

# Ageing, disability and workplace accommodations

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## **ABSTRACT**

In most western nations, laws discourage discrimination in paid employment on the basis of disability, but for these policies to be of benefit, individuals must define their functional limitations as disabilities. There is a strong relationship between age and disability among those of working age, yet it is unclear whether older workers attribute their limitations to disability or to ‘natural ageing’. If the latter is true, they may not believe that they need or qualify for workplace accommodations (*i.e.* adaptations or interventions at the workplace). Similarly, if an employer ascribes a worker’s limitation to ‘natural ageing’, rather than to a disability, they may not offer compensatory accommodation. Using data from the Canadian 2001 *Participation and Activity Limitation Survey*, this paper asks whether workers who ascribe their functional limitation to ageing are as likely as those who do not to report a need for a workplace accommodation. It also addresses whether those who identify a need for compensatory accommodations and who ascribe their limitation to ageing have unmet workplace-accommodation needs. The findings suggest that, even when other factors are controlled, *e.g.* the type and severity of disability, the number of limiting conditions, gender, age, education, income and occupation, those who made the ageing attribution were less likely to recognise the need for an accommodation; and among those who acknowledged a need, those who ascribed their disability to ageing were less likely to have their needs met.

**KEY WORDS** – social constructs, workplace accommodations, older workers, disability.

## **Introduction**

In most western countries, population ageing has led to concerns about public expenditure on health care. In an effort to project future health-care expenditure, much research has examined the well-known relationship between age and disability. The emphasis in this literature has been on care issues and the factors that influence the functional limitations and quality of life of older people (customarily defined as those aged 65 or more years). Less research has examined the relationship between age and

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disability among the working age population, even though there are rising concerns about labour and skills' shortages. Canadian data show that labour-force participation rates and employment status are influenced by the intersection of age and disability: older, disabled working-age adults have lower labour-force participation rates and higher unemployment rates than either younger adults with a disability or older adults without a disability (Statistics Canada 2001). This suggests that disability is a barrier to employment for many older workers, which points to the need for a better understanding of the relationship between age and disability among older workers.

Also pertinent is that social and economic changes in post-industrial societies have led employers to seek greater flexibility in the workforce. In order to compete in the global economy, that is, to increase efficiency and reduce costs, employers seek greater functional and numerical flexibility, hire-and-fire more freely, and shift workers across tasks (Kalleberg 2003). Employers increasingly demand higher skills, the ability to follow a flexible schedule, and long hours of work. Firms that do not adopt these measures risk decline or collapse, and individuals who cannot meet these demands risk being phased out of the labour force (Carnoy 2000). Research has shown that managers perceive people with disabilities as less capable of meeting the organisation's demands (McFarlin, Song and Sonntag 1991). Whether an employer will accommodate the continued employment of a disabled employee, *i.e.* will spend on an aid or adaptation, or accept their lower productivity, depends on the perceived balance of the pressures from global competition and of compliance with non-discrimination legislation. Employers' decisions are linked to social attitudes about the capabilities of disabled workers, including the beliefs that a worker with a disability is capable of limited tasks, unable to work at a normal pace and, importantly, involves more expense (Abberley 1987; Hahn 1988).

Despite the pervasiveness of such negative views, most western countries have enacted laws to dissuade discrimination on the basis of disability. For such legislation to have even a modest impact on workers' experiences, however, disabilities must be perceived as such by both employees and employers. If a disability is not declared or recognised, workplace accommodations (*i.e.* adaptations and interventions) are unlikely. Hence, if workers and their employers define a functional limitation as part of a 'natural' or 'normal' ageing process rather than a disability, they may not benefit from anti-discrimination legislation.

In this paper, we ask whether defining a disability as a result of ageing influences an employee's propensity to report a need for an accommodation, and whether those who report such needs receive the accommodation. Although disability influences the labour-market experiences of many

older workers, we know very little about how employers and employees construct and define disability and ageing, or about the relationship between the two. In other words, if an older worker develops a functional limitation that impairs his or her work, is it constructed as a disability that requires workplace accommodations or seen as the result of 'natural ageing' – and therefore as something that does not require accommodation? An initial premise was that, to understand these issues required examination of the subjective processes by which disabilities are defined and identified, and therefore attention to both employers' and employees' perceptions of what constitutes disability. Hence, the study is concerned with the broader question of the social constructions of age and disability.

### **Disability as a social construct and its relationship to ageing**

Social constructionism is concerned with perceptions of reality. It holds that we do not view social life through objective categories, as for example that someone either has or does not have a disability, but rather that our constructions of reality derive from personal experiences and are influenced by the social and temporal contexts (Berger and Luckmann 1967). To exemplify further, while gender is rooted in the physiological differences between men and women, it is socially constructed because these differences are exaggerated in the experiences of daily living; through this process, gender takes on a reality in which men and women are seen as fundamentally different (Lorber 2000). In a similar way, the term 'disability', although grounded by the real functional limitations that people experience, is also a social construct (Lorber 1997). The constructed nature is most evident when one considers the numerous legal or quasi-legal definitions of the term. In North America, legislation encourages the employment of individuals with disabilities. In the United States, the *Americans with Disabilities Act 1990* (ADA) provides a uniform national standard of protection, making it illegal to discriminate against persons with disabilities in hiring, promotion and other employment outcomes. According to the ADA, 'an individual with a disability is a person who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment; or is regarded as having such an impairment' (United States Equal Employment Opportunity Commission 2005).

In Canada, the *Federal Employment Equity Act 1995* made employment opportunities and benefits accessible to specified disadvantaged groups, currently including people with disabilities, women, aboriginal peoples, and members of visible minorities. According to this legislation, those with disabilities 'have a long-term or recurring physical, mental, sensory,

psychiatric or learning impairment, and (a) consider themselves to be disadvantaged in employment by reason of that impairment, or (b) believe that an employer or potential employer is likely to consider them to be disadvantaged in employment by reason of that impairment, and includes persons whose functional limitations owing to their impairment have been accommodated in their current job or workplace' (Department of Justice Canada 2005). In addition, the Canadian *Human Rights Act 1985* prohibits discrimination on the basis of disability, including at the workplace, and simply defines disability as a 'previous or existing mental or physical disability and includes disfigurement and previous or existing dependence on alcohol or a drug' (Department of Justice Canada 2004). Finally, disability is also constructed (or at least pragmatically defined) by national statistics bureaux.

It is through the influence of legal, quasi-legal and other discourses on disability that the term, though rooted in the reality of millions of North Americans, has become socially constructed. These constructions influence employers' and employees' perceptions of disability and force them to weigh the financial and other risks associated with compliance, non-compliance or avoidance of the anti-discrimination laws. Yet, these laws are sufficiently broad to allow employers considerable latitude in the hiring or accommodation of disabled employees (Harlan and Robert 1998).

It is notable that no contemporary definitions of disability mention age, even though the relationship between age and disability is strong, and a person's age probably structures their perception of disability. The dissociation is likely to be a reflection of the influence of societal perceptions about the physiological ageing process and what constitutes disability, and of the perception of the 'normal' experiences of ageing as in a different category. For example, when a hearing or mobility loss begins to affect a worker's ability to do his or her job, is this conceptualised as 'normal' ageing or as a disability, and at what point do employees with these impairments request workplace assistance? Or again, when a lower-back problem becomes too painful, do employees attribute it to their ageing body or to a disablement? In other words, if an older worker has a functional limitation that impedes their ability to do their job, is this conceptualised as a disability that would justify a workplace accommodation, or do they dismiss the impairment as simply being old? And if they do, is this to avoid the stigma attached to the label 'disabled'? Many disabilities arise over the lifecourse, and many become more limiting with increasing age. There is research evidence that employees with less visible disabilities, many of which are associated with ageing, are encouraged or coerced to stop work rather than receive accommodations that allow their continued employment. Common expressions in these situations include, 'if you

can't do the job, then get out', and 'if you're that sick, why don't you take an early retirement?' (Harlan and Robert 1995: 28).

### **Labour-market inequality**

Disability is not experienced equally by all. How a limitation is interpreted by others and what it means for the life experiences of an individual are embedded in and shaped by the person's location in the social structure. The presence of *ageism* and *age discrimination* in the workplace may compound the effect of disability for older workers. Employers' perceptions of the relative merits of older workers influence their hiring, training, promotion and retention practices. Relatively few employers develop strategies to retain or recruit older workers (McGoldrick and Arrowsmith 2001; Taylor and Walker 1997). Negative attitudes about older workers are tightly coupled with age-stereotyping, much of which derives from presumed associations between age, health and physical abilities, even though there is no persuasive evidence of a general relationship between age and performance (McEvoy and Cascio 1989). This includes perceptions that older workers are less efficient (Victor 1994) and have a lower capacity to perform in the job (Rosen and Jerdee 1976). Thus, for older workers with disabilities, ageism combined with negative perceptions of disability places them at a heightened disadvantage.

In addition to age, factors such as gender and class position assign greater power, privilege and resources to certain groups (see McMullin 2004; Tilly 1998). *Gender structures* are embedded in the labour-market and generate very different employment experiences for women and men. Men have more privileges than women in wages, benefits, occupational status and job quality (Phillips and Phillips 2000; Reskin and Padavic 1994). There is evidence that women's jobs are the least flexible and are characterised by higher supervision, lower autonomy and lower flexibility in scheduling (England 1982, 1984). The devalued position of women in society and the labour-market probably affects what assistance those with disabilities ask for and receive from employers; indeed, research on workplace accommodations in the United States has shown that women are more likely than men to have requests for job modifications denied (Harlan and Robert 1995). *Class* also influences labour-market outcomes. Employers and disabled individuals commonly have conflicting interests, which conditions their willingness to provide or seek workplace accommodations. In addition to receiving lower wages, fewer benefits, and less power and control over the work process, those in low-paid, low-skilled positions have a higher risk of job loss.

Individuals define themselves as having a disability within the context of these structural constraints and against the backdrop of legal definitions of disability. Labour-market and workplace pressures as well as societal prejudices may pressure a worker not to expose their limitations or express their need for workplace modifications. Employees may be reluctant to admit (to themselves, to colleagues and to the employer) that they have a disability, or to request an accommodation, because they fear that the claim will not be taken seriously, that they will be labelled a 'complainer' who is just trying to 'get out of work', or they will lose their job (Harlan and Robert 1998). Many employees who have disclosed their disability at work wish they had not (Harlan and Robert 1995). Workplace accommodations are generally not provided unless an employee makes known his or her accommodation needs – and the nature of the request is important. Whether one considers oneself disabled and in need of workplace accommodations is a function of the *nature* of the limitation: some are more likely than others to result in disadvantage and stigma, and to require modifications to support workplace functioning, while some are more apparent than others.

### **Research questions**

This paper examines whether differences in the perceived need for workplace accommodations, and in whether employers accommodate these needs, are related to perceptions of disability and age. The specific research questions are as follows: are workers who perceive their limiting condition as a consequence of ageing less likely to: (1) acknowledge a need for a workplace accommodation; and (2) receive the necessary accommodation? In addressing these questions, the analysis also examines whether the relationships between ageing, disability and the accommodation outcomes are influenced by the severity, type and number of limitations or needs. Finally, because of the well-known relationships among gender, age, class and various labour-market inequalities, the influence of these additional factors was taken into account in multivariate logistic regression models.

### **Methods**

#### *The data source and sample*

The data were drawn from the 2001 *Participation and Activity Limitation Survey* (PALS), a *Statistics Canada* post-census, follow-up survey of people with disabilities (for details, visit <http://www.statcan.ca/english/sdds/3251.htm>). The PALS is a rich source of information on types of disability and employer support for people with disabilities. The sample is of children

under 15 years of age and adults residing in private or collective households in the 10 Canadian provinces, and was selected through two disability filter-questions in the population census. The filter-questions assessed whether the respondent had (1) 'any difficulty hearing, seeing, communicating, walking, climbing stairs, bending, learning or doing any similar activities', or (2) 'a physical condition *or* mental condition *or* health problem that reduced the amount or kind of activity [they] can do at home, at work or at school, or in other activities, for example, transportation and leisure'. A sample of those that answered 'yes, sometimes' or 'yes, often' to either filter-question were included in the PALS and then asked detailed screening-questions on activity limitations. Those who responded 'yes' to any of the screening-questions proceeded with the remainder of the interview. In effect, the PALS survey defined persons with disabilities as those 'whose everyday activities are limited because of a health-related condition or problem'. The response rate was 82.5 per cent, resulting in a sample of approximately 35,000 adults, of whom 11,429 were aged 20–64 years (the age group of interest) and reported at least one disability. The analysis sample was 4,782 disabled individuals aged 20–64 years who were employed.

### *Dependent variables*

To establish the *need for a workplace accommodation*, the PALS respondents were asked, 'because of your condition, do you require any of the following to be able to work?' and 14 accommodations were listed: job redesign (modified or different duties); modified or reduced work-hours or days; human support, such as a reader, sign-language interpreter, job-coach or personal-assistant; technical aids, such as a voice-synthesiser, a teletype (TTY) or 'telecommunications device for the deaf' (TDD), an infrared system or portable note-takers; a specialised computer; communication aids; other equipment, help or work arrangement; handrails or ramps; appropriate parking; accessible elevator; modified workstation; accessible washrooms; accessible transport; or other aid. Respondents who answered yes to any of these 14 questions were considered to have a *need for a workplace accommodation* (coded '1'). The 'number of reported needs' was an independent variable in the models of unmet need for workplace accommodations. The respondents who reported a need for a workplace accommodation were asked whether each of the required modifications 'has been made available to you?' Those for whom any of their required modifications had not been made were coded '1' as the indicator of an *unmet need for a workplace accommodation*.

*Independent and control variables*

The respondents were asked, ‘which of the following describes the cause of [your] condition?’ Possible responses included disease or illness, ageing, work conditions, stress, an accident, or another cause, which could then be specified. Respondents whose condition was since birth were not asked this question, but were identified by a previous one and retained in the analysis. A dummy variable was created for *condition due to ageing* (coded ‘1’) to compare those who attributed their primary or secondary condition to this cause with those who did not. To control for type and severity of disability, *disability type* was represented by variables that indicated limitations in sight, hearing, speech, pain, mobility, agility and other capacities (disabilities of learning, and memory, developmental, psychological and unknown problems were aggregated to protect confidentiality). *Disability severity* was captured through an index of global severity, a standardised aggregate score of the frequency and intensity of the seven types of disability. Values of the global severity index were categorised as: ‘mild’, ‘moderate’, ‘severe’ and ‘very severe’, and the presence of each was indicated by a dummy variable. The original type and severity variables were constructed by PALS staff.

For the control variables, *gender* was a dichotomy (women coded ‘1’) and *age-group* was represented by dummy variables for each decennial age-group from 20–29 to 50–59 years and another for 60–64 years. *Social class* was captured through measures of educational attainment (university education or higher coded ‘1’); household income by a variable ‘member of a low-income household (coded ‘1’); and *occupation* by four dummy variables for: (a) business, finance and administrative occupations; (b) sales and service occupations; (c) manufacturing, industry and trades occupations, which in the logistic regressions are compared with the reference category; and (d) all other occupations (management, health-care, science, education, government service, and art and culture). These categories reflect the *Canadian National Occupational Classification* system’s major occupational groups. The PALS staff created the low-income household measure, which was based on national family expenditure data adjusted for household size and level of urbanisation.

**Results**

Table 1 presents the socio-demographic characteristics and disability profiles of the 4,222 employed respondents aged 20–64 years with a disability. Mirroring the age distribution of the Canadian labour-force, our

TABLE I. *The profiles of employees aged 20–64 years with a disability, Canada 2001*

Attribute	Per cent	Attribute	Per cent
<b>Age group (years)</b>		<b>Gender: female</b>	50.5
20–29	12.6	<b>Severity of limitation</b>	
30–39	21.0	Mild/moderate	76.1
40–49	32.5	Severe	19.8
50–59	28.0	Very severe	4.2
60–64	5.9	<b>Type of limitation</b>	
<b>Source of limitation</b>		Hearing	25.6
Ageing	8.0	Sight	10.5
<b>Education</b>		Speech	7.7
University-educated	17.4	Pain	74.0
Low-income household	12.1	Mobility/agility	66.7
<b>Occupation</b>		Other	28.7
Business	18.3	<b>Mean number of limitations</b>	2.5
Service	24.2	<b>Sample size</b>	(4,222)
Trades/Industry/Manufacturing	26.0		
Other	28.2		

*Notes:* The estimates from the survey data are based on weighted data. The totals for type of limitation exceed 100 per cent because the respondents were able to report more than one limitation. The ‘other’ category for occupations comprised management, health-care, science, education, government service, and art and culture.

*Source:* Canada Participation and Activity Limitation Survey 2001. For details see text.

sample of disabled workers had a smaller proportion of people in the 20–29 and 60–64 age groups than in the middle age groups (60 per cent were aged 40–59). Around 18 per cent of respondents were university-educated. Eight per cent attributed the cause of their primary limiting condition to ageing, and one-quarter reported that their limitations were ‘severe’ or ‘very severe’. The most common limitation was pain, followed by mobility or agility. Approximately one-quarter experienced a hearing limitation or a learning, developmental or psychological disability. Roughly one-quarter worked in manufacturing, industrial and trades occupations, a similar proportion worked in sales and service occupations, while slightly fewer were in business, finance and administrative occupations (18.3%). This distribution replicated that of the general Canadian labour force.

#### *Perceived need for workplace accommodations*

The initial logistic regressions examined whether the employees who attributed their limiting condition to ageing were less likely to report that they required an accommodation to be able to work. Model 1 included only the primary variable of interest, ‘ageing as the source of limitation’;

TABLE 2. *The logistic regression of need for workplace accommodations*

Variable	Model 1		Model 2		Model 3		Odds
	Coef.	s.e.	Coef.	s.e.	Coef.	s.e.	
Source of limitation: ageing <sup>1</sup>	-0.867***	(0.127)	-0.919***	(0.136)	-0.736***	(0.140)	0.48
Severity of limitation <sup>2</sup>							
Mild or moderate			-1.900***	(0.268)	-1.915***	(0.271)	0.15
Severe			-0.930***	(0.264)	-0.922***	(0.266)	0.40
Type of limitation							
Pain			-0.280*	(0.110)	-0.325**	(0.112)	0.72
Speech			-0.171	(0.146)	-0.245+	(0.149)	0.78
Hearing			-1.109***	(0.093)	-1.079***	(0.095)	0.34
Sight			-0.430***	(0.129)	-0.450***	(0.130)	0.64
Other			-0.050	(0.089)	-0.128	(0.093)	0.88
Total number of limitations			0.489***	(0.046)	0.512***	(0.047)	1.67
Female					0.016	(0.078)	1.02
University-educated					0.378***	(0.102)	1.46
Low-income household					0.121	(0.109)	1.13
Occupation <sup>3</sup>							
Business					0.192+	(0.110)	1.21
Service					0.116	(0.106)	1.12
Trades/industry/ manufacturing					-0.030	(0.109)	0.97
Age-group (years) <sup>4</sup>							
40-49					-0.052	(0.086)	0.95
50-59					-0.272**	(0.094)	0.76
60-64					-0.648***	(0.170)	0.52
Intercept	-0.139***	(0.033)	0.820**	(0.299)	0.778*	(0.320)	
Pseudo R <sup>2</sup>	0.012		0.161		0.171		

*Notes:* Based on weighted analysis of 2001 PALS data (for details see text). The models predict the perceived need for any of 14 types of accommodations among 4,222 employed individuals aged 20-64 years with a disability. The Coef. columns contain the logistic regression coefficients, with the standard errors (s.e.) alongside. The odds ratios estimated by the final model are presented in the right-hand column. 1. The reference category for source of limitation is any other cause, *e.g.* disease, illness, work, stress or accident. 2. Reference category: very severe. 3. Reference category: management, health-care, science (social and natural/applied), education, government service, art and culture. 4. Reference category: 20-39 years.

*Significance levels:* \*\*\*  $p < 0.001$ ; \*\*  $p < 0.01$ ; \*  $p < 0.05$ ; +  $p < 0.05$  (one-tailed tests).

Model 2 controlled for type and severity of limitation; and Model 3 included the additional controls of age, gender and class. All analyses utilised standardised weights that reflect the stratification and clustering in the PALS sample design. The results from the baseline Model 1 showed that workers who attributed their limiting condition to ageing were less likely to feel that they required a workplace accommodation (Table 2). Model 2 revealed that the type and severity of limitation added to the explanation, but did not weaken the relationship between the ageing attribution and the perceived need for accommodations. Those with less

severe and certain types of limitations were less likely to report that they required accommodations. Not surprisingly, multiple limitations increased the likelihood that an individual reported a need for a workplace accommodation.

Model 3 showed that, when controlling for the type and severity of disability and position in the labour market, education was an important predictor of need, with the more highly-educated more likely to perceive a need for accommodation. This finding suggests that, regardless of their health, less-educated disabled workers were less likely to think that their employer had a responsibility to facilitate their continued employment. Compared to workers aged 20–39 years, older workers, particularly those approaching retirement age, were the least likely to feel that they needed workplace accommodations to do their job. Of most interest was that, even with all the controls, the perception that one's limitations were caused by ageing was a significant indicator of whether a worker with a disability reported that they required an accommodation (see Model 3). Regardless of the type and severity of the limitation and of occupational position, gender and age, those who attributed their limiting condition to ageing were less likely to report that they needed workplace accommodations.

#### *Unmet need for accommodations*

For the subset of respondents who reported that they required workplace accommodations, a second set of logistic regression models examined whether those who attributed their disability to ageing were more likely to have an unmet need for workplace accommodations. The dependent variable was an unmet need, and the independent variables, as before, were the ageing attribution and controls for the nature of the limitation, gender, class and age. The three sequential models produced consistent findings, so only the final comprehensive model is discussed (Table 3). The disabled workers who made the ageing attribution were twice as likely to have an unmet need as those who attributed their condition to another cause. The relationship strengthened from Model 1 to Model 3 as the various controls were added. Not surprisingly, as the number of reported accommodation needs increased, the likelihood of having unaddressed needs also increased. Those reporting 'mild' conditions were less likely to have an unmet need than those with a 'very severe' condition, while those with greater education were less likely, and those from low-income households more likely, to have unmet needs. Occupation also played a role, with service workers more vulnerable to a lack of accommodation.

TABLE 3. *The logistic regression of unmet need for workplace accommodations*

Variable	Model 1		Model 2		Model 3		Odds
	Coef.	s.e.	Coef.	s.e.	Coef.	s.e.	
Source of limitation: ageing <sup>1</sup>	0.514*	(0.223)	0.545*	(0.229)	0.740**	(0.239)	2.10
Severity of limitation <sup>2</sup>							
Mild or moderate			-0.627**	(0.226)	-0.539*	(0.238)	0.58
Severe			-0.496*	(0.209)	-0.401+	(0.219)	0.67
Type of limitation							
Pain			0.214	(0.163)	0.181	(0.169)	1.20
Speech			-0.520*	(0.205)	-0.744***	(0.210)	0.48
Hearing			0.045	(0.141)	0.140	(0.148)	1.15
Sight			0.135	(0.164)	0.183	(0.172)	1.20
Other			-0.171	(0.127)	-0.216	(0.134)	0.81
Total number of needs			0.368***	(0.044)	0.378***	(0.046)	1.46
Female					-0.182	(0.127)	0.83
University-educated					-0.348*	(0.164)	0.71
Low-income household					0.347*	(0.149)	1.42
Occupation <sup>3</sup>							
Business					-0.426*	(0.183)	0.65
Service					0.404*	(0.162)	1.50
Trades/industry/ manufacturing					-0.062	(0.179)	0.94
Age-group (years) <sup>4</sup>							
40-49					-0.059	(0.133)	0.94
50-59					-0.544***	(0.156)	0.58
60-64					-1.005***	0.379	0.37
Intercept	-1.213***	(0.055)	-1.555***	(0.327)	-1.307***	(0.377)	
Pseudo R <sup>2</sup>	0.003		0.057		0.093		

*Notes:* Based on weighted analysis of 2001 PALS data (for details see text). The models predict unmet need for workplace accommodations among 2,018 employed individuals aged 20-64 years with a disability who reported that they required accommodations (see Table 2). The Coef. columns contain the logistic regression coefficients, with the standard errors (s.e.) alongside. The odds ratios for the final model are presented in the right-hand column. 1. The reference category for source of limitation is any other cause, *e.g.* disease, illness, work, stress or accident. 2. Reference category: very severe. 3. Reference category: management, health-care, science (social and natural/applied), education, government service, art and culture. 4. Reference category: 20-39 years.

*Significance levels:* \*\*\*  $p < 0.001$ ; \*\*  $p < 0.01$ ; \*  $p < 0.05$ ; +  $p < 0.05$  (one-tailed tests).

## Conclusions

Demographic shifts and globalisation are reconfiguring the social organisation of work, and the resulting competitive pressures have led employers to seek greater productivity from their employees. At the same time, labour shortages linked to population ageing, rising health-care costs, and inadequate retirement income may make it necessary for workers to remain longer in the labour force. Because ageing is associated with a rising rate of disability, and because workplaces are designed with

younger, able-bodied workers in mind, the reconciliation of the greater emphasis on productivity with the needs of older workers may become increasingly difficult.

This paper has examined both whether defining disability as a result of ageing influences employees' perceptions of their needs for workplace accommodations, and whether they have unmet needs. The findings demonstrate that workers who interpreted their functional limitations as part of the normal ageing process were less likely to believe that they needed accommodation. Furthermore, among those who recognised the need for a workplace accommodation, if they attributed their condition to ageing, their needs were less likely to be met. The severity, type and number of limitations influenced the likelihood of an individual reporting a need for a workplace accommodation, but inclusion of these variables in the analysis hardly diminished the strength or significance of the relationship between the 'ageing' attribution and workplace accommodation outcomes. This supports our contention that social constructions of disability and ageing matter: individuals conceptualise ageing as a natural process, one that produces functional limitations that they do not describe as disabilities. When doing this, they assume that everyone's body deteriorates in more or less the same ways, and dismiss their own age-related functional limitations, often by saying 'I'm just getting old'.

Those with more severe limitations or with multiple limitations were more likely to report a need for a workplace accommodation. With the exception of limitations related to mental health and ability (the 'other' category), all types of limitations were significantly associated with reporting a need for an accommodation. More curious are the findings on unmet needs for workplace accommodations, which showed that individuals with speech limitations were less likely to have an unmet need. This may be because, compared to the other limitations, speech limitations are less difficult and costly to accommodate. In general, however, those with the most severe disabilities and with more needs were more likely than others to have unmet needs. Thus, the troublesome finding is that those who face the greatest need for workplace accommodations were also the most likely to have unmet needs.

The factors that underlie labour-market inequalities also structured the likelihood of recognising a need for a workplace accommodation and having an unmet need. Indeed, just as the nature of the disability influenced workplace accommodation outcomes, so too did age and social class. Furthermore, inclusion of these factors in our models did not significantly influence the magnitude or significance of the relationship between the ageing attribution and workplace accommodations. Of note,

gender did not influence whether an employee had a need for a workplace accommodation or an unmet need, which may be because the gender effects are captured by the education, occupation and income variables. The results show that, all else being equal, gender does not significantly influence workplace accommodation outcomes. All else is not equal, however, so gender is an issue.

Regarding social class, when severity and type of disability were controlled, low-status workers (based on level of education) were less likely to perceive a need for workplace accommodations, and more likely (based on education, occupation and income) to report an unmet need. It could well be that a lack of resources among the groups that are generally disadvantaged in the labour market make them more likely to continue to work at older ages, regardless of their health capabilities. These individuals may be more likely to hide their limitations for fear of job loss or other negative repercussions. Among these individuals, even when their needs were acknowledged, the findings suggest that workplace accommodations were comparatively rare, a result which has the potential to compound their labour-market disadvantage.

Similarly, our results show that older workers were less likely than younger workers to acknowledge a need for a workplace accommodation. Age-associated stereotyping and discrimination, coupled with labour-market pressures in an era of downsizing and corporate restructuring, may make older workers fearful of losing their jobs, encouraging them to hide their limitations and not request adaptations and aids. Interestingly, the results show that once a disability is acknowledged, older workers are less likely to report an unmet need for workplace accommodations than younger workers. The PALS data do not allow detailed investigation of the processes and reasons for this tendency, but it may be related to length of service. Compared with younger age groups, older workers will have had the time to establish themselves as a 'valued employee', and therefore feel less insecurity and, from the employer's point of view, be worth retention even with reduced productivity. Many other psychological, social and situational processes and influences can be hypothesised, and clearly deserve thorough investigation.

#### *Future research priorities*

Future research needs to consider the selection processes that determine which disabled individuals are able to remain in the labour market as they age. One limitation of our study is that our sample probably consists of the healthiest disabled – those who, first, survive to older ages, and second, remain physically and mentally capable of paid work. Exploring

the mechanisms by which workers with limitations are sifted out of the labour market, and the role of workplace accommodations in this process, will contribute to a better understanding of the impact of labour-market inequalities on particular groups of disabled workers. In addition, this study contributes to our understanding of the complex relationships between age, disability and workplace accommodations, but much more needs to be done. Further research needs to consider the distinction between those who age with an early-onset disability that is compounded by age-related functional limitations (*e.g.* arthritis), and those with late-onset, age-related disabilities. It could be that one group may be more or less likely than the other to receive workplace accommodations, or that accommodations are most forthcoming for certain types of disabilities.

### *The wider implications*

The long-term effect of constructing a disability as an outcome of ageing is that older workers with a disability may be pushed out of the labour market because of their reluctance to recognise or declare their disability – which probably has much to do with the associated stigma. By applying a social constructionist perspective, the findings suggest that not all those with very similar functional limitations will invoke the term ‘disability’ to describe their condition or to seek support. Indeed, this paper shows that the bio-psychosocial processes of ageing are connected to disability in complex ways. Many of these complexities are linked to how the terms are defined and to employees’ perceptions of what constitutes disability by contrast with the ‘normal’ experiences of ageing. More in-depth studies using qualitative methods are needed to examine the processes through which disability is socially constructed, and acquires meanings specific to various jobs and different workplaces.

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