Theorizing Discursive Resistance to Organizational Ethics of Care
Through a Multi-stakeholder Perspective on Disability Inclusion Practices
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ABSTRACT

This paper examines the support for diversity from a moral perspective. Combining business ethics theory with a lens of critical discourse analysis, it reconstructs the debates on the ethicality of three disability inclusion practices – positive discrimination, job adaptations, and voluntary disclosure – drawn from multi-stakeholder interviews in disability-friendly organizations. Discursive resistance to disability inclusion practices, otherwise known to work, arises out of moral beliefs characteristic of an ethic of justice, whereas support is more often informed by an ethic of care. This study contributes to the literature by laying bare how ethics fuel 'resistance to' rather than 'support for' diversity and inclusion. Like prior studies, it links such resistance to the myth of individual merit, noting that some re-appropriation of an ethic of justice becomes possible when legal awareness around issues of disability is raised in the context of work. In addition, it identifies an ethic of care as holding the greatest potential for fostering workplace inclusion yet cautions for two adverse side effects that may arise when promoting corporate care: the potential of paternalism and the inclination to individualise inherent to wellbeing initiatives.

Keywords: business ethics, disability inclusion practices, discursive resistance, ethics of justice and care, multi-stakeholder, diversity management, corporate care

INTRODUCTION

Over the past years, scholarly interest in investigating diversity practices at work has served well to increase the representation of minority groups at different levels in the organization. Even if research on disability inclusion practices lags behind that on other minority groups (Beatty et al.,

2019), some degree of scholarly consensus on what practices are effective has been attained (Kalev et al., 2006). Such research shows that anti-bias training in itself or mentoring initiatives are unlikely to foster change in the long run (Kulkarni et al., 2018). However, practices that change structures of responsibility such as positive discrimination and making clear targets, appointing diversity managers, and formalizing the process of reasonable adjustments, work better to increase representation of people with disabilities (PWD) (Woodhams and Corby, 2007).

Still, mere representation does not equal 'real' organization-wide inclusion (Janssens and Zanoni, 2014; Rennstam and Sullivan, 2018), and more needs to be done so that people feel they can participate in decision making, experience a sense of belonging and feel valued for their differences (Ely and Thomas, 2001; Shore et al., 2018). Scholars in the domain of gender have made progress in examining what prevents such real inclusion from occurring, taking into account multi-stakeholder perspectives on inclusion practices through a lens of discursive resistance (Johansson et al. 2019; Roos et al., 2020). Such studies find that even when equality initiatives known to work are institutionally enforced or supported from the top, both beneficiaries and non-beneficiaries may oppose the targeted workplace changes (Dick and Cassell, 2002). The discursive material fuelling such resistance are often grand discourses of 'merit' and other related HR 'truths', or taken-for-granted notions of the way human resources 'should be' managed in the context of organizations (Foucault, 1979). These accounts are missing the moral reasoning underlying such claims.

This absence is all the more surprising given the growing interest in ethical perspectives on HRM and the strong moral implication that the re-organising of human resources entails (Demuijnck, 2009; Greenwood, 2013; Ståhl et al., 2014). Traditionally, the dominant logic for

ethical decision-making draws on ideas of rationality, fairness and individuality (Kohlberg, 1981; Rawls, 1971). Such an 'ethic of justice' has been widely used as moral theory to study employees' perceptions of HR practices (Shultz and Bredner-Ilan, 2004). Carol Gilligan (1993) pointed out that, rather than treating everyone the same, moral reasoning can also resonate from the principle of relationality. 'Ethics of care' then replace an 'ethic of justice'. The former is a relational approach to morality characterized by a concern for context, empathy, and action in which following rules is secondary to preserving relationships (French and Weis, 2000; Hamington, 2019). Despite the increasing popularity of Gilligan's framework in studying a wide range of organisational phenomena, theories of business ethics and diversity management remain hardly integrated (Rabl et al., 2020), leaving the important question of ethical foundation and moral implications of inclusion practices largely unanswered (Pless and Maak, 2004).

To fill this gap, this study examines how frameworks of moral reasoning inform the discursive resistance to inclusion practices that are otherwise known to work. Empirically, it builds on interviews with 65 organisational members in disability-friendly organisations, to virtually reconstruct the debates surrounding three contested disability inclusion practices: positive discrimination, job adaptation and voluntary disclosure. By answering the question 'Which ethical frameworks do stakeholders draw upon to discursively legitimize or resist the organisations' disability inclusion practices?', this study engages in a number of ongoing debates within the field of diversity and inclusion as well as business ethics. It contributes by laying bare how ethics of justice fuel resistance to inclusion while ethics of care hold the greatest potential for inclusion.

EFFECTIVENESS OF INCLUSION PRACTICES AND IMPLEMENTATION RESISTANCE

Research on inclusion practices shows that although organizations often resort to anti-bias training and mentoring projects (Kulkarni and Lengnick-Hall, 2011; Kulkarni et al., 2018; Meacham et al., 2019), practices installing structures of responsibility in the organization are the most effective in the long run (Kalev et al., 2006). Similarly, representation of PWD increases for larger organizations where increases the likelihood of having specialized HR and a diversity manager, as well as unions (Bacon and Hoque, 2015; Richards and Sang, 2016). Targeted internships (Woodhams and Corby, 2007), senior management commitment (Erickson et al., 2014) and written diversity plans are also known to work (Pérez-Conesa et al., 2020). Despite the high predicting power of positive discrimination (e.g. reserving jobs or quota) and positive action (e.g. hosting special recruitment events) for the employment of PWD, researchers document a move away from such practices towards practices of standardization (e.g. formulating policy guidelines) and monitoring (e.g. reviewing procedures to detect differences in treatment) (Woodhams and Corby, 2007; Woodhams and Danieli, 2000). A last structure of responsibility paramount to the workplace inclusion of PWD is a smooth provision of a wide range of reasonable accommodations. In practice, a lack of clear information on who to contact for making requests due to a lack of formal procedures (Foster, 2007) and the absence of union support (Foster and Fosh, 2010) makes negotiations almost exclusively dependent on the goodwill of poorly trained line managers (Foster, 2007; Harlan and Robert, 1998).

Importantly, effectiveness of disability inclusion practices is mostly measured in terms of representation of PWD, lacking a critical understanding of how these practices are lived and

perceived as fair and ethical by multiple stakeholders. In fact, some practices may increase 'body count' but achieve little 'real equality' (Janssens and Zanoni, 2014), attain only peripheral and not organisation-wide inclusion (Rennstam and Sullivan, 2018) or not meaningfully contribute to feelings of belonging, value and voice (Ely and Thomas, 2001; Shore et al., 2018). Indeed, a number of studies have drawn attention to the discursive resistance to gender inclusion practices otherwise known as efficient, endangering the goal of equality. Such interest coincided with the reassessment of resistance within organisational research as an issue not simply characterized by overt acts of sabotage and collective action, but as more mundane ways of discursive resistance that seek to challenge prevailing assumptions, discourses and power relations (Mumby, 2005). Rather than simply accepting the new discourses imposed by managers, employees are co-authors, naturally prone to contest when their sense of self is threatened (Jammaers et al., 2016). Speakers thus enter an open struggle with other social actors to fix definitions over who they are (Jammaers and Ybema, 2022), which might challenge, to various extents, existing power relations (Philips and Hardy, 1997).

Discursive resistance to gender inclusion practices has been shown to occur both among beneficiaries of the inclusion practices as they are relegated to 'token' status (Dick and Cassell, 2002) as well as non-beneficiaries whose position is threatened (Roos et al., 2020). A few common techniques can be distinguished from these gender-related inquiries. A first technique consists of drawing on principles of merit. Such technique strictly opposes the use of socio-demographic characteristics to hire or promote individuals, seeing it as irreconcilable with meritocracy (Noon, 2010; Roos et al., 2020). The historical gender imbalance in boards is then for instance constructed as 'natural and normal result' of recruitment practices aiming at high quality, experienced and

trustworthy members in an aim of reducing risk (Roos and Zanoni, 2018, p. 75). The need for more women in the forestry sector is similarly resisted by pointing out the danger in making hiring and promotion a matter of gender rather than competence, threatening principles of liberal quality (Johanssen et al., 2019). A second technique entails the discursive relegation of responsibility for inclusion onto others, often women themselves. Arguments that women first need to acquire the necessary leadership skills (Roos and Zanoni, 2018), or are 'biologically' destined to care for family members and lack self-confidence (Powell et al., 2018) serve as munition for such resistance. A last common technique fuelling discursive resistance to gender equality initiatives is the rendering of inequality into a non-issue. This occurs through claims that inequality is nothing more than a provocative ideology, discrediting research-based knowledge (Powell et al., 2018) or by stating inequality will naturally disappear over time as more women study forestry and old men with problematic views on women's abilities disappear from the profession (Johanssen et al., 2019).

Discursive resistance to gender inclusion practices thus originated from different stakeholders by combining various techniques, informed by grand discourses of merit, women and men's nature, and liberalism. Despite the fact that such discourses are clearly underpinned with ethical perspectives, moral underpinnings have not been the centre of attention so far. This is surprising given the growing interest in ethicality of HRM (Demuijnck, 2009; Greenwood, 2013; Ståhl et al., 2014).

ETHICS OF JUSTICE AND ETHICS OF CARE

Recent years have seen a surge of interest in ethical perspectives on the management of humans as resources in organizations. Popular themes include ethical responsibilities of employees and

managers (e.g. whistleblowing and sexual harassment), compliance with regulation and codes (e.g. human rights) and fairness of HR practices (e.g. hiring and firing) (Costea et al., 2012; Greenwood, 2013). Despite the merit of ethical HRM in treating people as moral persons with 'names and faces' and theorizing the employment relationship as a stakeholder relationship with different needs and interests with respect to the organization (Janssens and Steyaert, 2009; Ståhl et al., 2014), the approach also falls short because of a predominant mainstream focus on individual behaviour, privileging 'the rational and individual' (Greenwood, 2013, p. 354).

This is perhaps unsurprising, as ethical problem solving in business has predominantly been informed by an 'ethic of justice' framework in which moral decisions are made by autonomous individuals who apply impartial and universal principles to abstract situations (Kohlberg, 1981; Rawls, 1971). To distinguish good from bad, a formal logic of evaluating conflicting claims in an objective manner is deemed necessary, and the protection of individual rights is considered key (Simola, 2003). Such a framework uses moral principles and rules to inform ethical decisions, rather than taking into account an act in line with its consequences on other people and obligations towards others (French and Weiss, 2000). Ideas of 'fairness, rationality, reasonableness, objectivity, and reflective equilibrium' are key to such ethical framework (Hossain et al., 2020, p. 778) and pair well with the traditional view of business as impersonal and instrumental (Antoni et al., 2020). Equality of opportunity for diverse groups is seen as important and universal, and others should be treated the way we would like to be treated ourselves. In this sense, diversity has to be pursued for reasons of dignity and respect (Gotsis and Kortezi, 2013). Yet merit rather than socio-demographic factors should inform decisions (Rawls, 1971) including those related to rewarding employees (Joutsenvirta, 2013).

Yet, different ways of moral reasoning exist that, unlike the Western focus on rationality, individualism and justice, are grounded in an 'ethic of care' (Gilligan, 1993). An ethic of care perspective treats caring and being cared for as the most human fundamental experience that connects us all (Gilligan, 1993; Held, 2006). Here, a flexible responsiveness to complex and subjective problems is deemed appropriate (Molterer et al., 2020), together with a 'sensitivity to the feelings, concerns and particular circumstances of individuals' (Simola, 2003, p. 354). In such reasoning, it is the maintenance and enhancement of interpersonal relationships that inform decisions (French and Weis, 2000). Applied to issues of diversity, this entails a focus shift from categorisation and 'managing' of differences to acknowledgement of individual differences and respect of otherness within them (Muhr, 2008).

Although the dearth of care ethics among business professionals can hardly be denied (Hamington, 2019), this alternative framework for moral reasoning is certainly not absent from the world of business and extends well beyond 'direct care' contexts like nursing homes (Molterer et al., 2020) to include care in dealing with all kinds of complex organizational problems (Nicholson and Kurucz, 2019). As a theoretical lens, ethics of care helped illuminate the moral implications of several organisational practices such as crisis management (Simola, 2003), design thinking (Hamington, 2019), the use of animals (Connolly and Cullen, 2018), employee ill health (Vijayasingham et al., 2018) and leadership (Nicholson and Kurucz, 2019). Moreover, its usefulness in evaluating the moral foundation of organizations became especially vivid in the recent Covid19-crisis (Branicki, 2020; van Eck and Jammaers, 2021).

Considering the literature on disability inclusion practices, the discursive resistance to gender equality initiatives, and insights from the literature on business ethics, this study redirects

the research question from effectiveness toward the moral dimension of disability inclusion practices.

METHODOLOGY

Context of the study and sampling

This study takes place in the context of Belgium where, despite several government initiatives to increase labour market participation of PWD (e.g. wage subsidies, reimbursement of reasonable accommodation costs, job search guidance, non-binding quota for public sector), discrimination remains widespread (Unia, 2019) with an employment rate only half that of people without a disability (De Smet et al., 2020). Within such context, the author was commissioned by the local government to conduct a study revealing best practices with regard to the inclusion of PWD in the regular labour market in the period of 2014-2016. For this, a call was launched through the help of the Public Employment Service to identify organisations with (1) a specific attention to disability in their diversity and inclusion program and (2) a significant number of PWD employed in various jobs. This sampling process resulted in the participation of three 'disability friendly' organisations: Organisation A, a public organisation offering labour market mediation services, employing 2.3% PWD; Organisation B, a private bank offering financial services, employing 0.4% PWD; and Organisation C, a public organisation tasked with the governance of a region, employing 3% PWD. Within each organisation, an invitation letter from the author circulated to different stakeholders with a request to participate in the study, explaining its broad goals and assuring participants complete anonymity. This resulted in the cooperation of 65 individuals (see Table 1), out of whom 30 self-identified as person with a disability, with impairments ranging from visual, mobility, hearing, psychosocial, to various chronic illnesses.

The interviews followed four different interview guides, according to stakeholder group, but were broadly organized in similar sections concerning professional trajectory, current job, social relations at work, and HR practices. For example, specific questions to PWD included 'Do you make use of any reasonable accommodations in your job?', 'Can you describe any specific practices at your workplace organised to support PWD?' and 'What, according to you, is the most important set of HR practices to create an inclusive work environment?' The interviews with other organizational stakeholders included questions such as 'Are there any tasks that your employee with disability (EWD) is unable to do due to her/his particular disability?', 'Can you think of a moment when cooperation between you and your EWD was difficult?', 'Is the disability of your employee ever openly discussed at work?' Interviews averaged 51 minutes and mostly took place during office hours, lunch breaks or after work. All were carried out in Dutch by the author, a young female able-bodied doctoral student at the time.

Data analysis

Although the organisations offer different services and operate in different sectors, for the purpose of this study, variations between organisations are left out and the focus lies on what they have in common, being a wide range of disability inclusion practices (yet see Jammaers and Zanoni, 2021). To answer the research question 'Which ethical frameworks do stakeholders draw upon to discursively legitimise or resist organisations' disability inclusion practices?', a 5-step phase of data analysis was followed (see Figure 1). It is important to point out that the choice of this

particular analytical framework forecloses other viable and urgent interpretations of the data, making the study limited in advance (Johnson and Duberley, 2003).

INSERT FIGURE 1 ABOUT HERE

The coding process commenced with documenting the disability inclusion practices mentioned by the various stakeholders. To this purpose, we used and extended an existing reference list, extracted from Woodhams and Corby (2007) and Woodhams and Danieli (2000) with new practices. We derived total of 24 practices put in place by at least one of the organizations under study from this first step and elicited 489 interview excerpts (see Table 2).

INSERT TABLE 2 ABOUT HERE

A next step involved sub-coding for each practice, sorting out the 'descriptive' excerpts that merely contained neutral information from the 'value laden' excerpts that contained an element of positive or negative judgement. This led to the insight that out of the list of disability inclusion practices, three elements stood out as particularly debated: (code 1) positive discrimination, implemented in organisations A and C; (code 9) job adaptations, implemented in all organisations; and (code 20) voluntary disclosure, implemented in organisation C. In order to answer our research question, subsequent analysis zoomed in on the evaluative comments to these three practices functioning as 'extreme cases' (Chen, 2016), good for a total of 105 excerpts. A lens of critical discourse analysis (Van Dijk, 2008) further guided the analysis from this point onwards, paying focus to discursive practices aimed at resisting or legitimizing the inclusion

practice (see Table 3). Resistance to inclusion practices proved to be more common than legitimation for supervisors (24 vs. 16 counts) as well as labour union representatives (7 vs. 5 counts). This trend reversed for EWD (10 vs. 28 counts) and HR management (4 vs. 5 counts) that voiced more supportive statements towards the practices as opposed to unsupportive ones. In organisations A and B, discursive resistance to inclusion practices was more common than legitimation (for A 27 vs. 19 counts; for B 18 vs. 12 counts) but for organisation C, the opposite was true (10 vs. 19 counts).

In a last step, HR 'truths' were distilled from the data that served as the discursive material available to the speakers underlying the discursive practice of legitimation of inclusion practices (e.g., 'People in organizations have to represent wider society'; 'People's talent has to be used flexibly in an optimal way'; 'People have a right to privacy') and resistance to inclusion practices (e.g., 'People have to fit into pre-existing jobs'; 'People in the organization have to be treated equally'; 'People have to be multi-skilled and flexible, capable of adapting to the world around them'). Rather than seeing HR truth as abstract entity, it is interpreted as subjective, power laden knowledge which constructs a 'divide between true and false statements, and is the result of historical, social, cultural and ultimately "political" production' (Foucault, 1979, p. 91). The identification of different frameworks of moral reasoning inherent to these HR truths (ethics of care or justice) concluded the data analysis.

FINDINGS

For each of three disability inclusion practices – positive discrimination, job adaptation and voluntary disclosure – a debate contrasting opponents and proponents is virtually reconstructed (Nentwich and Hoyer, 2013), to demonstrate underlying HR truths and ethical frameworks.

Positive discrimination as an (un)ethical practice

Despite its demonstrated effectiveness, positive discrimination was a much-contested practice in the organizations under study, and opponents could be found across all stakeholder groups, including beneficiaries of the practice. Quota for hiring purposes were the most often discussed form of positive discrimination. Respondents spoke about being '*against all sorts of quota*' as quotas '*put people in boxes*' (Karl, SuP, A). They also argued that taking something other than competence - such as disability – into consideration would elicit '*envy from colleagues*' (Dawson, EwD, C), '*is horrible*' and even '*humiliating*' for a PWD (Alexis, SuP, B) given its patronizing tendency. Respondents who voiced such opinions were "*fiercely convinced of the negative consequences for business and PWD themselves*' (Bryan, EwD, B). Opponents also drew on arguments referring to commonplace objectives for managing human resources in a fair and just way such as the need to '*pick the best person*' and '*find the right man or woman for the right spot*' (Kasper, SuP, A).

Positive discrimination during processes of performance evaluation and promotion decisions were also discussed. Nicole (SuP, C) for instance explained the discussions held by management with regard to an ethical dilemma about how people who counted only half a full-time equivalent on the team-budget – a practice designed to increase the internal mobility of EWD – would be evaluated. The question '*Should we cut them some slack because they only cost half?*' (Nicole, SuP, C) was eventually answered with a no, informing consequent practices. In the following excerpt, Nicole explains how the decision taken was hard to accept for her team member:

> *The yearly evaluation with him was hard because he was at his limit. And he struggled*
>
> *to acknowledge that. He always put the bar very high for himself and I think he needs*

to learn to accept the disability and its limitations…So he got a three out of six, meaning he did very well, but he expected to have a two or one. Because he sees it from the perspective of the challenges he faces, and I told him, he deserves a one for perseverance and courage, and attitude. But for the job he had done in itself, well then, I have to be hard and admit things take him longer. (Nicole, SuP, C)

In this excerpt, Nicole extracts the moral problem from the interpersonal situation and supports management's logic resolution of the ethical dilemma, looking at outcome and judging it through the same set of standards that apply to all. As such, a moral understanding grounded in equality prevails, and the issue has been resolved as a simple math problem leaving little room for doubt.

Positive discrimination in the organizations under study was also at times a supported practice, and those in favour could be identified within all stakeholder groups, including supervisors. Those who thought of quota for PWD as an acceptable and fair practice referred to merit-based recruitment and promotion as a "*myth*" (Madison, EwD, A) and organizations having other goals besides profit making, such as representation and "*setting an example for society*" (Brody, LuR, A). Forcing inclusion of diverse individuals was also seen as acceptable because without such forcing, employers would have "*no reason to choose a person with a disability*" (Ethan, SuP, C). One respondent refers to similar rules in politics to fuel his claim:

You can wrap it up in nice words, but reality remains. I always compare it to women in politics. If those measures had not been taken, of alternating genders on the election lists, well… sure women would have found their place in politics but it would have taken much longer!...If you have to choose between two candidates and one is in a wheelchair while the other is not, I think in 99.9% of the cases, the person without the

wheelchair will get picked. It's as simple as that. It's not because persons without disabilities are more competent. It's that they are more competent at hiding what they're not good at in a job interview. Whereas for persons with a disability, the 'can't do's' are quite obviously and visually written onto their body. (Arnold, EwD, C)

By drawing on an analogy with politics, the speaker strengthens his voice of authority. Unlike in the example of Nicole, not taking positive action is evaluated as a failure of response to the situatedness and specificity of PWD.

Taken together, inclusion of PWD through positive discrimination was discursively legitimized by equating meritocracy with myth and stressing the importance of social representation within the workplace (Noon, 2010). Such HR truths contained a moral evaluation based on relatedness to others and situational judgement. Arguments against positive discrimination – despite their proven effectiveness – rested on the idea of competence and merit as the only valid criteria for ethical decisions (Rawls, 1971) and a claim that pushing people into token positions would bring more harm than good (Noon, 2010; Roos et al., 2020). Through the application of impersonal rules and systems of logic, such HR truths guided moral judgement. Hence, support for this inclusion practice was morally founded on an ethic of care, while resistance was fuelled by an ethic of justice.

Job adaptations as an (un)ethical practice

Across the organizations, no one questioned the fairness of providing PWD with physical adaptations to the workplace such as a larger computer screen, a braille reader, or an evacuation chair. However, concerning non-physical accommodation, or 'job adaptations', (e.g., changed workload or timing) which have equally been deemed effective in prior research, various

respondents expressed reservations. Consider the following example, of a supervisor who believes that not all jobs could or should be adapted to suit a person:

There are local authorities where they put someone with a severe mental disability, who makes spastic and uncontrolled movements in a communication officer function…I can't imagine that our organization would hire someone like that, also for that person himself. So, no I do not believe people with a disability can be hired for any job, even if we are positive towards the idea. The job still has to be done. (Greg, SuP, B)

The speaker draws on a number of HR truths to resist the practice of job adaptations – about the fixity of jobs and the need for equal workload for all – reflecting the logic of a justice approach. Other respondents pointed out that matching certain PWD to certain jobs had to '*remain realistic*' (Irene, SuP, A), and that there was '*no use in putting someone who is as good as blind in front of a screen*' for the sake of inclusion (Justin, EwD, A). Underlying arguments in this category were the idea that individuals with certain impairments were employable in certain jobs, while others were categorically not. Dismissal of job adaptations was also based on the idea that someone had to earn the privilege to choose or mould their job and that '*exempting people from certain tasks is unfair towards other workers*' (Everett, LuR, A). Greg, for instance, complained that when a PWD returned after sick leave, '*she delegated her work to others, or people had to do her work all over again; people that were paid less than her*' (Greg, SuP, C). In another instance, Alyssa explained that a PWD obtained a more prestigious job that fitted her impairment better, without possessing all the necessary skills for it, and this '*led to a great resistance and lack of trust among other colleagues*' (Alyssa, SuP, A).

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Job adaptation was also at times a supported practice in the organizations, and its inclusionary potential was mostly stressed by PWD themselves. Respondents who found the practice to be acceptable noted that the traditional job requirements did not consider disability-related bodily limitations. For example, a supervisor noted that '*we could not apply the usual rules for working because her health would simply not allow it*' (Emma, SuP, A) and as such recognized the responsibility for one another in dealing with such circumstances. Another respondent explained that he could not comply with the long-hours culture of his organization because '*working late at night [from home] is not possible for me because of accessibility issues in the security software*' (Pacey, EwD, B). Michelle who has a back prosthesis broke into tears when narrating her ordeal and noting the importance of job flexibility given her condition:

There were several people that asked me if I was going to apply for the job [of director]. So I went to the [current] director and he said "Well with your back, a lot of moving around has to be done, meetings need to be held, and that's what it will be." So he made it very clear to me that they were not going to make any concessions because I happen to have a physical impairment. That was the job and it was not open for adaptation…There might be solutions to some problems you know! I could follow a meeting from home, through video conference. The technology exists for god's sake! And maybe all those meetings are not always necessary anyway…The HR manager was also absolutely not open to the idea of me working from home…When they finally announced it to everyone that I would be working from home one day, one colleague came up to me and told me, "I think it's really ridiculous that you get to work from home, you don't deserve it." And I told him, you should be happy, because it is because of that day, that I am able to

work five days in a row without falling ill. "Yeah that might be" he said and added

"but I still think it's a bullshit rule", and off he was. (Michelle, EwD, A)

The speaker denounces the lack of support for her application and request to work from home as morally problematic due to a lack of dialogue and recognition from members in her organization. Impairment-related effects were often used by others as well as a legitimation device, explaining the need to work different hours. Further, job adjustments were constructed as a way to best leverage talent. As one of our respondents explained, it was about '*using his talents in the most efficient possible way*' (Courtney, MgR, B). Others drew upon '*the now common practice of job crafting*' to justify modified work packages (Andrea*, EwD, B*).

Taken together, inclusion of PWD through job adaptations was discursively legitimized by stressing the importance of acknowledging different needs and abilities to optimize the workforce (Tims and Bakker, 2010) following an ethic of recognition and seeing human resources as part of a network of relationships that balance each other out. Surprisingly, proponents did not rely on the legal entitlement to reasonable accommodation (Harlan and Robert, 1998) or non-discrimination in general (Demuijnck, 2009) as a discursive device for legitimation, leaving ethics of justice outside the discourse. On the contrary, job adaptation as an inclusion practice was discursively resisted – despite proven effectiveness – by drawing on HR truths of equality, ethically contesting the justice of exempting people from certain tasks (Colella, 2001). Rule abidance – the same rules for all – became prioritized over a care for and recognition of individual differences. Hence, support for this inclusion practice was again morally founded on an ethic of care, while resistance was again fuelled by an ethic of justice.

Voluntary disclosure as an (un)ethical practice

Voluntary disclosure as a practice of disability inclusion was met with much ambivalence, from various stakeholders in the organizations, but especially supervisors. It seemed that leaving the option on whether to disclose one's condition or not up to the PWD caused a range of practical issues for the support and management of PWD. Opponents of the practice argued disclosure should be mandated based on stakeholder's right to information so that disability can be best accommodated. Ariana pointed out co-workers' right to be informed saying '*how can you expect people to show understanding if you never say a word about your problems?*' (Ariana, SuP, A). Others also defended the requirement to talk about a person's disability drawing on management support arguments, so that managers '*know how to handle it*' (Gabriella, LuR, B). For these respondents, disability management was an intensely practical issue that required full disclosure. Consider the excerpt by Abigail who refers to her employee's degenerative muscular disease:

> *I was a bit frightened at first [about being Annie's manager]. So, I talked a lot with her previous manager to learn what I needed to know, how everything works, and about the relationship with her. Then I sat down with her as I was still quite concerned about practical issues. What if she falls? What happens then? Sometimes I ask her if she needs help but she is the type of person who really does not like that, being offered too much help…We could use a bit more support [from the organization] in dealing with the situation, and transparency from Annie. Because there will be a point in time, where work is not possible for her anymore. But how will that be decided? And by whom? Will it be the doctor? HR? Will she bring it up herself? I am not the one who is going to pull the plug, that's for sure. I'm not doing it!* (Abigail, SuP, B)

In this excerpt the speaker draws a dramatic parallel between the ending of a career and the ending of life support in the hospital. The many questions in the excerpt reveal a profound uncertainty on how to handle the ethical dilemma. The supervisor claims a right to be informed and better assisted by others in this delicate situation alluding to a better care for Anne as a human being. Yet such care might also be instrumental or out of self-interest, to better manage people, rather than stemming from a profound acknowledgement and respect for individual difference. The discursive resistance against voluntary disclosure then seemed to be ethically grounded in the right to be informed, an ethic of justice, in order to categorize and manage differences. EWD themselves too occasionally suggested that there were more benefits to being open about one's condition, as transparency bypassed the need to '*put any energy into hiding [the disability]*' (Madison, EwD, A), suggesting workplaces should be based on honesty.

Yet despite the practical difficulties of leaving the choice of disability disclosure entirely up to the individual, some stakeholders, often PWD themselves, but also management, saw the practice as the right thing to do. Such respondents for instance stressed privacy rights. One HR manager simply pointed out that '*some people like to talk about it, whilst others do not, and this should be fine*' (Isaac, MnG, C). The choice to conceal was constructed as understandable, as '*people do not want to be labelled*' (Caitlin, SuP, C). Moreover, some constructed it as irrelevant in a competence-centred organization, where a manager will just '*give you a task and you do it*' regardless of your embodiment (Fabian, EwD, B). Justin discursively defended his right to privacy by making a parallel to other medical incidents. He made it clear that openness about one's disability should not be demanded by employers, and suggested an analogy involving the body:

Why would I have to go and explain myself? You know, say a woman wants to have children, but she can't, and she needs fertility treatment: it's no one's business, right? If you would tell people, they would be like, 'ow dear child, that must be so hard on you!' They will constantly confront you with it. Is that more fun?... That is a medical issue and that does not concern any of them, does it? (Justin, EwD, A)

In the excerpt, care is constructed as a private matter belonging to the non-work sphere and deemed paternalistic when brought into the workplace, while laws and thus a logic of justice are invoked to resolve an ethical dilemma.

Taken together, inclusion of PWD through the practice of voluntary disclosure was discursively legitimized by cautioning against the malpractice of labelling (Brzykcy and Boehm, 2021) which endangered treating people as humans and by drawing on the right to privacy. Contrary to the other two inclusion practices, legitimation here was based on an ethic of justice, referring to law. Discursive resistance to the inclusion practice of voluntary disclosure drew on the importance of work-related information like disability status for being able to categorize and manage differences (Muhr, 2008) and the HR truths of honesty and authenticity (Spicer, 2011). Here, an ethic of justice logic through law is also invoked, to be able to manage rather than merely respect differences. Hence, both support for and resistance to this inclusion practice were morally founded on an ethic of justice.

DISCUSSION

Despite growing consensus on the effectiveness of inclusion practices aimed at changing structures of responsibility in the organization (Kalev et al., 2006; Woodhams and Corby, 2007) and thus improving body count of diverse workers including those with a disability, their lack of

organization-wide support threatens meaningful inclusion. Indeed, discursive resistance against inclusion practices from multiple-stakeholders, including beneficiaries, can be plentiful even in 'disability-friendly' organizations, as this study testifies. Findings imply that HR practitioners not only need to be wary of implementing practices that are effective in the long run, they also need to invest time and resources in explaining how these practices fit wider company goals and values to various members in the organization. Theoretically then, equality in organizations is not only contingent upon the symbolic and material representation of minorities (e.g. inclusion in higher echelons; feelings of belonging, value and voice) but also morally founded on organization-wide recognition of individual differences, situated response and relationality.

This study aimed to unravel the framework of moral reasoning underlying the discursive resistance to inclusion practices otherwise known to work. Prior studies interested in making the connection between diversity management and business ethics have spent time debating the 'ethical poverty' of the business case (Köllen, 2016; Rhodes, 2017) and the different ethics supporting inclusion (Gotsis and Kortezi, 2013). For instance, virtue ethics (Van Dijk et al., 2012), deontic justice (Triana et al., 2012), ethics of care (Vijayasingham et al., 2018) but also ethics of justice (Demuijnck, 2009; Hossain et al., 2020) have been discussed as possible ethical frameworks to ground diversity management in. Contrary to such studies, this study turns the debate around through its finding that ethics of justice – stressing the importance of law and impersonal rules – is mostly drawn on to question the legitimacy of inclusion practices. Ethics of justice in this study thus fuelled resistance, presenting a belief system with excluding effects (Connolly and Cullen, 2018) and posed a threat to inclusion, rather than a virtue.

Key to ethics of justice are ideologies inscribed in meritocracy and individualism (Rawls, 1971). Contribution-based rewards are then posited as solution to dissolving initial inequality in society and enabling social mobility through economic participation (Van Dijk et al., 2020). Yet, like in this study, meritocracy has been identified as an important institutionalized myth rather contributing to the reproduction of organizational inequality (Amis et al., 2020). At the same time, ideas of individualism distort organizational realities, upholding an image of the individual hero figure sole responsible for their career success rather than acknowledging the role of networks and collaboration (Jammaers and Zanoni, 2020). How can the longstanding, taken-for-granted belief that group differences are based in individual merit and the subsequent resistance to equality initiatives be challenged? One possible way implied by the findings is through raising legal awareness around issues of disability in organizations, since legal entitlement to adjustments or non-discrimination was surprisingly never used as discursive device for legitimation. This may have to do with the specific context of the study, in which legal retaliation is the last resort (Unia, 2019) unlike in other contexts such as the USA. Another 'more radical' way implied by this study is the replacing of individual, merit-based rewards which function as 'a legitimate cover for the maintenance of inequality' (Amis et al., 2020, p. 19) with collective, care-based rewards.

Indeed, the findings of this study replicate the idea that organizations that prioritize care ethics and living together well with others rather than individual-centred ethics, will not only increase feelings of support and connection in general (Lawrence and Maitlis, 2012; Nicholson and Kurucs, 2019), but also show a deeper level of commitment to diversity and inclusion (Gotsis and Kortezi, 2013; Vijayasingham et al., 2018). Indeed, even when the non-discrimination principle and a logic of justice clearly remain important in today's diverse workplace (Demuijnck, 2009) and many business ethic scholars believe both justice and care are indispensable to morality

(Simola, 2003; Molterer et al., 2020), an ethic of care seems to be better placed to legitimate a wide range of disability inclusion practices in the eyes of multiple stakeholders. A moral framework in which relations require situational judgement, rather than mere rule abidance, then provides the most elaborate basis to favour inclusion (Vijayasingham et al., 2018). Nevertheless, some caution is needed. Indeed, the promotion of an ethic of care as the moral foundation for businesses and its possible resulting corporate care initiatives do not come without possible adverse effects.

First of all, there is the potential of paternalism resulting from a one-sided relationship of care that has been noted by others (Branikci, 2020; Held, 2006) but is especially problematic to PWD, who have a troublesome relation to politics of care (Garland-Thomson, 2005). Expressions of profound sympathy for those who need care paradoxically keep PWD in a position of social and economic subordination, leading Campbell (2009) to claim that paternalism serves the interest of ableism. The same conclusion applies to the context of work. Paternalism helps explain PWD's more favourable assessments from co-workers who feel an urge to 'help out' and be kind towards their colleague (Ren et al., 2008), thereby claiming a higher morality for themselves and turning care into an ambiguous social practice and cause of subtle stigmatisation (Mik-Meyer, 2016). Organizational paternalism as a mode of control invokes a moral economy that limits the autonomy of employees by treating them as children and making them dependent upon the moral judgements of others for their supposedly 'own good' (Fleming, 2005). Yet 'paternalism is not the only alternative to calculated self-interest' (Held, 2006, p. 83) and care for others can avoid domination and promote the autonomy of the cared for. The case of disability then is best placed to help businesses implement equality concepts that move away from liberal underpinnings and the 'myth of the independent unembodied subject' – 'not ill, not disabled and never growing old' – to

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embrace the reality of human dependency and the need for mutual care (Kittay et al., 2005, p. 445). Clearly, any program of corporate care has to be designed closely together with those at risk of paternalism, to help mitigate its undesired effects.

A further threat when extending the ethics of care in workplaces is the inclination to individualise, inherent to corporate care. Today, corporate care initiatives, aimed at increasing employees' wellbeing, take the form of voluntary rather than mandatory practices, unlike it is the case for the justice mandated through anti-discrimination legislation. Increasingly popular are practices such as mindfulness and resilience training (Cederström and Spicer, 2015), replacing statutory health and safety requirements with individual coping techniques (Foster, 2018). 'Being well' is no longer seen as an employer's responsibility or the outcome of broader economic structure, foreclosing collective resistance. Workers are left to 'fix themselves', diverting attention away from workplace conditions which cause suffering and poor health (Foster, 2018; Woods et al., 2019). This individualism is particularly dangerous for PWD as disability has historically been misrecognized as an individual problem rather than a social construct (Harlan and Robert, 1998). As a consequence, workplace experiences of PWD today are still too often marked by a silent repairing and active self-management of 'conspicuous corporeality' rather than demands for adapting the corporate environment (Jammaers and Williams, 2021). Beyond the case of chronic conditions, the recent pandemic has caused a surge of corporate care through virtual health programs as suddenly everyone became potentially 'at risk' of ill health (Branicki, 2020). Here too, rather than lowering workload or offering practical help, a neoliberal response prevailed which further individualized care responsibilities as employees were expected to do more work, look after co-workers and stay 'safe, sane and slender' during the lockdown (van Eck and Jammaers, 2021, p. 5).

Future research might wish to expand the study of discursive resistance to inclusion practices beyond a single identity, taking a truly intersectional approach. In addition, expanding the focus beyond disability-friendly organisations might yield different results, while attention to inclusion practices that are not contested but generally agreed upon could bring additional insights. In moving the debate further on how to better include the world's largest minority (UN Enable, 2020) in organizations, we do not only contribute to de-marginalize the topic of disability in management and organisation studies, we also expand knowledge on what it means 'to be human' in an effort to widen the range of socially accepted possibilities.

CONCLUSION

This article joins the debate on the ethicality of HRM, by examining discursive resistance to disability inclusion practices. As my review of the literature suggested, the effectiveness of some of these practices in terms of improving representation does not automatically translate into a widely shared support, posing continuous threats to the inclusion of minority employees. Earlier studies have provided ample evidence on how gender equality initiatives are discursively resisted through liberal, merit-based speech and narrow ideas about men and women. I added a novel perspective to this literature by foregrounding the moral underpinnings of resistance to inclusion initiatives otherwise known to work. More specifically, I showed that ethics of justice – although a priory deemed promising for the fostering of inclusion – rather fuelled resistance whereas ethics of care provided the greatest potential for inclusion. Apart from offering a unique angle for organizational scholarship to advance research on disability inclusion, this article broadens and advances ongoing conversations about corporate care initiatives and their paternalistic and individualistic tendencies. The approach and findings make explicit that there is a great need for

both theoretical and practical disability-based knowledge, in order to make organizations and their members more aware of disabled people's right to a work of their choosing and the corporate duty to care for all workers.

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Table 1. Overview of participants in different organizations

Stakeholder group	Org A	Org B	Org C	
Employees with Disabilities (EwD)	13	9	8	30
Supervisors (SuP)	8	9	7	24
HR or diversity managers (MnG)	2	2	1	5
Labour union reps (LuR)	2	2	2	6
	25	22	18	65

Figure 1. Five steps of the data analysis

Identification of 24 disability practices [489 excerpts]	→	Sorting of descriptive [238] vs. evaluative [251] excerpts for each practice	→	Identification of 3 most value-laden disability practices (extreme cases)	→	Zoom in on discursive practices used to de/legitimize each of 3 practices [105 excerpts]	→	Extraction of HR truths and underlying moral frameworks

Table 2. List of coded disability inclusion practices (step 1)

Nr.	Coded disability inclusion practices
1	Reserved jobs and quota
2	Monitoring of % PWD
3	Outsourcing to sheltered workshops
4	Offering internships to jobseekers with disability
5	Arranging special job fairs for PWD

6	Action plan to increase the number of PWD
7	Adaptations in the recruitment phase/selection tests
8	Adaptations in the physical work environment
9	Adaptations in the organization of work (workhours / locations / tasks…)
10	Adaptations during trainings and courses
11	Clear and central contact person in charge of accommodation requests
12	Structural meetings between PWD and line manager about the disability and changed accommodation needs
13	Written document that summarizes made agreements on accommodations
14	Sensitization on disability for managers and colleagues
15	Specific attention for disability of customers
16	Using internal staff with disability for enhancing knowledge on disability and appropriate practices
17	Transparency in the way wage subsidies are used
18	Contact with specialized disability agencies
19	Training the use of the evacuation chair
20	Voluntary disclosure policies
21	Internal special unit for diversity and/or disability
22	Regular audits for antidiscrimination during hiring/promotion
23	Re-integration policy
24	Line manager visits to PWD in the hospital