Article

Hammill Institute on Disabilities

Rehabilitation Counseling Bulletin
1–10

DOI: 10.1177/00343552211006773
rcb.sagepub.com
SAGE

Understanding Persons With Disabilities' Reasons for Not Seeking Employment

Denise C. Fyffe, PhD[1,2], Anthony H. Lequerica, PhD[1,2], Courtney Ward-Sutton, PhD[3], Natalie F. Williams, PhD[3], Vidya Sundar, OT, PhD[4], and John O'Neill, PhD[1,2]

Abstract

Unemployment is common for persons with disabilities but little is known about the different reasons why people with disabilities may not be seeking employment. This study identified the reasons that people living with disabilities report for not seeking employment, from the 2015 Kessler Foundation National Employment and Disability Survey (KFNEDS) and variation of reasons by demographic, socioeconomic, and disability characteristics. We conducted a content analysis of responses to an open-ended question on the KFNEDS. The analytic sample (n = 1,254) included adults (ages 18–64) living with disabilities, who self-identified as either unemployed or not seeking employment. Team coding used a hybrid inductive/deductive approach to identify nine meaningful reasons why people with disabilities may not seek employment. Overall, medical conditions, functional limitations, or their disability were more likely to be reported as reasons for not seeking work, rather than situational reasons associated with workplace engagement, such as "lack of job opportunities." Bivariate comparisons of codes across demographic, socioeconomic, and disability characteristics noted variability in reasons reported by respondents by sex, race/ethnicity, age, household income, and disability. These findings provide an understanding of diverse reasons for not seeking employment, which can inform programs and policies that promote labor force participation of people with disabilities.

Keywords

employment discrimination, functional capacity, qualitative research, rehabilitation counseling process or strategies

Introduction

Employment rates of people with disabilities are substantially lower than the employment rates of people without disabilities. Whereas 72% of people without disabilities were employed in February 2016, only 26% of people with disabilities were engaged in employment (Kessler Foundation, 2015). Employment outcomes for people with disabilities have been found to vary by type of disability (Houtenville et al., 2014), as well as by other individual characteristics, such as age (Cichy et al., 2015; Ipsen, 2006) and education or training (Fogg et al., 2010; Hernandez et al., 2007; Kaye et al., 2011). However, even when controlling for the influence of individual characteristics such as age, educational attainment, gender, or race, persons with disabilities are significantly less likely to be employed (Sevak et al., 2015).

Kessler Foundation and University of New Hampshire (UNH) conducted the population-based 2015 Kessler Foundation National Employment and Disability Survey (KFNEDS) to examine ways people with disabilities seek and maintain employment (Sundar et al., 2018). KFNEDS findings indicate that people with disabilities are striving to work and overcoming barriers to work (Sundar et al., 2018). Notably, a subsample of KFNEDS participants reported that they were not currently working and did not plan to seek employment in the near future. Employment research confirms that it is difficult to return to work after the onset of a medical condition, disability, or period of unemployment (Audhoe et al., 2018; Neary et al., 2019).

Understanding the reasons why persons living with disabilities are not seeking or returning to work is critical to develop targeted employment interventions. Reasons people with disabilities may delay returning to work or not seek work have been identified in survey research and qualitative studies. National labor surveys have identified that a

[1]Kessler Foundation, West Orange, NJ, USA
[2]Rutgers—New Jersey Medical School, Newark, USA
[3]Langston University, Oklahoma City, OK, USA
[4]University of New Hampshire, Durham, USA

Corresponding Author:
Denise C. Fyffe, Senior Research Scientist, Spinal Cord/Outcomes & Assessment Research, Kessler Foundation, 1199 Pleasant Valley Way, West Orange, NJ 07052, USA.
Email: dfyffe@kesslerfoundation.org

small proportion of people living with disabilities are unable to work, whereas a significant proportion of individuals are willing to return to work when afforded supportive resources and policies (Organisation for Economic Co-operation and Development, 2010). Furthermore, illness perceptions, which is what a person believes about their symptoms and the meanings they attach to their perception, may be particularly important for rehabilitation and occupational outcomes (Giri et al., 2009; Hoving et al., 2010; Løvvik et al., 2014; Petrie et al., 1996). For example, qualitative studies have consistently observed that negative perceptions of disabilities, health conditions, and functional limitations tend to deter individuals with disabilities from seeking or returning to work (Audhoe et al., 2018; Bualar, 2014; Giri et al., 2009; Neary et al., 2019). These and other studies also noted that individuals with disabilities avoided initiating job searches due to their negative expectations about job opportunities that will accommodate their functional limitations (Wanberg, 2012). Furthermore, people with disabilities have been discouraged from seeking employment due to their negative impressions and expectations of supervisors or coworkers (Audhoe et al., 2018; Bualar, 2014; Gannona & Nolan, 2007; Neary et al., 2019; Nevala et al., 2015; Wanberg, 2012).

Research on this topic is limited by small samples that capture lived experiences of specific groups of people living with disabilities (e.g., older adults, women). Survey studies have included moderately large convenience samples that feature force-choice responses. There is a scarcity of studies utilizing a nationally representative sample that includes narrative data. Data collection methods that allow for open-ended responses are important to capture an experiential account derived from the voices of people living with disabilities. Our study addresses these gaps because the KFNEDS is one of the few nationally representative surveys that also captured the voices of people with disabilities. The objectives of our research are to describe (a) reasons why working-age individuals who are living with disabilities are not seeking employment, and (b) differences in reasons across demographic, socioeconomic, and disability characteristics.

Method

Participants

Participants for this study were derived from the 2015 KFNEDS. The KFNEDS used a random-digit dial (RDD) sampling frame to recruit 3,013 working-age (18–64 years of age) adults from 50 states and the District of Columbia. Respondents self-identified as living with at least one disability (i.e., sensory, physical, mental, or developmental disability) in the household (Sundar et al., 2018).

Study Procedures

The UNH institutional review board approved the study protocol, and the UNH Survey Center, with support from Penn State Survey Research Center, conducted the survey. Full descriptions of the development of the KFNEDS, sampling strategy, and data collection procedures have been reported elsewhere (Sundar et al., 2018). In brief, survey staff screened households to determine whether at least one member was working-age with at least one disability, using a modified set of disability questions from the American Community Survey (ACS) and Canadian Survey on Disability (CDS). In 82% of the households, the person identified as having a disability completed the survey. Proxies were used for 18% of surveys for people who could not complete the survey themselves. The overall response rate for the KFNEDS was approximately 13%, which is comparable to other national surveys (Sundar et al., 2018).

KFNEDS Data

This study reviewed responses of KFNEDS respondents not looking for work in the near future. These respondents were asked the following open-ended question: "What are the reasons [you/they] don't see [yourself/themselves] working in the near future?" Interviewers typed responses verbatim into the KFNEDS survey database.

Descriptive data gathered from the original KFNEDS included demographic, socioeconomic, and disability characteristics of the respondents. Age information was collected as a continuous variable and recoded as categorical based on patterns of employment outcomes across age groups (early career: ages 18–34 years, mid-career: ages 35–54 years, and late-career: ages 55–64 years; Super, 1980). Race and ethnicity data were collected using two separate questions with multiple response options. For analytic purposes, race and ethnicity were recoded into one race/ethnicity variable, prioritizing Hispanic being endorsed on either the ethnicity or race question. All race/ethnicity groups were represented in the original KFNEDS data. However, individuals who self-identified in the "other" racial/ethnic group were excluded from the current bivariate analyses. Respondents' geographic location was summarized based on the following four regions: Northeast; Midwest, South, and West. Household income categories were collapsed from a 7-level to a 4-level variable. Social security status in the past 2 years was assessed using a question from the National Longitudinal Survey (Bureau of Labor Statistics, 2013). Disability characteristics included the onset of disability or health condition as well as their most limiting disability. Most limiting disability was recoded as sensory (vision, hearing), mobility (upper/lower mobility), cognitive, and other (e.g., posttraumatic stress disorder [PTSD], pain).

Data Analysis

Analytic sample derivation. The analytic sample was derived from the 2015 KFNEDS respondents who were currently unemployed or never worked and reported that they were not looking to work in the near future. Of the 1,467 respondents screened for inclusion, the following were excluded from the analytic sample because they did not meet the inclusion criteria ($n = 20$, 1.4%), missing qualitative data ($n = 25$, 1.7%), and missing demographic ($n = 75$, 5.1%), and disability data ($n = 93$, 6.3%). These exclusions yielded a final analytical sample of 1,254 respondents.

Content analysis. Textual data from responses to a KFNEDS open-ended question were analyzed using content analysis (Hsieh & Shannon, 2005; Kondracki et al., 2002). A multidisciplinary research team iteratively used inductive and deductive approaches in a series of thematic coding cycles (Hsieh & Shannon, 2005; Kondracki et al., 2002; Saldana, 2009) while maintaining coding notes during the multiple audits of coding definitions for clarity. Before thematic coding began, two members of the research team (V.S. and D.F.), separately, familiarized themselves with all of the responses to the open-ended question by reading and rereading responses in EXCEL. Thereafter, through a series of biweekly meetings, preliminary thematic coding of the responses used an inductive approach to review the responses and emerging sets of interesting reasons why respondents did not see themselves seeking employment in the near future. The second cycle of coding involved biweekly team coding meetings, which included two additional members of the research team (A.L. and J.O.), to review the text data and initial set of themes, and began to define an initial coding template incorporating the relationships between and within themes (Strauss & Corbin, 1990). During this coding cycle, the research team integrated a deductive approach, using the International Classification of Functioning, Disability, and Health (ICF; World Health Organization, 2001) to guide some of the coding definitions. For example, the research team applied the ICF definition of "Activities, Participation, and Functional Limitations" to capture aspects of participants' descriptions of their physical, cognitive, or psychological functions that impede participants' ability to work. In the third coding cycle, we applied our initial template of themes to random chunks of 100 to 250 responses using QSR International's NVivo 12 software and modified the coding and coding rules (e.g., double coding across themes). In the fourth round of coding, authors C.W. and N.W. were familiarized with the coding template, responses, and thematic codebook developed in the earlier cycles. The fifth coding cycle assessed the construct validity of each theme by confirming the accuracy of responses coded within each theme. During this coding cycle, the research team divided into three coding dyads, each dyad comprising two researchers, to code random sets of 100 responses across each theme. The coding dyads convened weekly to review their codes and reconcile any discrepancies. Any discrepancies that could not be resolved in coding dyad sessions were brought to the full research team meeting for review and resolution through a consensus-building process until all members of the research team were satisfied that the themes provided a comprehensive representation of our interpretation of the open-ended responses. In the final cycle of coding, each dyad coded, approximately, 418 responses.

Quantitative Analyses

Quantitative analyses were conducted using IBM SPSS statistical software (Version 26; IBM Corp., Armonk, NY, USA). Descriptive statistics summarized respondents' demographic, socioeconomic, disability characteristics, and frequency counts of the coded responses. Bivariate analyses compared demographic, socioeconomic, and disability characteristics of respondents across tabulated frequency counts of the aggregated themes using Pearson chi-square tests. Because of the large number of analyses and the substantial sample size, a Bonferroni correction was applied to all p values to account for multiple comparisons within each outcome variable. As each of the outcome variables was subjected to nine comparisons, p values were adjusted by a factor of 9. This approach, used by IBM SPSS statistical software, allows the correction to be applied while maintaining standard criteria of an alpha level of .05 to determine statistical significance. Effect sizes are represented by Cramer's V and interpreted according to guidelines provided by Cohen (1988), such that small, medium, and large effect sizes are 0.1, 0.3, and 0.5, respectively, for 1 *df*; 0.07, 0.21, and 0.35 for 2 *df*, and 0.06, 0.17, and 0.29 for 3 *df*.

Results

Table 1 shows the demographic, socioeconomic, and disability characteristics of respondents. Females made up 59.4% of the sample. Ages ranged from 19 to 65 years ($M = 52.6$, $SD = 11.3$). Only 12% of the sample had less than a high school education, and 9% had never worked. Twenty-three percent of the sample reported household income less than US$15,000 per year. Almost two thirds of the sample (62.8%) received Social Security Disability Insurance over the past 2 years. More than three quarters (82.2%) of the sample reported the onset of their disability in adulthood. Just over half of the sample identified mobility as their most limiting disability.

Content Analysis Results

Reported reasons for not seeking employment in the near future fell into nine meaningful themes. "Medical conditions" was the first theme and the most frequently reported reason

Table 1. Respondents Demographic, Socioeconomic, and Disability Characteristics.

Respondent demographics	*n*	%
Sex		
Males	509	40.6
Females	745	59.4
Age (years)		
18–34	128	10.2
35–54	427	34.1
55–64	699	55.7
Race/ethnicity		
Non-Hispanic White	905	72.2
Non-Hispanic Black	168	13.4
Hispanic	81	6.5
Other	100	8.0
Education		
Less than high school	150	12.0
High school graduate/GED	774	61.7
College graduate	330	26.3
Household income		
Less than US$15,000	289	23.0
US$15,000–US$44,999	324	25.8
US$45,000–US$74,999	167	13.3
US$75,000 and above	142	11.3
Unknown	332	26.5
Social security income in past 2 years		
Yes	788	62.8
No	466	37.2
Employment history		
Previously worked	1,142	91.1
Never worked	112	8.9
Onset of disability or health condition		
Youth (before working)	223	17.8
Adult (work-related or not related to work)	1,031	82.2
Most limiting disability		
Vision	60	4.8
Hearing	36	2.9
Lower mobility	381	30.4
Upper mobility	268	21.4
Cognitive	274	21.9
Other	235	18.7
Proxy respondent		
Yes	204	16.3
No	1,050	83.7
Respondent location		
Northeast	211	16.8
Midwest	288	23.0
South	523	41.7
West	232	18.5

Note. GED = General Educational Development.

for not seeking employment in the near future (36.4%). The "medical conditions" theme included medical illnesses, diagnoses, disorders, chronic conditions, and surgeries. Respondents described restrictions from returning to work as physical condition (e.g., "COPD" [chronic obstructive pulmonary disease], "emphysema," and "stroke"), mental condition (e.g., "bipolar disorder," "mentally disabled," and "depression"), as well as medications (e.g., "They're not going to let me in there [to any job] because I'm on this medication (~60 g morphine)"). Adults living with developmental disabilities had a proxy describe their reasons for not seeking employment related to the cognitive or physical aspects disability (e.g., "not able to work due to mild retardation"). Other respondents did not describe their medical conditions in isolation, rather they described the ways their medical conditions exacerbated their functional impairments and disabilities: "Well it's difficult because it's hard for me to concentrate and focus . . . and limits me in physical capabilities and walking because of my edema . . . everything ties into together."

The second theme, including responses that described functional limitations (24.7%), such as physical, cognitive, or psychological functions that impede participant ability to work, was ranked second as a reason for not returning to work in the near future (e.g., "my physical motor skills make it so I fall down a lot. I have bad balance"; "because he can't lift anything and breathe . . . he can't lift his hands above his head").

The third theme was coded when respondents referred to "my disability" with or without additional clarification, made a vague reference to their health or condition, or only mentioned a body part with no additional information. Such responses were coded as "Disability/Health Condition Not Otherwise Specified (NOS)" and 18.2% of respondents reported these types of responses (e.g., "this disability is limiting them at the moment"; "I just have a lot of health issues").

The fourth theme, comprising approximately 15% of respondents, expressed concerns about "workplace engagement issues" that included negative workplace experiences (e.g., "the way they were terminated and considered unemployable"), lack of transportation (e.g., "the biggest barrier for me in terms of finding a new job is that I don't drive . . . and public transit is terrible."), or employers' unfavorable perceptions of people living with a disability or health condition (e.g., "in a wheelchair employers won't employ her because she is a liability to company"; "no one is hiring disabled"). A portion of these respondents noted that they were unable to return to their old job in a similar capacity, which highlighted potential work place challenges: (a) mismatch between their job responsibilities, health condition(s), functional limitations or disability (e.g., "with my disability and the medication I'm on nurses aren't allowed to work with narcotics"); (b) concern about being unfit to return to their previous job and therefore have to learn a new job (e.g., "not being able to do the same type of work that he used to do . . . so he would have to go to school to learn a new trade for a different job"); and (c) unpredictable nature of their medical condition or disability, which may restrict their functional limitations and possibly lead to missing too

much work or increased need for accommodations on the job (e.g., "nobody would put up with my current situation. I have good days and bad days. Some days I cannot get up out of bed and I am miserable.")

The fifth theme included responses that identified retirement (9.3%) due to age (e.g., "I'm too old, I'm retired") or disability (e.g., "almost at retirement age and because of my disability") as reasons for not returning to work. The sixth reason coded described respondents who did not see themselves working in the near future due to socioeconomic issues that provide financial security (e.g., ". . . we're blessed financially") or public assistance benefits that restrict their income (e.g., "because he cannot make over, a certain amount of his benefits will be cut"). The seventh, eighth, and ninth themes included participants who described household responsibilities (e.g., "taking care of mother"), education (e.g., "not while I'm at school"), and age (e.g., "my age"), respectively, as their reasons for not returning to work in the near future.

Reasons for Not Working by Demographic Characteristics (Table 2)

Sex. With regard to reasons for not working, male respondents were more likely to cite education ($\chi^2 = 22.7$, $df = 1$, $p = .006$, $V = 0.10$; for example, "He's in medical school and he doesn't have a lot of time") at a rate greater than women, whereas a greater percentage of women cited household responsibilities ($\chi^2 = 11.9$, $df = 1$, $p < .001$, $V = 0.14$; for example, "stay at home mom") as their reason for not working.

Age groups. A higher percentage of those in the younger age group mentioned household responsibilities ("taking care of an elderly father"; $\chi^2 = 57.0$, $df = 2$, $p < .001$, $V = 0.21$). Functional limitations showed an opposite linear pattern, with greater frequency of endorsement among the older age groups ($\chi^2 = 18.7$, $df = 2$, $p < .001$, $V = 0.12$; for example, "too many limitations with mobility and concentration"; "I can't lift over 5 to 10 pounds and I can't sit or stand for prolonged periods").

The middle-aged group tended to reference a general disability or health condition without clarification compared with the other age groups ($\chi^2 = 10.6$, $df = 2$, $p = .044$, $V = 0.09$; for example, "my physical condition does not allow me to sit, stand or walk for any period of time").

As might be expected, retirement was endorsed more frequently among the older age group ($\chi^2 = 52.0$, $df = 2$, $p < .001$, $V = 0.20$; for example, "retired, does not need to work"), as was "age-related issues" ($\chi^2 = 39.7$, $df = 2$, $p < .001$, $V = 0.18$; for example, "because of my age, I have doctors' appointments on a regular basis and that would make me miss work, I have pain issues—arthritis, back issues")

Almost one third of those in the youngest age group mentioned education, whereas education references in the other two age groups fell below 2%. Expected cell count for those citing education in the lowest age group fell below 5 and, therefore, chi-square analysis was not conducted.

Race/ethnicity. This portion of the analysis focused on only those respondents from the three largest racial/ethnic groups in the United States (i.e., non-Hispanic White, non-Hispanic Black, and Hispanic). Sample size for this analysis was 1,154. Whereas non-Hispanic Whites had slightly higher representation as the income categories increased, the opposite trend was seen among minorities, with greater percentages of non-Hispanic Blacks and Hispanics in the lower income groups ($\chi^2 = 22.9$, $df = 6$, $p = .001$, $V = 0.08$). It was noted that none of the Hispanic respondents cited "socioeconomic status," such as financial stability or instability, as their reason for not working relative to the other two groups (e.g., non-Hispanic White: "He made enough money that he doesn't want to work anymore"; non-Hispanic Black: "I can't work because I am on disability") although the effect did not reach statistical significance.

Reasons for Not Working, by Sociodemographic Characteristics

Education. Those with higher levels of education, reported retirement ($\chi^2 = 14.0$, $df = 2$, $p = .001$, $V = 0.10$) at a higher rate than those with lower levels of education.

Household income. It should be noted that there were 332 individuals missing or refusing to provide household income. Rather than lose more than one quarter of the sample, these individuals were retained for all analyses except for those involving income, which yielded an analytic sample of 922. Mention of retirement ($\chi^2 = 34.9$, $df = 3$, $p < .001$, $V = 0.20$; for example, "getting older . . . I have enough money to live on, I'm retired") had greater representation in the highest income groups. Although the relationship between household income and frequency of endorsement did not reach statistical significance, with regard to medical conditions ($\chi^2 = 9.5$, $df = 3$, $p = .207$, $V = 0.10$) and functional limitations ($\chi^2 = 9.4$, $df = 3$, $p = .220$, $V = 0.10$), Mantel–Haenszel (MH) chi-square test demonstrated a significant linear trend, such that endorsement of medical conditions (MH $\chi^2 = 8.8$, $df = 1$, $p = .027$) and functional limitations (MH $\chi^2 = 8.7$, $df = 1$, $p = .028$) increased as household income decreased (see Table 2).

Social security income. Those receiving social security disability within the past 2 years endorsed functional limitations at a higher rate than those not receiving social security disability ($\chi^2 = 12.6$, $df = 1$, $p < .001$, $V = 0.10$; for

Table 2. Frequency of Endorsement for Reasons for Not Working, by Demographic, Socioeconomic, and Disability Characteristics.

Sample characteristics	Medical conditions (%)	Functional limitations (%)	Disability/health condition, not otherwise specified (%)	Workplace engagement (%)	Retirement (%)	Socioeconomic issues (%)	Household responsibilities (%)	Age-related issues (%)	Education (%)
Sex									
Male	36	22	16	16	12	7	**2**	6	**6**
Female	36	26	20	15	8	8	**8**	5	**2**
Age groups									
18–34 years	29	**12**	**11**	21	**2**	9	**16**	**1**	**29**
35–54 years	38	**22**	**22**	16	**3**	7	**8**	**1**	**2**
55 years and above	37	**29**	**17**	14	**15**	8	**2**	**9**	**1**
Race/ethnicity									
NHW	36	24	17	14	10	8	6	5	4
NHB	35	27	22	18	8	7	2	10	2
Hispanic	40	27	20	17	7	0	5	5	4
Education									
Less than HS	43	32	15	14	**3**	9	3	3	3
HS grad	37	25	19	16	**9**	6	5	6	4
Coll. grad.	32	21	18	15	**14**	10	7	6	4
Household income									
Less than US$15,000	**43**	**28**	20	16	**3**	9	4	4	4
US$14,000–US$44.9000	**38**	**26**	20	20	**8**	7	4	6	3
US$45,000–US$74.9000	**31**	**19**	19	17	**16**	8	7	6	3
US$75,000 and above	**31**	**18**	12	12	**18**	8	11	6	8
Social security recipient									
Yes	**38**	**28**	20	15	**7**	7	2	6	1
No	**34**	**19**	15	17	**14**	8	11	5	8
Disability onset									
Childhood	**30**	**15**	12	20	**5**	7	12	2	13
Adult	**38**	**27**	19	14	**10**	8	4	6	2
Most limiting disability									
Sensory	**18**	**19**	10	10	**22**	16	8	5	3
Mobility	**38**	**27**	20	14	**9**	7	3	6	1
Cognitive	**35**	**20**	13	19	**8**	7	12	3	11
Other	**41**	**26**	23	17	**6**	7	2	6	3

Note. Statistically significant findings are presented in bold. NHW = non-Hispanic White; NHB = non-Hispanic Black; HS = high school; Grad. = graduate; Coll. = college.

example, he's on full disability and doing things hurts his back, he can't sit or stand for a while without hurting"), but had significantly lower percentages of references to retirement ($\chi^2 = 15.3$, $df = 1$, $p < .001$, $V = 0.11$), household responsibilities ($\chi^2 = 42.9$, $df = 1$, $p < .001$, $V = 0.19$), and education ($\chi^2 = 37.7$, $df = 1$, $p < .001$, $V = 0.17$).

Reasons for Not Working by Disability Characteristics

Onset of disability or health condition. Those with childhood onset of their disabilities tended to cite household responsibilities ($\chi^2 = 23.1$, $df = 1$, $p < .001$, $V = 0.14$) and education ($\chi^2 = 68.3$, $df = 1$, $p < .001$, $V = 0.23$; for example, "She was still in school so she had no work experience nor was she looking for work"), whereas those with adult onset tended to report functional limitations at a higher rate ($\chi^2 = 13.1$, $df = 1$, $p < .001$, $V = 0.10$).

Most limiting disability. Respondents with sensory disability as their most limiting disability tended to reference retirement ($\chi^2 = 22.2$, $df = 3$, $p < .001$, $V = 0.13$; for example, "He is currently retired. He previously worked at a power plant. He did work while he had his hearing problems") at a higher rate than did individuals in the other categories of most limiting disability. On the contrary, medical condition ($\chi^2 = 18.0$, $df = 3$, $p < .001$, $V = 0.12$) and general disability or health condition ($\chi^2 = 13.2$, $df = 3$, $p = .037$, $V = 0.10$) were less frequently cited by those with sensory disability compared with the other categories of most limiting disability. Those with a cognitive disability tended to reference household responsibilities at a higher rate than the other categories of most limiting disability ($\chi^2 = 39.4$, $df = 3$, $p < .001$, $V = 0.18$; for example, "she and her husband are on disability and collect disability social security. Their son has many disabilities and is not able to work"). A high percentage of individuals with cognitive disabilities cited education as a reason for not working. A low expected cell count within the sensory disability group precluded its inclusion in a chi-square analysis. With this group removed, those with cognitive disability endorsed education at a significantly higher rate than did those in other remaining disability groups ($\chi^2 = 53.8$, $df = 2$, $p < .001$, $V = 0.21$).

Discussion

This study elucidated the reasons unemployed people living with disabilities may not be seeking employment. Respondents from a national survey shared a broad range of nine meaningful reasons why they did not see themselves working in the near future. Furthermore, reasons differed across demographic characteristics such as age, sex, education, racial/ethnic background, and disability type, highlighting that their reasons are not monolithic. The diversity in reasons reported is similar to a previous national survey, which observed that differences in employment gaps varied by individual characteristics among people with disabilities (Sevak et al., 2015). Taken together, these findings highlight the need to consider the heterogeneity, rather than generic, characteristics and experiences of people living with disabilities when developing return-to-work or employment interventions (Baanders et al., 2002; Gannona & Nolan, 2007). We will frame our discussion from most common to least common reasons reported by respondents and any variation observed across their demographic, socioeconomic, and disability characteristics.

The most common reasons why KFNEDS participants reported not seeking employment in the near future were due to their perceptions about their medical conditions, functional limitations, or disability. Although the breadth and depth of respondents' descriptions of their health conditions, functional limitations, and disability varied, the importance of these reasons was conveyed across respondents. This finding is consistent with several other studies (Audhoe et al., 2018; Bualar, 2014; Giri et al., 2009; Neary et al., 2019). In addition, this finding may suggest that respondents may be referring to an internal attribution, such as self-blame, that can lead to a person being passive about their decision to seek employment. We should also consider the fact that illness perception about having a health condition, functional limitation, or disability itself may only be one factor that deters people with disabilities from seeking employment—the negative quality or connotation associated with the illness perceptions can further hinder them from seeking employment or returning to work (Hoving et al., 2010). Negative perceptions can also serve as points of targeted interventions to assist people with disabilities to consider seeking employment. Frequent references to medical conditions suggest that vocational rehabilitation should leverage medical rehabilitation resources. For example, the individual placement and support model of supported employment for persons with severe mental illness is an evidence-based approach that integrates vocational rehabilitation within the medical rehabilitation clinic (O'Neill & Ottomanelli, 2019) and has shown to be an effective approach to vocational rehabilitation among people with serious mental health conditions and spinal cord injuries.

Moreover, some respondents described the additive negative effects of experiencing comorbid medical conditions or disabilities that interfere with day-to-day functioning as well as ability to seek work. This finding concurs with Audhoe et al (2018) who interviewed 25 unemployed workers, who were sick-listed, about attitudes toward returning to work. This study found that unemployed workers who were sick-listed due to mental health problems described having to deal with varied problems, such as medical conditions, personal circumstances, and environment, which exacerbate one another as well as required

different solutions. Respondents in this study highlighted concurrent problems related to bodily functioning and health issues that may require multiple solutions to facilitate them seeking employment. Interestingly, we observed a linear trend in responses across age groups. Whereas older adults described more intrinsic attributes (e.g., negative illness perceptions about their medical conditions, functional limitations, and disability) that may be more difficult to navigate as they think about possibilities of returning to work after being unemployed (Neary et al.,, 2019), younger individuals tended to report extrinsic factors such as household responsibilities and educational issues for preparing them for employment (e.g., "at this time pursuing further education and trying to get a driver's license"). The finding that medical conditions and functional disabilities were more frequently endorsed by individuals in the older age groups highlights the importance of age as an important variable to consider. While ageism can make it difficult to find employment, rehabilitation programs should also take into account the effect of aging with a disability and the development of age-related comorbidities that may contribute to functional limitations and changes in self-perception. In addition, interventions such as work capacity assessments have been found to challenge the accuracy of negative illness or disability perceptions based on functional status (Barr et al., 2016).

Fewer respondents cited "workplace engagement issues" as their primary reason for not seeking employment in the near future relative to reasons related to medical conditions, functional limitations, and disabilities. This finding is consistent with current literature that described internalized stigma related to disability, rather than lack of job opportunities, as the primary reason why people living with disabilities do not seek employment (Bonaccio et al., 2020; Riach & Loretto, 2009). Perceived discrimination or negative perceptions of employers were also coded as "workplace engagement issues." This finding is consistent with prior studies across various groups of individuals living with disabilities (Audhoe et al., 2018; Bualar, 2014; Neary et al., 2019). Some respondents described issues related to self-doubt about living up to their personal expectations as a reason to avoid returning to work. Other reported negative perceptions (e.g., being regarded as a liability) that supervisor/coworkers expressed directly or indirectly to respondents were also categorized as workplace engagement issues related to not seeking work in the near future (Bonaccio et al., 2020; Coutu et al., 2011; Kaye et al., 2011; Premeaux, 2001).

Our review of responses yielded both positive and negative reasons related to "socio-economic issues." Older adults made up that majority of respondents who indicated that they had achieved financial stability and did not have a need to work due to savings or pensions. Our findings also extends the work of others (O'Leary et al., 2011; Stapleton et al., 2006) who found that concerns about losing benefits were a key barrier to people with disabilities seeking or returning to work. Interestingly, our respondents expressed fear of losing benefits as the sixth out of the nine reasons for not seeking employment. This seems counterintuitive to previous studies but may suggest that interventions to help respondents manage their medical conditions, functional limitations, and disabilities may be more important than previously thought.

The findings in this study revealed racial/ethnic variation in reasons for not seeking work among people living with disabilities. Interestingly, none of the Hispanic respondents identified socioeconomic status as a reason for not working in comparison with non-Hispanic Black and non-Hispanic White respondents. Although the reason for this is unclear, there may be cultural values associated with employment that result in greater attention toward other reasons for not working, with socioeconomic issues being less salient explanatory factors. Further research is needed to determine whether this is due to negative cultural values or perceptions about receiving social security benefits among Hispanic respondents and whether there may be interactions between culture and gender role norms that may influence these perceptions.

Among the strengths of our study was the large sample size enabling us to detect effect sizes in the small to medium range and use of a nationally representative sample of people living with disabilities to elicit multiple views about varying reasons for not seeking employment. Other strengths include the rigor of the content analysis that included qualitative responses that captured the voices of people describing reasons for not returning to work, combined with descriptive data to contextualize responses. A number of expected relationships were found between demographic characteristics and coding frequencies, which supported the validity of the qualitative categorization of participant responses. For example, "age-related issues" and "retirement" were themes more frequently endorsed as reasons for not working among those in the oldest age group. Trustworthiness of the thematic coding scheme was also achieved by using multiple coders across four cycles of coding as well as quantitative validation of coding constructs (Berends & Johnston, 2005). Important shortcomings are the cross-sectional nature of the survey data, preventing us from making causal inferences regarding respondents' reasons for not returning to work. A few inconsistencies were noted in the quality of the narrative data as captured by interviewers, such as irrelevant interviewer notes and truncated responses, which were removed from the current analysis. In addition, there was no opportunity for interviewers to ask clarifying questions or probe further during the administration of the survey. Despite these limitations, our findings provide validation of the salience of reasons related to illness perceptions and workplace engagement issues. Future research that

examines the relative importance of the reasons described in this study, such as the amount of time not working or the consequences of not working, can more closely define the influence of other mediating factors for this population.

Conclusion

Our study provides new meaningful evidence of the reasons why people with disabilities may not be seeking employment. The findings present nine diverse reasons voiced by people who are living with disabilities for not seeking employment due to justifiable reasons that preclude their workforce participation. Our findings suggest that policy makers, employers, and individuals designing and implementing programs intended to facilitate vocational rehabilitation consider the negative perceptions that people with disabilities hold about their illness or return to work. Understanding and improving these negative perceptions held by individuals with disabilities, along with an understanding of these social parameters, will provide rehabilitation counselors, policy makers, and families better guidance to support, set, and manage, realistic employment goals.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: The contents of this article were developed under a grant from the Kessler Foundation. This article was also supported by the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR) through the Rehabilitation Research and Training Center on Employment Policy and Measurement (H133B100030). NIDILRR is a Center within the Administration for Community Living (ACL), Department of Health and Human Services (HHS; Sundar and O'Neill). The contents of this article do not necessarily represent the policy of NIDILRR, ACL, and HHS, and endorsement by the Federal Government should not be assumed.

ORCID iD

Denise C. Fyffe https://orcid.org/0000-0001-8484-5171

References

Audhoe, S. S., Nieuwenhuijsen, K., Hoving, J. L., Sluiter, J. K., & Frings-Dresen, M. H. W. (2018). Perspectives of unemployed workers with mental health problems: Barriers to and solutions for return to work. *Disability and Rehabilitation*, *40*(1), 28–34. https://doi.org/10.1080/09638288.2016.1242170

Baanders, A. N., Rijken, P. M., & Peters, L. (2002). Labour participation of the chronically ill A profile sketch. *English Journal of Public Health*, *12*(2), 124–130.

Barr, B., Taylor-Robinson, D., Stuckler, D., Loopstra, R., Reeves, A., Wickham, S., & Whitehead, M. (2016). Fit-for-work or fit-for-unemployment? Does the reassessment of disability benefit claimants using a tougher work capability assessment help people into work? *Journal of Epidemiology and Community Health*, *70*(5), 452–458. https://doi.org/10.1136/jech-2015-206333

Berends, L., & Johnston, J. (2005). Using multiple coders to enhance qualitative analysis: The case of interviews with consumers of drug treatment. *Addiction Research and Theory*, *13*(4), 373–381. https://doi.org/10.1080/16066350500102237

Bonaccio, S., Connelly, C. E., Gellatly, I. R., Jetha, A., & Martin Ginis, K. A. (2020). The participation of people with disabilities in the workplace across the employment cycle: Employer concerns and research evidence. *Journal of Business and Psychology*, *35*(1), 135–158. https://doi.org/10.1007/s10869-018-9602-5

Bualar, T. (2014). Barriers to employment: Voices of physically disabled rural women in Thailand. *Community, Work & Family*, *17*(2), 181–199. https://doi.org/10.1080/13668803.2013.806125

Bureau of Labor Statistics. (2013). *Persons with a disability: Barriers to employment, types of assistance, and other labor related issues*. U.S. Department of Labor.

Cichy, K., McMahon, B. T., & Li, J. (2015). The workplace discrimination experiences of older workers with disabilities: Results from the national EEOC ADA research project. *Journal of Vocational Rehabilitation*, *43*(2), 137–148. https://doi.org/10.3233/JVR-150763

Cohen, J. (1988). *Statistical power and analysis for the behavioral sciences* (2nd ed.). Lawrence Erlbaum.

Coutu, M.-F., Legare, F., Durand, M.-J., Corbière, M., Stacey, D., Loisel, P., & Bainbridge, L. (2011). Fostering shared decision making by occupational therapists and workers involved in accidents resulting in persistent musculoskeletal disorders: A study protocol. *Implementation Science*, *6*(22), 1–8. https://doi.org/10.1186/1748-5908-6-22

Fogg, N. P., Harrington, P. E., & McMahon, B. T. (2010). The impact of the great recession upon the unemployment of americans with disabilities. *Journal of Vocational Rehabilitation*, *33*(3), 193–202. https://doi.org/10.3233/JVR-2010-0527

Gannona, B., & Nolan, B. (2007). The impact of disability transitions on social inclusion. *Social Science and Medicine*, *64*(7), 1425–1437. https://doi.org/10.1016/j.socscimed.2006.11.021

Giri, P., Poole, J., Nightingale, P., & Robertson, A. (2009). Perceptions of illness and their impact on sickness absence. *Occupational Medicine*, *59*(8), 550–555. https://doi.org/10.1093/occmed/kqp123

Hernandez, B., Cometa, M. J., Velcoff, J., Rosen, J., Schober, D., & Luna, R. D. (2007). Perspectives of people with disabilities on employment, vocational rehabilitation, and the Ticket toWork program. *Vocational Research Rehabilitation*, *27*(3), 191–201. https://doi.org/1052-2263/07

Houtenville, A. J., Brucker, D. L., & Lauer, E. A. (2014). *Annual compendium of disability statistics: 2014*. Institute on Disability, University of New Hampshire.

Hoving, J. L., van der Meer, M., Volkova, A. Y., & Frings-Dresen, M. H. W. (2010). Illness perceptions and work participation:

A systematic review. *International Archives of Occupational and Environmental Health*, *83*, 595–605. https://doi.org/10.1007/s00420-010-0506-6

Hsieh, H. F., & Shannon, S. E. (2005). Three approaches to qualitative content analysis. *Qualitative Health Research*, *15*(9), 1277–1288. https://doi.org/10.1177/1049732305276687

Ipsen, C. (2006). Health, secondary conditions, and employment outcomes for adults with disabilities. *Journal of Disability Policy Studies*, *17*(2), 77–87. https://doi.org/10.1177/10442073060170020401

Kaye, H. S., Jans, L. H., & Jones, E. C. (2011). Why don't employers hire and retain workers with disabilities? *Journal of Occupational Rehabilitation*, *21*, 526–536. https://doi.org/10.1007/s10926-011-9302-8

Kessler Foundation. (2015). *The Kessler Foundation 2015 National employment and disability survey: Report of main findings*. https://kesslerfoundation.org/sites/default/files/filepicker/5/KFSurvey15_Results-secured.pdf

Kondracki, N. L., Wellman, N. S., & Amundson, D. R. (2002). Content analysis: Review of methods and their applications in nutrition education. *Journal of Nutrition Education and Behavior*, *34*(4), 224–230. https://doi.org/10.1016/S1499-4046(06)60097-3

Løvvik, C., Øverland, S., Hysing, M., Broadbent, E., & Reme, S. E. (2014). Association between illness perceptions and return-to-work expectations in workers with common mental health symptoms. *Journal of Occupational Rehabilitation*, *24*, 160–170. https://doi.org/10.1007/s10926-013-9439-8

Neary, J., Katikireddi, S. V., Brown, J., Macdonald, E. B., & Thomson, H. (2019). Role of age and health in perceptions of returning to work: A qualitative study. *BMC Public Health*, *19*(496), 1–10. https://doi.org/10.1186/s12889-019-6819-9

Nevala, N., Pehkonen, I., Ruusuvuori, J., Koskela, I., & Anttila, H. (2015). Workplace accommodation among persons with disabilities: A systematic review of its effectiveness and barriers or facilitators. *Journal of Occupational Rehabilitation*, *25*, 432–448. https://doi.org/10.1007/s10926-014-9548-z

O'Leary, P., Livermore, G. A., & Stapleton, D. C. (2011). Employment of individuals in the social security disability programs. *Social Security Bulletin*, *71*(3), 1–10.

O'Neill, J., & Ottomanelli, L. (2019). Vocational rehabilitation for individuals with spinal cord injury. In S. Kirshblum, & V.W. Lin (Eds.), *Spinal cord medicine* (3rd ed., pp. 776–788). Springer.

Organisation for Economic Co-operation and Development. (2010). *Sickness, disability and work: Improving social and labour-market integration of people with disability*. https://www.oecd.org/social/soc/46488022.pdf

Petrie, K. J., Weinman, J., Sharpe, N., & Buckley, J. (1996). Role of patients' view of their illness in predicting return to work and functioning after myocardial infarction: Longitudinal study. *British Medical Journal*, *312*, 1191–1194. https://doi.org/10.1136/bmj.312.7040.1191

Premeaux, S. F. (2001). Impact of applicant disability on selection: The role of disability type, physical attractiveness, and proximity. *Journal of Business and Psychology*, *16*(2), 291–298. https://doi.org/10.1023/A:1011117402209

Riach, K., & Loretto, W. (2009). Identity work and the "unemployed" worker: Age, disability and the lived experience of the older unemployed. *Work, Employment & Society*, *23*(102), 102–119. https://doi.org/10.1177/0950017008099780

Saldana. (2009). *The coding manual for qualitative researchers*. SAGE.

Sevak, P., Houtenville, A. J., Brucker, D. L., & O'Neill, J. (2015). Individual characteristics and the disability employment gap. *Journal of Disability Policy Studies*, *26*(2), 80–88. https://doi.org/10.1177/1044207315585823

Stapleton, D. C., O'Day, B. L., Livermore, G. A., & Imparato, A. J. (2006). Dismantling the poverty trap: Disability policy for the twenty-first century. *The Milbank Quarterly*, *84*(4), 701–732. https://doi.org/10.1111/j.1468-0009.2006.00465.x

Strauss, A., & Corbin, J. (1990). *Basics of qualitative research: Grounded theory, procedures and techniques*. SAGE.

Sundar, V., O'Neill, J., Houtenville, A. J., Phillips, K. G., Keirns, T., Smith, A., & Katz, E. E. (2018). Striving to work and overcoming barriers: Employment strategies and successes of people with disabilities. *Journal of Vocational Rehabilitation*, *48*, 93–108.

Super, D. E. (1980). A life-span, life-space approach to career development. *Journal of Vocational Behavior*, *16*(3), 282–298. https://doi.org.10.1016/0001-8791(80)90056-1

Wanberg, C. R. (2012). The individual experience of unemployment. *Annual Review of Psychology*, 369–396. https://doi.org/10.1146/annurev-psych-120710-100500

World Health Organization. (2001). *International classification of functioning, disability and health: ICF*.