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Beyond Accommodation: Conceptualizing Disability Health Management for Employees with Disabilities in Malaysian Public Universities

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Abstract: Employees with disabilities (EWD) may face workplace challenges that go well beyond physical access. These can include difficulties securing reasonable accommodation, risks associated with disclosure, psychosocial strain, inaccessible work systems, occupational health and safety concerns, inconsistent supervisory support, and barriers to career progression. Such challenges can be especially complex in higher education institutions, where academic and non-academic staff work across varied organizational, physical, digital, and professional settings. Although international rights frameworks and Malaysian disability and higher-education policies support disability-inclusive employment, institutional responses may still be fragmented across human resource management, disability support services, occupational safety and health, facilities, information technology, wellness services, and line management. This conceptual paper proposes Disability Health Management (DHM) as an integrated, rights-based organizational approach to supporting the health, functioning, safety, inclusion, and sustainable work participation of EWD in Malaysian public universities. Drawing on the Social Relational Model of Disability, the World Health Organization's International Classification of Functioning, Disability and Health (ICF), and Job Demands–Resources (JD-R) theory, the paper develops a provisional conceptual framework organized around nine interconnected domains: governance and accountability; safe disclosure and confidentiality; reasonable accommodation and assistive technology; accessible physical and digital environments; occupational health, safety and emergency preparedness; psychosocial well-being and anti-ableism; supervisor and workforce capability; career sustainability, retention and progression; and monitoring, evaluation and continuous improvement. In doing so, the framework moves disability management beyond isolated accommodation towards a coordinated university workplace system. It also provides a theoretical foundation for the later empirical development, validation, and implementation testing of a context-specific DHM Model in Malaysian public higher education institutions.

Keywords: *Employees with disabilities; disability health management; higher education; disability management*

1. Introduction

Employment is a central part of social participation, economic security, identity, and personal development. For persons with disabilities, meaningful and sustainable work is also closely tied to autonomy, social inclusion, and the ability to participate fully in society. The United Nations Convention on the Rights of Persons with Disabilities (CRPD) recognizes the right of persons with disabilities to work on an equal basis with others and explicitly addresses reasonable accommodation, safe and healthy working conditions, career advancement, job retention, and return to work (United Nations, 2006).

Employment inclusion, however, cannot be reduced to recruitment alone. It must extend across the employment life cycle—from entry into work and day-to-day performance to health and safety, workplace accommodation, professional development, career progression, retention, and, where required, rehabilitation and return to work. The International Labour Organization (ILO, 2002), for instance, frames disability management as an employer responsibility that includes recruitment, workplace adjustment, confidentiality, job retention, return to work, and advancement.

Higher education institutions are particularly complex workplaces. Academic staff may be expected to combine

teaching, research, supervision, publication, administration, consultation, fieldwork and community engagement, while professional and administrative staff may work across laboratories, libraries, student services, finance, information technology, security, facilities, technical operations, and university management. These roles involve different combinations of physical, cognitive, sensory, technological, interpersonal, temporal, and emotional demands. A generic institutional disability policy may therefore be unable to respond adequately to the many ways in which disability can interact with university work.

Research on disabled academics and university staff reinforces this concern. In a systematic review of 33 studies involving 1,996 participants across six countries, Lindsay and Fuentes (2022) identified recurring experiences related to disability disclosure, difficulty obtaining workplace accommodation, negative attitudes, stigma, and exclusion. Brown and Leigh (2018) likewise argued that performance-driven academic cultures can reproduce ableist expectations around productivity, availability, and the characteristics associated with the 'ideal' academic worker.

Seen in this light, the issue extends well beyond whether a university is willing to provide an individual accommodation. What is needed is an organizational system capable of coordinating disability-related health, functioning, work design, accessibility, accommodation, psychosocial support, and career sustainability. This paper introduces Disability Health Management (DHM) as a way of addressing that need. DHM is defined here as: a coordinated, rights-based and evidence-informed organizational system that supports the health, safety, functioning, accommodation, psychosocial well-being, career sustainability and meaningful work participation of employees with disabilities.

DHM is neither a clinical treatment model nor an attempt to medicalize disability. Its focus is organizational. It understands health and functioning through the interaction between employees, the work they perform, the environments in which that work takes place, and the institutional resources available to them. Against this background, the paper has three purposes. First, it explains why existing disability-management approaches require broader integration within public higher education institutions. Second, it brings together complementary theoretical perspectives that can explain disability, functioning, and work participation. Third, it proposes a preliminary conceptual framework for DHM that can later be developed and validated empirically within Malaysian public universities.

2. Conceptual Development Approach

This paper uses a theory-synthesis and model-development approach to conceptual research. A conceptual article is more than a summary of previous literature: its purpose is to bring existing concepts and theoretical perspectives into conversation to generate new relationships, explanations, or frameworks. Jaakkola (2020) identifies theory synthesis and conceptual model development as legitimate approaches for building theoretically grounded explanations when relevant knowledge remains dispersed or fragmented.

On that basis, the framework developed here brings together three complementary theoretical lenses: the Social Relational Model of Disability, the International Classification of Functioning, Disability and Health (ICF; World Health Organization [WHO], 2001), and Job Demands–Resources theory. These perspectives are considered alongside international principles on disability and employment, selected systematic reviews of disability and work, research involving disabled faculty and staff, and the Malaysian disability and higher-education policy context.

The synthesis is conceptual rather than systematic and does not claim to cover the disability-employment literature exhaustively. Its purpose is explanatory: to clarify what needs to be managed, why those elements matter, and how they may interact within a university employment system. This is consistent with Whetten's (1989) argument that a meaningful theoretical contribution must do more than name relevant concepts; it must also explain the relationships and underlying logic that connect them.

Disability and Employment in the Higher Education Context

Moving Beyond an Individualized Understanding of Disability

Traditional medical perspectives tend to locate disability primarily within an individual's impairment or health condition. Although such perspectives may be useful in clinical assessment, they are limited as explanations of workplace participation. An employee may encounter difficulty not simply because of an impairment, but because a digital system is inaccessible, a laboratory procedure has not been adapted, a meeting format excludes particular communication needs, a workload is inflexible, or a supervisor lacks the knowledge or authority to implement an adjustment.

The Social Relational Model offers a stronger lens for understanding these situations because it locates disability in the relationship between impairment effects and socially produced restrictions. Thomas (2004) advances a social-relational understanding that recognizes impairment while also examining the ways in which social arrangements produce disabling restrictions.

This distinction has particular relevance in employment. Employees may encounter barriers to doing, such as inaccessible technology, buildings, work schedules, or procedures, as well as barriers to being, including stigma, devaluation, assumptions of incompetence, and exclusion from professional identities. A university DHM system must therefore be equipped to address both material barriers and the relational forms of disability that can shape an employee's experience of work.

Functioning and Participation

The WHO's International Classification of Functioning, Disability and Health (ICF) adds a complementary perspective (WHO, 2001). Rather than treating disability as a fixed individual characteristic, the ICF conceptualizes functioning and disability through interactions among health conditions, body functions and structures, activities, participation, environmental factors, and personal circumstances. Environmental conditions may operate either as barriers or as facilitators.

This is especially useful in employment settings because two employees with similar diagnoses may experience very different outcomes at work. Job design, assistive technology, physical accessibility, supervisory support, workplace flexibility, and organizational culture can all alter how a health condition or impairment affects participation. DHM should therefore avoid treating diagnosis as the primary basis for determining support. A more useful question is: What barriers affect the employee's ability to participate safely, effectively and equitably in work, and what environmental changes or resources can improve that participation?

Reasonable Accommodation is Necessary but Insufficient

Reasonable accommodation is fundamental to disability-inclusive employment. It may involve adjustments to equipment, technology, communication, working hours, work location, the physical environment, job tasks, or the organisation of work itself. The CRPD explicitly recognizes reasonable accommodation in employment, while ILO guidance places workplace adjustment within a wider set of employer responsibilities for disability management (ILO, 2002; United Nations, 2006).

The evidence also makes clear that employer action matters. Jansen et al. (2021), in a systematic review of 50 articles on employer characteristics and work participation among workers with disabilities and chronic conditions, identified work accommodation, supervisor support, organizational culture, and broader organizational characteristics as important employer-level factors. The evidence for work accommodation was particularly strong in relation to continued employment and return to work. Yet accommodation becomes much less effective when it is treated as a one-off transaction. Several practical limitations quickly emerge.

An employee may first need to disclose a need before any accommodation can be considered. Responsibility, funding, and approval then have to be determined. Implementation may require coordination among supervisors, human resource personnel, occupational health professionals, disability support personnel, facilities officers, and information technology staff. Even after an accommodation is put in place, it may need to be reviewed when the employee's condition, job, workplace, or supervisor changes. Accommodation, in other words, is only one part of a larger organizational process.

Even a technically appropriate adjustment can fail when requests move slowly, confidentiality is weak, managerial attitudes are unsupportive, responsibilities are unclear, or later career decisions place the employee at a disadvantage. DHM therefore shifts the focus away from the narrower question:

- What accommodation does this employee need?

and towards a broader organizational question:

- What organizational system is required to enable this employee to participate safely, equitably and sustainably in work?

Psychosocial Well-being, Disclosure and Ableism

Disability disclosure is a particularly sensitive part of workplace inclusion. Disclosure may open the way to accommodation, but it can also expose an employee to stigma, unwanted attention, assumptions about capability, or perceived consequences for career progression. For that reason, disclosure is better understood as a process than as a single administrative event. Employees may choose to disclose different information to different people at different points in their employment. Whether they do so may depend on perceived confidentiality, psychological safety, trust in supervisors, and confidence that the organisation will respond fairly.

Lindsay and Fuentes (2022) show how central these issues are. Their systematic review identifies disclosure decisions, accommodation processes, and negative workplace attitudes as recurring themes in the experiences of disabled faculty and staff. Ableism can also be embedded in practices that appear neutral on the surface. Expectations of uninterrupted productivity, long working hours, mobility, rapid communication, physical presence, or constant availability may disproportionately disadvantage employees with chronic, episodic, sensory, cognitive, or physical conditions.

Recent organizational scholarship reaches a similar conclusion, drawing attention to the continuing importance of reasonable accommodation, ableist organizing, invisible disabilities, and the limited representation of Global South perspectives in disability-at-work research (Boehm & Jammaers, 2024). For DHM, this means that psychosocial well-being and anti-ableism must sit alongside physical accessibility rather than being treated as secondary concerns.

Job Demands and Organizational Resources

Job Demands–Resources (JD-R) theory provides the third theoretical foundation for DHM. It distinguishes between job demands, which require sustained physical, psychological, cognitive, or emotional effort, and job resources, which help employees carry out their work, achieve goals, sustain motivation, or lessen the impact of demanding conditions (Bakker & Demerouti, 2017). In higher education, job demands may take the form of heavy workloads, tight deadlines, teaching hours, research targets, prolonged standing, sensory pressures, travel, fieldwork, interpersonal demands, or administrative complexity.

Resources, by contrast, may include autonomy, flexible working arrangements, accessible technology, assistive equipment, supportive supervision, role clarity, colleague support, and timely accommodation. For EWD, the balance between demands and resources is especially important. The same work demand can have very different consequences depending on impairment effects and the environmental resources available to the employee.

A rigid teaching timetable, for example, may create considerable difficulty for an employee with an episodic health condition, while flexible scheduling can reduce that demand substantially. In the same way, an inaccessible digital platform can turn an otherwise routine administrative task into a disproportionately demanding activity for someone who relies on assistive technology. The theoretical purpose of DHM, then, is not simply to 'support disabled employees'. It is to reduce disabling demands while strengthening the individual and organizational resources that make sustainable participation possible.

3. Conceptualizing Disability Health Management

Each of the three theoretical perspectives explains a different part of the problem, but their contributions are complementary.

Theoretical perspective	Primary contribution to DHM
Social Relational Model of Disability	Explains how organizational and relational barriers produce disability, including barriers to doing and barriers to being.
WHO ICF	Explains functioning and participation through the interaction of health, activities, and environmental barriers or facilitators.
Job Demands–Resources theory	Explains how workplace demands and resources shape strain, motivation, and sustainable participation in work.

Taken together, they point to the following conceptual pathway:
Impairment effects + job demands + organizational/environmental barriers
↓
Availability or absence of workplace resources and institutional support
↓
Employee health, functioning and work participation
↓
Retention, career sustainability and organizational inclusion
Within this pathway, DHM works by changing environmental conditions, reducing avoidable demands, strengthening workplace resources, and coordinating institutional responses.

Figure 1: Proposed Conceptual Architecture of Disability Health Management

External and Institutional Context
CRPD • Malaysian disability policy • higher-education policy • university governance
↓
Employee–Work Interaction
Health and impairment effects: physical, sensory, cognitive, psychosocial and organizational job demands; environmental and relational barriers
↓
DISABILITY HEALTH MANAGEMENT SYSTEM
Governance and accountability

Safe disclosure and confidentiality

Reasonable accommodation and assistive technology

Accessible physical and digital work environments

Occupational health, safety and emergency preparedness

Psychosocial well-being and anti-ableism

Supervisor and workforce capability

Career sustainability, retention and progression

Monitoring, evaluation and continuous improvement
↓
Core Mechanisms
Barrier reduction • resource enhancement • coordinated support • inclusive work design • psychological safety • organizational accountability
↓
Employee and Organizational Outcomes
Health and well-being • safety • functioning • work participation • job retention • career progression • equitable employment • sustainable inclusion
↺
Monitoring and employee feedback inform continuous system improvement

4. Proposed Domains of the DHM Framework

Governance and Accountability

Disability inclusion needs clear organizational ownership. Universities should establish executive responsibility, formal mandates, coordination mechanisms, escalation routes, and meaningful representation of EWD in decision-making. This governance function matters because fragmented responsibilities can leave employees to navigate several offices on their own. A coordinated model should make clear who has decision-making authority, who funds adjustments, who monitors implementation, and where unresolved issues are escalated.

It is also important to distinguish the model's substantive domains from the organizational units that put them into practice. Human Resources, the Registrar, Disability Support Services, Occupational Safety and Health, facilities, and information technology should therefore be understood as implementation actors rather than as the conceptual domains of the DHM Model itself.

Safe Disclosure and Confidentiality

The framework supports disclosure processes that are voluntary, need-based, and designed to minimize unnecessary collection of diagnostic information. At a minimum, these processes should protect confidentiality, secure informed consent, limit access according to role, minimize data collection, and protect employees from adverse employment consequences. Employees should be able to seek workplace support without having to repeat sensitive disclosures each time they encounter a different office or administrative process.

Reasonable Accommodation and Assistive Technology

Universities need transparent accommodation pathways with clearly identifiable entry points, needs-based assessment, defined decision timelines, funding arrangements, implementation responsibilities, review mechanisms, and avenues for appeal. Assistive technology should form part of information technology procurement and digital-accessibility planning from the outset, rather than being considered only after an access problem has already occurred.

Accessible Physical and Digital Work Environments

Accessibility in a university workplace extends across buildings, transportation, laboratories, meeting rooms, teaching facilities, emergency systems, communication platforms, university websites, learning-management systems, documents, and institutional software. DHM therefore carries accessibility principles beyond physical infrastructure and into the everyday systems through which university work is organized and performed.

Occupational Health, Safety and Emergency Preparedness

EWD should be included within ordinary occupational health and safety processes, not treated as exceptions to them. Within DHM, inclusive risk assessment is considered at the organizational level: the concern is whether appropriate processes exist to identify barriers, consider reasonable modifications, and refer matters for specialist assessment when required, rather than using disability itself as an automatic basis for restricting work. This domain should also connect employees to appropriate arrangements for rehabilitation, return-to-work planning, accessible emergency communication, evacuation procedures, and suitable personal protective equipment where relevant.

The purpose is not for DHM, or the present study, to conduct specialist clinical, occupational hygiene, engineering, ergonomic, or technical safety assessments. Those matters remain within the remit of appropriately qualified professionals. The role of DHM is to ensure that disability-related health and safety needs are recognized, coordinated, and referred appropriately within the university system.

Psychosocial Well-being and Anti-Ableism

Inclusive employment also depends on psychological safety. Attention must be given to stigma, harassment, exclusion, and the additional emotional and administrative labor that can arise when employees have to request or renegotiate support repeatedly. Universities should therefore integrate mental-health support, accessible employee assistance, disability awareness, anti-harassment mechanisms, and opportunities for peer support within their broader approach to DHM.

Supervisor and Workforce Capability
Supervisors often sit at the point where institutional policy either becomes effective workplace practice or fails to do so. Existing evidence suggests that both accommodation and supervisor support can influence continued participation in work (Jansen et al., 2021). Training, however, is unlikely to be enough on its own. To implement inclusive arrangements consistently, supervisors need clear authority, role-specific guidance, access to specialist consultation, practical decision tools, and the organizational resources to act on that guidance.

Career Sustainability, Retention and Progression
Disability inclusion should not stop once an employee is able to carry out immediate work tasks. The model should also address equitable access to professional development, performance appraisal, leadership opportunities, promotion, research opportunities, flexible career pathways, and transitions between roles. An accommodation that keeps an employee in work but inadvertently restricts future progression cannot be regarded as a complete inclusion outcome.

Monitoring, Evaluation and Continuous Improvement
Institutional commitment becomes meaningful only when implementation can be examined and measured.
Relevant indicators may include accommodation response times, completion of agreed adjustments, accessibility issues, employee experience, supervisor preparedness, retention, participation in professional development, and career progression. At the same time, disability information is highly sensitive. Monitoring systems should collect only what is necessary for improvement, reduce the risk of re-identification, and keep support-service information separate from employment performance processes.

Conceptual Propositions
Bringing the three theoretical perspectives together leads to a set of propositions that can guide subsequent empirical investigation.

Proposition 1: Work participation among EWD is shaped not by impairment effects alone, but by the interaction between those effects, job demands, and organizational or environmental barriers.
Proposition 2: Workplace resources—including accessibility, flexibility, assistive technology, autonomy, accommodation, and supervisor support—will reduce the negative consequences of mismatches between employee functioning and job demands.
Proposition 3: Coordinated governance and clearly defined disability-management pathways will reduce administrative burden, delay, and inconsistency in obtaining workplace support.
Proposition 4: Greater confidentiality, psychological safety, and perceived organizational support around disability disclosure will facilitate earlier and more appropriate access to workplace support.
Proposition 5: Supervisor capability and organizational accountability will influence the extent to which formal disability policies are translated into effective day-to-day workplace practice.
Proposition 6: Sustainable disability inclusion requires workplace support to extend beyond immediate accommodation to career development, equitable appraisal, retention, and progression.
Proposition 7: Meaningful participation of EWD in governance and continuous monitoring will strengthen the responsiveness, legitimacy, and sustainability of institutional disability-management systems.
These are theoretically derived propositions. They are intended to guide empirical inquiry and should not be read as relationships that have already been confirmed.

Malaysian Public Higher Education Context
Malaysia provides a particularly important setting in which to develop DHM. The Persons with Disabilities Act 2008 (Act 685) establishes a national disability-rights framework, while the Ministry of Education Malaysia issued guidelines on inclusive disability policy in higher education institutions (Ministry of Education Malaysia, 2019; Persons with Disabilities Act 2008, 2008).

The growing visibility of persons with disabilities within Malaysia further underscores the relevance of this issue. According to the Department of Statistics Malaysia (DOSM, 2024), 674,548 persons with disabilities were registered in Malaysia in 2022, representing approximately 2.0% of the national population. Within the public service, 3,724 civil servants with disabilities were recorded in 2022, an increase from 3,694 in 2021. Of these employees, 2,462 (66.1%) were in the implementation service group, 1,258 (33.8%) were in the management

and professional group, and four (0.1%) were in top management (DOSM, 2024).

These figures confirm the presence of EWD within Malaysia's public-sector workforce, but they also expose a sector-specific information gap. The same DOSM publication separately reports the enrolment of students with disabilities in public universities, including 792 students in 2022, with data disaggregated by field of study. By contrast, employment statistics group EWD within the wider civil service and do not identify public-university employees as a distinct category (DOSM, 2024). Consequently, the published statistics do not show how many EWD work specifically in Malaysian public universities, what workplace barriers they experience, how their health and accommodation needs are managed, or what institutional support arrangements are available to them. Malaysia's Thirteenth Malaysia Plan covers 2026-2030 and continues the national development agenda around inclusive development, improved well-being, and stronger public-service delivery (Ministry of Economy Malaysia, 2025).

Policy and legislation nonetheless do not, by themselves, determine how well inclusion is implemented within institutions. The existence of national commitments therefore needs to be considered alongside the organizational processes through which employees seek accommodation, workplace accessibility, health and safety support, supervisory assistance, and opportunities for sustainable career participation. A context-sensitive DHM Model must also accommodate variation in the way public universities organize and deliver these functions. Responsibilities relevant to EWD may be distributed across Human Resources or Registrar offices, Disability Support Services, Occupational Safety and Health units, health or wellness services, facilities management, information technology, supervisors, and university management rather than being located within a single institutional structure. The central issue is therefore not only whether disability-related services exist, but whether these functions are coordinated in ways that EWD can access consistently, confidentially, and effectively.

For this reason, a Malaysian DHM Model must be designed around the realities of the local public-university system rather than imported wholesale from a different employment or healthcare context.

5. Theoretical Contributions and Implications

Theoretical Contribution

The proposed framework makes three main conceptual contributions. First, it reframes disability management. Rather than treating disability as an individual accommodation problem, it positions it within a wider organizational health-management and work-participation system. This shifts the focus away from the employee as the ‘problem’ to be managed. Attention is instead directed to the interaction among employee functioning, workplace demands, environmental barriers, and organizational resources.

Second, the framework brings together three theoretical traditions that are often used separately. The Social Relational Model identifies disabling structures and relationships; the ICF explains functioning in relation to environmental context; and JD-R theory explains the work-design mechanisms through which demands and resources affect health and sustainable participation.

Third, the framework makes a deliberate distinction between conceptual domains and implementation actors. Governance, accommodation, accessibility, occupational health, psychosocial well-being, and career sustainability describe what the institution needs to manage. HR, disability support services, occupational safety personnel, facilities, IT, supervisors, and university leaders describe who may be responsible for carrying out those functions. Making this distinction avoids a common conceptual problem: treating an organizational chart as though it were a model of disability management.

Practical Implications for Universities

The framework points public universities towards a coordinated disability-management pathway, rather than leaving employees to negotiate support separately with individual departments. In practice, such a system could provide a clearly identified access point for support, confidential referral pathways, accommodation standards, defined responsibilities, funding arrangements, inclusive occupational-health procedures, access to specialist assessment where necessary, supervisor guidance, and monitoring indicators.

The framework also suggests that a university Disability Support Service need not be concerned only with students. At the same time, DHM does not assume that one unit should control every employee disability function. Its emphasis is on coordination among relevant institutional actors, supported by clearly defined accountability. Crucially, EWD should participate in designing, governing, evaluating, and improving the system. They should not be positioned merely as recipients of institutional services.

Research Agenda and Empirical Development

The framework proposed in this article is intentionally provisional. Its domains are drawn from theoretical integration, international principles, existing research, and the Malaysian institutional context. They should not be interpreted as the final, validated components of a Malaysian DHM Model. The next stage of research should examine the lived experiences and priorities of both academic and non-academic EWD, explore institutional practices, identify barriers and facilitators, and determine whether the proposed domains adequately capture actual workplace needs.

A Design and Development Research program can then translate the conceptual framework into a prototype organizational model, subject its components and processes to expert and lived-experience validation, and examine its feasibility when instantiated in an authentic university setting. Because DHM intersects with occupational health and safety, validation should include appropriately qualified occupational health and safety expertise to ensure that this domain remains organizationally sound without extending the model into specialist clinical or technical practice.

Empirical investigation may consequently lead to some components being merged, modified, removed, or added to the conceptual framework presented here. This distinction is fundamental: the present article proposes the conceptual architecture, while subsequent empirical research will develop and validate the final DHM Model.

Limitations

Several limitations of this conceptual paper should be recognized. First, the paper offers a conceptual synthesis rather than a systematic review, so the literature discussed should not be regarded as exhaustive. Second, the framework is primarily concerned with Malaysian public higher education. Different regulatory, employment, and organizational settings may require the framework to be adapted. Third, EWD are not a homogeneous group. Disability type and visibility, career stage, employment category, gender, work role and institutional setting may all shape individual experiences in different ways.

Fourth, the proposed domains and relationships have not yet been empirically validated. At this stage, their value lies in guiding subsequent model-development research rather than functioning as confirmed standards. Fifth, occupational health and safety is recognized as an important domain of DHM, but it is not examined at the level of specialist clinical, occupational hygiene, engineering, ergonomic, or technical safety assessment. These areas require appropriately qualified professional expertise and fall outside the intended disciplinary scope of this study. The study instead addresses health and safety from an organizational disability-management perspective, focusing on coordination, referral pathways, reasonable accommodation, inclusive work practices, emergency preparedness, and access to appropriate specialist support.

Finally, DHM should not be interpreted as either a clinical model or a means of increasing institutional control over employees' health information. Its purpose is the reverse: to create organizational conditions, support pathways, and appropriate professional interfaces that enable equitable, confidential, and sustainable participation in work.

Conclusion

Disability inclusion in higher education employment requires more than accessible buildings, written policies, or individual accommodations. Employees with disabilities work at the intersection of job demands, institutional systems, technologies, workplace relationships, health and safety processes, supervisory practices, and career structures. DHM is proposed here as an integrated organizational response to that reality, coordinating institutional support while recognizing where specialist professional assessment and intervention are required.

By bringing together the Social Relational Model of Disability, the WHO ICF, and Job Demands–Resources theory, the framework conceptualizes disability-related work participation as an outcome of the interaction among impairment effects, organizational barriers, job demands, and workplace resources. Nine provisional domains form the proposed architecture: governance and accountability; safe disclosure and confidentiality; reasonable accommodation and assistive technology; physical and digital accessibility; occupational health, safety and emergency preparedness; psychosocial well-being and anti-ableism; supervisor and workforce capability; career sustainability, retention and progression; and monitoring, evaluation and continuous improvement.

The conceptual contribution, then, is a shift from fragmented disability support towards coordinated Disability Health Management. Rather than continually asking employees with disabilities to adapt themselves to existing university systems, the framework turns the question around. It asks how those systems can be designed, coordinated, and improved so that employees with disabilities are able to work safely, meaningfully, and sustainably.

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