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**DID THE RAPID TRANSITION TO ONLINE LEARNING IN
RESPONSE TO COVID-19 PROTOCOLS RESULT IN FORCED
DISCLOSURE BY FACULTY MEMBERS WITH INVISIBLE
DISABILITIES?**

A Dissertation

Submitted to the Graduate Faculty of the
Louisiana State University and
Agricultural and Mechanical College
in partial fulfillment of the
requirements for the degree of
Doctor of Philosophy

in

The Lutrill and Pearl Payne
School of Education

by

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M.A., Louisiana State University, 2007
May 2023

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Abstract

In December of 2019, the SARS-CoV-2 virus, now commonly referred to as COVID-19, was first identified in Wuhan, China. The virus proved highly contagious and quickly spread around the globe. By April 7, 2020, Stay-at-Home orders and/or directives regarding the closures of non-essential businesses and schools had been issued throughout the US. While there has been considerable research since 2020 regarding the impact of COVID-19 on higher education, nearly all the research has focused on the effects on students, the economic impact on institutions, and the future landscape of higher education. However, there is little research regarding the effect on faculty members with disabilities nor looking at the accessibility of the technologies that were employed to facilitate the transition to online education.

This study was undertaken to better understand how the rapid transition to online instruction impacted faculty members with invisible disabilities, specifically within the realm of higher education at institutions in the United States. Utilizing a nationally disseminated survey, the researcher recruited faculty volunteers for an exploratory case study to investigate the phenomenon and capture the stories of those whose voices have not yet been heard. The results of the study show that protocols enacted in response to COVID-19 had a profound impact on this marginalized group, with both positive and negative outcomes. The findings conclude with an identification of areas where future research is indicated, with hopes that the lessons learned during the pandemic lockdown can be utilized to formulate better institutional policies that address the needs of faculty with invisible disabilities and create more inclusive workplace and community environments that appreciate and cultivate the unique perspectives and talents of this important population.

Chapter One. Introduction

In December of 2019, the SARS-CoV-2 virus was first identified in Wuhan, China. The virus, now commonly referred to as COVID-19, proved highly contagious and quickly spread around the globe, prompting the World Health Organization to issue a Public Health Emergency of International Concern on January 30, 2020, followed by the declaration of COVID-19 as a global pandemic on March 11, 2020 (Mackinnon et al., 2020). In an attempt to reduce the transmission of the virus, many countries instituted travel bans, closed businesses and schools, and advised people to avoid contact with others whenever and wherever possible.

On March 19, 2020, the first Stay-at-Home order in the United States was issued in California (Moreland et al., 2020). By April 7, 2020, 43 states and the District of Columbia had issued Stay-at-Home orders, with the remaining 7 states issuing some directives regarding non-essential businesses and schools. These directives were especially impactful within the education sphere, where rapid adjustments were necessitated for continuity in on-going instruction (Smalley, 2021). Traditional face-to-face courses were almost immediately transitioned to an online delivery environment, yet in many instances, faculty members were given less than two weeks to make the necessary adjustments to course materials and adapt course syllabi to online delivery mechanisms (Bohlinger, 2020; Kandri, 2020).

As of April 2022, there was considerable research regarding the impact of COVID-19 on higher education. The research focused on the effects on students (Aucejo et al., 2020; Sharaievska et al., 2022), the economic impact on institutions (Ewing, 2021), and the future landscape of higher education (Curtin, 2021; El-Azar, 2022). However, although there are some considerations regarding the overall challenges faced by faculty members due to the abrupt changes brought about by COVID-19 restrictions (Harper, 2020; Maloney & Kim, 2021), there is

little, if any, mention regarding the impact on faculty members with disabilities nor of the accessibility of the technologies being employed to facilitate the transition to online education. As will be shown in the literature review in Chapter 2, the lack of research in those areas is not new or unexpected, thus providing opportunity for this study.

As of April 13, 2022, while mask mandates remained in effect for travel via airplane and train according to the Center for Disease Control guidance, all states had lifted mandatory mask mandates for persons in public areas or businesses, including schools (Teague et al., 2022).

Although the COVID-19 disease continues to mutate and present as new variants, for purposes of this study, the term "Pre-COVID" refers to any date prior to March 19, 2020, the term "During COVID" refers to the date range of March 19, 2020, through April 30, 2022, and the term "Post-COVID" refers to dates May 1, 2022, and onward.

Research Questions

This study was undertaken to better understand how the rapid transition to online instruction impacted faculty members with invisible disabilities, specifically within the realm of higher education at institutions in the United States. A central, overarching research question was formulated by which to frame the study:

- Did the abrupt shift to online instruction in higher education at US institutions due to COVID-19 protocols force disclosure by faculty members with invisible disabilities?

Two subsequent questions assist in expanding the research:

- If such disclosure was forced, did disclosure result in positive or negative effects, as perceived by the respondent?

- If disclosure was not forced, did a choice not to disclose have negative repercussions, real or perceived, on the respondent? Examples might include increased workload, negative performance reviews, or poor student outcomes.

Identification of Key Terms

The following list of key terms are provided for clarity. Some of the terms included have differing meanings based on context and culture. The description provided here is indicative to how the term is utilized by the researcher in reference to this study.

Academic technology: The terms academic technology, educational technology, instructional technology, and learning technology are widely used and are often interchangeable, referring to digital technologies employed primarily to facilitate teaching and learning. In order to avoid confusion, the researcher has chosen to use the term ‘academic’ to encompass this classification of technology, including products, services, and digital content.

Ableism: Ableism is a discriminatory act or practice that provides an advantage or preference to persons without disabilities. Ableism can exist as an intentional stand-alone bias, but often presents as an unintentional bias nested within other social justice platforms.

Accessibility: Accessibility refers to the ease of use of a technology product or service, or of digital content creation, dissemination, and consumption, by persons with disabilities.

Accommodation: Accommodation is the process of creating alternative paths of access to, or use of, digital products, services, or content, for persons who cannot utilize the standard form of access or delivery method due to a disability

Americans with Disabilities Act (ADA): The ADA was signed into law in the US in July 1990. It is comprehensive legislation building on the Civil Rights Act of 1964, prohibiting

discrimination against and providing equitable opportunities for persons with disabilities. It was supplemented by the Americans with Disabilities Act Amendments Act (ADAAA) in 2008.

Critical disability theory (CDT): CDT is the analysis of and comparative research on disability as positioned within socio-cultural, historical, and political narratives. While CDT does not completely discount the physical or cognitive impairments commonly referred to as disabilities, the primary focus of CDT is an investigation of social norms and cultural conditioning that leads to the stigmatization of persons with these impairments.

Disability: A disability is a physical or cognitive impairment that substantially limits the ability of an individual to perform a major life activity as compared to most people in the general population. Disability also includes the societal and cultural norms and assumptions ascribed to persons with those impairments. The ADAAA emphasized that the definition of ‘disability’ should always be considered in the broadest terms in order to favor individuals to the maximum extent as covered by the ADA, removing the need for extensive evaluations or analysis.

Disclosure: Disclosure is the act of making the unknown known. Specific to disability research, disclosure refers to an individual informing their peers, supervisors, or human resource department of an invisible disability or disabilities.

Invisible disabilities: An invisible disability is a disability not readily apparent to casual observation. This includes physical impairments such as hearing loss, low vision, decreased mobility, and chronic pain, as well as cognitive impairments, examples of which are attention-deficit/hyperactivity disorder (ADHD), Asperger syndrome, and dyslexia.

Online instruction: Online instruction refers to an instructional modality in which teachers and students are not collocated and where content and assessments are delivered via internet-enabled services. The timing of such instruction may occur synchronously using video

conferencing or audio streaming services, or asynchronously through content delivery and assessment tools commonly found in modern learning management systems.

Pivot point: A colloquial term used in reference to the time-period immediately adjacent to the issuance of the Stay-at-Home orders in the United States, on or about March 19, 2020.

Stigmatization: Stigmatization is the act of conferring disgrace or disapproval on an individual. The stigma associated with disability is directly attributed to the societal and cultural norms ascribed to ‘able-bodied’ persons and reflects a disbelief that persons with disabilities can function or meaningfully contribute at the same level as that of someone without a disability.

Summary

This chapter offered a brief reflection on the impacts that the COVID-19 pandemic protocols had on higher education and set the stage for an investigation into how decisions made because of those protocols affected faculty members with invisible disabilities. A selected list of key terms and definitions was provided, along with the questions that inform the research study. Chapter Two provides a literature review exploring existing research and resources surrounding the area of interest. As will be shown, the publication of research specific to this topic is limited. Chapter Three outlines the research study, providing details regarding the theoretical frameworks, applied methodologies, and employed instruments, as well as noting limitations and the positionality of the researcher.

Chapter Two. Literature Review

This literature review looks at past scholarly articles and studies focusing on the intersection of academic technology, faculty with invisible disabilities, and forced disclosure, framed during the global COVID-19 pandemic circa 2020-2022. Due to the scarcity of published research on faculty with invisible disabilities, which is discussed later in this chapter, and because of the situational timeframe of the emergent global crisis, additional non-peer-reviewed sources were also explored and incorporated into this review.

The reviewer utilized three electronic databases, Education Resources Information Center (ERIC), Educational Administration Abstracts (EAA), and Professional Development Collection (PDC), based upon the detailed areas of focus of each resource. Eight primary terms were identified for the search: *faculty*, *accessibility*, *disclosure*, *invisible disability*, *educational/academic technology*, *remote learning*, *pandemic*, and *COVID-19*.

A Boolean search of each database was conducted using the following combination of terms:

- Faculty & Accessibility & Disclosure
- Faculty & Accessibility & Disabilit
- Faculty & Technolog & Disabilit
- Faculty & Technolog & Accessibility
- Faculty & Technolog & Disclosure
- Faculty & Remote & Disabilit
- Faculty & Remote & Accessibility
- Faculty & Remote & Disclosure
- Faculty & Remote & Technolog
- Faculty & Pandemic & Disclosure
- Faculty & Pandemic & Accessibility
- Faculty & Pandemic & Disabilit
- Faculty & Pandemic & Technolog
- Faculty & COVID & Disabilit
- Faculty & COVID & Accessibility
- Faculty & COVID & Disclosure
- Faculty & COVID & Technolog
- Faculty & Disabilit & Disclosure

It is important to note several of the terms were searched utilizing a broader parameter to avoid unintentional terminology bias in the returns. The abstracts and articles were assessed using the specificity of the originally identified search phrases. These search alterations included removing ‘invisible’ from *invisible disability*, ‘educational/academic’ from *educational/academic technology*, ‘learning’ from *remote learning* and ‘19’ from *COVID-19*. Additionally, *disability* and *technology* were intentionally searched without the last letter (y) to allow for results that might include pluralized versions of the terms.

The initial searches yielded 1914 returns. Each return was scanned for relevance, leading to the identification of 144 articles for full review. From these, 48 articles were selected as being pertinent to the research topic. The in-depth review of the works cited in these 48 articles lead to identification of an additional 129 articles from various sources, of which 57 proved to be appurtenant. The breakdown of these results can be found below in Table 1: Boolean Search Results.

Table 1. Boolean Search Results

Search Terms	ERIC ret	ERIC rev	ERIC sel	EAA ret	EAA rev	EAA sel	PDC ret	PDC rev	PDC sel
Faculty & Accessibility & Disclosure	8	6	2	0	0	0	1	0	0
Faculty & Accessibility & Disabilit	291	32	8	21	2	1	75	8	3
Faculty & Technolog & Disabilit	525	24	5	1	0	0	8	0	0
Faculty & Technolog & Accessibility	287	12	6	12	3	0	50	3	1
Faculty & Technolog & Disclosure	46	5	1	1	1	0	9	0	0
Faculty & Remote & Disabilit	23	3	1	2	1	1	13	0	0
Faculty & Remote & Accessibility	5	0	0	1	0	0	10	2	0
Faculty & Remote & Disclosure	1	1	0	0	0	0	0	0	0
Faculty & Remote & Technolog	206	9	3	33	4	3	145	2	1
Faculty & Pandemic & Disclosure	0	0	0	0	0	0	0	0	0
Faculty & Pandemic & Accessibility	0	0	0	0	0	0	2	2	1

(cont'd)

Search Terms	ERIC ret	ERIC rev	ERIC sel	EAA ret	EAA rev	EAA sel	PDC ret	PDC rev	PDC sel
Faculty & Pandemic & Disabilit	0	0	0	1	1	1	1	0	0
Faculty & Pandemic & Technolog	18	7	3	11	4	1	20	1	0
Faculty & COVID & Disabilit	0	0	0	2	2	1	1	0	0
Faculty & COVID & Accessibility	0	0	0	1	0	0	0	0	0
Faculty & COVID & Disclosure	0	0	0	0	0	0	0	0	0
Faculty & COVID & Technolog	0	0	0	7	0	0	9	1	1
Faculty & Disabilit & Disclosure	47	3	2	3	1	1	17	4	1
<i>(column totals)</i>	1457	102	31	96	19	9	361	23	8
Total Returns	1914								
Total Abstracts Reviewed	144								
Total Selected for in-depth review	48								
Additional articles identified and abstracts reviewed	129								
Additional articles selected for in- depth review	57								

The timing of the literature review in relation to the on-set and on-going nature of the pandemic event, coupled with the historic lack of research on faculty with invisible disabilities, culminated in limiting the amount of search results addressing the specified topic. To better inform the research study, the search terms were considered in a broader context, resulting in the identification of three distinct focus areas.

“Invisible” Disability

As defined in Chapter 1, an invisible disability can be described as a disability not readily apparent to casual observation (Norstedt, 2019; Santuzzi et al., 2014). These disabilities include physiological-related conditions such as hearing loss, low vision, decreased mobility, and chronic pain (Disabled World, 2021), but also extend into psychological and cognitive traits

associated with chronic illnesses and mental health/emotional disorders (Goodwin & Morgan, 2012). These disabilities might exist from birth, result from external trauma/experiences, or be tied to the onset and progression of a chronic illness. Symptoms of an invisible disability may be always present, progressive, or even transitory in nature (Santuzzi et al., 2014). This wide variation in symptom presentation coupled with the ability of the person with the disability to keep it hidden makes encapsulating “invisible” disabilities into a single definition problematic.

Research limitations

Research studies focused on faculty concerns in higher education are not scarce. However, while there is a growing dataset of information that focuses on underrepresented communities in the faculty workforce, such as female faculty in STEM disciplines or minority faculty at large research universities (Price & Kerschbaum, 2016; Rowland, 2010), research that focuses on faculty members with disabilities is uncommon (Grigely, 2017; Kerschbaum et al., 2017; NIU, 2014; Norstedt, 2019, Price et al., 2017; Price & Kerschbaum, 2016). Further, the research that does exist on faculty members with disabilities is rarely published in journals of higher education. Horii and Weaver (2019) noted that “while the numbers differ from article to article, the conclusion is that there have been fewer than 20 published studies internationally focusing on faculty members with invisible disabilities in higher education”. This lack of research might be attributed to a seemingly disproportionate small population of faculty members who identify as having a disability comparative to the overall identified population of individuals with a disability in the greater population. According to the Center for Disease Control, 26 percent of adults in the United States have some form of disability (CDC, 2020). As of 2017, the Bureau of Labor Statistics indicated that there are approximately 1.7 million college professors in the United States. Based on this data, the American Association of University

Professors estimates that there are between 250,000 – 400,000 faculty members with disabilities (AAUP, 2012). However, other research suggests that only about 68,000, or 4 percent, of faculty members identify as having a disability (Grigely, 2017). This number is likely skewed due to the lack of disclosure by faculty members with invisible disabilities.

Disclosure is a pivotal concept when discussing invisible disabilities and will be addressed in detail in a subsequent section. As it relates to research, the act of disclosing allows for institutions to better understand and account for individuals with invisible disabilities. There have been some prominent research studies on disability disclosure (Tal-Alon & Shapira-Lishchinsky, 2019), but those studies exist outside of the context of higher education. Without disclosure, the number of faculty with invisible disabilities is underrepresented, leading to a paucity of research due to perceived irrelevance or cultural insignificance, furthering misunderstandings because important conversations about inclusion do not take place (Kuusisto, 2013; Stapleton, 2015). In *Invisible disabilities: perceptions and barriers to reasonable accommodations in the workplace*, Carrye Syma (2018), Assistant Academic Dean at Texas Tech University, states that “invisible disabilities are affecting the workplace and must be addressed...more research needs to be done on how to create learning opportunities and sensitivity in the workplace to those with invisible disabilities (p. 119).”

As previously mentioned, there is a dearth of empirical studies that investigate the experiences and challenges for faculty members with invisible disabilities. The published research that does exist is dispersed in various disciplinary journals across a wide variety of fields of study (Price & Kerschbaum, 2016). However, thanks in large part to near ubiquitous access to the online sphere, there is a rapidly growing body of knowledge composed of blogs, forum posts, communities of practice, and opinion pieces (Kerschbaum et al., 2017; Evans et al.,

2017). These auto-ethnographic accounts, sometimes referred to as ‘insider research’, are mostly attributed to the Deaf/hearing loss faculty community, with some notable contributions by faculty dealing with various psychological disabilities (Evans et al., 2017). Much of the literature investigated during this review falls into this category.

Accessibility versus accommodation

A common theme across the literature is the juxtaposition of the concepts of accessibility versus accommodation. The reviewer feels that understanding the differences between accessibility and accommodation is fundamental to informed disability research. In the broadest sense, these two terms represent the proactive and reactive measures taken to create inclusive environments for persons with disabilities, visible or not. To create an accessible environment is to provide a safe, welcoming space that allows for all persons to interact and participate regardless of ability or disability (CEC, 2016). Stapleton (2015) noted that it is not the goal when creating accessible environments to provide privilege to only a select portion of the population, but rather to create spaces that do not include barriers for anyone. The mechanisms for creating accessible environments for physical disabilities are easy to comprehend. Examples of these include installing ramps for building access, braille signs for room designations, and curb-cuts and audio cues at crosswalks. Much like the physical realm, there are well-established guidelines for the creation of accessible spaces and content in the digital realm (Rowland, 2010). Creating accessible digital content is extremely important for users with visible and invisible disabilities. However, studies show that minimal improvement has been made in proactively making digital educational content accessible in recent years (Sutton, 2015). This can be attributed to lack of training, lack of enforcement of established policies, and to a lack of understanding of the benefits.

Even with the best planning and preparation, not all barriers encountered due to disabilities can be readily accounted for proactively. In such cases, the individual experiencing the barrier must request an accommodation. An accommodation occurs when an institution or individual addresses a request or complaint from a person who has experienced a barrier due to a disability. Due to prejudices and the fear of stigmatization, many faculty members avoid requesting accommodations, a problem that stems from how institutions and departments address disabilities. According to Kerschbaum (2012),

Institutions and departments need to approach disability publicly and openly as a normal topic of conversation. They need to understand that disability is not an individual problem to be ‘taken care of’ and that accommodation is not simply a matter of ‘retrofitting’ individuals (para 4).

For users with invisible disabilities, having to request an accommodation can lead to a forced disclosure of their disability. This is a central component of the research study and will be further discussed in a later section.

Ableism

In simplest terms, ableism is a form of discrimination or prejudice against individuals with physical, mental, or developmental disabilities (Castañeda & Peters, 2000). Ableism can manifest through intentional actions and beliefs (Gillberg, 2020; Marshall et al., 2020; Pryal, February 2017) or through unintentional biases built into institutional/societal policies and practice (Dolmage & Kerschbaum, 2016; Gillberg, 2020).

At an individual level, within the higher education setting, ableism is a belief that faculty members with disabilities contribute less to research, teaching, or community service than peers without disabilities (Marshall et al., 2020), that the disabled faculty member is somehow less-than or needs to be fixed, or that efforts to provide accommodations somehow take away resources that could be expended on other areas or initiatives not related to an individual’s

disability. These beliefs can lead to the exclusion of individuals or the segregation of entire sub-populations (Pritchard, 2010).

For institutions, ableism is evidenced in diversity hiring practices (Burke, 2020; Mikochik, 1991), the continued presence of inaccessible buildings (Evans et al., 2017), and the lack of policies (or the enforcement of existing policies) that promote diversity measures focusing on the recognition and purposeful inclusion of persons with disabilities (Gillberg, 2020; Griffiths, 2020, Chapter 7). The lack of empirical research focusing on faculty with disabilities can be attributed to ableist biases and societal normalization (Evans et al., 2017).

Language

Before moving to the next focus area, it is important to recognize the limiting factors of terminology in disability research, starting with the word ‘disability’. The term originates in the late 1500 to early 1600s and is used to describe someone who is wanting for strength or ability. Karl Marx later popularized the term to designate workers who were incapable of working in factories (Kuusisto, 2013). The World Health Organization (WHO) attempted to provide a definition of the term that comprised nearly two pages of descriptive text, summarized such that ‘disability’ includes not only the features and functions of a person’s body, but also the norms and assumptions of the culture or society in which they exist and participate (Mishra & Huber, 2019).

Beyond merely defining words, how words are used and perceived can serve to empower or disenfranchise a population. Recognition of this is evidenced in the person-first language movement, started first in 1974 and later popularized by the American Psychological Association in 1992, where the concept of putting the person before the disability helps to remove labels and reinforce the notion that a disability is something the person has, and does not define who they

are. Thus, it is now common practice to refer to ‘a person with a disability’ rather than ‘a disabled person’ (Crocker & Smith, 2019). However, some groups, the Deaf community in particular, have opposed the person-first dialogue choice, choosing instead to embrace their condition as a part of their person and to identify as a community with a shared experience, espousing that dropping all reference to ‘disability’ and simply claiming the conditional title helps remove negative connotations (Brown, 2020, Chapter 3). This is referred to as identity-first language.

Of particular importance to this literature review is the discussion around disabilities that are not readily observable, what the reviewer has referred to as ‘invisible’, but what some articles refer to as ‘hidden’. While the term ‘invisible disabilities’ is common in the literature, there are considerations that need to be unpacked when using this descriptor. At a surface level, the terms ‘invisible’ or ‘hidden’ simply refer to the observable indicators of a disability. However, within disclosure discourse, the concept of visibility is often coupled with the notion of self-worth and security. Thus, someone who has an ‘invisible’ disability and chooses not to disclose is often said to be ‘in the closet’ (Marshall et al., 2020), a metaphorical space where the person can remain safe from scrutinization and stigmatization in the workplace. Further discussion on disclosure is the topic of the next section of this literature review.

For the purposes of this review and the research project, the reviewer used ‘invisible disabilities’ as a reference to non-observable traits but remained mindful of the deeper connotations of the phrase when crafting the survey instrument and case study questions. Data on preferred terminology was gathered during the research project as part of the anonymous survey.

Disclosure

Disclosure, when couched within the lexicon of disability research, refers to an individual informing their peers, supervisors, or human resource department of an invisible disability or disabilities. It is important to note that the decision to disclose is always left with the individual and a person's disability status cannot legally be queried by supervisors or departments (Kerschbaum, 2012), except under very specific circumstances (Evans et al., 2017).

The concept of disclosure brings about some social justice issues. The reference to an unobservable disability trait as 'invisible' privileges the concept of visibility. Doing so both empowers and shackles the person with the disability with the burden of making themselves visible, should they choose to do so. Correlating this to other protected statuses, the act of disclosure is akin to a victim of a crime coming forward to advocate for themselves, which is a fundamental flaw in the process (Isom-Schmidtke et al., 2014). Price, Salzer, O'Shea, and Kerschbaum (2017) note that disclosure in this sense places the responsibility for alleviating injustice upon the person suffering the injustice in the first place, claiming that "oppressed persons should not bear the burden of educating and reforming their oppressors, and yet, that is what the visible/invisible metaphor asks of disabled people (sec 3, para 1)."

Within higher education, specifically for faculty members, the process of disclosure can be both risky and confusing (Dolmage & Kerschbaum, 2016; Kerschbaum & Price, 2014; Price et al., 2017), leaving faculty members with the weighty decision on whether to disclose invisible disabilities.

Reasons not to disclose

When electing disclosure of an invisible disability, faculty members must carefully consider the pros and cons of their decision. Although disclosure is necessary to be afforded the

safeguards set forth by the various policies and laws governing protected statuses (NIU, 2014), many choose not to disclose, especially those in the job market (Dolmage & Kerschbaum, 2016) or early in their academic careers (Brown, 2020, Chapter 3). The reasons most associated with this choice are avoiding stigma, ostracism or isolation, fear of repercussions, and the sharing of private information or being saddled with the burden of proof. Additionally, especially for those dealing with a mental health disability, it is often hard to conceptualize the types of accommodations that might be offered (Kerschbaum et al., 2017).

In his essay entitled *Of Deformity*, originally published in 1629, Francis Bacon states:

Therefore all deformed persons, are extreme bold. First, as in their own defence, as being exposed to scorn; but in process of time, by a general habit...in their superiors, it quencheth jealousy towards them, as persons that they think they may, at pleasure, despise: and it layeth their competitors and emulators asleep; as never believing they should be in possibility of advancement. (Bacon, n.d)

Although penned nearly 400 years ago, and referring to persons with visible disabilities, this statement encapsulates the primary reason that persons with invisible disabilities choose not to disclose; stigmatization (AAUP, 2012; Goodwin & Morgan, 2012; Norstedt, 2019; Price et al., 2017; Pryal, March 2017; Sabat et al., 2020; Santuzzi et al., 2014). The stigma of ‘being disabled’ is directly associated with the concept of normality, as established by the medical model of being healthy (Brown, 2020, Chapter 3), and carries with it stereotyping prejudices such as reduced productivity or contribution to the workforce (Gillberg, 2020), physical weakness or feeble-mindedness (Sutton, 2017), a perceived lack of authority (Stapleton, 2015), and even fear that the person may be a danger to themselves or others (Pryal, 2017). In some cases, faculty members may choose not to disclose based on their own internalized stigmatization (Evans et al., 2017).

Closely associated with stigmatization, another leading reason not to disclose an invisible disability often discussed in the literature is marginalization, the fear of being shunned or being labeled ‘the other’ (Gillberg, 2020; Marshall et al., 2020; Pryal, March 2017). People are conditioned by society to be uncomfortable around those who are different from themselves, including differing races, sexual orientations, religious beliefs, and abilities or disabilities. Disclosure of a disability in a workplace can lead to social discomfort, evidenced by the avoidance of eye contact, difficulty in communicating, and the inability of colleagues to not focus on the disability or illness (Goodwin & Morgan, 2012; Stapleton, 2015), all of which can culminate into the social and professional isolation of the person with the disability.

Another area of concern when considering disclosure is the fear of repercussions at individual, departmental, or institutional levels (Sutton, 2017; Pryal, March 2017). In academia, such repercussions include failure to get tenure, the inability to schedule classes during preferred time slots, canceled contracts for non-tenured faculty, and pay disparity (Santuzzi et al., 2014). According to Gilberg (2020) disclosure by academics with disabilities “is a double-edged sword involving an intricate web of negotiations, rarely with the promise of a positive career outcome (p. 13).” One study in the United Kingdom found that nearly 25% of faculty or staff that chose to disclose an invisible disability experienced some form of negative career repercussions (Marshall et al., 2020). In *Collegiality and Disability* (Pryal, February 2017), the author notes that “academia has become a zero-sum game--which makes it more likely that faculty will feel slighted, even cheated, when they believe someone else is getting something extra without merit (para. 2).” These feelings that someone is getting extra or unfair beneficial treatment are often levied at faculty members who receive accommodations. Therefore, some faculty members who could strongly benefit from readily available accommodations, such as assistive listening devices

or specialized office furniture, are hesitant to request these for fear of the reprisal and repercussions that might stem from inadvertent disclosure to their peers and supervisors (Santuzzi et al., 2014).

The last major reasons expressed in the literature for not disclosing an invisible disability center around privacy concerns and the burden of proof. Many people, academics included, are uncomfortable sharing medical information with employers, as they feel doing so is intrusive and humiliating (Jung, 2002), but such records are often required as part of the burden of proof when requesting accommodations. Burden of proof can prove especially troublesome for people who suffer from chronic illnesses, where the symptoms are transitory or progressive in nature (Goodwin & Morgan, 2012), and the process, while legitimate from a business standpoint, can be very stressful and invasive for the individual (Pryal, March 2017). While not disclosing may be a comfortable place, Siebers (2008) points out that “closeting involves things not merely concealed but difficult to disclose (p. 97).” Thus, remaining in the closet too long can make disclosure of disabilities with transitory symptoms much more difficult, despite deliberate efforts by the person to make their disability known.

Reasons to disclose

The Americans with Disabilities Act (ADA) stipulates that employees, and potential employees, should be judged on individual merit, and that the focus of evaluation should be on ability and not disability (Tucker & Smith, 1996). With such stipulations, it would be easy to understand why some persons with disabilities would choose not to disclose, since their disability should not be a factor in assessing their work. However, because of these standards, without disclosure, an employer is obligated to interpret behavior, competency, output, and participation assuming no causation associated with a disability (NIU, 2014).

A primary reason to disclose mentioned within the literature is based upon the employer's responsibility to provide accommodations (AAUP, 2012; Marshall et al., 2020; Mikochik, 1991; Norstedt, 2019; Sabat et al., 2020). While ideally the workplace meets accessibility standards, thereby minimizing the need for accommodations, employers cannot be held accountable for accommodations under the American with Disabilities Act without proper disclosure of the disability by the individual in need (Santuzzi et al., 2014). Likewise, individuals may find pre-existing accommodations that they were unaware of prior to disclosure (Sutton, 2017).

From the aspect of well-being and safety, two other reasons were offered promoting disclosure. Some members of the community suffering from long-term chronic illnesses may not appear unhealthy but may have underlying conditions that make them prone to life-threatening episodes, such as respiratory failure or heart attacks (Harris, 2019). In cases where medical intervention is necessary, having peers who are aware of a pre-existing condition can facilitate quicker and more appropriate responses (Norstedt, 2019). Similarly, the weight of a carried secret can take an emotional and physical toll on an individual with an invisible disability (Marshall et al., 2020; NIU, 2014; Pettit, 2016; Pryal, 2017). By disclosing to peers and supervisors, the burden of hiding their disability is reduced or dispersed, which can lead to a more productive employee as well as an improved work environment.

The literature also contained sociological reasons for disclosing that go beyond support at the individual level. Disclosing disabilities and the associated struggles to colleagues and peers provides opportunities to create an open dialogue (Emens, 2008; Marshall et al., 2020), promoting a better understanding of the conditions, symptoms, and challenges facing those with invisible disabilities (Pettit, 2016), and creating an atmosphere that allows other members of the community with invisible disabilities to feel safe in 'coming out' (Isom-Schmidtke et al., 2014;

Kerschbaum et al., 2013; Woodcock et al., 2007). Increased dialogue serves to raise awareness both within individual units and across institutions (Follins et al., 2015), most commonly manifested in training and seminars (Marshall et al., 2020).

Faculty members who choose to disclose their disabilities more openly in the classroom help promote a more diverse student population by acting as role models for students and potential students (AAUP, 2012; CEC, 2016; Stapleton, 2015). This is increasingly important for institutions that are competing for student enrollments by providing an avenue into an historically underrepresented population. These faculty members also serve as community role models by advising their peers, leading to a better understanding of the potential challenges faced by students with invisible disabilities (Follins et al., 2015).

Beyond the aforementioned reasons to disclose, other factors, such as a person's age, length of employment, and overall time managing the symptoms of a disability all factor into the individual's decision to disclose. Ultimately, individuals are far more likely to disclose a disability when the risk factors, such as continued employment, are minimized (Brown, 2020, Chapter 3).

Intersections

Persons with disabilities are protected “from being harmed or harassed by laws, practices, and policies that discriminate against them due to a shared characteristic (Longley, 2020, para. 1)”. This ‘protected’ classification extends to other characteristics including race, gender, sexual orientation, age, and veteran status. To increase diversity in higher education, there is a focus on enrolling and employing persons of ‘protected’ statuses; however, disability is often left out of these diversity initiatives (Burke, 2020). Additional complexities around disclosure can occur

when a person has multiple protected characteristics (Kerschbaum & Price, 2014; Price et al., 2017).

Disclosing an invisible disability, much akin to disclosing a sexual orientation, serves as a form of identity management for the individual (Griffiths, 2020, Chapter 7; Horii & Weaver, 2019, Tal-Alon & Shapira-Lishchinsky, 2019), both as a person and as an academic (Brown, 2020, Chapter 3). The choice to disclose or not to disclose should not be considered by others as a measure of honesty, but rather understood as a way to control, and sometimes to accept, information regarding a very personal aspect of that person's life (Norstedt, 2019). Disclosure can serve as a shield to protect against unwanted attention (or stigmatization, as previously discussed), by allowing the person with the disability the choice of who to share with, how much to share, and to control to some extent the spaces in which conversations regarding their disability take place (Goodwin & Morgan, 2012).

Disclosure brings with it an inherited risk of being labeled by others as being different. However, in close parallel with the 'coming out of the closet' metaphor regarding sexual orientation, disclosure can serve as a form of acceptance by the person with the disability, formally acknowledging to themselves that the disability is real and must be addressed (Isom-Schmidtke et al., 2014; Marshall et al., 2020; Santuzzi et al., 2014).

Finding support

A commonly noted challenge in the literature that is faced by persons with disabilities who choose to disclose or who need accommodations is determining how or where to disclose to get assistance (Evans et al., 2017; Price et al., 2017; Rowland, 2010; Sutton, 2017). Faculty and staff members who are struggling with the decision to disclose need to feel confident that their disclosure will be handled appropriately and that the risk of disclosing will be worthwhile

(Harris, 2019). Those that are engaged in the stressful process of weighing options need a well-defined pathway with clearly defined expectations and outcomes (Goodwin & Morgan, 2012), yet such offerings are rare in higher education, where the focus tends to be on student accommodations (Kirschbaum et al., 2017).

Legally afforded protections

While persons with disabilities are legally protected from harassment and discrimination, there is some discussion in the literature as to what such protections actually entail. For students, special legislation in the form of the Individuals with Disabilities Education Act (IDEA) provides very specific protections, with clearly outlined enforcement protocols. Faculty and staff with disabilities are protected by the same legislation that protects all employees. However, in ‘Don’t Accommodate Me’, author and University of North Carolina Law professor Katie Rose Guest Pryal notes “these legal protections are generally poorly enforced and difficult to access (March 2017).” Kerschbaum, O’Shea, Price, and Salzer (2017) point out that the Americans with Disabilities Act does not appropriately address the special circumstances accompanying some mental disabilities, while Santuzzi, Waltz, and Finkelstein (2014) posit that the laws and policies in place do not consider the differentiating needs of persons with invisible disabilities and the complexities of disclosure. In ‘Accommodating Faculty Members who have Disabilities,’ the American Association of University Professors (2012) reaffirms that the legal definition of ‘disability’ is ambiguous and might be subject to change with court rulings and the political ideologies of incumbent administrations. Institutions bear no legal responsibility to provide accommodations unless they are requested via formal channels, which includes disclosure for persons with invisible disabilities, and cannot be held liable retroactively in court proceedings. Even with legal protections, court decisions in discrimination suits in higher education seldom go

against the institution, with less than 10% of cases thus far presented returning a ruling in favor of the plaintiff (Evans et al., 2017).

Pandemic Response

Faculty members dealing with invisible disabilities and decisions regarding disclosure are not new, but the events surrounding the global COVID-19 pandemic exacerbated the situation and potentially removed the decision-making authority from the faculty member. State-mandated shutdowns beginning in March 2020 affected many businesses and operations, including schools and educational institutions. For higher ed, this included the closure of in-person classes and an almost over-night transition to online course offerings. According to data released by the National Council of State Legislatures, more than 1300 institutions across all 50 states made this transition (Smalley, 2021). At many institutions, support staff preparing for the shift to online courses reached out to faculty members to assist in ensuring course content was accessible, to provide technical training on online technologies, and to clarify pathways for referring students who needed accommodations (Isom-Schmidtke et al., 2014), but little consideration appears to have been directed at addressing any potential accessibility issues of the instructors.

At the time this research was conducted in Fall 2022, COVID-19, although no longer considered a global pandemic, remained an active and dangerous threat, especially to the immune-compromised population. However, many colleges and universities were pushing for a return to campus in late 2020, pre-dating the authorization and widespread administration of approved vaccinations. As early as May 2020, less than two months after the stay-at-home orders were issued, some universities were already making plans to return to in-person instruction for the Fall term. Mitch Daniels, then President of Purdue University, penned an op-ed in the Washington Post indicating that it was not only prudent to return to campus in the fall, but that it

would be “an unacceptable breach of duty” not to do so (Daniels, 2020). President Daniels cited an overwhelming student desire to return to campus and indicated it was important for continued enrollment growth, both of which were true in the context of that time. While the administrative push to return to campus was addressing financial and student needs (AAUP, 2020), faculty members at many institutions felt as if their concerns about such a premature return were falling on deaf ears (Casper, 2020; Schnell, 2021). Faculty governing bodies and institutional AAUP branches sent letters to their respective administrations voicing these concerns. One such petition from the AAUP branch at UNC-Chapel Hill, signed by 666 faculty representatives, explicitly demanded that “no instructor will be required to teach in person and that no instructor will be required to disclose personal health concerns” as well as asking for guarantees that “all members of the UNC-CH community will be required to wear masks and practice physical distancing in classrooms and public settings” (AAUP Chapel Hill, 2020).

Although COVID is very likely here to stay (Ghion, 2023), as vaccines became more readily available, and as the deathrate and the presentation of critical individual health crises due to the virus declined, higher education institutions started re-evaluating what the ‘new normal’ might look like moving forward. At the time of this writing, there was a projected global recession looming and an understanding that the fiscal impact of the enrollment reduction due to the pandemic was yet to be truly felt. Some analysts predicted losses to institutional appropriations for higher education to be between \$70-115 billion through 2025 (Kelchen, Ritter, & Webber, 2021). Even prior to these analyses, US-based higher education institutions were cutting faculty jobs at an unprecedented rate, blaming COVID (Dilwar, 2021; Carlson, Hoover, McMurtrie, Pettit, Zhaneis, 2021; Kwon, 2020). As will be discussed in Chapter 4, for those

faculty members navigating disabilities and accommodation needs, the question of whether or not to disclosure became a potential liability in regard to tenure and job security.



Figure 1. COVID Timeline

Summary

More than four decades after the implementation of the Americans with Disabilities Act, faculty members with disabilities are found throughout the landscape of higher education. However, the lack of inclusive discussion around accessibility and accommodations, along with continued stigmatization, cause many faculty members with invisible disabilities to choose not to disclose, as being ‘unmasked’ often “challenges habitual diversity rhetoric and the rehabilitation model of traditional campus disability resources” (Kuusisto, 2013). This literature review delved into the issues that face faculty members with invisible disabilities, including: the absences of explicit policies for obtaining accommodations; fear of isolation, marginalization, or of becoming ‘the other’; limited or no enforcement of federal requirements regarding accessibility; the lack of a peer support network; and concerns regarding being overlooked for promotion, tenure, or other advancement opportunities due perceived inability or as a retaliatory measure for requested accommodations. Throughout the literature, disclosure is shown to be a pivotal factor in identity management, career self-direction, and personal fulfillment. Thus, the goal of this study was to determine to what degree the abrupt shift to online learning due to the COVID-19

pandemic forced disclosure by faculty members with invisible disabilities, and what were the outcomes of such disclosure.

Chapter Three. Framework and Methodology

This research study sought to determine what impact the abrupt shift to online learning brought about by the 2020 global COVID-19 pandemic had on faculty members with undisclosed invisible disabilities at US higher education institutions. This chapter outlines the theoretical framework and perspectives utilized to support the chosen research methodology. The research design is established, including the identification of participants, the sources of data collection, and methods of data analysis. The chapter concludes with identified limitations and a positionality statement.

Theoretical Framework

The lens of critical disability theory (Hall, 2019) provided a perspective for the present work with the goal that the research extends beyond academic circles to promote proactive change by shedding light on the on-going, complex, and increasingly crucial relationship that exists between disability awareness and technology adoption at higher education institutions. The research was further informed by applying concepts derived from social constructionism (Mallon, 2019) and postpositivism (Miller, 2007).

Throughout much of the 20th century, the dominant model when conducting research or scholarly discourse regarding disabilities was the medical model of disability (Brett, 2002). The medical model treats a disability as a physical impairment or imperfection, offering a clinical diagnosis of ‘the problem’ and situating outcomes to best address issues of accessibility through the application of specified accommodations. This model provides a categorization of disabilities and offers a common vocabulary for describing and understanding limitations. While well-intentioned, this model also serves to separate or segregate the disabled community, both spatially and linguistically, further attributing to the stigmatization discussed in Chapter 2.

In the early 1970s, activist groups such as Union of Physically Impaired Against Segregation (UPIAS) began championing the idea that in order for persons with disabilities to lead productive and fulfilling lives, segregated facilities, unnecessarily rigid work schedules, and separately organized social opportunities needed to be replaced, whenever possible, with inclusive planning and designs for accessibility, allowing all persons to participate regardless of limitations (Shakespeare, 2010). Such movements provided the impetus for the formation of the social model of disability. The social model of disability distinguishes between impairments and disabilities, noting that impairments are the physical, emotional, or cognitive effects of any given condition on the person, whereas disabilities are the restrictions on participation in everyday life that result from societal norms and the failure to create inclusive spaces (UCSF, 2018). The social model serves as a blueprint for initiatives in both social justice and jurisprudence within the spheres of disability advocacy and legal reform. The social model of disability serves as a foundational principle for this research.

For this study, critical disability theory was chosen as a framework, underpinned by both social constructionist and postpositivist perspectives. Critical disability theory is a relatively new offshoot set of theoretical approaches and scholarly studies born from the parentage of traditional critical theorists combined with the ideas found within the social model of disability. The primary focus of critical disability theory is the analysis of and comparative research on disability as positioned within socio-cultural, historical, and political narratives (Hall, 2019).

Critical disability theory draws directly from its ancestry in critical theory, inasmuch as the intent of the research is for use in both academic and activism arenas. Critical theory, established by the Frankfurt School theoreticians working on the evolution of paradigms set forth in Marxism, seeks “to liberate human beings from the circumstances that enslave them”

(Horkheimer, 1982, p. 244). Max Horkheimer, who first coined the term “critical theory” in 1937, indicated that a critical theory only succeeds if it’s a) identifies and explains a problem within current social constructs, b) describes the necessary people or associations needed to affect change, and c) establishes practical, attainable goals for transformation (Bohman, 2021).

From the social model of disability, critical disability theory informs its view of disability in regard to the social construction of disability spheres and to the identity management of persons to whom the label of ‘disabled’ is attached. Critical disability theory is not concerned with the physical or mental impairments of a person, instead concentrating on identifying the social norms that serve to define disabilities and impairments and shedding light on the stigmatization and segregation that results from the ascription of these definitions to a person or population (Schalk, 2017). Critical disability theorists are also concerned with the construction of the disabled identity, noting that such an identity is nebulous and unique within the protected statuses, such that “anyone can enter at any time, and we will all join it if we live long enough” (Garland-Thomson, 2002, p. 20).

According to postmodern critical theory and postpositivist perspectives, bias in research, although unwanted, is to some degree inevitable, both from the researcher and from the respondents. Throughout this study, efforts to account for bias were made wherever possible during the data collection and analysis. Areas that remained prone to bias are outlined within the noted limitations later in this chapter.

The social constructionism paradigm regarding language as a social construction mechanism as it pertains to this framework indicates that the use of particular words, the linguistic organization of descriptors, and the differences in preferences among members of the various disabled communities are important to recognize and adhere to whenever possible. As

discussed in Chapter 2, there is no universally accepted format for descriptive preference between ‘person-first’ and ‘identify first’ language in disability research. For this study, person-first language was selected as the default. Data was gathered on the preferred language from the respondents as part of the initial survey and interview participants were asked as to their language preferences as a part of the registration and consent process.

Utilizing the critical disability theory framework informed by postpositivist and social constructionist perspectives, this study investigated how a near-ubiquitous, rapid, technology-based transition within a bounded sphere of influence affected a specifically identified marginalized population. As noted in Chapter 1, the primary question addressed in the study was:

- Did the abrupt shift to online instruction in higher education at US institutions due to COVID-19 protocols force disclosure by faculty members with invisible disabilities?

This question was supported by the following subsequent questions:

- If such disclosure was forced, did disclosure result in positive or negative effects, as perceived by the respondent?
- If disclosure was not forced, did a choice not to disclose have negative repercussions, real or perceived, on the respondent? Examples might include increased workload, negative performance reviews, or poor student outcomes.

Research Design

An exploratory case study method was used for this project. Qualitative case studies are becoming more common in educational research when investigating context-specific phenomena (Kyburz-Graber, 2004; Collis & Hussey, 2009), the effects on those phenomena on an individual or population and are particularly useful as a means to provide voice to marginalized populations (Tellis, 1997). Case studies ground the research by beginning with a specific question about the

phenomena of interest, then collect and analyze individual accounts of the experiences from participants who took part in or were affected by the phenomena being investigated. Exploratory case studies are differentiated from other types, such as explanatory or comparative, in that the goal of the study is to generate new evidence or to investigate previously unvisited areas of research (Yin, 2009). Exploratory case studies look to answer the ‘how’ or ‘what’ questions, leaving concerns regarding the ‘why’, or the comparison of data associated with the subject and other external cases, as potential avenues for further research. The present case study included survey and interview data to investigate the areas of inquiry.

Case Study Bounding

As noted in Chapter 1, this study was time-bound within a defined date range to explore a specific consequence of nation-wide stay-at-home orders due to the COVID-19 outbreak. The time frame spanned from March 19, 2020, through April 30, 2022, subdivided into three phases: Pivot Point, COVID Pandemic, and Post-pandemic (refer to *Figure 1: COVID Timeline* in Chapter 2, page 25). The study focused on a marginalized population within the higher education landscape and was geographically bound to institutions located within the United States.

Participants

The inclusion criteria for participation in this study required that participants be faculty members or instructors, including graduate students with teaching responsibilities, at institutions of higher education within the United States who prior to March 2020 had undisclosed disabilities identified as “invisible”. These parameters also served as the only exclusion criteria for the study, and those who did not meet them were excluded by self-disclosure via the first question on the survey. Participation in the survey and subsequent interviews was purely voluntary and unpaid. Efforts were made to exclude personally identifiable information (PII)

during data collection. Any such PII that appeared in the responses to survey questions or that was imparted during the semi-structured interviews was redacted or anonymized prior to final submission.

Measures

Survey: Covid-19, Academic Technology, and Disclosure of Invisible Disabilities (CATDID)

The first source of data collected for this study was an anonymous online survey (Appendix A) constructed by the researcher to gather demographic data pertinent to the primary research question. This survey, entitled COVID-19, Academic Technology, and Disclosure of Invisible Disabilities (CATDID), was disseminated nationally through various professional organizations, collegiate listservs, and social media to reach a large cross-section of institutions throughout the United States. Such distribution includes both convenience and snowball sampling. The survey introduction contained descriptive language providing context, defining the phrase ‘invisible disabilities’, and establishing the timeframe in which the study was situated. A preliminary question was asked as to whether the respondent identifies as having an invisible disability. Those who answered in the negative were thanked for their time and the survey concluded.

The CATDID survey consists of five sections:

- *Section 1: Teaching experience and course modality.* This section gathers data pertaining to the respondents’ teaching experience, institutional standing or title, and course modality preferences. Additionally, data regarding the Carnegie classification of their institution was requested.
- *Section 2: Use of academic technology.* Respondents were informed that the terms ‘Academic’, ‘Instructional’, and ‘Educational’ are often considered

interchangeable, with varying nuanced interpretations, when describing technology utilized in teaching and learning. For the purposes of the survey, "Academic Technology" was utilized as the catch-all term. This section investigates the respondents' familiarity with and use of academic technologies before, during, and after the phases of COVID-19.

- *Section 3: Institutional response.* The third section invited respondents to provide their perception of the institutional response to the pandemic, including those responses experienced during the initial phases of the shutdown and the longer-term protocols that were established during pandemic and after returning to campus.
- *Section 4: Invisible disabilities and disclosure.* The fourth section gathered demographic data on invisible disabilities and disclosure. It also investigated disclosure patterns of persons with differing invisible disabilities and the impacts on the disclosure decision-making process brought about by institutional mandates stemming from COVID-19 restrictions.
- *Section 5: Intersectionality.* The final section asked for demographic data regarding the respondents' intersectionality with other protected statuses. This information was used to inform questioning lines during the interview process.

Other than the preliminary question regarding the respondent having an invisible disability, there were no required questions included in the survey. At the conclusion of the survey, respondents were invited to volunteer to be participants in the second data source, semi-structured interviews.

Semi-structured interviews

For the second data source, participants were asked to participate in semi-structured interviews. Semi-structured interviews consist of a set of predetermined, yet open-ended questions that do not need to be presented or answered in a set order. This provides for greater flexibility during the interview, allowing a freeform dialogue to develop between the interviewer and the respondent, while still delivering enough structure such that the data gathered can be compared and analyzed effectively across multiple interviews with different respondents. This approach is commonly employed when there is a single interview opportunity with each participant. The adaptable and fluid nature of semi-structured interviews allows the participant to articulate their reality and intimate their viewpoints on their own terms (Robson, 2002).

Examples of the questions included in the interview are *Did your invisible disability(ies) attribute to any complications in your instructional duties due to your institution's pandemic response?* and, *Did the mandatory use of academic technology because of the pandemic response require (or encourage) disclosure of your invisible disability(ies)?* (Appendix B).

Procedures

Upon receiving IRB approval on July 6, 2022, the researcher began disseminating the survey (Appendix A) through various channels to reach the identified audience. However, problems arose in garnering participation, as there is no centralized, efficient mechanism for reaching this population. Initial outreach included direct communication with ADA coordinators at several large institutions, a social media campaign via the LinkedIn and Facebook platforms, and forum postings in industry-leading professional organizations including EDUCAUSE, the Professional and Organizational Development (POD) Network in Higher Education, and the WICHE Cooperative for Educational Technologies (WCET). The researcher contacted the

Association on Higher Education and Disability (AHEAD) about posting the study but was informed by their Research Review Panel that the study, as it focused only on faculty, was not appropriate for the AHEAD membership, which is comprised primarily of staff practitioners. A request sent to the American Association of University Professors (AAUP) received no response.

Between mid-July and mid-September 2022, the researcher continued reaching out and promoting the survey, with minimal returns. As of late September 2022, only 26 survey responses and 2 case study volunteers had been received. On Wednesday, September 28, 2022, following several requests to forum moderators over the preceding months, the researcher obtained permission to post on the internet discussion board Reddit, specifically in the subreddit r/Professors. This group is comprised of greater than 110,000 higher education instructional practitioners globally. The post garnered more than 10,000 views in under 24-hours and resulted in 146 new survey attempts and 14 case study volunteers over the next several weeks.

The case study volunteers were contacted and asked to read, sign, and return the informed consent document (Appendix C). Upon receiving the signed informed consent, the researcher scheduled timeslots for interviews and provided the scaffolding questions (Appendix B) to the participants. The interviews were conducted virtually utilizing the Zoom web-conferencing platform, with the video turned off to prevent visual bias. Participants were queried as to whether accommodations were needed, but none were requested. To prevent inaccuracies in capturing responses, the interviews were recorded and captioned. Expected interview duration was around 30 minutes, but an hour was scheduled to account for dynamic conversation threads. During the interview, participants were given as much time as needed to reflect and expound upon the questions. When appropriate, the interviewer offered additional questions to encourage the continuance of a train of thought or to gain a deeper understanding of a particular issue. Because

the events being queried took place more than two years in the past, at the conclusion of the interview participants were advised that they have up to seven days to submit any additional information that they might recall. Once this time limit expired, initial coding of the data began.

Of the 16 volunteers, 12 responded to the initial follow-up and 10 completed the informed consent. Ultimately, 9 interviews were scheduled and conducted. Case study interviews were conducted throughout October 2022. The final interview took place on October 25, 2022, and the survey was closed to further submissions on October 31, 2022.

Data analysis and coding

Thematic analysis was used to analyze the data by applying an open code approach to identify persistent or recurring trends across the interview responses. Thematic analysis provides guidelines for identifying, describing, sorting, and categorizing themes found within data sets (Braun & Clarke, 2006). Although some researchers view thematic analysis as a stand-alone methodology (Braun & Clarke, 2006; King, 2004), others maintain that because it is utilized across various established qualitative methods, thematic analysis is better situated as a tool for use during the analysis phase (Holloway & Todres, 2003; Ryan & Bernard, 2000).

The researcher utilized the open-coding method to begin interpreting the data gathered during the interview process. According to Miles & Huberman (1994), codes are labels that are attached to chunks of text, which are then used to assign and catalog meaning. Open coding allows for an interpretive approach when analyzing data. Rather than establishing a pre-defined list of codes, codes are created and adjusted inductively throughout the process of analysis. For this study, the coding process was conducted in three phases.

Phase 1: Data familiarization

Upon completion of all interview process, the researcher retrieved the machine-generated caption files provided by the Zoom platform. The researcher revisited each interview, listening to the recording while manually correcting errors and removing any personally identifiable information found in the transcripts. This process allowed the researcher to become more familiar with the data, providing opportunity to listen carefully to the dialogue without being in-the-moment as a participant. Each interviewee was assigned an androgynous pseudonym during this phase. Once the transcripts were corrected and anonymized, three were chosen at random and sent to a secondary researcher for intercoder reliability purposes.

Phase 2: Initial coding

The researcher imported the corrected and anonymized transcripts to Atlas.ti, a qualitative data analysis software tool. The initial intent of the researcher was to create descriptive codes, but the dialogues presented in such a way that in-vivo coding organically became the default method. In-vivo coding utilizes the terminology of the research participants, particularly those in well-defined subcultures, to formulate a more cohesive understanding of the ideas and meanings expressed during the data-gathering process (Manning, 2017). Realigning this process to utilize in-vivo coding fit well with the social constructionism paradigm undergirding this study, ensuring that the descriptive language used by the research participants is reflected in the thematic formulation and presentation of research findings. Proceeding in the order in which the interviews were conducted, each narrative was read through and coded in this manner.

Phase 3: Code revision and grouping

After the initial coding was complete, the researcher reviewed the code list, looking for duplicative entries and one-off samples. This initial list was then compared and synthesized with the codes identified by the secondary researcher. Codes with strong similarities were condensed into single entries to help improve clarity and reduce code clutter. A second read-through of the interviews was conducted, recoding or applying modified codes where necessary. A final review was then performed to ensure the consistency and accuracy of code application. Following the final review, the code groups were created, providing the scaffolding for the thematic formulation process.

Similar code groups were placed into categories to identify and formulate themes for analysis. A key point of thematic analysis is tying the identified themes to the research questions. The primary element of this study centers on a specific temporal global event, and the effects of that event, both positive and negative, on the identified population. As such, code groups were evaluated based on timeframe and impact. After the themes were identified and defined, the researcher revisited the interview transcripts, ensuring all materials pertinent to the research questions were encapsulated into one of the thematic categories. Once satisfied that all relevant information was accurately reflected within the themes, the researcher moved to the analysis and interpretation of the data. A detailed description of the themes can be found in Chapter 4.

Limitations

Many invisible disabilities are episodic or degenerative in nature and may become visible during specific events or through the natural progression of the condition (Episodic Disabilities Network - About, n.d.). Some episodes are triggered by stressful situations, such as those present during the COVID-19 outbreak and subsequent shutdowns. Questions both in the survey

instrument and those provided to the interview participants ahead of time did not differentiate between disclosure necessitated by a need to adapt to new technologies and disclosure brought about by episodic symptoms. Due to the complex nature of such a distinction, this was not addressed in the initial survey. During the semi-structured interview process, the researcher attempted to determine causation of disclosure through directed follow-up questions and discussion based on responses provided by the participants.

Data sets from the initial survey and the semi-structured interviews were not connected. Information provided by survey respondents regarding race, ethnicity, gender, age, or other protected statuses was for demographic purposes only and was not intended to represent any intersectional factors that may have contributed to a respondent's decision to disclose. During the semi-structured interviews, participants were invited to share intersectional considerations as it pertained to their disclosure decision-making process, if they felt it relevant and if they were comfortable doing so.

Positionality Statement

The researcher acknowledges his position in this study by indicating that he identifies as a white, middle-aged male with no visible or invisible disabilities. Interest in this area of research stems from familial, professional, and charitable experiences and associations.

The researcher has a family history of supporting and educating persons with disabilities. His personal experiences included spending time during the summers of his youth with his maternal grandfather, who supervised a sheltered workshop in Monroe, Louisiana. He also has two aunts who hold special education teaching certifications.

The researcher's professional career includes providing faculty support and overseeing the academic technology offerings at an R1 institution for more than a decade. He transitioned

into a new role as the Director of Digital Accessibility within the Office of Civil Rights and Title IX, where he oversees campus-wide initiatives to increase the accessibility footprint of the institution, particularly within the realm of digital technology. This includes ensuring partnerships with vendors who provide ADA-compliant products and services, evaluating the accessibility of digital content in course offerings, and providing constituency training regarding digital accessibility.

In his personal time, the researcher works with a local charitable organization that sponsors, among other things, dedicated programs which provide persons with disabilities meaningful opportunities to engage in outdoor activities such as boating, hunting, and fishing.

Summary

In this chapter, the researcher established the theoretical frameworks which undergird this study, utilizing a critical disability theory framework founded on critical theory axioms and the tenets found in the social model of disability, and informed by both social constructionist and postpositivist perspectives. An exploratory case study methodology was chosen to guide the data collection and analysis, looking to identify what occurred at the time of the pivot point and in the subsequent time periods thereafter in relation to the specified research questions. Quantitative data was gathered via the survey instrument and was used to inform and guide subsequent interviews and provide context for thematic formulation. However, as no conclusions are being deduced directly from this data, a mixed methods methodology was not indicated. The target audience was identified as being anyone with instructional duties at US-based higher education institutions who, prior to March 2020, had undisclosed invisible disabilities. A description of the survey instrument, titled *Covid-19, Academic Technology, and Disclosure of Invisible Disabilities (CATDID)*, used to gather demographic information, and solicit case study

participants, was provided. The researcher offered a brief narrative defending the choice to utilize a semi-structured interview instrument as the primary data-gathering tool and described the process of data analysis applied upon completion of the interview process. The chapter concludes with the identification of potential limitations of the study followed by a positionality statement regarding the researcher's connection to and interest in the subject matter.

Chapter Four. Results

The research project sought to determine if the rapid shift to online instruction brought on by the Stay-at-Home orders issued in March 2020 in response to the COVID-19 pandemic forced or encouraged disclosure of invisible disabilities by faculty members. The previously described areas of inquiry, informed by critical disability theory, social constructivism, and postpositivist axioms, guided the analysis process and led to the uncovering of 6 distinct themes. This chapter presents the institutional and demographic information gathered during the initial survey, then delves into the findings evidenced during the analysis of the semi-structured interviews, culminating in the identification and description of the discovered themes.

Demographic Data and Survey Results

At the time it closed, 172 unique users had initiated the survey process. Of those, 119 met the inclusion criteria, having identified as instructional faculty having an invisible disability, allowing them access to the full survey. Due to the nature of the survey dissemination process, the researcher has no way to determine the actual return rate on the survey, as there is no reliable estimate of how many persons of the targeted population were presented with the opportunity to engage in the study. However, the researcher was able to determine the completion rate of the survey. The information being gathered from the respondents called for the creation of a lengthy survey. The final version of the survey included 24 questions, with an estimated completion time of 12-15 minutes. This was a cause for concern, as according to research data, surveys with more than 8 questions have a completion rate of about 42% (Kowalska et al., 2022). The expected completion rate drops even further based on the length of the survey being greater than 12 minutes. Of the 119 participants who began the survey, 75 completed the process, garnering a completion rate of 63%, far exceeding the expectations of the researcher. However, it bears

noting that questions in the survey were not required, so the actual number of responses to individual questions varies across the breadth of the instrument.

The following sections report on demographic data gathered in the survey and highlight some of the additional data points captured and utilized to inform the coding and thematic formulation processes.

Institutional and academic demographics

Survey respondents were asked to describe the institutions at which they teach based on the 2021 Carnegie Classification of Institutions of Higher Education (*About Carnegie Classification*, n.d.). As many of the participants teach at more than one institution, they were allowed to select multiple answers to this question.

Table 2. Carnegie Classification Representation

Carnegie Classification Representation	#
Doctoral Universities	48
Master's Colleges and Universities	23
Baccalaureate Colleges	31
Baccalaureate/Associate's Colleges	9
Associate's Colleges	10
Special Focus Institutions	1
Tribal Colleges	0

Participants were asked to indicate their primary academic discipline. Respondents from Social Sciences (28%) and the Humanities (27%) comprised the majority, while Engineering (9%) and Business (3%) were the least represented. Tenured and Professional/Clinical faculty accounted for 37% of the responses, and 50% of those who answered had 10 or more years of teaching experience. Responses from the 102 participants who submitted answers are captured in *Table 3: Survey Demographic Data*.

Table 3. Survey Demographic Data

Academic Discipline	#	Highest Instructional Status	#	Years Teaching	#
Business	3	Dean, Asst/Assoc Dean, Chair	5	20+	12
Education	14	Tenured Faculty	29	10-20	39
Engineering	9	Professional/Clinical Faculty	4	5-10	27
Humanities	27	Pre-tenured Faculty	24	2-5	21
Physical Sciences	16	Adjunct Faculty	18	1-2	1
Social Sciences	29	Instructor	17	<1	1
Prefer Not to Respond	4	Grad Assistant	5	PNR	1

Disability and intersectionality demographics

As previously indicated, in addition to having instructional duties at US-based institutions of Higher Education, the primary requirement for participation in the survey was identifying as someone with an invisible disability. Participants were asked to choose a categorization that best described their invisible disabilities. They were allowed to select multiple categories to account for individuals having comorbid disabilities. Seventy-eight participants responded to this question, yielding the following data: Visual (4), Hearing/Audio (9), Physical (23), Physical-Episodic (27), Mental Health (32), Mental Health-Episodic (19), and Learning/Cognitive (27). Forty-six of the respondents (59%) indicated comorbid invisible disabilities. Additionally, 7 respondents (9%) identified as having a comorbid visible disability.

While the intersectionality of disability with other protected statuses and under-represented minorities was not a focus of this study, participants were provided an opportunity to self-identify as part of an under-represented protected class or minority in anticipation of the pertinence of these areas for future research. Seventy participants responded to this question, with 38 (54%) indicating inclusion in one of these areas. This included gendered identification (11), non-white/race (4), and members of the LGTBQIA+ community (11). These findings will be further discussed in Chapter 5 as opportunities for future research.

Additional survey results

This section looks further at the survey results, serving to support the coding and thematic formulation as well as providing data upon which to scaffold future research. It is important to once again note that the number of responses, even within a given question, fluctuate based upon participation. For example, some participants taught only before and during the pandemic, while others began teaching after the initial stay-at-home orders were issued. In such cases, a participant may have only answered a portion of a given question regarding preferred modalities across time periods.

Section 1: Course modality

Participants were asked to describe their preferred instructional modalities pre- and post-COVID. Prior to the pandemic, 87% of the survey respondents employed modalities that included primarily face-to-face instruction, with 60% teaching exclusively face-to-face. Post-COVID, the numbers change to 58% percent teaching primarily face-to-face, and only 24% teaching exclusively face-to-face. By comparison, before the pandemic, 22% had a chosen modality that included majority online delivery, while 4% utilized a fully online modality. Post-COVID, 42% delivered primarily online, with 13% choosing a fully online course design.

Participants were queried as to whether faculty were allowed to change modalities of a course traditionally offered in-person following the return to campus. Of the 78 respondents, 36 (46%) indicated that their institution allowed a change in modality, while 21 (27%) said that such changes were not permitted. The other responses show varying degrees of allowed changes based on institutional need, established policy, and legal mandates.

Participants were asked to rate their course load management on a scale of 1-10 for the periods pre-, during, and post-COVID, with a score of 1 indicated a very unmanageable course

load. The pre-COVID mean score was 7.8. This score drops to 6.6 during the pandemic and shows continued decline post-COVID (6.5).

Section 2: Accessibility in academic technology

Participants were queried, on a scale of 1-10, as to the commitment of their institution to the accessibility of academic technology pre-, during, and post-COVID. Institutions scored a mean response rate of 5.2 pre-COVID. During the Stay-at-Home period, the score increased to 7.0, dropping back to 6.1 in the post-pandemic timeframe. Similarly, participants were asked to rate their personal commitment to the accessibility of academic technology across the same timeframe. Respondents gave themselves a mean score of 6.6 pre-COVID, rising to an 8.0 during the pandemic, and continuing to rise to an 8.2 after the return to campus.

Specific to the time during which the Stay-at-Home orders were being put into effect, participants were asked their opinion as to how much consideration was given to the accessibility of technologies by their institutions regarding the decision-making processes around transition and business continuity. Some (12%) responded that their institutions strongly considered accessibility during the decision-making process, while others (46%) thought their institutions gave accessibility some consideration. The remaining respondents indicated that accessibility was either considered only slightly (25%) or not considered at all (17%).

Section 4: Disclosure

Participants were questioned regarding voluntary disclosure, specifically to what units/groups/individuals they disclosed and during which period those disclosures took place:

Table 4. Voluntary Disclosure Data

Period	Institution	Department or School	Few Peers	Grad Asst	Class	Few Students
<i>Pre</i>	19	28	48	11	20	29
<i>During</i>	13	18	15	4	12	7
<i>Post</i>	3	5	4	1	7	4

Participants were asked whether the mandatory use of academic technology because of the COVID restrictions required (or encouraged) disclosure of their invisible disabilities. Of the 76 respondents to this question, 14 (18%) declared that the changes related to the Stay-at-Home orders did force them to disclose their disability, indicating forced disclosure at the pivot point did not prove to be an overwhelming issue. Others (16%) noted that they were not forced to disclose but chose to do so in order to receive accommodations or additional assistance with their course materials and workload. Thirty respondents (40%) chose not to disclose but noted that their workload was significantly negatively impacted due the move to online course delivery and the use of academic technology. The final 20 (26%) did not disclose and did not notice an impact on their job performance.

Participants were given the opportunity to share comments regarding the disclosure experience. These comments, both positive and negative, are cataloged in Appendixes D and E.

Discussion of Findings from the Semi-structured Interviews

Thematic formulation

The analysis revealed 6 themes, subdivided into three temporal ranges: *Pivot point*, which for this study is defined as anytime during the month of March 2020; *Later COVID*, which is the period between April 1, 2020, and April 30, 2022; and *Post-pandemic*, which is anytime on or after May 1, 2022. *Pivot point* includes the themes “Isolation, fear, and anxiety” and “Normalcy in a time of panic.” In *Later COVID*, the themes “Return to in-person classes” and “Acceptance” emerge, while *Post-pandemic* looks at “Job security” and “Disclosure conversations.”

As previously noted, interview participants were assigned androgynous pseudonyms to retain anonymity. The following names were assigned to each participant randomly and will be used throughout the subsequent discussion of findings.

Table 5. Interview Pseudonyms and Status

Pseudonym	Faculty Status	Years Teaching	Institutional COVID response
Blake	Professional	20+	Closed Immediately
Drew	Pre-Tenure	10-20	Closed Immediately
Jordan	Adjunct	2-5	Closed Immediately
Nat	Pre-Tenure	2-5	Closed for Students, restricted faculty
Parker	Pre-Tenure	2-5	Closed Immediately
Riley	Tenured	5-10	Closed Immediately
Robin	Pre-Tenure	5-10	Closed with 2 weeks
Sidney	Tenured	20+	Remained Open
Taylor	Adjunct	10-20	Closed for Students, restricted faculty

Pivot point: Isolation, fear, and anxiety

When participants were asked to discuss the changes in teaching modalities and other duties experienced at their institutions at the time when the initial stay-at-home orders were issued, many of the participants shared their struggles dealing with isolation, fear, and anxiety. While these symptoms were common among the American populace (Rapgay, 2020) and faculty members in general (Ao, 2020), they become further exacerbated in persons already living with a disability. In the words of one interview participant, “it's hard, like it's really hard to be navigating COVID and disability.”

The history of higher education centers on community and collegiality, dating back to ancient Greece, to Plato’s Academy, where scholars would gather to exchange ideas and new discoveries, and to Aristotle’s Lyceum, where students would come to learn from established theoreticians and masters. For the faculty members interviewed, all who were regularly working closely with colleagues and students, the sudden shift to remote work, to not having the daily physical interactions with other people, proved difficult. Drew recalled:

I remember in April and May of 2020 just crying all the time, and saying, if I can't go back into the classroom in the Fall, I don't know if I can continue to do this job. I felt so isolated and so disempowered. That was a really hard time for me.

Parker remembers a mixed reaction, stating “Oh, I’m really happy I could work at home, I have that flexibility. But also, the world is very scary, and so being at home all the time, it’s very isolated.” As the days turned into weeks turned into months, the isolation continued to wear on the participants. Jordan noted that for individuals who were dealing with past traumas “the isolation was a lot,” while Nat shared that “the cumulative effects of trying to manage, just me, without any of the structure and routine, made it harder and harder.” Blake added “I mean, I was desperate to have connection with people, positively desperate.”

The interviewees, several of whom are immune-compromised due to their disabilities, and who already struggle with anxiety both personally and professionally, discussed how the transition to remote work compounded other fears associated with the pandemic, such as food and medical supply chain issues, on-going health concerns, and the general state of global unknowns. “I was worried that by shifting (to working from) home, I wouldn’t be able to manage my workload or be consistent, because I don’t handle...surprises and I don’t get along so great. I started to struggle with just managing pandemic-ness,” Nat said. “From the anxiety perspective this was really really hard for me to manage. I remember just being in a spiral or completely numb basically the whole time,” Drew added. Blake discussed how the isolation and stress lead to the adoption of bad habits. “Oh my God. I’m smoking cigarettes. I’m drinking beer before 5:00 pm. I’m like, it was stressful.” Several of the participants shared that they were at higher risk of contracting COVID due to their specific disabilities. These factors added to the stress and anxiety shared among the group. As Parker put it, “I had a lot of extra stress because of the mental anxiety and weighing on ‘the world kind of wants me to die.’ It was a weird time.”

Pivot point: Normalcy in a time of panic

The primary research question asked during the survey and subsequent interviews addressed forced or encouraged disclosure due to the abrupt transition to remote teaching at the onset of the COVID-19 pandemic. While forced disclosure did not prove to be an overwhelming issue at the pivot point, the isolation and fear attributed to the hastily enacted pandemic protocols had profoundly negative impacts on the interviewees. However, the respondents also made assertions about some positive aspects experienced during this transitory phase.

Although participants described feeling isolated, the ability to teach from home and to not be put at risk by going to campus, thus avoiding potential exposure to the virus, was considered a positive facet of the Stay-at-Home order. Drew states that “it was a relief, from the immunocompromised position, to not be going to campus.” Parker noted:

(During) the early pandemic, it was much easier being at home for me. I was really happy, generally, if I could be at home and know exactly what I’m going to eat, and when I’m going to eat it, and be able to take more walks when I need to, and take more breaks when I need to, and just have that kind of flexibility. It was a huge help for me in terms of dealing with my disability.

Taylor echoed this response, indicating that after the initial panic moment, teaching remotely was somewhat of a relief. “Interestingly, it made things okay. Starting the next quarter, where I was able to have a little bit of time to put things together, like put a plan together, being fully online actually helped me a ton.” Sidney found that they preferred teaching certain classes online because of the content matter.

In some cases, a lifetime of dealing with neurodiversity issues helped prepare the respondents for the hectic nature of the pivot. Riley provided insight regarding the panicked moment when faculty at their institution were frantically trying to grab the necessary equipment, files, and other tools needed to facilitate the transition to working from home:

I remember that last day going into the office, and everyone was running around in a panic, and I was just sitting there laughing. I think the reason I was laughing was that they didn't know how to panic. This was a skill I had garnered throughout my life; how to function when you are completely in a dead panic, and just act like it's normal...because it is, for me, normal. It's regular for me, there is this normalcy to it that people who tried to empathize with me in the past just could not quite understand; the mendacity of having a panic attack. That kind of dissociation where it bothers me because it's inconvenient, not because of the actual symptoms themselves.

Blake recounted a similar experience being in the office on the day of the stay-at-home order, watching everyone scramble around, and thinking “welcome to my world.”

Later COVID: Return to in-person classes

Despite faculty concerns, 43% of represented institutions had returned to in-person instruction by the Fall of 2020. According to the interviewees, for those wishing to continue teaching remotely, this was the point during the crisis at which disclosures were either forced or strongly encouraged. “When they required us to come back to campus, that is when I had to disclose,” recounted Sidney. Robin added “that first full year of Covid (Academic Year 2020-2021), I was teaching from home, online, and other people, most people, were teaching on campus in person. I had to go through the formal accommodations for that.” According to Drew:

As the college decided to abandon any kind of public safety measures, you know public health measures, and tried to force me back onto campus, that's where I had a lot of friction. As we were planning for a potential return to campus in the fall, that was when I was asked to disclose, if I was willing to, whether or not I was comfortable coming back to campus, and that's when I first began disclosing some of this (my disabilities) to my supervisors in the institution.

Later, as variants of the COVID-19 virus became more prevalent, more issues arose with in-person instruction. Nat recalled “then Omicron happened, and we were required to be in person. It was very strong-armed, and it was not fun.” In many places, where only those faculty members with disabilities and serious health concerns were afforded the opportunity to teach online, such forced disclosure became a de facto announcement to the institutional population,

singling them out amongst their peers. This sentiment is further reinforced by the survey responses found in Appendix E.

In some cases, where sufficient safety protocols and mandates were in place, faculty members did not feel compelled to disclose if they had some control over their environment.

According to Parker:

I have a portable HEPA filter in my office, and I try to encourage...Like all my students are still wearing masks, even though it's not required, I convinced them all to do it. The classes I'm teaching, they're relatively small graduate classes. I feel as long as everyone's masked, I feel safe (teaching in-person). If I was teaching a large undergrad class, I would probably want to teach it online. Then I would need to go through those different kinds of (accommodation) protocols.

However, disclosure did not guarantee accommodations. One survey respondent noted “I've repeatedly been told there is no way to support my hearing loss, that nobody knows a good solution, and that some solutions suggested shouldn't even be attempted because they were inconvenient.” In some situations, while accommodations were granted, the implementation of the accommodations was not immediately forthcoming, and those accommodations came with some negative repercussions, as Jordan pointed out:

I definitely got the sense that the director thought of (my accommodations) like an extra thing they had to deal with, and that was like a check on the negative column for me. I think it was just that they were busy and overworked, and they saw anything I needed that was different than anyone else as sort of an extra stressor. And of course, they did not say that directly. But it was clear...like it took a year and a half to get a standing desk ordered. There were a lot of those little things where it felt like a sort of passive-aggressiveness, and then I tried to address it directly, and it was like, “Oh, no, no! We will order that standing desk. It's not because we don't want to...”

Drew suggests that the quick return to in-person instruction was perhaps a misguided attempt to address not only the fiscal and enrollment issues discussed above, but also the negative mental health impact on everyone:

I think that the shift (to remote learning) has had a negative impact on the mental health of every single one of my colleagues. Those who had a diagnosis, and those who did not.

And I feel like the rush to go back to in person was to try to stop that, but it has not helped. In fact, it's made up much worse. Because we're not dealing with the underlying issue. We're just trying to stick a Band-Aid on it.

Later COVID: Acceptance

As the COVID timeline progressed, and these conversations around returning to campus and the subsequent decisions regarding disclosure and necessary accommodations were taking place, another positive aspect arose. For people with disabilities, being successful often correlates with accepting their condition as but one aspect of their whole being. Those who consider themselves a success do not let their disability define who they are, rather they choose to recognize that, while they are not responsible for their disability, they are responsible for their own success and well-being. Acceptance is one of the most difficult aspects of living with a disability (Pazak, 2022). As discussed in Chapter 2, disclosure can sometimes be a part of the acceptance process. This was an important facet in the research study, the search for positive outcomes that resulted from the COVID experience and disclosure conversations. Several interviewees shared that navigating the pandemic led to personal acceptance of their limitations:

Robin noted:

And so, for me, the positive thing that has come out (of the pandemic experience) has been my reconsidering of what a disability is and allowing myself to realize that even though I am able-bodied than most ways, that there maybe are situations where I would be, perhaps, not able to do things in the same way as most people would. It's not something that I considered a disability for a long time. But I think the whole COVID experience has made me realize that it is, in a way.

Drew shared:

Some of this I have learned about myself because of the experience with COVID and the sort of aftermath and the ongoing stuff. I'm taking pretty powerful immunosuppressants, and I would not have even thought about that as an issue in my job until COVID came along.

Riley stated:

I couldn't see the water I swam in. I couldn't see that mine was murky, and that it wasn't my fault. I had already always kind of acknowledged it to a degree, but it was never that clear to me. It's been, in a bizarre way, empowering to be able to talk about this openly to my colleagues and honestly to my students. Just to have that position of authority where I can say, "Hey, I have these issues."

Post-pandemic: Job security

For those faculty members with invisible disabilities who were situationally forced to disclose due to institutional pandemic responses, or those who chose to disclose for accommodation purposes, new concerns around job security and expectations arose (Chesley, 2021). Such concerns were echoed by the study participants when discussing the repercussions of disclosure. Jordan stated:

I think that a lot of what people asked for, a lot of it rested on how secure they felt in their jobs. There was a lot of talk right away of layoffs, and so people were really anxious. And I don't think that there was a really good, united effort to be inclusive, or to communicate around what folks with disabilities and accommodations might need. So, yeah, that was something that I feel like I witnessed that was really relevant.

For those who did survive the initial layoffs, a return to “normalcy” did not necessarily equate to job safety. Interviewees reported receiving negative evaluations based on the continued need to teach remotely due to health concerns. Others became singled out as perceived “diversity hires” amongst their peers because of their decision to disclose during this time period. In some cases, institutional responses varied radically. Taylor taught at two different institutions prior to and during the pandemic and had disclosed to both regarding their disability in order to receive some accommodations. During the pandemic, they updated their accommodation request to include remote teaching. As the return to campus ensued, Taylor shared they were not assigned classes at one of the institutions, and felt it was in direct response to the continued remote teaching accommodation. However, at their other college, the school chose to change the

modality of a class, initially scheduled to meet in-person, to be fully online to meet the accommodation request. Importantly, this allowed Taylor to maintain a five-course load, which was the minimum needed to retain medical benefits. As Taylor put it, “they’ve been hugely responsive.”

According to the AAUP (n.d.), tenure status has been around since 1940. Achieving tenure is the goal of many collegiate faculty, as it brings with it an elevated status and increased job security (Milano, 2021). While the higher education workforce reduction included some tenured faculty members, the percentage of layoffs of pre-tenure and adjunct faculty was much higher (Flaherty, 2021). The tenure process is designed to be arduous and is often considered inequitable to women, people of color, and those from lower socio-economic backgrounds who may have fiscal or familial obligations competing for their time, thus obstructing them from full participation in the process (Gannon, 2021). There is generally a rubric established and a timeline set for those entering the process, and the clock is always ticking.

During the pandemic, some institutions offered rollbacks, or a tenure-clock pause. However, although the countdown was stopped temporarily, there is now concern over the perception of the gap in productivity by many pre-tenure faculty (Gannon, 2021). Parker notes:

I've had some discussions with some of my more senior colleagues, who, I think, don't understand how to interpret what a rollback is when they're looking at someone's CV. Also, there seems to be a lot of ableism around what productivity should look. They've all been very clear actually, that “No, it's quality, not quantity of things”, but there are also some people who are like “Well, there's only one publication per year for these years”. I'm like “Yes, that's why there was a roll back. So, there shouldn't be a penalty for that right?” So, I'm trying to grapple right now with how to write this...we have an option to do a pandemic statement for our tenure dossier. I'm considering how to talk about my disability, (or) if I should talk about a disability.

Other pre-tenure faculty who disclosed during the pandemic experienced very negative outcomes because of their disclosure, including being treated as unqualified for tenure-track positions, in some cases leading to a denial of tenure. Drew shared:

I made the disclosure about (my) immunocompromised status and it did not lead to any additional assistance. It did not lead to anything positive. It definitely led to negative outcomes in the two years since then. The academic year 2021-2022 was my tenure review year and I was denied tenure from the institution based on behaviors that are clearly linked to the two disabilities that I'd disclosed to them through official ADA channels through HR. I was reprimanded for being emotional, for not wanting to come to campus, for asking my students if they were willing to meet online for half of our meetings and meet in person for the other half. That was the primary reason that I was denied tenure, because the institution flat out refused to allow me to do my work remotely and would not make any accommodations.

Post-pandemic: Disclosure conversations

Despite the job security concerns, interview participants noted that the increase in prevalence of disclosure conversations, both officially and unofficially, has been a silver lining throughout the pandemic. Some comments denoted how the willingness to discuss disabilities has led to more openness with peers and students, and how disclosures within their unit have provided a more open dialogue and built better rapport. As one respondent affirmed that the disclosure conversation helped to solidify their relationship with their department chair.

Several interview participants discussed the new openness to such conversations, and the subsequent growing willingness to accept people with disabilities as contributing members of academia. Within the departmental units, these conversations have empowered faculty members into feeling less inclined to hide their symptoms or differences. Parker stated:

Before the pandemic, I was doing a lot of things to minimize how much I talked about it (my disability), or how much I interacted with my technology when I was in meetings or in class. I tried to hide it a lot. I noticed that after the pandemic, especially when there were a lot of online meetings and stuff, I was more likely to talk about it with people or treat myself and do things I needed to do during the meeting. I was much more willing to talk about it with my colleagues especially.

Riley added:

The pandemic was hell in its own way, maybe easier in some others, but I see a lot of positives coming out because these conversations are happening, and they were not happening before. There's a kind of a... maybe it's just the visibility, I'm not sure, but the fact that so many people have these issues. I mean, the fact that you're running the study now. Let's be honest. The fact that these (issues) are now more present in people's minds has made it a lot easier for me to discuss them, with especially my immediate colleagues.

This willingness to openly disclose and discuss needs is likewise echoed in classroom settings, where the faculty member might serve as an example or role model for students who have the same or similar disabilities or create a wider awareness in students who do not. Blake felt that it was important to share within their classes, as many students share a similar diagnosis. By discussing it candidly, they felt it helped to normalize neurodiversity. Nat furthered this notion, expressing that part of the importance of disclosing derives from showing students that there are faculty members who are like them, thus providing proof that they can succeed, that they can overcome the challenges that come along with their disabilities. As Robin put it:

Overall, I would say everyone has been understanding or supportive, or at the very least neutral, about it. So, I haven't really experienced much negativity. I'm talking to my students, being more open to talk about it with my students... So I'm saying, "Hey, everyone, I'm wearing a mask. And here's why," or "I'm teaching online, and your other professors aren't. Here's why." I've actually had a few different students that have had either similar health issues or similar treatments, and that haven't had a lot of people to talk to about it, and they have expressed that they were happy that they could talk to me about it.

There was a shared hope amongst the study participants that this phenomenon of open and meaningful conversations might persist as our society moves forward, although that hope was tempered throughout the participants with a dose of healthy skepticism.

Summary

In Chapter Four, the researcher presents the demographic data gathered during the initial survey, followed by a detailed description of the 6 identified themes, presented along with

supporting dialogue selected from the semi-structured interview transcriptions. In Chapter Five, the researcher will discuss the possible implications of these themes within that landscape of higher education and identify some recommended areas for future research.

Chapter Five. Implications for Practice and Research

This chapter provides a review of the key discoveries uncovered during the research study, tying them to the pre-existing literature and identifying potential implications within the landscape of higher education. The chapter concludes by providing recommended avenues for future research based upon the survey results and interview responses.

Review of Key Findings

This study set out to investigate how the rapid shift to online learning due to the COVID-19 pandemic might have disparately impacted faculty with undisclosed invisible disabilities. As was revealed in Chapter 2, there is very limited published research regarding faculty with invisible disabilities in higher education. However, many of the concerns and socio-constructed limitations felt by the community of disabled persons at large, such as navigating ableist environments, dealing with stigmatization, and making decisions regarding disclosure, and are applicable to this defined sub-population.

The study findings revealed disclosure was not a primary concern for the majority of faculty with invisible disabilities during the initial phase of the pandemic. Instead, like much of the American population, these faculty were dealing with issues regarding isolation, fear, and anxiety. These concerns were exacerbated by the need to provide stability, guidance, and in some situations, comfort, to a displaced student population, all while attempting to complete the interrupted academic terms in a manner that met scholastic rigor by shifting course modalities and utilizing new or unfamiliar technologies.

As institutions re-opened their campuses and classes shifted back to in-person modalities, faculty members with invisible disabilities, especially those with immunocompromising conditions, faced very real decisions regarding disclosure. Returning to the classroom presented

a very real threat of exposure to the virus, but seeking accommodations to teach remotely, where only those with health considerations were afforded such, became a de facto ‘outing’ event. Unintentional exposure due to accommodations is a concern repeatedly mentioned in the literature, and the survey respondents and interview participants who chose to seek accommodations overwhelmingly verified such occurrences, noting micro-aggressions from their peers, as well as questions regarding their ability to carry out their job duties by their supervisors, in some cases resulting in the denial of tenure.

However, there were some noted positive outcomes of these disclosures. Several interviewees discussed how dealing with the pandemic and making decisions about disclosing their condition and limitations helped them accept the realities of their invisible disability. Others discussed how the disclosure process led to more open dialog within their departments, promoting a better understanding of the concepts of and need for inclusive environments that are accessible to everyone.

As discussed in the literature, having well-defined policies and procedures to handle accommodation requests is not only appropriate, but also often legally mandated. Still, many of the respondents indicated that their institutions have poor documentation, making it hard to find the proper support. Likewise, the process for making disclosures and requesting accommodations are assigned as partial duties to persons in already understaffed and overworked units, and that appellate processes are often escalated in-house, leading to disparate, unequitable treatment.

In the end, the research indicated that disclosure decisions during the COVID-19 pandemic were not significantly driven by considerations associated with the pivot point or academic technologies, but rather by the same issues that were highlighted in the literature review, namely stigmatization, job security, and identify management.

Implications for Practice

To bolster the positive outcomes discovered during the interview process, while preventing or reducing the recurrence of the negative aspects recounted by the survey and study participants, the researcher suggests three distinct areas of focus that need immediate and on-going attention in higher education. The implications of these identified areas, along with suggestions for implementing some impactful changes, are included in this section.

Open dialogue: Disability as diversity

The disruption in the job routines caused by the stay-at-home order and subsequent pandemic protocols has resulted in the re-evaluation of established duties across the American workforce. The overall employment-population ratio declined 9.7% between March and June 2020 (Gamble & Dunn-Paul, 2023). However, while the total employment-population ratio has yet to fully recover as of January 2023, the employment-population ratio for persons with disabilities has not only recovered, but has increased by nearly 20%, the largest increase over such a time-period on record. The researcher suggests that part of this statistical increase is perhaps due disclosures by persons who had not officially identified as having a disability prior to the pandemic. This holds true at institutions such as Louisiana State University, where prior to the pandemic, only about 4% of faculty and staff identified as having a disability, whereas post-pandemic, that number has risen to about 7% and continues to climb.

In a time where inclusivity and diversity initiatives in both student body and faculty/staff composition have been elevated on campuses across the country, it is important to encompass faculty and staff with disabilities in these efforts. If ‘disability’ was included as a minority status, it would be the largest minority demographic in the United States (Drum, McClain, Horner-Johnson, & Taitano, 2011). By adopting “disability as diversity” mindset, institutions now have

the opportunity to not only promote the health and well-being of their students, faculty, and staff, but also to increase their metrics for annual reporting purposes. This might be accomplished by encouraging the open dialogue lauded by the survey and study participants, and by installing proactive measures to provide necessary accommodations without stigmatization or subjection to overly burdensome request processes.

Care should be taken to avoid ableist language when engaging in these conversations. Ableist dialogue can be overt, such as referring to a person as “suffering from” or “stricken by” conditions associated with their disabilities. It can also take the form of microaggressions or backhanded compliments. Classic examples of these include “You don’t look disabled” and “You’re too beautiful to be bound to a wheelchair.” However, even well-intentioned language can be ableist. Early in the interview process, the researcher recounts that a question was asked of a participant to address how their disability might affect them in a certain situation versus how someone without their disability might be affected. Although the interviewee understood the intention of the question, they pointed out they had really no idea, because they did not know what it was like to not have their disability.

Policies and procedures

An important mechanism in ensuring faculty with disabilities feel included and welcome is the establishment of well-defined policies and procedures around accommodation requests and reporting on accessibility issues. While some study participants indicated that their institutions already had policies in place, those policies either were out of date or did not provide enough clear guidance on expectations to be of value. Other respondents noted that they could not locate policies or guidance at their schools. The researcher suggests the following steps to address these issues.

- Create new or refine existing policies using clear, concise language. Rather than a single, all-encompassing policy, create several focused policies to address reporting lines, accommodation expectations, training, etc.
- Define request and reporting procedures. Create easy-to-find documentation with clear indications on who to contact for departmental and institutional accommodation requests. Establish an appellate process overseen by an impartial party.
- Guidelines for reporting unmet accommodations need to be clearly communicated to both the party requesting the accommodation and the unit responsible for implementing or carrying out the accommodation.
- The accommodation process should be well-documented and should include a) the method for requesting accommodations, b) what (if any) standard accommodations are available without investigation, c) an established timeline for response, and d) an outline of the investigative process, should that prove necessary to approve the accommodation request.
- During times of crisis, any available emergency accommodations should be clearly communicated, widely distributed, and should include an expected duration or time of cessation, if known.

Supervisory training

Even with well-established policies and procedures, personnel need proper training and awareness to promote diversity and create an inclusive work environment. As is evidenced in the research, this is especially pertinent for those who supervise or mentor faculty members with disabilities. In some states, new laws, such as Act 103 of the 2022 Louisiana Regular Legislative

Session, have established mandatory trainings for all state employees in supervisory roles. However, regarding private and not-for-profit institutions, community and technical colleges, or institutions in states that do not have such legislation, the onus of creating, providing, and enforcing this training falls on institutional leadership. From the broad perspective, deans, department chairs, and directors need to be trained on proper language and the power of words, on how to avoid involuntary disclosures when providing accommodations, and how to identify and address microaggressions or passive-aggressive behaviors directed at personnel receiving accommodations. At the departmental or unit level, supervisors need to fully understand the accommodations process, how accommodations are implemented, and the correlated expectations on both the unit and the individual receiving accommodations. Additionally, raising the awareness of supervisors allows for the opportunity, when appropriate, to utilize the unique abilities and strengths of faculty members who have developed alternative skill sets or who experience the world differently from their peers.

Recommendations for Future Research

The findings from this study revealed critical information on the experiences of faculty members with invisible disabilities during and after the COVID-19 pandemic. Through the survey responses and interview process, two areas for future research have been identified.

Impact on the Deaf / hearing-impaired community

Although the study participants indicated a wide range of invisible disabilities, there was very low representation from the Deaf / hearing-impaired community. Only 9 survey respondents identified as having some or full hearing loss, while none of the interview candidates included this diagnosis. Perhaps not surprisingly, when comparing the responses of those with hearing loss against those of the collective group, persons with hearing loss indicated a smaller margin of

change in the consideration they gave to the accessibility of academic technologies prior to and during the pandemic (Appendix A, Question 2.3). The assumption, seemingly backed up by the responses provided, is that those faculty members in this group were already giving a higher level of consideration to academic technology prior to the pandemic. However, when comparing the same subset of respondents versus the whole on the question about their institution's commitment to the accessibility of academic technology (Appendix A, Question 2.2), the response for pre-COVID was the same across the board, whereas the perceived margin of change indicated by those with hearing loss was much lower during and post-pandemic. Finally, when analyzing the manageability of course loads pre-COVID, during COVID, and post-COVID (Appendix A, Question 4.5), those with hearing loss began at a higher satisfaction level but reported a larger decline in their ability to manage their course load during and post-COVID. Based on the responses provided, the researcher feels that this community may have been significantly impacted by the shift to remote learning, mostly due to the requirements surrounding the use of academic technologies that are often not in compliance with ADA guidelines, and that further, targeted research is warranted.

Intersectionality and the privilege of access

This study was carried out with intention to not include potential correlated aspects of intersection in persons with disabilities who also identify as being a member of another under-represented protected group or minority. However, the researcher feels it is important for future studies to note that, based on the responses provided (Appendix A, Question 5.2), more than half of the survey respondents identified as such. Additionally, one interviewee, who self-identified as a white, CIS-gender, male, felt that it was pertinent to later conversations to discuss how privilege and ready-access to assistance addressing the symptoms associated with his disability

during his secondary and post-secondary education directly contributed to his success in joining the faculty fellowship. He noted that, coming from a well-to-do family with powerful ties in a large city, he was provided care that many others who share his diagnosis would be unable to afford, and wondered how many potential faculty members are denied the opportunity to succeed because of the lack of similar access.

Conclusion

The purpose of this study was to determine if the rapid transition to online learning in March 2020 due to the COVID-19 pandemic forced or encouraged disclosure by faculty members with invisible disabilities. What was discovered was that overwhelmingly, forced disclosure was instead a result of the return to campus and the cessation of temporary emergency accommodations afforded to faculty by many institutions. The results of the study indicate the need for expeditious and intentional actions by leadership at higher education institutions throughout the United States to meet the specific needs of their faculty members with invisible disabilities. These faculty members are representative of a large percentage of the American population and contribute directly to the diversity of the institutional staff. Their continued success should be encouraged by proactively providing an accessible, welcoming work environment, with well-defined policies and procedures for requesting and obtaining necessary accommodations, and where the accessibility of the tools implemented and utilized, including all academic technologies, is a high priority. The act of disclosing must remain an individual choice, but faculty members should feel comfortable that any disclosure will result in positive assistance without the stigmatization that is often associated with having a disability. Faculty members with invisible disabilities bring with them unique insights and skill sets that can be beneficial to their institutions, and thus to the students that they serve.

Appendix A. Initial Survey

Covid-19, Academic Technology, and Disclosure of Invisible Disabilities (CATDID)

Introduction:

The purpose of this survey is to determine the impact of the Covid-19 pandemic and the accelerated switch to remote learning on faculty members with invisible disabilities. All responses to this survey are anonymous and will be used to inform a follow-up case study. Respondents will be invited to volunteer for the case study at the conclusion of the survey.

This study focuses on faculty members at US-based higher education institutions. The researcher recognizes that faculty duties encompass more than just course instruction, however based on the primary purpose of the study, no data is being gathered regarding faculty research or community service in this survey.

The researcher has attempted to create this survey in the most accessible format possible. Should a participant experience any barriers to completing the survey due to a disability, please contact Buddy Ethridge at BUDDY@LSU.EDU and an alternative format or another accommodation will be arranged.

Terminology

An **invisible** or **hidden** disability refers to any condition that is not readily apparent to an outside observer, but which can limit a person's movements, senses, activities, or cognitive abilities. For the purposes of this study, the researcher uses the term "Invisible Disabilities" to encapsulate these conditions.

While the world continues to battle the Covid-19 disease, for purposes of this study, the term "Pre-Covid" refers to any date prior to March 19, 2020, the term "During Covid" refers to the date range of March 19, 2020 through April 30, 2022, and the term "Post-Covid" refers to dates May 1, 2022 and onward.

Page Break

A1.1 Do you identify as having an invisible disability?

▼ Yes ... No

Logic: Skip To: End of Survey If Do you identify as having an invisible disability? = No

Page Break

Section 1: Teaching experience and course modality

This section gathers some demographic data on your teaching experience and course modality preferences.

Q1.1 Please select the best description of the institution at which you teach (based on the latest Carnegie classification). If you teach at more than one institution, please select all that apply.

- Doctoral
- Master's
- Baccalaureate
- Baccalaureate/Associate
- Associate
- Special Focus
- Tribal

Q1.2 Please select the best description of your status. If you hold differing statuses at multiple institutions, please select the most advanced status.

- Dean, Asst/Assoc Dean, Dept Chair (present or past)
- Tenured Faculty
- Professional/Clinical Faculty
- Pre-tenure Faculty
- Adjunct Faculty
- Instructor
- Graduate Student
- Other (please describe):

Q1.3 Please indicate the duration of your teaching experience in Higher Education.

- 20+ years
- 10-20 years
- 5-10 years
- 2-5 years
- 1-2 years
- Less than a year

Q1.4 Indicate the best description of your preferred instructional modality during the time periods indicated. If you teach multiple courses with varying modalities, select the option that best describes the majority of your course-load. (Please select only one from each column.)

Table 6. Initial Survey Question 1.4

	Pre- COVID	During COVID	Post- COVID
I taught / teach / will teach only face-to-face			
I taught / teach / will teach face-to-face, with some primarily synchronous online requirements			
I taught / teach / will teach face-to-face, with some primarily asynchronous online requirements			
I taught / teach / will teach online (majority-synchronous), with some face-to-face requirements			
I taught / teach / will teach online (majority-asynchronous), with some face-to-face requirements			
I taught / teach / will teach only online (majority-synchronous)			
I taught / teach / will teach only online (majority-asynchronous)			

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Section 2: Use of Academic Technology

When describing technology utilized in teaching and learning, the terms **Academic**, **Instructional**, and **Educational** are often considered interchangeable, with varying nuanced interpretations. For the purposes of this survey, the use of "Academic Technology" will act as the catch-all term. Additionally, when considering your answers in this section, please do not include classroom-based technologies (such as smart boards, overhead projectors, etc.), with the exception of integrated web-conferencing and lecture capture technologies used to facilitate online or remote learning experiences.

Q2.1 Please indicate the types of academic technologies you have used or will use in the time periods indicated. Examples of each type are included in parentheses (select all that apply.)

Table 7. Initial Survey Question 2.1

	Pre-COVID	During COVID	Post-COVID
Learning Management System (Moodle, Canvas)			
Web conferencing (Zoom, Skype, WebEx)			
Lecture capture (Panopto, Kaltura)			
Student response systems (Clickers, iClicker)			
Video streaming services (YouTube, Vimeo)			
Web survey tools (Qualtrics, Survey Monkey)			
File sharing (Box, Dropbox)			
Collaborative workspaces (Google Drive, MS O360)			
Virtual labs (vlab, Phet, NOVA)			
Other (please type below):			

Q2.2 In your opinion, how committed was/is your institution to the accessibility of academic technology?

Table 8. Initial Survey Question 2.2

	Strongly Committed	Moderately Committed	Slightly Committed	Not Committed
Pre-COVID				
During COVID				
Post-COVID				

Q2.3 What level of consideration is given by you to the accessibility of an academic technology prior to inclusion in your course(s)?

Table 9. Initial Survey Question 2.3

	Strong Consideration	Moderate Consideration	Slight Consideration	Minimal or No Consideration
Pre-COVID				
During COVID				
Post-COVID				

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Section 3: Institutional Response

On March 19, 2020, the first Stay-at-Home order in the United States was issued in California. By April 7, 2020, 43 states and the District of Columbia had issued Stay-at-Home orders, with the remaining 7 states issuing some directives regarding non-essential businesses and schools. For the questions in this section, please select the best description regarding how your institution responded to the Covid-19 restrictions.

Q3.1 Regarding campus access in the time immediately following the Stay-at-Home orders, my institution:

- closed immediately for all non-essential personnel.
- closed within 2 weeks of Stay-at-Home order for all non-essential personnel.
- allowed restricted access for students, faculty, and staff.
- closed for students but allowed restricted access for faculty and staff.
- closed for students but allowed unrestricted access for faculty and staff.
- remained open.
- Other (please type below): _____
- N/A (non campus-based institution)
- N/A (no state restrictions)

Q3.2 Regarding course continuity and modality in the time immediately following the Stay-at-Home orders, my institution:

- directed faculty to immediately shift to an online modality.
- paused courses for up to 2 weeks, allowing faculty time to shift to an online modality.
- allowed faculty to choose a hybrid/blended or fully online modality.
- completed the term without mandated changes to modality.
- ended the term early.
- Other (please type below): _____
- N/A (courses were not in session at the time)
- N/A (non campus-based institution)
- N/A (no state restrictions)

Q3.3 If your institution closed campus-based (including hybrid/blended) courses as a result of the Stay-at-Home orders, when did campus-based courses resume? Please select N/A if this does not apply to your institution.

- Prior to the end of 2020
- Spring 2021
- Summer 2021
- Fall 2021
- Spring 2022
- Summer 2022
- Campus-based courses have not resumed
- N/A

Q3.4 When campus-based courses resumed, were faculty given the option to change modality of traditional face-to-face courses to a hybrid/blended or online format?

- Yes
- No
- Other (please type below): _____
- N/A

Q3.5 If your institution mandated a change in modality due to the Stay-at-Home orders, was training or technical assistance provided or made available to faculty to facilitate the transition?

- Yes, additional training/assistance was made available beyond previously established support centers.
- Yes, training/assistance was already available through established faculty support centers.
- No, training/assistance was not made available.
- Other (please type below): _____
- N/A

Q3.6 In your opinion, was the accessibility of technology and digital content considered in the decisions made by your institution following the Stay-at-Home orders?

Accessibility was:

- strongly considered throughout the decision-making processes.
- somewhat considered throughout the decision-making processes.
- slightly considered throughout the decision-making processes.
- not a consideration throughout the decision-making processes.
- Other (please type below): _____
- N/A

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Section 4: Invisible Disabilities and Disclosure

The following section looks at disclosure patterns of persons with differing invisible disabilities and the impacts on the disclosure decision-making process of institutional mandates stemming from Covid-19 restrictions.

Q4.1 Please indicate the choice that best describes your invisible disability. If you have multiple invisible disabilities, please select all that apply.

- Visual
- Hearing/Auditory
- Physical
- Physical (episodic)
- Mental Health
- Mental Health (episodic)
- Learning or Cognitive
- Other: _____

Q4.2 If you have disclosed your invisible disability(ies), please indicate the time-frame of your disclosure and to whom you disclosed.

Table 10. Initial Survey Question 4.2

	Pre- COVID	During COVID	Post- COVID	Not Disclosed
My institution (HR, ADA Coord)				
My school/department (Dean, Dept Chair)				
A few colleagues and peers				
My graduate assistant(s)				
One or more of my classes				
A few select students				
Other (please type below):				

Q4.3 Did the mandatory use of academic technology as a result of Covid-19 restrictions require (or encourage) disclosure of your invisible disability(ies)?

- Yes, I had to disclose and seek accommodations so that I could perform my duties.
- No, but I chose to disclose in order get accommodations to help me perform my duties.
- No, I chose not to disclose, but by doing so, I had an increased workload due to my invisible disability(ies).
- No, I was able to continue performing my required duties with little or no impact.

Q4.4 If you disclosed your invisible disability(ies) as a direct result of Covid-19 restrictions, was the process for disclosure easy to find and well established?

- Yes, my institution/school/department has a readily available and well-established plan for handling disclosures and addressing accommodation needs.
- I was able to easily find the information on who to contact regarding disclosure, but the process itself was not well established.
- I had difficulty determining whom to contact regarding disclosure, but once I made contact, the process was well established.
- I had difficulty determining whom to contact regarding disclosure, and the process itself was not well established.
- Other (please type below): _____
- N/A

Q4.5 Regarding your invisible disability(ies) and any issues that arose due to the Covid-19 pandemic, please indicate how manageable or unmanageable your teaching requirement has been or will be during the specified periods?

Table 11. Initial Survey Question 4.5

	Pre- COVID	During COVID	Post- COVID
Extremely manageable			
Moderately manageable			
Slightly manageable			
Slightly unmanageable			
Moderately unmanageable			
Extremely unmanageable			

Q4.6 If you disclosed your invisible disability(ies) as a direct result of Covid-19 restrictions, please describe any **positive** outcomes of the disclosure.

Q4.7 If you disclosed your invisible disability(ies) as a direct result of Covid-19 restrictions, please describe any **negative** outcomes of the disclosure.

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Section 5: Intersectionality

Disability status is one of ten federally "**protected classes**". These classes include: race, religion, national origin/ethnicity, age, sex, pregnancy, familial status, veteran/military, and genetic information.

An **under-represented minority** is a group whose representation is disproportionately less than their proportion in the general population.

It is important to recognize that individuals may identify as being members of multiple protected classes or under-represented minorities. The responses to the following questions will help inform the lines of query in the follow-up case study.

Q5.1 Do you have a visible disability?

- Yes
- No
- I prefer not to respond

Q5.2 Do you identify as a member of an under-represented protected class or under-represented minority (in addition to your disability)?

- Yes - (Optional) List any that apply
-
- No
 - I prefer not to respond

Q5.3 Regarding terminology referencing disabilities, do you prefer:

- Person-first language (ex. a child with autism)
- Identity-first language (ex. an autistic child)
- I have no strong preference
- I prefer not to respond

*** Page Break ***

Conclusion

Thank you for taking the time to respond to this survey. As noted at the beginning, the answers provided here will help to inform a follow-up case study to gain more in-depth knowledge of the first-hand experiences of faculty with invisible disabilities, disclosure, and complications surrounding the implementation of COVID-19 protocols. The follow-up study will be carried out via one-time semi-structured interviews, conducted through the Zoom web-conferencing platform, and lasting 30-60 mins. If you are interested in participating in the follow-up study, please indicate below. In order to maintain the anonymity and validity of this survey instrument, you will be directed to a separate questionnaire with a description of the case study, information regarding confidentiality and consent, and requests for accommodations.

- Yes, I am interested in participating in a case study
- No, I am not interested in participating in a case study

Logic: Skip To: End of Survey If Thank you for taking the time to respond to this survey. As noted at the beginning, the answers... = No, I am not interested in participating in a case study

Logic: Display This Question: If Thank you for taking the time to respond to this survey. As noted at the beginning, the answers... = Yes, I am interested in participating in a case study

C1. Thank you for your interest in the follow-up study. Please use the link provided to redirect to the study information and sign-up questionnaire. If you have any questions, please contact Buddy Ethridge at BUDDY@LSU.EDU.

IMPORTANT: Please open this link in a new tab or window and then click the ">>" to ensure your answers to this survey are recorded.

<Link redacted: no longer valid>

End Survey

Appendix B. Semi-Structured Interview Initial Questions

The following questions will be sent to the participants prior to the interview. Additional questions and responses will build organically based upon their responses to these questions.

Question 1:

- If you are comfortable doing so, please describe your invisible disability or disabilities.

Question 2:

- Did your invisible disability(ies) have any impact on your instructional choices and delivery methods prior to COVID-19?

As noted in the initial survey, this study is an investigation into the impact that the rapid shift to online modalities due to institutional COVID-19 protocols had on faculty members with invisible disabilities. Please keep this scope in mind when replying to the following questions.

Question 3:

- What was your institutional response to COVID-19 protocols and guidelines during the first few months of the pandemic declaration (March-May 2020)?

Question 4:

- Did your invisible disability(ies) attribute to any complications in your instructional duties due to your institution's pandemic response?
 - If so, please elaborate.

Question 5:

- Did the mandatory use of academic technology because of the pandemic response require (or encourage) disclosure of your invisible disability(ies)?

(Based on answer to Q5, proceed to either Q6.a or Q6.b)

Questions 6.a (did disclose):

- To whom did you disclose?
 - If you chose to disclose in an official capacity (to your department, Human Resources, Disability Services, etc.), was the process of disclosure well-defined at your institution?
- Did disclosure lead to additional assistance based on your situation?
- Were there any unanticipated positive outcomes after disclosing?
- Did you experience any negative outcomes after disclosing?

Questions 6.b (did not disclose):

- Why did you choose not to disclose?
 - What effect, if any, did the decision not to disclose have on your instructional duties?
- In your opinion, what would have been the outcome (positive or negative) had you chosen to disclose?
- (If known) is the process of disclosure well-defined at your institution?
 - To whom or to what department are disclosures made?

Question 7:

- If you feel comfortable discussing this, are there any intersectional (race, sexual orientation, gender, age, etc.) considerations that contributed to your disclosure decision?

Question 8:

- In hindsight, would you make the same decision regarding disclosure again?
 - Why or why not?

Question 9:

- Is there anything that you would like to add regarding this topic that I have not asked you?

Appendix C. Volunteer Intake and Consent Form

Introduction: Thank you for your interest in this case study. Here you will find some background on the study and its importance, followed by some specifics regarding the study. Should you have any questions, please contact Buddy Ethridge at BUDDY@LSU.EDU.

Accessibility: The researcher has attempted to ensure the accessibility of this intake form. However, should you need assistance due to a disability, please contact Buddy Ethridge at BUDDY@LSU.EDU.

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Background: According to the Bureau of Labor Statistics, there are approximately 1.7 million college professors in the United States. The American Association of University Professors estimates that 250,000-400,000 faculty members have some form of disability, yet as of 2017, only about 68,000 faculty members have disclosed this information, the majority of those being faculty with visible disabilities (mobility impairments, Blind, etc.). These numbers do not take into account part-time instructors or graduate teaching assistants.

While studies abound on the experiences of students with disabilities and on various aspects of faculty member experiences in higher education, as of 2019, less than 20 studies had been published focusing on faculty members with invisible disabilities. This lack of research is largely due to the reticence of faculty to disclose based on the very real concerns regarding stigmatization, ostracization, denial of promotion, or retaliation over accommodation requests.

Study info: This study is being undertaken to better understand how the rapid transition to online instruction due to COVID-19 protocols impacted faculty members with invisible disabilities within the realm of higher education at institutions in the United States. Specifically, the goal is to determine if this transition forced disclosure by the faculty member, gather experiences around the process of disclosure, ascertain how the decision to disclose or not to disclose has impacted productivity and quality of life.

Anonymity: All information gathered during this initial intake process, as well as all data gathered during the subsequent case study, will be thoroughly scrubbed of personally-identifiable information and all names will be anonymized prior to final release. No institutional names will be included in the final release. IRB information regarding this study will be provided to all selected volunteers and can be requested by anyone by contacting Buddy Ethridge at BUDDY@LSU.EDU.

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Demographics: The following questions are intended to gather demographic data about your teaching experience and the institution(s) at which you teach. Should the number of volunteers exceed that which is needed for the case study, this information will assist the researcher in selecting a representative cross-section of participants.

Q1.1 Please select the best description of the institution at which you teach (based on the latest Carnegie classification). If you teach at more than one institution, please select all that apply.

- Doctoral
- Master's
- Baccalaureate
- Baccalaureate/Associate
- Associate
- Special Focus
- Tribal

Q1.2 Please select the best description of your status. If you hold differing statuses at multiple institutions, please select the most advanced status.

- Dean, Asst/Assoc Dean, Dept Chair (present or past)
- Tenured Faculty
- Professional/Clinical Faculty
- Pre-tenure Faculty
- Adjunct Faculty
- Instructor
- Graduate Teaching Assistant
- Other (please type below)

Q1.3 Please indicate the duration of your teaching experience in Higher Education.

- 20+ years
 - 10-20 years
 - 5-10 years
 - 2-5 years
 - 1-2 years
 - Less than a year
-

Q1.4 Regarding campus access in the time immediately following the Stay-at-Home orders, my institution:

- closed immediately for all non-essential personnel.
- closed within 2 weeks of Stay-at-Home order for all non-essential personnel.
- allowed restricted access for students, faculty, and staff.
- closed for students but allowed restricted access for faculty and staff.
- closed for students but allowed unrestricted access for faculty and staff.
- remained open.
- Other (please type below):

- N/A (non campus-based institution)
- N/A (no state restrictions)

Q1.5 Regarding course continuity and modality in the time immediately following the Stay-at-Home orders, my institution:

- directed faculty to immediately shift to an online modality.
- paused courses for up to 2 weeks, allowing faculty time to shift to an online modality.
- allowed faculty to choose a hybrid/blended or fully online modality.
- completed the term without mandated changes to modality.
- ended the term early.
- Other (please type below):

- N/A (courses were not in session at the time)
- N/A (non campus-based institution)
- N/A (no state restrictions)

Page Break

Process: Chosen participants will be contacted and provided with the preliminary set of questions prior to the interview. The interviews will be conducted virtually utilizing the Zoom video conferencing platform. To prevent inaccuracies in capturing responses, the interviews will be recorded and transcribed. The recordings will be stored on a local computer and will not be uploaded at any time to the cloud. Expected interview duration will be around 30 minutes, but an hour will be scheduled to account for dynamic conversation threads. During the interview, participants will be given as much time as needed to reflect and expound upon the questions.

Preferred Language: The researcher defaults to person-first language, but understands that some people have differing preferences. Please indicate your preferred language option below.

- Person-first (ex. a person who is deaf)
- Identify-first (ex. a Deaf person)
- No preference

Accommodations: If you are in need of accommodations in order to participate in this study, please indicate below. The researcher will not consider accommodation requests as part of the selection process, but will every effort to provide accommodations to any selected participants who have requested them.

Consent: Participation in this case study is voluntary and unpaid. Consent can be withdrawn at any time prior to publication without need to provide a reason. By signing up below, you are stating that you understand this and provide your consent to be contacted about being a participant.

Sign-up: If you would like to volunteer to participate in this study, please provide your contact information below. The researcher will respond with additional information once the participant selections have been made.

Intake End

Appendix D. Survey Responses, Question 4.6

*If you disclosed your invisible disability(ies) as a direct result of COVID-19 restrictions, please describe any **positive** outcomes of the disclosure.*

- Supportive Chair, able to teach online longer than other colleagues.
- My department chair knows and checks in regularly. Is very understanding if I need to take a day or two during a tough stretch.
- Greater flexibility with non-teaching related activities
- I was given accommodations that allow me to continue to perform my job. Without them I would most likely of had to quit or go on disability leave.
- Being accommodated with technology
- I am more open about my disabilities with students, and I have modified my instruction method.
- I was able to continue teaching completely online when the University preferred us to be in person. This only lasted until our new Governor (a conservative) was sworn in, however.
- My departmental chair and dean have strongly supported my ongoing need to teach strictly on-line.
- I was temporarily able to get an accommodation to teach online following the shift back to in-person classes because my campus does not have the audio technology needed to help me hear with masks. I was also able to miss some unproductive meetings because I wouldn't have been able to hear in the environment they were held in (which was a problem pre-COVID, but I was only allowed to skip these during/after COVID).
- I only disclosed my disability to my chair so that I could continue teaching online (asynchronously) once the university was opening back up to students. The positive outcome is that I am still able to teach asynchronously, but I'm not sure how long this accommodation will last.
- I was allowed to teach online in 2020-2021 academic year, which allowed me to not have to worry about catching COVID.
- I remained online teaching even though the school mandated everyone to return to face-to-face teaching.
- Better communication with students, understanding of my own deadlines and what I need from them and why, significantly improved feelings of inclusivity for other students with similar issues, being listened to by colleagues on mental health issues.
- I am now on record with our DSS office, which I guess is positive. My specific supervisors have continued to be supportive, as they were pre-COVID.
- I have been able to continue doing online-async post COVID, because being in a classroom could cause problems with my physical disability (asthma).
- Allowed to keep teaching online.

- I was able to get accommodations for my student-related work, i.e., my doctoral qualifying exams
- Really solidified my relationship with my chair. Helped open a dialogue and rapport.
- Neurological - impact of looking at screens all day causing flare ups. Positive impact was increased connection with peers.
- Greater understanding of disability requirements and needs for successful course and curriculum implementation.
- Was able to teach remotely.
- I had one year of reduced committee assignments.
- I only told a few trusted colleagues, it was helpful to be open about it.
- I am immunocompromised. I think disclosing to students and colleagues led to more folks wearing masks around me once they became optional at my institution.

Appendix E. Survey Responses, Question 4.7

If you disclosed your invisible disability(ies) as a direct result of COVID-19 restrictions, please describe any negative outcomes of the disclosure.

- I did not wish to discuss private health in workplace, but was forced to do so.
- I realized that accommodation requests for mental health issues are not always honored/established.
- Department gossip, co-workers objecting to "special treatment" I received by way of accommodations.
- Stigma, added anxiety due to what's now in my file and who knows, irritation and annoyance from my chair for having to "deal with this"
- None. However, I felt that the requirements put in place in order to receive this accommodation were not reasonable; they made it onerous to discourage faculty from seeking the ability to continue teaching online.
- Colleagues and administrators have responded fairly poorly to my need for occasional accommodations due to hearing loss. I've repeatedly been told there is no way to support my hearing loss, that nobody knows a good solution, and that some solutions suggested shouldn't even be attempted because they were inconvenient. People have shrugged off concerns that post-COVID, our campus has somehow become even less accessible for those with hearing loss even in person, even when these concerns are voiced by hearing faculty/staff. I've also been called an impossible-to-fire "diversity hire" for disclosing my hearing loss at the same time that my job became the most vulnerable during layoffs.
- I had to teach online while other sections of the same course were in person, this probably affected perceptions of my course. It also made me identifiable as somebody with "health problems" because only approved people could teach online. Most students and colleagues have been respectful, but I have heard microaggressions and snarky comments, too.
- More unpaid labor- now I get to mentor neurodivergent students AND bipoc students.
- Had someone accuse me of plagiarism because 'there's no way someone with ADHD can write a paper like that' (they were wrong and my name was cleared)
- The Dean has given me multiple negative evaluations and has insinuated that my being off campus is part of the reason as they expect all personnel under them to teach, go to meetings, and do service face to face as mandated. I was also told that there "may not be a job" for me because it is an unreasonable hardship to the department for me to teach online "after Covid" even though it was not a hardship during Covid.
- Ableist comments from colleagues, occasionally explicit, feeling the need constantly to do the emotional labor of advocacy.
- I continue to feel unheard in the larger scope of things.
- Not directly... but it made it really clear that my institution does not care about disabled faculty. the process to get an accommodation was so poorly documented that I gave up

(and had to do as much as possible within the department). And I only pursued it after all covid protections were removed.

- Lack of available accommodations.
- Accommodations were immediately thrown out the window once classes resumed "normal" operations.
- Saw how little my institution cares, had to fight for every accommodation, was pressured to disclose my disability widely, was excluded from department events, was pressured to attend events in person
- The chair started to treat me like I'm not qualified to be on tenure track
- The information I provided about my disabilities was used against me when I went up for tenure in AY 2021-2022. I am still fighting that denial of tenure.
- People might have been skeptical or not believed me.
- Being immunocompromised, COVID is still dangerous for me. I am now in a position of having to constantly re-disclose my disabilities, which is personal information, to maintain my safety as best I can in public.

Appendix F. IRB Approval

LSU Office of Research & Economic Development

TO: (Charles) Buddy Ethridge
LSUAM | Vice President for Civil Rights &
Title IX | CC01268

FROM: Alex Cohen
Chairman, Institutional Review Board

DATE: 06-Jul-2022

RE: IRBAM-22-0628

TITLE: Did the Rapid Transition to Online Learning
in Response to COVID-19 Protocols Result
in Forced Disclosure by Faculty Members
with Invisible Disabilities?

SUBMISSION TYPE: Initial Application

Review Type: Expedited Review

Risk Factor: Minimal

Review Date: 06-Jul-2022

Status: Approved

Approval Date: 06-Jul-2022

Approval Expiration Date: 05-Jul-2023

Expedited Categories: 07

Requesting Waiver of Informed Consent: No

Re-review frequency: Annually

Number of subjects approved: 15

LSU Proposal Number:

By: Alex Cohen, Chairman

Continuing approval is **CONDITIONAL** on:

1. Adherence to the approved protocol, familiarity with, and adherence to the ethical standards of the Belmont Report, and LSU's Assurance of Compliance with DHHS regulations for the protection of human subjects*
2. Prior approval of a change in protocol, including revision of the consent documents or an increase in the number of subjects over that approved.
3. Obtaining renewed approval (or submittal of a termination report), prior to the approval expiration date, upon request by the IRB office (irrespective of when the project actually begins); notification of project termination.
4. Retention of documentation of informed consent and study records for at least 3 years after the study ends.
5. Continuing attention to the physical and psychological well-being and informed consent of the individual participants, including notification of new information that might affect consent.
6. A prompt report to the IRB of any adverse event affecting a participant potentially arising from the study.
7. Notification of the IRB of a serious compliance failure.

8. **SPECIAL NOTE: When emailing more than one recipient, make sure you use bcc. Approvals will automatically be closed by the IRB on the expiration date unless the PI requests a continuation.**

** All investigators and support staff have access to copies of the Belmont Report, LSU's Assurance with DHHS, DHHS (45 CFR 46) and FDA regulations governing use of human subjects, and other relevant documents in print in this office or on our World Wide Web site at <http://www.lsu.edu/research>*

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Vita

Charles, whose preferred name is Buddy, serves as the Director of Digital Accessibility, working within the LSU Office of Civil Rights & Title IX and Office of ADA Coordinator.

Buddy is responsible for overseeing, coordinating, and implementing accessibility policy, procedures, and remediation plans, including the assessment, recommendation, and procurement of assistive technologies and compliant technologies and software. Buddy oversees the development of and helps to facilitate institution-wide annual training relating to current and emerging trends in assistive technologies, web and application development trends, and digital accessibility regulatory issues as they relate to higher education.

Outside of work, Buddy enjoys fishing, reading, martial arts, gaming, and history. He is a proud US Navy veteran, a published author, and has been recognized as an international expert in the area of swords as objects of art. He is happily married and enjoys spending time with his wife, their three adult children, and many grand-animals.