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2 Disabilities: A Quebec Qualitative Study

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28

## 29 **Conflict of interest**

30 None of the authors has any conflict of interest to declare.

31

## 32 **Data availability**

33 The datasets generated during and/or analysed during the current study are available from the corresponding author  
34 on reasonable request.

35

## 36 **Ethics**

37 All procedures performed in studies involving human participants were per the ethical standards of the institutional  
38 and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable  
39 ethical standards. Informed consent was obtained from all individual participants included in the study. Ethical  
40 certification was obtained from the Research Ethics Committee of the Integrated University Health and Social  
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42

#### 43 **Authors' contributions**

44 AL, MHG, NB and CV contributed to the study conception and design. Material preparation, data collection and  
45 analysis were performed by AL, assisted by MHG, NB and CV. Literature search was performed by AL. The first  
46 draft of the manuscript et subsequent revisions were written by AL and all the authors commented on the previous  
47 versions of the manuscript. All the authors read and approved the final manuscript.

48

49 **Title:** The Influence of Teleworking in a Pandemic Context on the Work Experience of Individuals with Physical  
50 Disabilities: A Quebec Qualitative Study

51  
52 **Abstract:**  
53 The COVID-19 pandemic has led to numerous changes in work environments. Thousands of workers quickly found  
54 themselves having to telework without being prepared, which had consequences on their work experience and health.  
55 Authors proposed telework practices that promote the healthy work experience of workers in a pandemic context, but  
56 less attention has been paid to consider the realities and needs of individuals with physical disabilities . **Purpose.** This  
57 study aimed to explore the influence of telework during the pandemic on the work experience of people with  
58 physical disabilities. **Methods.** Following an interpretive descriptive research design, interviews were conducted  
59 with 16 workers with physical disabilities (i.e., motor, or sensory). The data were analyzed using a thematic analysis  
60 strategy. **Results.** The results revealed 15 factors that influence the work experience of teleworkers with physical  
61 disabilities. These factors are related to interactions between three spheres of the worker's life: the individual, the  
62 organization, and the environment. Ten recommendations are proposed to consider the reality and needs of  
63 individuals with physical disabilities in the telework practices. **Conclusion.** Given that telework has expanded since  
64 the onset of the COVID-19 pandemic and will likely continue to remain a widespread modality of work delivery, it  
65 becomes even more important to expand knowledge about it, to benefit the work experience of teleworkers with  
66 physical disabilities.

67 **Key words:**  
68 Disability, Telework, Organizational health, COVID-19, Job Demand-Control-Support Model

69  
70 **1. Introduction**

71 On March 11, 2020, the World Health Organization (WHO) declared that the COVID-19 virus had become  
72 a global pandemic and a health emergency [1]. To save as many lives as possible, the WHO strongly suggested that  
73 countries adopt measures to prevent infections and reduce transmission. Several countries, including Canada,  
74 implemented such specific measures as closing nonessential businesses and services. This unprecedented situation  
75 prompted many companies to turn to telework to deliver work while reducing physical contacts between individuals,  
76 thereby limiting the spread of the virus. As of June 2020, 39% of Canadians were teleworking, compared to only

77 17% prior to the declaration of the pandemic [2]. The rate of Canadian teleworkers has continued to increase since  
78 [3]. In addition, approximately one-quarter of Canadian companies have considered offering teleworking to more  
79 employees once the COVID-19 pandemic ends [3]. A similar phenomenon occurred in the United Kingdom, where  
80 the proportion of people teleworking increased from 5.7% in January 2020 to 43.1% in April 2020 [4]. Also, 74% of  
81 British business leaders mentioned they would continue to increase the number of workers teleworking after the  
82 pandemic [5]. Slightly more than half said their organization will consider reducing the long-term use of physical  
83 workplaces [5], and 44% called this reduction a response to the perceived greater efficiency of telework, compared to  
84 face-to-face work [5].

85 In 2011, 968,000 Canadians with impairments, including physical disabilities, were employed [6], a considerable  
86 proportion of the country's workforce. In these times of labor shortages, the contribution of all worker populations,  
87 including those with disabilities, is essential. In Europe, the literature reports that 64% of French workers with  
88 disabilities turned to telework during the pandemic, compared to 53% of the general working population [7].  
89 Although the pandemic has caused the employment rate of people with disabilities to drop [8], teleworking remains  
90 an option for these workers to maintain their employment during this time, particularly because it has become a  
91 viable work delivery method and a means of accommodation for these workers since the 1990s [9, 10]. Employers  
92 who did not previously offer teleworking to their employees have had to adopt it due to the pandemic, a situation not  
93 without impacts on the work experience of teleworkers with physical disabilities

#### 94 **1.1 Teleworking and Workers with Disabilities**

95 Authors can vary in conceptualizing telework [11]. Current knowledge supports defining telework as work  
96 for an organization that workers perform primarily outside of a shared office environment, which must include the  
97 use of information and communication technologies (i.e., computer, network, database) [12]. Telework has  
98 constituted a work accommodation for people with disabilities, especially physical disabilities, for over 20 years, and  
99 the scientific literature documents its influence on the work experience and health of this unique population of  
100 workers. For example, the flexibility that telework affords contributes to work-schedule adjustments, accommodation  
101 of disabilities, and performing work tasks from a variety of locations [13]. This flexibility can benefit teleworkers  
102 who live with pain, fatigue, or the need for regular breaks during the day [14]. According to Davis's (2018) study,  
103 teleworking also saves time by avoiding travel, a definite benefit to workers' quality of life, especially those with  
104 disabilities [15]. The ability to work in an environment that is familiar also favors this type of workers [16] because it

105 eliminates architectural barriers in the workplace or in transportation [9, 14]. Their home usually already provides  
106 people with disabilities with the necessary accommodations to meet their needs, an added value to their work  
107 experience [17]. Because teleworking provides fewer occasions for other workers to encounter the worker's  
108 disabilities, equity with other workers and the opportunity to be more independent contribute to the inclusion of  
109 individuals with disabilities [13]. Studies show that the cost of living for teleworkers with disabilities decreases,  
110 particularly due to reduced transportation costs [13, 18]. Technological barriers remain an issue for people with  
111 disabilities who are teleworking, particularly technological tools not adapted to workers' abilities [9]. Finally,  
112 feelings of isolation and decreased social contact may represent issues for the health of teleworkers with disabilities,  
113 as these individuals are already likely to experience more social isolation than the general population [15, 19].  
114 Furthermore, teleworking can decrease the sense of "visibility" within the organization for people with disabilities, as  
115 they have a limited physical presence in the workplace [20, 21]. This decreased visibility may result in employers  
116 being unaware of their needs and challenges in the telework environment. Despite this knowledge regarding the  
117 experience of teleworkers with disabilities, the pandemic has imposed changes for this singular population.

### 118 **1.2 Teleworking in the Context of the Pandemic for Workers with Disabilities**

119 The pandemic has brought many changes to the labor market, and they have affected the health of  
120 teleworkers with disabilities. Among French workers with disabilities, 37% reported having experienced a decline in  
121 their physical health, and 32% noted a decline in their mental health because of the pandemic [7]. Also, 69% of  
122 workers with disabilities report experiencing intense stress, anxiety, or nervousness during certain periods of the day  
123 once the start of the pandemic began to increase their concerns about their work and their future [7]. Finally,  
124 teleworkers with disabilities experience more depressive symptoms, fatigue, and isolation than the general  
125 population [7]. Among several reasons for this is that some accommodations (e.g., enlarged handwriting, changing  
126 handwriting colors to change contrast) are more visible to others, a factor that affects some teleworkers with  
127 disabilities, influencing facets of their identity [22]. This aspect of visibility has changed during the pandemic.  
128 Teleworkers with disabilities went from being invisible to being more visible, impacting their work experience.

129 To support organizations and workers in this alternative work-delivery environment, authors have recently  
130 identified favorable teleworking practices in the context of the pandemic [23-25]—for example, using technological  
131 means to maintain contacts with colleagues. However, these recommendations come from data concerning the  
132 general population of workers. Thus, current knowledge does not provide an understanding of how actual

133 teleworking conditions influence the experience and health of workers with disabilities. Over the long term, the  
134 pandemic is likely to substantially impact the health of more vulnerable groups, including people with disabilities,  
135 [26]. Further studies could aid in understanding the telework experience of people with disabilities during the  
136 pandemic and the influence on their health.

137         Considering 1) the significant number of workers with physical disabilities contributing to the economic life  
138 of society, 2) the certain influence of the shift to telework on the work experience of this singular population of  
139 workers, 3) the scarcity of studies to understand the experience of teleworkers with disabilities during the pandemic,  
140 and 4) the lack of "best practices" accounting for their particular reality and needs, the purpose of this study was **to**  
141 **explore the influence of telework during the pandemic on the work experience of individuals with physical**  
142 **disabilities.**

143

## 144 **2. Theoretical Framework**

145         This study mobilizes two main concepts, namely health and work experience. Since the literature review  
146 leads to the understanding that teleworking during the pandemic had mental (e.g., stress), physical (e.g., fatigue) and  
147 social (e.g., isolation) consequences on individuals with disabilities, we approach health according to the WHO  
148 definition: "a state of complete physical, mental and social well-being" [30]. This holistic definition of health  
149 involving mental, social, and physical dimensions often appears in work-related literature [31, 32] and structures the  
150 present study.

151         Over the years, several authors have proposed models to describe and explain work experience and its  
152 relation to worker's health [e.g., 33, 34-36]. Work characteristics, such as demands, resources, or suffering, may  
153 influence workers' healthy experience. To clearly identify how the various characteristics of telework during the  
154 pandemic influence the work experience of workers with physical disabilities, Karasek and Theorell's (1990) job  
155 demand-latitude-support model appears particularly relevant for structuring the present study. Indeed, current  
156 scientific knowledge supports that telework during the pandemic has characteristics that can contribute positively  
157 and negatively to the work experience of workers with disabilities, with respect to variables that relate to demands  
158 (e.g., workload modulation), latitude (e.g., schedule flexibility) and support (e.g., reduced social contact). Thus, the  
159 job demand-latitude-support model [37] makes it possible to integrate these characteristics and understand their

160 interactions and influence on workers' work experience and health. Other studies used this model to examine health  
161 and teleworking [38], even with workers with disabilities [39].

162 According to the model [37], *demand* refers to the employer's requirements for work performance.  
163 Measuring this demand is possible using the factors of intensity, quantity, and complexity of the work, as well as the  
164 time available to accomplish it. *Latitude* comprises two important aspects: decision-making authority and skill  
165 development. Decision-making authority refers to the autonomy that the worker has to make decisions concerning  
166 the work. Skill development allows the worker to use their strengths as benefits or to develop new ones within the  
167 workplace. *Support* can come from various actors, e.g., supervisors or colleagues, and can be emotional or social.

168 In a mechanism of interactions, these three components of the model combine to create different situations  
169 that the worker can experience, which influence work experience and health. For example, a worker who must deal  
170 with high demand can compensate if they have a high degree of latitude, thus preserving healthy work experience.  
171 Also, support can reduce the effects of high demand or low latitude. All in all, the interaction between demand,  
172 latitude, and support provides insight into how the characteristics of telework during the pandemic contribute to the  
173 work experience of individuals with physical disabilities.

174

### 175 **3. Method**

#### 176 **3.1 Design**

177 Consistent with the purpose of the current study, an interpretive descriptive research design [40, 41] was  
178 appropriate, describing a phenomenon in terms of the experience of those it involves.

#### 179 **3.2 Participants**

180 Participants in the study met the following criteria: They 1) had a physical disability (i.e., motor or sensory),  
181 2) had been employed part-time or full-time for at least 24 months, and 3) had teleworked during the COVID-19  
182 pandemic. Participants were recruited using a convenience sampling strategy via social media ads. Several Quebec  
183 associations of people with physical disabilities agreed to run the ads on their media pages. The study reached the  
184 final number of participants at the point of reaching saturation and redundancy in the data collection. Given the  
185 specificity of the study, between 12 and 24 participants was the initial estimate [42, 43].

#### 186 **3.3 Procedure**

187           The researchers conducted phone and videoconference interviews with the participants to document their  
188 experience of teleworking during the pandemic and its influence on their health. Participants completed a socio-  
189 demographic questionnaire prior to the interviews, providing such information as age, gender, job type, type of  
190 disability, percentage of time teleworking, workload, and accommodations received at work. The interviews  
191 followed an interview guide containing six main sections: 1) field of work (e.g., “Tell me about your field of  
192 work.”); 2) conditions under which teleworking occurred (e.g., “Tell me about the conditions under which your  
193 teleworking experience occurred, in terms of your home environment, home organization, and technology.”); 3)  
194 individual and organizational practices (e.g., “Tell me about your own ways of working, e.g., schedule management,  
195 routines, in the past few months.”); 4) positive moves and facilitators (e.g., “If you think back on your teleworking  
196 experience in the past few months, tell me about the thing that was most helpful.”); 5) challenges and obstacles (e.g.,  
197 “If you think back on your teleworking experience over the past few months, tell me what was most detrimental.”);  
198 6) improvement opportunities (e.g., “If another pandemic were to occur, how could the teleworking experience be  
199 improved to support workers’ health?”). Interviews, conducted in French, lasted an average of 43 minutes and were  
200 digitally recorded with participant consent.

### 201 **3.4 Analyses**

202           The recordings were first transcribed verbatim and then analyzed using a thematic analysis strategy [44].  
203 This was applied to the data corpus using a systematic five-step process: 1) repeated readings of the data corpus  
204 allowed the researchers to develop a sense of immersion; 2) initial coding was started ( i.e., descriptive codes were  
205 assigned to the meaning units found in the corpus); 3) the meaning units were then transformed into expressions  
206 indicative of the participants' experience; 4) the synthesis of the expressions made it possible to organize the data  
207 into a general structure (the codes [micro level] were grouped into categories [meso level] and/or themes [macro  
208 level]); 5) “back-and-forth” views of the raw data and the general structure made it possible to clarify and interpret  
209 the data with respect to the participants' experience. In keeping with the interpretive descriptive research design [40],  
210 an inductive posture characterized the analytical process.

211           Nvivo 1.5 software was used to support the analysis. Two individuals independently analyzed the first four  
212 interviews and then reviewed them as a pair, to compare, enhance, and standardize the coding process. A third  
213 person also reviewed the coding for these first four interviews. This step reduced the risk of bias by ensuring that the  
214 coding did not reflect the perception of a single individual. Two individuals jointly coded subsequent interviews.



215 Regular team meetings ensured that the coding reflected the ideas the participants expressed. This iterative process of  
 216 creating successive versions of an outcome structure based on participants' experience continued until the research  
 217 team agreed that the analysis it produced represented the data as accurately as possible.

218

219 **4. Results**

220 **4.1 Description of participants**

221 Of the 16 participants, 11 were women (68.8%) and 5 were men (31.3%). The mean age of the participants  
 222 was  $44.8 \pm 8.6$  years (31–56 years). Eleven participants had a sensory impairment, 80% of them visual and 20 % a  
 223 hearing impairment. Three participants had a motor impairment (i. e., muscular dystrophy, spina bifida, polio) and 2  
 224 participants had both motor and sensory impairments. At the time of the interview, these participants had an average  
 225 of  $11.2 \pm 8.2$  years' experience in their current job (0.5–27 years). During the period of the pandemic, 25% (4/16) of  
 226 the teleworking participants experienced an increase in work accommodations, 6.3% (1/16) experienced a decrease  
 227 in work accommodations, 62.5% (10/16) noted no change, and one participant did not respond. These  
 228 accommodations included access to human assistance, computer equipment, or office equipment. For some, they  
 229 included font enlargement software, text-to-speech devices, or note-takers with Braille displays. In their homes, 7  
 230 participants performed their work activities in a room dedicated to this purpose, while the majority (9/16) did not.  
 231 Two participants (12.5%) experienced a work-related injury while teleworking due to the pandemic. These were all  
 232 physical in nature (i.e., eye and muscle fatigue, aches, back pain). The descriptive characteristics of the participants  
 233 appear in Table 1.

234 Table 1. Characteristics of participants

Participants	Gender*	Age (years)	Type of disability**	Hours worked per week	Percentage of work time teleworked BEFORE the pandemic (%)	Percentage of work time teleworked DURING the pandemic (%)	Job title
01	M	41	MO	35	100	100	Office agent
02	M	31	S	35	10	100	Case manager
03	M	42	S	35	5	90	Assistant manager
04	F	56	MO	35	0	99	Residence coordinator
05	F	55	S	28	0	100	Executive director
06	M	33	S	40	90	99	Technology support
07	F	36	MO and S	35	100	75	Sign Language Teacher
08	F	41	MO	30	60	100	Drafting technician

09	F	48	S	35	0	100	Employment Support Consultant
10	F	49	MO and S	5	40	100	Project Manager
11	F	56	S	35	0	100	Office agent
12	F	34	S	35	10	100	Lawyer
13	M	52	S	35	0	100	IT Analyst
14	F	41	S	32	0	80	Braille Language Technician
15	F	54	S	28	0	100	Provincial civil servant
16	F	48	S	32	0	95	Vision Rehabilitation Specialist

235 \*F = Female, M = Male

236 \*\*MO = Motor; S = Sensory

237

## 238 4.2 Factors Influencing the Work Experience of Teleworkers with Physical Disabilities in the Context of the 239 Pandemic

240 The analysis of the data collected from the participants revealed 15 factors over 7 categories that influenced  
241 the work experience of teleworkers with physical disabilities in the context of the pandemic.

### 242 4.2.1 Access to Equipment

243 Access to an appropriate computer, technology, and office equipment is a critical element in participants'  
244 ability to telework. In fact, having access to disability-friendly **computer equipment [factor 1, n=13<sup>1</sup>]** is very  
245 helpful for some participants. For example, technology equipped with screens, a Braille note-taker, or a headset  
246 makes it easier to accommodate visual or hearing disabilities and, thus, to telework properly while maintaining a  
247 satisfactory work experience. For example, one participant "invested in a huge screen . . . a smart [vision] TV [which  
248 she] turned into a computer screen" [P10],<sup>2</sup> so she could see and do her work better, despite her visual impairment.  
249 Access to high-performance IT equipment, such as a computer, phone, and tablet, is also essential for the use of  
250 software and technology platforms required by telework. The **accessibility of these technology platforms [factor 2,  
251 n=11]** is also an element the participants raised as affecting their work experience. For example, some people with  
252 visual impairments often find it more difficult to access these technology platforms and retrieve documents. A  
253 participant reported, "[My work team uses a virtual communication platform] to share documents. [...] For me, it was  
254 an ordeal going in there to get documents" [P13]. Having access to an accessible platform allows workers to get  
255 work done more efficiently and contributes to their healthy work experience. Many participants require access to

<sup>1</sup> This number (n=) refers to the number of participants who addressed this factor during their interview

<sup>2</sup> Verbatim extracts from the participants' interviews exemplify the factors. The extracts are a free translation from the original French transcripts. Numbers (1 to 16) in the brackets refer to the participant's number.

256 technology infrastructure, such as wi-fi, the organization's VPN, or a phone system linked to the office. Without it,  
257 some participants involuntarily had to stop working for a period of time, a difficult event for their work experience.

258 *To connect, to do the work I needed to do, you had to log in, authenticate via a VPN [...]. To authenticate to*  
259 *the VPN, you need a numerical code. He [the employer] only knew one way to get that code, and that was*  
260 *through a little electronic token that everyone puts on their keyring. But I was unable to read it because I*  
261 *live alone. [...] Then, afterward, I contacted someone in IT security as well because [I didn't] have a laptop.*  
262 *So, I couldn't work. [P13]*

263 Finally, having **access to ergonomic office equipment [factor 3, n=9]** is conducive to the comfort and safety of the  
264 teleworker, thus promoting their healthy work experience:

265 *[I] bought myself [...] a desk and an ergonomic chair on purpose to be comfortable because I still spend my*  
266 *day reading on the computer, so I have to be really comfortable and well set-up. [P14].*

267 The fit between various equipment can sometimes challenge the health of teleworkers with disabilities:

268 *When I talk [...] through the laptop speakers, [...] I hear directly through my hearing aids. But it gives me a*  
269 *headache. This is very difficult for me. [...] The more the meetings progress, the more I lower the sound.*  
270 *[...] I once had an all-day meeting, and by the end of it, [I] wanted to "hang my head" on the walls. [I*  
271 *couldn't] stand it anymore. [P15]*

272 In essence, accessibility to ergonomic and disability-adapted equipment, such as computers, technology, and office  
273 equipment, contributes to the healthy work experience of workers with physical disabilities.

#### 274 **4.2.2 Social Contacts**

275 Several participants mentioned feeling a decrease in the **quality of relationships with colleagues [factor 4,**  
276 **n=10]** during the pandemic telework experience, making them feel isolated and negatively affecting their health, as  
277 "that's the hardest thing . . . in terms of morale" [P09]. Several participants mentioned that it is more difficult to  
278 "bond [...] a little bit more with some colleagues" [P06] while teleworking, which can sometimes compromise team  
279 building. Participants also noted that exchanges can be more difficult and "cold" [P01] via technology. Not having  
280 direct, face-to-face contacts bring a formality to the exchanges, according to the participants, and diminishes the  
281 possibility of having spontaneous and informal exchanges like those that face-to-face work enables. Although social  
282 contacts via technology are not optimal, according to the participants, they still appreciated having access to it, rather  
283 than having nothing at all. In fact, **maintaining oral (i.e., verbal or with signs) communication [factor 5, n=7]**

284 with colleagues, beyond written communication, is beneficial for many participants because it allows them to  
285 maintain a link between employees. This also allows for better collaboration between colleagues, which can foster  
286 commitment to the work and, thus, improve their work experience. The following excerpt shows the influence on the  
287 work experience of a participant of maintaining a relationship between colleagues:

288 *[Among] the practices that made me feel engaged at work, [I would say] being able to talk [orally] with the*  
289 *team and then collaborate with everyone, even while teleworking behind a screen. [P06]*

290 Thus, participants brought up the quality of social relationships and oral communication as elements that  
291 influence their work experience and health.

#### 292 4.2.3 Support

293 **Having support from the manager [factor 6, n=12]** is helpful for teleworkers. Being supported,  
294 understood, and feeling comfortable communicating their needs and fears to their manager is beneficial in  
295 maintaining a healthy work experience in telework, according to the participants. One participant expressed the idea  
296 as follows:

297 *Well, if [I'm] stressed [and not] feeling well, [...] I talk to my boss about it as soon as possible. I get it out*  
298 *as soon as possible and then it's fine. Because she'll give me advice, she'll give me ideas, then after that, it's*  
299 *settled. [P07]*

300 One element participants reported as facilitating their work experience was feeling their manager listened to  
301 them. The fact that they can talk about their problems or simply that their boss has an attentive ear, "that he [the  
302 boss] really takes the time to listen until the end, until [the teleworkers] are satisfied with the exchange they have  
303 had" [P07], even at a distance, allows teleworkers to feel more supported in this new reality. Having a manager who  
304 is adaptable to the reality of the disability is a helpful element in teleworking for many participants. One participant's  
305 experience shows that her manager "adapts her presentations because she [the teleworker] can't see; the manager  
306 reads everything in the PowerPoint and even more because she comments on it [...], so [the teleworker] doesn't lose  
307 information" [P13]. On the contrary, a manager who does not adapt to this reality is a major obstacle for the work  
308 experience of some participants.

309 Also, the **support of colleagues [factor 7, n=8]** regarding the teleworker's disability is an essential element in  
310 feeling that the team includes and supports them. Conversely, if co-workers are not aware of disability issues, it can

311 create some frustration, as one participant mentioned when talking about the issues of connecting her headset in  
312 relation to her hearing loss:

313 *Every time I call with [a virtual communication platform], every time I try to pair or unpair [my*  
314 *headphones], people [...] get tense and say, "It's okay, [I can] hear you!" Well, yes, but ME, I cannot hear*  
315 *you well! [P13]*

316 Thus, support from managers and co-workers is essential in promoting a healthy work experience of workers with  
317 physical disabilities in the context of the pandemic.

#### 318 4.2.4 Schedule Management

319 Personal schedule management is an element that participants named as a contributors to a healthy work  
320 experience. For many, the teleworking situation allowed for schedule **flexibility [factor 8, n=14]**. Control over the  
321 management of their schedule helps them feel good about teleworking and lets them organize themselves as they see  
322 fit:

323 *Sometimes, if [I haven't] done all my hours in the day, [I] recover in the evening, working a little bit more in*  
324 *the evening. So, I organize myself like that. But I'm lucky because I have a job that's still pretty flexible . . .*  
325 *[P07]*

326 Also, this mode of work delivery grants teleworkers greater freedom to take regular breaks and return to their work  
327 whenever they want. This provides more motivation and comfort in their work, respecting their personal limits:

328 *[You know], sometimes [I] take little breaks, [I] go do something else, and then [...], I come back to the*  
329 *computer. That keeps me motivated. [P07]*

330 Despite this flexibility, some participants felt the need **to set a routine [factor 9, n=11]** to be satisfied with their  
331 work. The following excerpt provides an example of a work routine that helps a participant feel good about  
332 teleworking:

333 *I used to dress in joggers, but at some point, I realized that if I want to be [...] functional, [I] needed to have*  
334 *[a] routine as if I was going to work. So, in the morning, I get up, I do everything that I used to do to go to*  
335 *work. The only thing is I [don't] have to leave the house . . . [P09]*

336 However, this routine may differ from what it was before starting to telework. Some participants reported being able  
337 to create routines that made them feel good during their workday and allowed them, for example, to get up at the  
338 time they wanted and, thus, reduce their daily stress level. One participant refers to this decrease in stress related to

339 establishing his own routine: “[I] wake up at the time I want, get my things ready, go get settled in my office. That  
340 decreased a lot of stress for me.” [P07]

341 Thus, the flexibility and control offered to teleworkers with physical disabilities in the personal management  
342 of their schedules, as well as in the establishment of a work routine, contributes to their healthy work experience.

#### 343 **4.2.5 Transportation**

344 Each day, teleworking **saves participants transportation time [factor 10, n=15]**. This time can be  
345 reclaimed to accomplish more things in the day, both in personal life and in work. Some participants have returned to  
346 doing more of the activities they enjoy and that they did not have time to do before teleworking. This influences their  
347 health and quality of life, as one participant described:

348 *I read a lot more, I do a lot more of my passions that [I] was doing before. And that has an impact on my*  
349 *work because when I settle down to work, I feel really available, I feel good, I feel happy to do this work*  
350 *because I [also do] something I'm passionate about. I love astronomy, so I read a lot, I listen to astronomy*  
351 *lectures. I have time to do that. Before, I didn't have the time. [P04]*

352 Finishing work and already being home allows one to be ready to do other tasks or activities and is a very positive  
353 benefit for many participants. One participant mentioned, "That's the big, big, big plus" [P02] of being a teleworker.

354 However, this time saved by not commuting can, in some cases, be recouped by doing more work. This has  
355 the effect of increasing the workload, which can negatively influence their work experience. The following excerpt  
356 illustrates the influence of reduced transportation time on workload: “The time I had recovered, from not taking  
357 adapted transport, I spent working for [employer’s name].” [P04]

358 Some teleworkers with physical disabilities reported several times that paratransit is very burdensome, especially in  
359 terms of waiting time and scheduling, more so than regular public transportation:

360 *By car, it would have taken maybe 30 minutes to get to my old [workplace]. With adapted transport, it was*  
361 *two hours each way. Sometimes I had to wait even three hours [for the transport to arrive]. It [didn't] make*  
362 *any sense, any sense at all. [P06]*

363 Participants mentioned that using paratransit often takes them longer and causes them to lose a lot of time in their  
364 day, which can cause some frustration: "It's... AH! I HATE it. The worst of the worst of the worst" [P06]. Thus, there  
365 are benefits for health and work experience to not having to use this mode of transportation daily. The reduction in  
366 **stress related to the use of transportation [factor 11, n=7]** and its planning was mentioned several times as a

367 positive aspect of teleworking. Indeed, "most of the stress is not the work to be done, it's the traveling. It's being able  
368 to get there for such and such a time and then [to] get back for such and such a time [...]" [P11]. So, not having to  
369 travel before going to work can take much pressure off the shoulders of people with physical disabilities.

370 Teleworking can have an impact on transportation time, along with the stress of using it.

#### 371 4.2.6 Workload

372 Several participants noted **a shift in their workload [factor 12, n=14]** as a result of the transition to  
373 telework during the pandemic; the situation "added to [the] workload" [P03]. Some described it as overload that they  
374 felt was affecting their work experience. Consequently, some mentioned that they did not have time to do everything  
375 in a day:

376 *Then, the problem is that, in our case, the work never stops. I always have emails to deal with. I always*  
377 *have too many meetings in a day, [so] I always feel like—or almost—[that] at the end of the day, [I haven't]*  
378 *managed [to do] everything that I would have liked to do in my day. [P02]*

379 To maintain a healthy work experience despite this increased workload, several participants mentioned the  
380 importance of setting limits on their work hours. The following excerpt illustrates this idea:

381 *In the sense that it's dangerous for mental health [...] During the first few months, I was very work-oriented:*  
382 *"I have to get the work done, I have to get my stuff done" [...]. Then, in December, I made the decision that*  
383 *it was too much, it [was] enough. No, [I'm] not going to be perfect. Yes [I] am going to have backlogged*  
384 *stuff, but I thought about my health first. If [it's] not done, [it's] okay. At 3 o'clock, [if I'm] not done, [I'll]*  
385 *go] take my walk anyway. [P15]*

386 Another participant explains that he has learned **to set boundaries [factor 13, n=6]** so that he can drop out of work  
387 and maintain his health:

388 *At first, at night, if I happened to be connected [and] someone emailed me at 11:00 pm, I would respond.*  
389 *Eventually, I realized that [ was] not a good idea, because it gets into people's heads that [you] are*  
390 *available, [which makes] them go on. [P02]*

391 Workload modulation impacts the healthy work experience of individuals with physical disabilities.

392 Defining and setting limits on workload is another essential element in maintaining healthy work experience.

#### 393 4.2.7 Home Environment

394 The **physical environment [factor 14, n=14]** in which participants telecommute can also affect their work  
395 experience. Working in a quiet environment reduces the distractions that were present when working in person,  
396 enabling teleworkers to be more focused and efficient. For example, they no longer must worry about unexpected  
397 disturbances from co-workers or uncontrollable outside noise; that contributes to healthy work experience while  
398 teleworking:

399 *Doing our work in a much quieter environment where [you] don't hear other people talking, where [you]*  
400 *aren't afraid to disturb others by [talking to] yourself... [...] It's much better, much, much better, that's*  
401 *another big advantage. [P16]*

402 Notably, participants mentioned that having a specific room in which to do their telework was facilitating:

403 *I even have a room dedicated to my work, [so]that's wonderful too, an office space that I can close off. [So],*  
404 *when [there are online] meetings, it's nice to be able to isolate yourself from the others. [P11]*

405 Yet, depending on the **social environment at home [factor 15, n=16]**, it is not always possible to have this quiet  
406 workspace. For some participants, the environment at home has been difficult for their work experience while  
407 teleworking during the pandemic, especially for those with young children:

408 *[There are] plenty of times when the daycare was closed because [there] were cases of COVID. [So], the*  
409 *two weeks of isolation at home with my daughter, [...] how do you [handle it] [...]? [...] With my partner it*  
410 *was really a puzzle sometimes: "Okay, you have a meeting at 4 o'clock and I have a meeting at 3 o'clock.*  
411 *Okay, we'll hand off [her daughter's name] at such and such a time. [You] don't want one's meeting to end*  
412 *too late [...]. [...] Right now, she's two years old, she's still too young to say, "Okay," she'll take care of*  
413 *herself. [I] [must] be next to her. [P12]*

414 Teleworking can allow the worker to be in a quieter environment with fewer distractions, which facilitates  
415 concentration, efficiency, and hence, their work experience and health. However, some situations do not always  
416 allow for this optimal environment, especially for workers with young children.

#### 417 **4.3 Interaction of Factors Influencing the Work Experience of Teleworkers with Physical Disabilities in the** 418 **Context of the COVID-19 Pandemic**

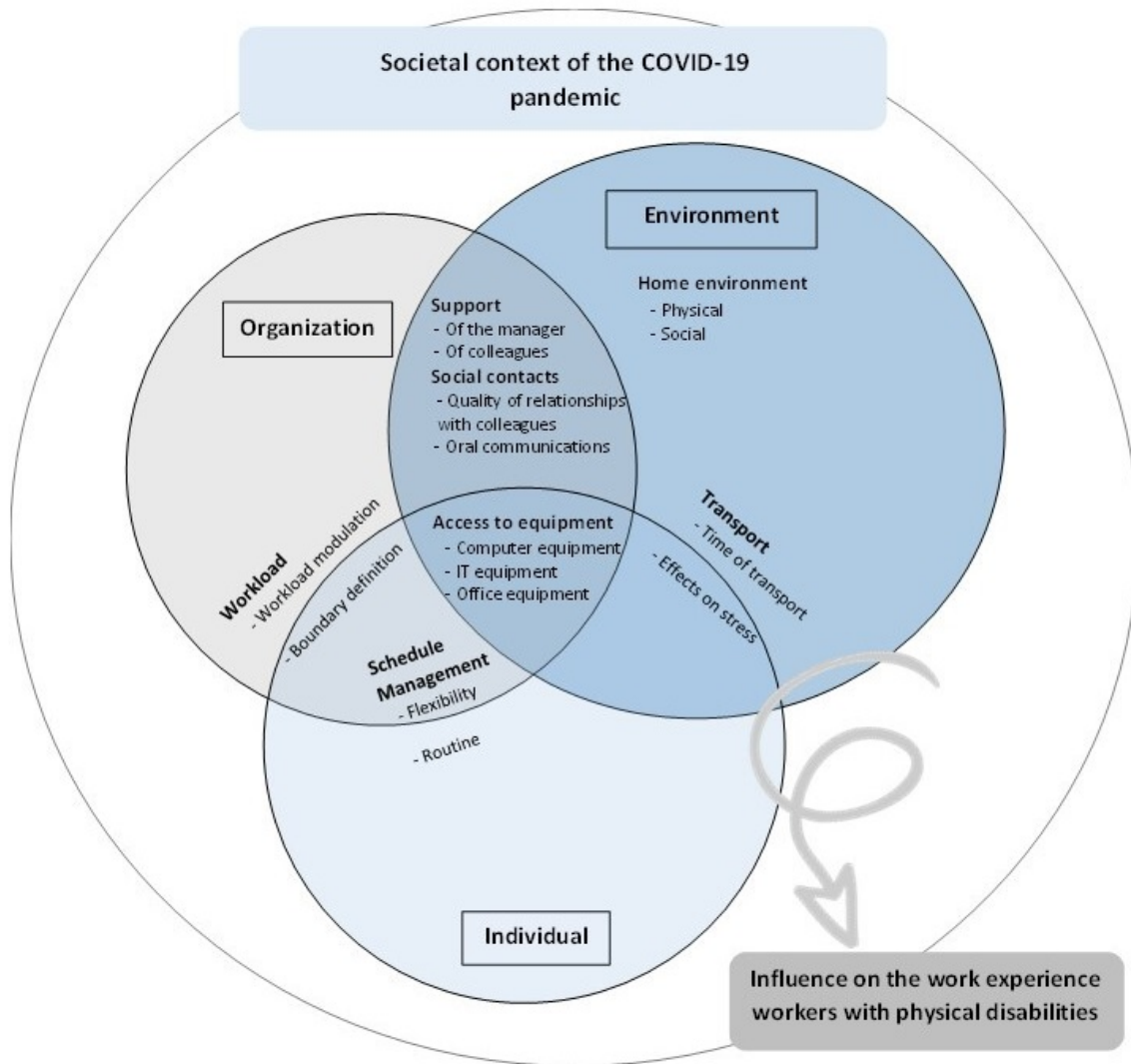
419 Analysis of the collected data revealed 15 factors that influence the work experience of dteleworkers with  
420 physical disabilities, as Figure 1 shows. These factors arise in the societal context of the COVID-19 pandemic and  
421 relate to interactions between three spheres of the worker's life: the individual, the organization, and the environment.



422 First, the individual is an important actor in their work experience. They have the power to make decisions about the  
423 way to organize and carry out work, particularly through the establishment of routines and limits or by way of the  
424 installation of office equipment. The organization for which the individual works also has a role in maintaining a  
425 healthy work experience. Indeed, the organization can influence the work experience of teleworkers through  
426 workload modulation and by offering support, be it social or equipment-related. Finally, the work environment,  
427 whether physical (e.g., the location in the home where the telework takes place), social (e.g., the people with whom  
428 the teleworker shares his or her daily life at work or at home), or societal (e.g., transportation services), greatly  
429 influences the work experience of the teleworker with a physical disability, either by facilitating or complicating it.  
430 Understanding that the individual, the organization, and the environment cannot be appreciated individually is  
431 important. The factors that relate to these three spheres influence each other dynamically in their interactions, as the

432 overlapping circles in Figure 1 illustrate. For example, the factor of access to equipment is a function of both the  
 433 environment, given its nature, and the organization, via the financial or technical support it offers to the worker with  
 434 respect to this specific equipment. Finally, the worker influences access to the equipment, depending on the  
 435 possibilities of his or her home and personal resources. Similarly, the quality of social relations and verbal  
 436 communications is a matter for both the social environment (since the people in the worker's environment carry them  
 437 out) but also for the organization that provides the processes to facilitate them (or not).

438 Figure 1. Factors influencing the work experience of teleworkers with physical disabilities in the pandemic context  
 439



440 **5. Discussion**

441 The purpose of this study was to explore the influence of telework during the pandemic on the work  
442 experience of individuals with physical disabilities. Analysis of qualitative data collected from 16 teleworkers  
443 revealed 15 factors grouped within 7 categories. The results of this study contribute to the advancement of  
444 knowledge along two main lines: 1) They shed light on how the theory of the demand-latitude-support model can  
445 help explain the contemporary phenomenon of the work experience of teleworkers with physical disabilities in the  
446 context of the pandemic; 2) They highlight the importance of the environment in supporting the healthy work  
447 experience of teleworkers with physical disabilities in the context of the pandemic. The study results lead to  
448 recommendations that organizations and workers can implement to support that unique work experience.

### 449 **5.1 The Influence of Demand, Latitude, and Support on the Work Experience of Teleworkers with Physical** 450 **Disabilities**

451 On a theoretical level, the results of this study highlight how Karasek and Theorell's (1990) demand-  
452 latitude-support model can help explain the contemporary phenomenon of the work experience of teleworkers with  
453 physical disabilities in the context of the pandemic. Results suggest several factors that relate to the telework  
454 environment during the pandemic and contribute to increased work *demands* on teleworkers with physical  
455 disabilities. For example, an increase in the amount of work to be done augmented the workload for many. Also, the  
456 complexity of work has increased for two main reasons: 1) inconsistent access to technological accommodations and  
457 2) issues related to work-life balance. Indeed, the difficulty in accessing office or computer equipment as well as  
458 disability-friendly technological infrastructure makes work more complex for many workers. The interaction  
459 between work and family in the home environment also adds to the complexity of work, as the literature reports [38].  
460 However, decreasing transportation usage was an important element that participants named as decreasing demands  
461 on them because it typically generates much stress. Thus, decreasing the headache that the use of transportation  
462 generates is a favorable element for the healthy work experience of teleworkers with physical disabilities, decreasing  
463 psychological strain. However, some participants felt compelled to recoup the time saved by the absence of  
464 transportation in their day, by increasing their amount of work, thus negating the full benefits of this factor for their  
465 health. Other authors report this pressure to increase the amount of work, to demonstrate effectiveness when  
466 teleworking [45]. Moreover, our results are in line with the study by Kelly and Moen [46], according to which  
467 teleworking would increase *latitude at work*, particularly schedule flexibility, which would have a particularly  
468 positive influence on workers' healthy work experience. This form of autonomy allows them to develop methods or

469 strategies to adapt the work to their needs, giving them leeway to perform the work while preserving their health. For  
470 example, in our study, some participants created work routines adapted to their teleworking reality, which allowed  
471 them control over their situation. On the other hand, our results highlight the importance of *support* for the work  
472 experience of teleworkers with physical disabilities. First, those who participated in our study noticed an overall  
473 decrease in the quality of their relationships with their employers and colleagues. The difficulty in building  
474 relationships due to distance and the emotionlessness of digital exchanges affected the perception of teleworkers  
475 regarding the support they received in their workplace. The decrease in the quality of relationships also may have  
476 contributed to worker isolation and, in turn, decreased their health status. Nevertheless, maintaining oral  
477 communication within the organizational environment was seen as beneficial to the work experience of teleworkers  
478 with physical disabilities. This practice promoted greater engagement at work and a greater sense of inclusion.  
479 Finally, in the results, the support of colleagues and managers emerged as a key factor in the healthy work  
480 experience of teleworkers with physical disabilities. Colleagues' and managers' understanding of the issues related to  
481 the teleworker's disability was a major factor in the support that these workers felt.

482           Since the different factors in Karasek and Theorell's (1990) demand-latitude-support model interact with  
483 each other and modulate the work experience of teleworkers with physical disabilities , it is important to consider all  
484 factors together rather than individually, to better understand certain situations affecting health [39]. In the context of  
485 the COVID-19 pandemic, certain elements of psychological demand and support affect health more negatively  
486 among teleworkers with disabilities. Our results, however, support implementing other strategies, such as  
487 maintaining oral communication in the organizational setting or allowing flexibility in work schedules, which can  
488 mitigate these impacts. Although each factor has a different influence on the work experience of teleworkers with  
489 physical disabilities, paying attention to their interactions to fully understand the dynamics that potentially lead to  
490 health is even more important.

## 491 **5.2 The Importance of the Environment for the Healthy Work Experience of Teleworkers with Physical** 492 **Disabilities**

493           The second contribution of this study is that several important elements in the work experience of  
494 teleworkers with physical disabilities revolve around their environment, whether physical, organizational, or social.  
495 Indeed, 11 of the factors that this study identifies concern the environment. This finding is consistent with Baker et

496 al. (2006) [18], who suggest the importance of creating environments that are sensitive to the diverse needs and  
497 inclusion of teleworkers with disabilities.

498 First, the *physical environment* is important because it allows the teleworker to have a space that allows  
499 them to feel comfortable in the job and access to tools adapted to their specific needs. This study highlights the  
500 necessity for the worker to have access to an isolated or quiet space for work. This allows the worker to eliminate  
501 distractions from the home environment (i.e., noisy children, talking in the same room) and to work with maximum  
502 peace of mind. Moreover, other authors also report that indoor noise that roommates or family cause would have a  
503 significant impact on workers' ability to work [47]. Second, access to equipment (i.e., technology platforms,  
504 computer, and office equipment) also emerges in the results as a central factor in the work experience of workers  
505 with physical disabilities in telework settings. Accessibility of equipment adapted to the worker's condition allows  
506 them to not only avoid work-related injuries but also experience less stress in the face of the employer's demands, by  
507 feeling more confident of meeting expectations. In addition to having access to equipment adapted to their needs,  
508 obtaining technical assistance regarding the installation and operation of the various technologies is important. In a  
509 study by Montreuil and Lippel [48], more than half of the teleworkers (59.7%) did not have access to assistance  
510 when needed, and this would have negatively impacted their work experience.

511 The *organizational environment*, especially the attitude of the manager, seems to be a key element  
512 contributing to the healthy work experience of teleworkers with physical disabilities. A manager who listens to their  
513 needs and concerns and allows them to verbalize their limitations establishes honest, safe, and healthy relationships  
514 in the workplace. This fosters inclusiveness and transparency in the organization and promotes a sense of well-being  
515 at work. In addition, reduced social isolation among the teleworkers may result from support that the organization  
516 offers [49]. Nevertheless, a lack of consideration for the difficulties that teleworkers with disabilities experience  
517 significantly impacts their health and work experience. Moreover, other authors have raised this idea in situations  
518 where the teleworker must manage problematic situations without receiving help quickly and readily [48].

519 Finally, our results identify gaps in the *social environment* related to the pandemic context, which influence  
520 the work experience of teleworkers. For example, since distance reduces the quality of contacts and the support  
521 colleagues offer is less in some cases, the worker may feel that they do not have an adequate support network in case  
522 of difficulties. The feeling of loneliness the physical distance between colleagues and the teleworker can cause also  
523 can count as a major disadvantage in the life of the latter [50]. Nevertheless, maintaining oral communication

524 became a mitigating factor for these negative effects. This type of communication can then compensate for the social  
 525 environment that is less present in the life of the teleworker with a physical disability in the context of a pandemic  
 526 and, by the same token, increase their healthy work experience.

527 These results are consistent with theoretical models in occupational health that recognize the link between  
 528 the environment and health [e.g., 33, 34-36].

529 **5.3 Recommendations**

530 In light of these findings, it is possible to make some practical recommendations that contribute to the  
 531 healthy experience of workers with physical disabilities. These recommendations relate to both the elements of the  
 532 environment (i.e., physical, social, and organizational) and the factors of Karasek and Theorell's (1990) demand-  
 533 latitude-support model, which Table 2 illustrates.

534

535 Table 2. Practical recommendations contributing to the work experience of teleworkers with physical disabilities  
 536

Type of environment	Practical recommendations	Factors of the Karasek and Theorell model
Physical Environment	Access to technology and equipment appropriate to the needs of the teleworker with a physical disability	Demand
	Access to a workspace with minimal distractions	
Organizational Environment	Adapting the workload to the needs of the teleworker with a physical disability	Latitude
	Allowing the teleworker to manage their work schedule and break times	
	Support the expression of personal boundaries at work to the manager	Support
	Provide training to the teleworker with a disability on telework organization, communication, isolation issues, etc	
	Listen and follow up on teleworker's questions/concerns	
Social Environment	Allow the teleworker to work in the office a few hours a week	
	Maintain social contact with colleagues and manager to break isolation	
	Encourage oral communication with colleagues and employer	

537

538 These recommendations align with those that have been issued to support the work experience and health of the  
 539 general population of workers [e.g., 51, 52, 53]. However, it is important to consider that the challenges of adapting

540 to this change in work delivery may be greater for people with disabilities and vary among the diverse realities and  
541 needs of individuals [7]. Thus, employers need to be aware of these challenges and take an individualized approach  
542 to supporting each of their workers [7]. Researchers highlighted this idea of the need for employers to be sensitive to  
543 the unique characteristics of their employees [54], to consider the different realities [7] and specific needs of workers  
544 [18], particularly those with disabilities . Research conducted during the pandemic demonstrated that a one-size-fits-  
545 all approach would not be optimal to promote a healthy work experience for workers with disabilities; an equitable  
546 approach that takes into account individual realities and needs would be preferred [8, 55]. A concrete means to  
547 consider individual realities and needs would be to involve teleworkers in decisions [56] and to encourage their  
548 initiatives [55] towards the application of these recommendations.

549

550

#### 551 **5.4 Strengths and Limitations of the Study**

552 This study has some strengths in terms of the type of design chosen to address the objective. The qualitative  
553 study provided the unique perspectives of workers with physical disabilities on the elements that influence their work  
554 experience while teleworking during the pandemic. It makes available a better understanding of some of the complex  
555 and unique elements of telework and their impact on individuals with disabilities. The well-distributed study sample,  
556 in terms of age and gender, may improve representativeness. In addition, the methodology described in detail allows  
557 for replication. However, since the workers recruited were all from the province of Quebec (Canada), it is difficult to  
558 guarantee transferability to other contexts. An overrepresentation of visually impaired participants in our sample may  
559 also have oriented the results. In addition, this study focused on the work experience. In doing so, we may not have  
560 captured the influence of telework on other areas of people's lives, such as leisure time. Finally, it is also important to  
561 remember that this exploratory study is descriptive and, as such, does not make possible the establishment of causal  
562 links between the factors identified and the work experience of the individuals.

563

#### 564 **6. Conclusion**

565 The purpose of this study was to explore the influence of teleworking during the pandemic on the work  
566 experience of individuals with physical disabilities. Interviews with teleworkers identified 15 factors influencing  
567 their work experience. These results can be integrated with Karasek and Theorell's (1990) demand-latitude-support

568 theoretical model. Moreover, they highlight the influence of the environment, whether physical, organizational, or  
569 social, on work experience. The influence of these different factors allows for the development of various practical  
570 recommendations applicable to promoting a healthy work experience among teleworkers with physical disabilities.  
571 Given that telework has expanded since the onset of the COVID-19 pandemic and will likely continue to remain a  
572 widespread modality of work delivery, it becomes even more important to expand knowledge about it, to benefit the  
573 work experience of individuals with physical disabilities. Finally, quantitative studies may be of interest in the future  
574 to measure the links the results of our study suggest.

575

## 576 7. Points of interest

- 577 • The COVID-19 pandemic has had many impacts on workers' lives, work experience and health. This study  
578 concern telework which is a work delivery modality that has drastically increased and will remain in the  
579 long term.
- 580 • Our study made it possible to better understand the factors that contribute to the work experience and health  
581 of a less studied population, namely teleworkers with physical disabilities.
- 582 • The qualitative design used promoted the unique perspectives of workers with disabilities on the elements  
583 that influence their work experience.
- 584 • The nine practical recommendations that emerged from this study represent concrete and applicable levers  
585 to consider the reality of people with physical disabilities in the telework practices. It is therefore important  
586 to applicate these recommendations while taking into account individual realities and needs of workers with  
587 physical disabilities.

588

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717

718 **Conflict of interest**

719 None of the authors has any conflict of interest to declare.

720

721 **Data availability**

722 The datasets generated during and/or analysed during the current study are available from the corresponding author  
723 on reasonable request.

724

725 **Ethics approval and consent to participate**

726 All procedures performed in studies involving human participants were per the ethical standards of the institutional  
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728 ethical standards. Informed consent was obtained from all individual participants included in the study. Ethical  
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730

731 **Authors' contributions**

732 XX, XX, XX and XX contributed to the study conception and design. Material preparation, data collection and  
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734 draft of the manuscript et subsequent revisions were written by XX and all the authors commented on the previous  
735 versions of the manuscript. All the authors read and approved the final manuscript.

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