survival, which haven’t been easily available to them after the...
pandemic because of lock downs and various restrictions and delays on the import of drugs following the pandemic (Qi & Hu, 2020).

The pandemic has caused governments and organizations to implement numerous restrictions on people, such as restrictions on free movement and proximity to others. Although these restrictions have been criticized by some as coercive, regulatory bodies such as the CDC and WHO deem these necessary to contain the spread of the infectious disease. However, we cannot ignore that these restrictions pose new challenges for many PWDs. For example, physical distancing may not be an option for many blind or deaf-blind people and those with severe physical impairments and spinal cord injuries, who rely on the assistance of others to function effectively in the workplace. Even where the workplace has been made accessible to PWDs where they can navigate the workplace independently, they would still have to touch braille signs and handrails to effectively maneuver through the environment, which can then increase their risk of getting infected with the virus if the workplace does not follow strict sanitizing procedures.

Nearly 6 months after the reporting of the virus, many organizations have resumed work at site and others have indicated their intentions to follow suit. Employees are directed to always wear personal protective equipment, such as masks and gloves at work. Although this may be necessary, it can create difficulties for people with certain forms of disabilities. For example, people with cerebral palsy, multiple sclerosis, and asthma may have difficulty breathing from under the masks. Individuals with autism spectrum disorders who are employed and successful have great difficulty with change and transitions, which pose challenges if they are mandated to work from home where they may lack a structured work environment. Additionally, many individuals with ASD are highly sensitive to different textures, which might make mask-wearing challenging and lead to stress (unless they are customized). People with hearing impairment may have the opposite problem; they may have no issues with wearing masks but may find it extremely challenging when others are wearing masks. Many deaf people rely heavily on lip-reading to successfully communicate, comprehend coworkers’ speech, and operate efficiently in the workplace, which they won’t be able to do when everyone's face is covered with masks. New modes of communication may need to be worked out, which involves time and resources.

Many workers also have invisible disabilities, such as depression, posttraumatic stress disorder, and attention deficit disorders (Santuzzi et al., 2014). The stay-at-home orders and other physical isolation strategies, although critically important to saving lives, can have significant negative effects on the mental health of people with such disabilities. Previous epidemics, such as the SARS in 2003 and the Ebola virus disease in 2014, that necessitated such restrictions made the population more pessimistic and depressive (Balaratnasingam & Janca, 2006; Kamara et al., 2017; Lau et al., 2006). Although studies on the effects of the current COVID-19 pandemic are still emerging, the evidence supports an increased prevalence of depression, posttraumatic stress disorder, and anxiety in the population (Gao et al., 2020; Liu et al., 2020). This is further supported by data on the skyrocketing sales of alcohol in the USA following the outbreak (Bremner, 2020).

Researchers have observed that the prevalence rate of depression symptoms among quarantined individuals was strongest for adults who had preexisting mood disorders (Van Rheenen et al., 2020). They have also found that people with mood disorders found it more challenging to motivate themselves to work while working from home than those with no such disorder (Van Rheenen et al., 2020). These individuals reported spending a higher proportion of time on nonemployment related activities such as online chatting with friends, sleeping, drinking alcohol, and so on. The problem is that such activities increase people's propensity toward gaining weight; developing diabetes, cardiovascular diseases, and respiratory diseases; and long-term use of psychotropic medications, all of which can further exacerbate their mood disorders (Dalack & Roose, 1990).
Learning from PWDs

Going over the many special needs of PWDs may give the impression that they are an extremely vulnerable group that needs an enormous amount of support and accommodation from organizations. However, that would be an incorrect conclusion. Innumerable PWDs are working in the roles of doctors, nurses, and technicians, who are on the frontline of the fight against the COVID-19 virus (Singh, 2020).

History is filled with countless PWDs who made significant contributions to the world, not despite their disability but because of it. Etmanski (2020, p. 5), who recently chronicled the achievements of scores of such PWDs, notes that PWDs “have been major players throughout history. If you were to take away their contributions, you wouldn’t recognize the world. It would be a much different place and in much rougher shape, even though the history books have missed most of these achievements or have given credit to someone else.”

In our own research, where we interviewed 30 PWDs working in leadership positions, we have found that they possessed exceptional characterological strengths, such as perseverance, gratitude, and compassion, which they developed over their lives as they slowly overcame physical, psychological, and social obstacles associated with their disabilities; these strengths then gave them an extra edge in their leadership roles (Mishra & Cousik, 2021).

In context of the pandemic also, PWDs may have unique strengths that give them an edge over others in coping. Crisis is not new to this population, as has been illustrated in our study. Thus, they may have developed strengths that could give them the “ability” to successfully navigate through and overcome continuous challenges through the lifetime of a pandemic. This has been demonstrated by Fox et al. (2010), who found that many PWDs are so accustomed to living and working under socially isolating conditions that they are more resilient to external crisis situations that necessitated physical isolation.

Although the COVID-19 pandemic has made work from home necessary for a large section of the population, a significant percentage of PWDs worldwide have always been forced to work from home, even if it meant underemployment and missing out on many privileges, because of the lack of accessibility at the workplaces. This does not mean that PWDs do not need meaningful social interactions but that some of them may be better equipped to work from home over a long period.

The ethics of disability inclusion

The greatest barrier to the effective functioning of PWDs is disabling work environments. This problem is aggravated further when governments and organizations institute one-size-fit-all regulations in response to the COVID-19 pandemic. PWDs are the best resource for identifying the risks posed to them. They can also be an excellent resource in creating solutions that alleviate some of these risks. Employers must consider involving PWDs in the decision-making process.

PWDs need to be part of the core team responsible for dealing with the crisis because of their high variability and unique needs that blanket plans are unlikely to address. There are no data about the extent to which PWDs are consulted in organizations in general. However, their voice is all the more imperative now because their lives are likely to be most significantly affected by the crisis-response decisions.

Asking questions like “What are your needs?”; “How can we help you better?”; or “How can we help you be productive without adding to the various risks that arose from the pandemic?” will help organizations meet the needs of PWDs more effectively and foster a culture of caring and empathetic employer–employee relationship.

Organizations that have PWDs as employees may not be responsible for their care and treatment. However, they do have a responsibility to ensure the autonomy and dignity of all their
employees, including PWDs. These are minimum acceptable standards that should never be violated, even under times of crisis such as the one created by the pandemic.

PWDs who are in leadership positions should be made part of the taskforces tackling the organizational challenges from the pandemic. This will enhance the care ethics and compassion existing within boardrooms and in the process can also enhance the legitimacy of the boards.

We all value evidence-based practices, but given the exponential speed with which the virus took over the world, we haven’t had time to study the efficacy of proposed strategies. In other words, there is a great deal of uncertainty about the extent to which PWDs are affected. Organizations must consider all options and need to take appropriate steps to minimize the negative effects of the pandemic on PWDs.

Numerous known and unknown challenges have indeed arisen from the COVID-19 pandemic, but it has also provided I-O psychology an opportunity to study and improve the conditions of PWDs in the workforce. PWDs are the largest minority in the world. With the increasing incidence of chronic medical conditions and a longer life span, the number of PWDs is projected to only increase further. Thus, organizations must take them into account. Business organizations have taken substantial steps to promote diversity in recent decades. However, most of their efforts have centered around gender, race, and recently on the sexual orientation of individuals. Organizations need to recognize that disability is also part of the diversity that exists among human beings.

Without consulting PWDs, an effective response plan cannot be created to manage the COVID-19 pandemic. The point of our article is not to campaign for providing support for PWDs. Everybody needs support in different ways and varying degrees. We are advocating for organizations to provide support with PWDs. As has been noted at the Conventions of the Right of Persons with Disabilities of the United Nations, “Nothing about us without us.”

References


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