

An Overlooked Dimension Of Diversity:

The Career Effects of Chronic Illness

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Due to medical advances and increased life expectancy, the percentage of workers with chronic illness in the workforce has increased. Chronic illnesses are illnesses that last longer than one year, cause some limitations to what a person can do, and require ongoing medical care. Examples include asthma, multiple sclerosis, HIV, and arthritis.

These conditions can occur at any age, and symptoms vary in their severity from mild to seriously debilitating. Further, they do not follow an expected pattern. Symptoms range from minimally to highly intrusive and vary in symptom visibility. Disease progression is also variable. Some people experience “flares” or peaks of symptoms, followed by remission periods, while others might live with constant symptoms.

Since the symptoms are often invisible, organizations may be unaware of the presence of people with chronic illness in the workplace. The fact is that many people with chronic illness continue to work while managing their condition. A recent survey conducted by the Agency for Healthcare Research and Quality found that 48 percent of the population lives with some kind of chronic condition, and of these people, 60 percent of them work in some capacity. Often these people are too young to retire and are not sick enough to take disability leave. They work to maintain income and health insurance. They also want the self-esteem that comes from making ongoing contributions, and the social benefits that work relationships can offer.

FLAWED ASSUMPTIONS ABOUT CHRONIC ILLNESS AND WORK

In the workplace, it is easy to overlook the hidden effects of illness or to interpret them as an individual rather than a collective concern, meaning that no organizational response is necessary. This leads to some flawed assumptions about human resource planning for this group of employees.

One assumption is that this niche population is irrelevant to organizational planners because people with disabling levels of chronic illness either will not enter the workforce or will leave soon after diagnosis. Yet people experiencing disabling symptoms continue to work far beyond the time frame that others might expect. There are two reasons for this. First, a critical distinction is whether the disabling symptom interferes with job skills essential for performance. For example, a person with a debilitating spinal condition that makes it impossible to stand for more than a few minutes at a time can be an effective worker sitting in a call center. Second, recent improvements in medication allow people to manage disabling symptoms more effectively so effects on performance can be minimized.

Another assumption is that the accommodation needs of people with chronic illness are fully met within the existing mechanisms used for other groups, such as people caring for small children or elderly parents, and therefore no special attention is

necessary. Closely related to this is the assumption that chronic illness can be addressed the same way as acute illnesses, using primarily sick leave and temporary readjustments of work. It is true that people with chronic illness benefit from flexible schedules and periods of sick leave. However, both these assumptions fail to recognize the unique features of chronic illness that call for other kinds of accommodation in job design, which we will discuss later in this article.

Too often organizations are unaware of the impact of chronic illness on an employee's work life. Employees generally leave an organization without asking for the additional flexibility that could have helped them stay at their jobs. Or, the situation only becomes apparent when the employee files a disability insurance claim, when it is too late for any intervention. Increasing organizational awareness of these issues will help to retain talented workers and allow people with chronic illness to continue to contribute to the organization. Furthermore, in this paper we suggest that the unique needs of individuals with chronic illness make them a distinct diversity group. Finally, we offer suggestions to help organizations better accommodate employees with chronic illness.

LIFE STAGE MODELS OF DEVELOPMENT

Careers are often thought of as the sequence of jobs people hold across time, incorporating an individual's evolving identity and social structures. Identity plays a central role in vocational choice and career development, because the development of an occupational identity is closely interwoven with other aspects of an individual's identity. Thus, to understand the effects of chronic illness on career development, we begin with a discussion of its effects upon identity.

Chronic illness can cause a dramatic shift in an individual's identity, leading to a reassessment of the self and life goals. Life-stage models of adult development help explain

how this readjustment process occurs. These models suggest that each stage of life is characterized by important psychological issues to be resolved. The original stages of these models were based on chronological age and reflected normative assumptions about patterns of marriage, sexuality, and childrearing. Today's models have evolved away from the normative view to recognize that life events can occur at any age in any sequence, or not at all. Still, these models highlight the dynamic interplay that occurs between biological aging and family decisions, and the constraints that they place upon career development.

Career development also goes through stages and is shaped by both personal and career issues. Super's life-span model has five stages of career development that include growth, exploration, establishment, maintenance, and disengagement. He incorporates ideas from life-stage models of adult development when he points out that people's levels of commitment to work roles vary over time. Priorities, obligations, and goals change in accordance with evolving family patterns and personal development, and people will invest more or less of themselves in their work roles depending on other commitments. For example, people with young children may shift their focus to greater family involvement, and less work involvement. Late-career workers' goals shift to generativity, focusing on developing the next generation's skills and giving back to the community.

Chronic Illness as a Life-Stage Event

Using a life-stage lens, the advent of chronic illness is a biological constraint that interacts with peoples' career paths by changing their abilities, priorities, and long-term goals. Chronic illness can occur at any age, and it will shape the way people experience the particular life stage in which it occurs. Although people may expect to develop illnesses in their later years and to enjoy good health in middle age, many autoimmune ill-

nesses actually arise in these middle years between ages 25 and 45. This overlaps with both prime career-building and family-building years. Autoimmune illnesses affect women at four times the rate they affect men, further highlighting the interaction with family planning concerns.

Similar to the events in life-stage models, chronic illness presents psychological issues for the individual to address. The symptoms of illness lead to physical and emotional changes that affect the sense of self. Illness calls into question a person's ability to take the body's health for granted. It is no longer possible to hold future expectations of a consistently performing body that works like a well-oiled machine. Although this is assumed to happen in "old age," it is deeply upsetting when one is young. Others' responses may also influence a person's self-esteem. People with long-term illness must reinterpret their future in light of possible limitations. The psychological project to be resolved in this new life stage revolves around adapting and coming to terms with the new self.

The reexamination of life structure is similar to the transition that occurs at midlife, in what some adult development researchers have called a "midlife crisis." This transition prompts a reassessment of one's goals and priorities in all aspects of life, which is then followed by self-transformation. The crisis metaphor has been challenged as an overdramatization of a normal developmental change, but its main contribution remains that people experience life transitions in which their priorities and identity change in significant and sometimes dramatic ways in response to key events.

The identity change that occurs in illness is both sudden and gradual. Sudden identity change, referred to as the crisis model of change, focuses on the irreversible status passage of illness. Some chronic illness symptoms and diagnosis are sudden and dramatic, such as cancer and heart disease. These illness events force an immediate recognition of one's mortality and an accompanying reassessment of life goals. The gra-

dual identity change, referred to as the negotiation model of change, looks at incremental changes as the individual reconstructs a new self in response to the daily challenges of illness. For example, a colleague of ours who works as a college administrator was diagnosed with diabetes at age 40. For the first several years, she did not carefully adhere to her dietary restrictions and drug therapy. It took several severe diabetic episodes for her to come fully to terms with the fact that she lived with a life-threatening chronic illness that required a change in her behaviors. The realization of this new identity eventually prompted her to change her work behaviors, but the process took time. She eventually reduced her teaching time so she could work from home more. This allowed her to monitor her eating better, exercise frequently and be more diligent about her medication.

CHANGING CAREER PATTERNS

While the effects of illness vary depending on the type of illness and its severity, people experience both kinds of identity change as they adapt to their illness. The effects of identity change manifest in organizational life around a person's career path and attitudes.

Changing Career Goals

Chronic illness drives career transitions. Illness can shift career goals when it impacts the physical ability to perform job tasks and the motivation to work long hours. The changes in goals are influenced by a person's age and career stage at the onset of illness and the expectations of physical changes associated with the illness.

When illness happens during the initial exploration stage of career development – which Super identifies as ages 14 to 25 – people can incorporate it into their career training and set appropriate career goals. While chronic illness is by nature uncertain,

early knowledge can diminish the effects of this uncertainty on career training, because people are able to pursue training that incorporates the present and potential future limitations of the illness. An example of this comes from a man who had wanted to become a policeman. After a brief stint in the military, he was admitted to the police academy at age 25. Around the same time, he learned that the numbness in his feet and vision problems he had been experiencing were caused by multiple sclerosis. Because he had always wanted to “walk a beat” rather than sit behind a desk, he decided to change his career goals. He withdrew from the police academy and pursued an alternative path in radio, where mobility and vision are less critical.

Illness in early career stages can be a mixed blessing. On the one hand, setting appropriate goals in early career avoids future disappointments and can ultimately lead to a more fulfilling career. On the other hand, early knowledge of limitations forecloses some career paths before they can be explored, redirecting people towards training in careers that are seen, at least initially, as less desirable, “backup” careers. People may experience disappointment and a sense of loss as they realize the career plans they have held from youth are no longer aligned with their health needs. We heard an example of this from a man who had attended college with the career goal of being a military officer. His father had been in the military, and he had grown up expecting that he would follow the same path. With one year left before graduation, he received a diagnosis of epilepsy. Since the military does not accept people with epilepsy for active duty, he was forced to change career goals. This was a big disappointment for him.

When illness happens later in life, after initial vocational choice and training have been completed, the career transitions that occur usually reflect the symptoms and trajectory of the illness and the task requirements of the job. Some illnesses can affect people’s physical and cognitive abilities, making them unable to do work or perform

at the level they once did. In other cases, the illness symptoms have little effect on key job skills and do not require a career shift.

We heard an example of the former from a 36-year-old telecommunications engineer who had risen quickly in an international sales position that required travel, long days, and weekend work. After 15 years in the industry, he was diagnosed with lupus. He could still work, but the severe fatigue that he experienced wouldn’t permit his former pace. He felt that this pace was a characteristic of the telecommunications industry, so he decided he to leave the industry altogether. When we spoke with him, he had quit his job without telling anyone about his lupus, and he was taking a year off to re-evaluate his options for a new career.

In later career stages, people are constrained by earlier career choices and investments in training. Their skills are most lucrative in their area of expertise; switching to another area would require additional training and likely result in a drop in income. They may also resist changing their work style or their vision of their career identity, which have been integral aspects of their lives. Thus, people in mid-career are often reluctant to drop back to the early career stages unless absolutely necessary. Rather, they struggle to stay in higher-level positions that require them to work long hours or perhaps do tasks that are harmful to their health, possibly placing their health at even greater risk. An example of this comes from a client of ours, a woman with rheumatoid arthritis who is a partner in a law firm handling courtroom litigation. Although she was diagnosed in her late 20s, her illness did not become a problem until she was in her 40s. She now limps, her hands are disfigured, and the walking required in her job is painful. She works much longer hours than others because she moves slower in all tasks due to pain. She is also the primary income earner in her family and has teenage children with upcoming college expenses. She believes that reducing her billable hours or taking another job in this law firm or elsewhere would require a major drop in income, status, and

lifestyle. This is not acceptable to her. Although her doctor has recommended that she quit because she is aggravating her hip problems and her frequently flaring symptoms, she chooses to continue to work long hours.

Underemployment and Discrimination

Once established in a career path, the possibility of underemployment often becomes a problem. People with chronic illnesses may refuse or not be offered promotions because of physical limitations, or because they fear possible future limitations. If their illness is stigmatizing, they perceive that they will face discrimination in the job market and will therefore have difficulty finding good jobs. Further, some employees with more serious illnesses do not want to leave their present jobs due to the concern that they will be denied health insurance for their pre-existing illness condition, a phenomenon known as “job lock.” A 2001 study found that job mobility for employees with chronic illness who rely on their employer for insurance was 40 percent lower than a similar group that did not rely on employer health benefits. Together these concerns can lead to under-employment, as people with chronic illness stay in unfulfilling jobs with little opportunity for career development.

Classic examples of this can be seen among the people with chronic illness we have worked with who have unfulfilling government jobs. They report that although a job might not be challenging nor offer advancement opportunity, they stay because of their stability and guaranteed seniority systems. Another example we have seen is hospital nurses. The nature of hospital nursing and the work shifts can be particularly taxing for those with chronic illness. Medical practices offer more regular hours, less stress and are typically less physically demanding. However, hospitals usually offer better salary and benefit packages than a medical office, so people with illness may stay in

bad jobs in hospitals instead of looking for better work in a doctor’s office.

Fear of discrimination and job loss also shapes how people manage information about their illness at work, especially if they believe others will react negatively to their illness. People fear they will be denied developmental opportunities if their illness becomes known, since others may doubt their ability to maintain high performance levels over time. The physical effects of illness are often at odds with the workplace success norms of constant activity, speed, and maintaining a predictable schedule. Any demonstration of illness can be a threat to perceived job competency. For example, we worked with a woman who has essential tremor syndrome – making it very slow and difficult to use a keyboard. She was the senior manager of the information technology department at a large university. She compensated for her slowness by working late at night and on weekends. She had developed a good reputation with her boss, who valued her and knew she was a superior worker. When she got a new boss who did not know how effective she was, her illness became a problem. Because the syndrome visibly affected her work, and the work she did to compensate for it was invisible, her performance was seen as a problem and she was perceived as incompetent. She received several poor performance reviews, but she just worked harder to meet his expectations. She did not request accommodations because she had always gotten her job done, and she feared that people wouldn’t understand her situation. She also did not tell her current boss about the extra time she put in because she thought he would think she was even more incompetent. By the time she lost her job for poor performance, she was relieved to leave the organization because her relationship with her boss was so bad. Still she was also concerned about finding a new job where people would value her skills and understand her work style.

Keeping illness information hidden allows people to retain some control of their public image. However, hiding information

requires careful monitoring of one's behaviors at all times. It can also backfire: if an employee's productivity suffers and colleagues do not know the cause, they may assume the employee is lazy or incompetent. Keeping personal information hidden also limits reciprocal sharing of personal information among work colleagues. This can interfere with the formation of the close personal relationships that are important for career development.

Changing Career Attitudes

Largely due to the previously noted physical changes, chronic illness can profoundly influence the importance of career success and the types of personal measures people use to assess their success. People reassess and prioritize what is important in their lives. In general, the importance of work decreases, while other facets of life increase in importance.

One change is that the level and scope of one's commitment to work becomes clearer and more focused. As people reevaluate and prioritize their life's work, those with chronic illness try to incorporate the work elements they enjoy and remove those they do not enjoy. This includes decreases in self-described political behaviors and "game playing." The reprioritization of values prompted by illness affects both work and personal life, so a person faces all commitments with a more intentional focus. For instance, we met a 55-year-old man who worked as a dean of a school of social work, a highly political environment. After developing cancer of the kidney, which required the removal of a kidney, he took a job running a foundation, because he wanted to leave the political university environment and devote himself to furthering ideals he believed in.

Another change is that one's definition of career success is revised. Researchers distinguish between objective measures of career success – such as job level, promotions, and salary – and subjective measures that incorporate internal evaluations based on perso-

nal standards of success. Subjective career success derives from doing work that feels enjoyable and important. Chronic illness researchers have found that people with illness often shift from objective to subjective measures of career success. The rationale offered for this is that life is too short to be focused on other people's expectations and standards, and they believe that one must instead seek inner satisfaction. Alternatively, in some cases we have seen people with chronic illness become more focused on external measures of success. A possible reason for this is that objective measures of success are especially meaningful for people who are confronted with the personal failure of illness. Work is a known domain in which to achieve satisfaction.

If symptoms become more intrusive, a third attitude change can be the permanent lowering of long-term career expectations. People who have been in high stress jobs may realize they can no longer perform at that level. In these cases, they seek easier jobs with lower career potential. Coming to this realization and accepting its implications can be a difficult aspect of coming to terms with chronic illness, because career dreams are so closely associated with a person's identity. Yet once this difficult reframing is accomplished, some people find it liberating to give up their high-achievement and high-stress expectations.

UNDERSTANDING CHRONIC ILLNESS AS A DISTINCT DIVERSITY

We have explored the unique career patterns that characterize people living with chronic illnesses, suggesting that this group shares some elements of a common social identity. Our discussion leads us to suggest that chronic illness is a unique diversity category. Diversity research focuses on salient differences among employees based on demographic or functional groups. This research looks at the links between these demographic differences and the issues of privilege,

power, inequality, and stigmatization, all relevant factors influencing the career satisfaction and success of those living with chronic illness.

While sharing characteristics of other social identity categories, chronic illness has characteristics that distinguish it from other kinds of diversity: it is unpredictable in disease progression, variable in how it affects individuals, often invisible, and permanent. We believe that recognizing and understanding how these chronic illness characteristics affect an individual is a critical aspect of diversity awareness and essential for designing effective and compassionate accommodation strategies. We discuss each distinguishing characteristic below and its relationship to the workplace.

Unpredictable Over Time

Chronic illnesses are unpredictable in several ways. First, there is a wide range of symptoms possible for any individual diagnosis, so two people with the same condition may have very different experiences. Second, few chronic illness have predictable disease trajectories. For some individuals, the disease progresses quickly, leading to disabling symptoms that do not improve over time. For others, symptoms develop slowly, and disabling symptoms that might prevent a person from working occur after many years. Many live with illness symptoms that develop and subside in fits and starts, creating disruptive episodes. This unknown trajectory makes long-term career planning more difficult. In contrast, other diversity categories have more certain membership. Categories such as age, race, gender, and sexual preference are largely immutable, either changing in predictable ways (such as age) or remaining constant.

Day-to-Day Variability

In addition to long-term unpredictability, chronic illness usually varies from day to day. Even if an individual has a good idea of current disease activity, it is difficult to

know how symptoms will manifest at any given time. Illnesses such as multiple sclerosis, rheumatoid arthritis, thyroid disease, and Parkinson's syndrome are all examples of illnesses characterized by daily variability. An example we have seen is a person with scleroderma who finds that that her hands are stiff and very painful for several hours on a cold morning, requiring her to wrap them in heating pads to warm them. Then she is completely fine the next day. These variable symptoms create credibility and reputation problems for employees who seem fine one day and then are too ill to work the next. It also makes schedule planning more complicated. Other types of diversity such as age, race, gender, and sexual preference will not fluctuate from day to day, meaning that accommodations or understanding can be achieved in a more stable environment.

Permanence

Although chronic illnesses may be in remission for indefinite periods, by definition they do not go away. People live with the stressful knowledge that they could become ill again at any time. A man we have worked with lives with Crohn's disease and works as an accountant. After an illness flare in which he was hospitalized and unable to take in food for several weeks, he went back to work. But he experienced severe anxiety and found it very difficult to concentrate. He was overwhelmed with the fear that this could happen again and be even worse than the last time.

The temporary accommodation methods used for short-term illness do not work as well for long-term illnesses, because people must build sustainable structures and arrangements to manage their situations. Reoccurring requests for special accommodation are disruptive and may create resentment among coworkers. Building a sustainable structure requires up-front discussions of either one's health condition or, at a minimum, those factors that impact performance. Many of the other diversity groups have per-

manent membership, but the interaction of permanence with the other factors of variability, unpredictability and permanence in the case of chronic illness require that long-term solutions addressing each of these concerns have to be designed in concert.

Invisibility

The last distinct feature of chronic illness is that symptoms are often invisible or ambiguous. This contrasts with visible diversity categories such as age, race, and gender. Invisibility influences how a person manages social interactions, because getting special accommodation for an illness requires some disclosure. The decision of whom to tell, what to tell and when to tell must be made by the person with illness, and disclosure of illness can be risky because it could negatively and permanently change coworkers' view of the person with illness. An example of this is seen in the employment problems that people with HIV/AIDS or epilepsy experience after their illness is disclosed. Disclosure, however, can also have a positive effect – if one's performance is already suffering, and coworkers are forming other, even more negative assumptions.

The combination of these four characteristics makes the chronic illness experience different from other diversity groups. However, similar organizational tools can be applied to accommodate them when they are tailored to incorporate these differences. In the following section we offer a rationale for organizations to focus explicitly on employees with chronic illness and some suggestions for how organizations can accommodate employees with chronic illness.

IMPLICATIONS FOR ACCOMMODATING CHRONIC ILLNESS

Chronic illnesses are often treated as a personal issue beyond the organization's domain, and employees are expected to man-

age the situation on their own. From the organization's perspective, however, there are several advantages to being an aware and supportive partner in addressing an employee's health condition.

First, knowing that an employee lives with an illness allows for human resource planning that takes variability and unpredictability into account. Managers can discuss and make plans proactively to address possible scenarios. Second, it allows organizations to redesign tasks and roles that improve employees' performance with small changes that can make a big difference. Third, inclusive and flexible policies send a signal to all employees, not just those with chronic illnesses, that their concerns will be treated with respect. Compassionate policies are more likely to motivate and retain valued employees when their own life circumstances make it difficult to work. Further, these policies are symbolically significant to external stakeholders. The main tools to accommodate employees with chronic illness are compassion and flexibility.

Developing and Demonstrating Compassion

The first step in developing a compassionate workplace is for employers to become aware of the job-related and psychological effects of chronic illness, especially its variable and long-term nature. Managers should be aware that the variability of illness conditions may change a person's capabilities from day to day, sometimes suddenly. A person who looks fine one day may be too ill to work the next day. When people with illness call off of work unexpectedly, it may be due to the high variability of their illness, not due to a poor work ethic. A manager who understands this can encourage those with illness to discuss their situation and look for solutions that help them do their job.

Managers should also recognize the psychological effects of illness, especially that illness can change a person's sense of self. Learning that one has an illness can lead to major reassessments of one's life and can be

stressful. Managers who demonstrate compassion and show patience with the anxiety that a chronically ill employee might feel are more likely to ensure retention and high performance. In fact, our clients' experiences and research findings have demonstrated that an understanding and supportive supervisor is the most significant factor contributing to successful work experiences. Supportive supervisors understand the specific nature of the illness and the way the illness might affect the employee at work. They also serve as buffers between the employee with illness and the organization by adding flexibility to one-size-fits-all human resource policies and job design. With direct knowledge of the employee, they can customize the job so that the person with illness can complete it in a way that works for him or her. The example of Jack (see [Exhibit 1](#)) illustrates how this kind of supportive relationship can help an employee make necessary changes.

It is also important that managers respect an employee's autonomy and individuality. This means trusting an employee to manage the illness responsibly, being respectful of personal boundaries regarding workplace interventions, and refraining from unnecessary inquiries about personal care. Similarly, it is critical to respect and protect an employee's right to control disclosure and confidentiality. While most people appreciate understanding and help when necessary, sympathy or pity from others is demoralizing. Managers must find the right balance – demonstrating understanding and empathy while avoiding patronizing comments or condescending behavior.

People with chronic illness consistently report that, as much as possible, they want to be treated like everybody else. Illness is one factor in their lives, and their goal and the organization's should be to integrate this factor successfully into their work routine.

The Importance of Flexibility

The major theme of chronic illness accommodation is flexibility. The physical changes

of illness require a flexible career path so that people can adjust their participation over time. In some ways, this is similar to the adjustments women request during child-bearing and childrearing years, in which they leave the workforce and reenter once their children are older. However, chronic illness does not offer as predictable a path. It requires instead a more responsive kind of flexibility, such that daily and weekly changes in physical abilities can be accommodated without a serious disruption of work patterns. For example, some people with multiple sclerosis have difficulty with warm temperatures, so being able to work in sufficiently cool conditions during warm spells is important. Or, after a seizure people with epilepsy can work from home for several days, which allows them to keep up with their work while taking short rests. Although these symptoms might wax and wane in severity, it makes sense to adapt the job permanently, if possible, so that performance requirements can be aligned with potential limitations.

There are many ways to implement flexible work design with respect to work schedules, task assignments, and methods of task performance. Flexible schedules or flextime allow employees to attend to their health concerns and adjust their work pace to their physical abilities. It may mean working reduced hours during illness flares, or focusing hours early or late in the day when they are best able to do the work. With flexible task assignments, employees can adjust their assignments, for example, completing tasks that are more or less physically demanding according to their present physical condition. We have also found that employees who do not have executive responsibilities often prefer to work on a team because of greater flexibility. Cross-training, or use of project teams composed of members with complementary skills, establishes a structure for more shared responsibility. An example of this is a team in which data entry and extensive phone interviews are shared tasks, so that an individual with rheumatoid arthritis can continue to work during the periods

when the ability for hand movements is reduced. Flexible methods of task performance also allow employees to complete tasks several different ways, which is helpful

when physical abilities change. For example, a senior manager with chronic fatigue syndrome can work at home to conserve energy when necessary, using teleconferencing and

EXHIBIT 1 ILLUSTRATION OF SUCCESSFUL ACCOMMODATION

JACK'S STORY

Jack, 36, is the vice president of sales for a *Fortune 100* manufacturing firm where he has worked since graduating from college. His workweek has always been 60 to 70 hours, and he has been on a fast-track career ladder that demands a lot of travel. He also has a long daily commute by car. Jack has two children, is the primary supporter of his family, and was diagnosed with multiple sclerosis (MS) three years ago. Not long after receiving the diagnosis he told his boss about it, but they have never discussed it again. His symptoms were mild until one year ago, when he began to experience more severe fatigue. He noticed he had problems with information processing when he was particularly tired, and he compensated by working harder and taking time to recheck his work for errors. But he worried that he was becoming unreliable.

Jack had always wanted more family time, a desire that became more urgent with his diagnosis. The long hours he was working were harmful to his health; yet his personal performance standards and his organization's performance expectations were high. He did not expect his managers would be open to redesigning his job so he could spend fewer hours at work.

He felt stressed about his work situation. He worried about losing his job because he needed his excellent health benefits, especially since the injections he took to help control his MS were very expensive. He also knew he did not have the time or energy to search for another job while he was working. He finally decided to resign from the company and move to a job with more flexible hours and a less demanding culture.

Shortly before Jack met with his boss to offer his resignation, in a separate event, a colleague suddenly resigned without explanation. Everyone, including Jack, was upset that she

EXHIBIT 1 (CONTINUED).

hadn't been more open about her reasoning. If she was dissatisfied with the organization, she did not allow anyone a chance to address it. Jack thought his colleague's sudden resignation seemed very disloyal, and realized that his sudden resignation would be the same thing. He decided to change his strategy and discuss with his boss how his health status was affecting him. He felt sure that the outcome would be the same, and that he would have to resign, but it seemed only fair to discuss it first.

Jack was pleasantly surprised by this conversation with his boss. Instead of accepting his resignation, his boss responded that Jack should cut back on his hours, delegate more and talk with the company's employee assistance program (EAP) about what structural changes would be possible. His boss also confided that his own wife had been seriously ill with depression for several years, and he had made similar adjustments to accommodate to his personal needs. They agreed to check back within a month to see how things were going.

Starting that week, Jack cut his schedule to a 40-hour week, arriving at 7:00 a.m., the same time as always, but leaving early. He also spoke with an EAP representative to discuss schedule changes and how to delegate more work to his subordinates. They even discussed how he could create time in his schedule for naps during the workday. Jack wasn't sure that these changes would all be necessary or even that they would work, but the prospect gave him renewed commitment to his job. Over the next few weeks, he saw that his own schedule change went unnoticed by others, he was better focused, and people welcomed the increases in their own team responsibilities. He continued to be pleasantly surprised that this transition was relatively seamless. When Jack met with his boss again, he was able to say that the team was on target as always, and that no one seemed upset by the changes. He also discussed his illness with his team, telling them that he made the changes because he needed to take care of himself better and that he found that his work improved as a result. He was now willing to discuss his illness because he realized that there was corporate support for this kind of flexibility, as long as the business outcomes continue to be met.

computer networking to continue the workflow without interruption.

Not all jobs can be adapted to flexible arrangements. It is the responsibility of those who live with chronic illness to work in partnership with their employers to find a way to keep working and being productive. When accommodations can be made, many times they are simple and inexpensive. By taking a proactive stance toward possible job redesign, organizations demonstrate their support. Creating a culture of flexibility and openness fosters an environment in which people feel safe discussing their physical limitations, their work preferences, and the resources they need to get their work done.

Demonstrating Supportive Policies

Some people with lesser symptoms may leave the workforce before they are physically unable to work, only because they perceive it to be too difficult to arrange the necessary work accommodations. Thus, another way organizations can create a supportive environment is to design and publicize a process for requesting accommodation that is clear and positive for employees. This includes clarifying the reasonable steps that employees should follow when making requests.

Whenever possible, organizations should adopt an informal negotiation strategy, focusing on win/win outcomes between a supervisor and the employee. Accommodation discussions should address the employee's present level of disability and explore appropriate job adaptations. Too often, employers bring in lawyers the moment the word "accommodation" is uttered. Unfortunately, this creates an adversarial environment, damages trust between the employee and employer, and is costly for all involved.

EXPANDING DIVERSITY

Chronic illness presents an unrecognized diversity issue that remains hidden below

the organizational radar. It has unique features that can interact with and sometimes conflict with workplace expectations, changing both career paths and attitudes. Chronic illness does not preclude an employee from being interested in contributing to the organization, and this can often be accomplished with minimal job redesign. Because many illnesses are invisible and variable, it is critical to create a safe environment for employees to disclose their personal situations.

Explicitly addressing the chronic illness issue and designing inclusive human resource policies offers organizations the opportunity to make better use of their human capital. By recognizing that a significant percentage of employees will eventually live with limitations due to chronic illness, it is possible to develop solutions. When an organization is prepared to partner with an individual regarding these challenges, they can take the necessary steps that address the challenges. Since chronic illness can influence an employee's work performance more than other kinds of diversity, illness issues need to be discussed and explored to ensure proper job fit.

Because chronic illness often reshapes people's core ideas about themselves, however, this topic must be approached with sensitivity and compassion. There are no one-size-fits-all solutions. The successful manager will balance the needs of the organization with the individual's need for privacy and dignity. In our experience, when this occurs, both the individual and the organization thrive. There is no doubt that ultimate success here relies heavily on an individual's ability to handle the particulars of their situation. But the organizational environment establishes an important context for this. Integrating people with chronic illness into the workplace with explicit policies is both equitable and practical. We suggest that organizations adopt and institutionalize policies that make it easy for people with chronic illness – or any personal issue that impacts job performance – to remain with the organization and encourage behavior

that makes them want to stay. We also recommend fostering an open and inclusive culture that allows employees to maximize their potential and their differences. These steps will help adapt the workplace to respond more effectively and compassio-

nately to human variation, realizing higher levels of diversity.



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One version of adult development theory is presented in Levinson et al., *The Seasons of a Man's Life* (New York: Alfred A. Knopf). This book examines the life patterns of 40 men and offers a nine-stage model of adult development. It includes multiple transitions and structure-building periods; each stage is characterized by specific issues to be resolved.

The adult development model was expanded to incorporate a greater focus on careers by Donald Super in "A Life-Span, Life-Space Approach to Career Development," *Journal of Vocational Behavior*, 1980, 13, 282–298. Daniel C. Feldman offers a broader review of career and life stage models and how they inform each other in a chapter of his 1988 book, *Managing Careers in Organizations* (Glenview, IL: Scott Foresman and Company).

To understand the current scope and issues of diversity research, see the recent edited volume by Margaret S. Stockdale and Faye J. Crosby, *The Psychology and Manage-*

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