Exhibiting lived experiences of disability in a hospital workplace: A qualitative evaluation

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ABSTRACT

Background: Beyond the Stigma (BTS) was an exhibition of stories about staff with physical and hidden impairments at the Royal Orthopaedic Hospital NHS Foundation Trust, Birmingham, UK.

Objective: Evaluative research aimed to examine BTS's long-term impact on participants who publicly shared lived experiences of disability in their hospital workplace. It also sought to discover how arts-based interventions can effectively identify and promote nuanced disability understandings and the wellbeing of disabled people working in healthcare.

Methods: Interpretative Phenomenological Analysis (IPA) interviews were conducted with six hospital staff. Transcripts were analyzed in depth.

Results: Three superordinate themes emerged from the data, *Process of Hesitancy and Comfort, Perceptions of Impact and Contribution,* and *Journeying with Disability Understandings.* These captured personal narratives of how it felt to disclose impairment and perceptions of the project's impact. Long-term benefits of taking part in BTS were identified as increased self-confidence, openness, self-acceptance, and empowerment. Shifts in participants' personal disability views pointed to improved quality of life inside and outside the workplace through new awareness of diverse and shared experiences, new ease with disability definitions, language, self-identity, and community participation.

Conclusion: Study findings exposed levels of risk, resilience, and compromise associated with sharing personal experiences of disability, and how these can be managed effectively in the workplace. BTS offers a model for health promotion and community participation across disabled and non-disabled communities that can be repeated and adapted to support employment strategies, shift understandings, and promote notions of disability gain and disability pride across healthcare settings.

1. Introduction

Historically, data records on disability in the UK's National Health Service (NHS) workforce have been minimal.[1] In 2019 the Workforce Disability Equality Standard (WDES) was launched as a way of improving practices across NHS trusts.[2] The WDES surveys specific measures allowing NHS trusts to compare data on employment experiences of disabled and non-disabled staff.[3] Latest figures show the total of NHS staff declaring disability through electronic staff records (ESR) at 4.2 % against a working age population of 23 %.[3,4] Disability is defined in accordance with the UK's Equality Act (2010),[5] and categories on ESR allow NHS staff to select from, 'Learning disability/difficulty, Long-standing illness, Mental Health Condition, and Physical or Sensory Impairment'.[6] Disability definitions within this paper extend across

these categories. Since the launch of WDES, report data from the Royal Orthopaedic Hospital NHS Foundation Trust (ROH) in Birmingham, UK, show an increase in the number of staff declaring disability, from 3.3 % in 2019 to 6.2 % in 2023.[7] This shift in disclosure rate is acknowledged as "a steady increase […] supported by a staff formed group called the ABLE Network, and the ESR team",[5] suggesting that disabled people employed in the Trust are increasingly open to sharing personal information and experiences. The Beyond the Stigma (BTS) initiative was a factor in encouraging this positive trajectory, which counters a recognized reluctance to disclose disability in workplace settings particularly among people whose impairments or accessibility requirements are not immediately ascertainable and are more vulnerable to fear that disclosure will incite discrimination.[8]

This article provides the findings of an evaluation of BTS, an

exhibition created by and capturing lived experiences of disability among NHS staff. Launched in 2021 at the ROH, eight staff members took part "to share their experience of disability and to help others see beyond the stigma."[6] The ROH is described as having "a commitment to inclusion and wellbeing", with a priority to "support people with visible and unseen disabilities."[6] BTS was created in collaboration with its ABLE Network, a staff group aiming to raise awareness of disability and support disabled staff, which was previously named the Disability Network.[9] In 2023, the Sidney De Haan Research Centre for Arts and Health (SDHRC) was invited to conduct an external evaluation of the longer-term impacts of the BTS exhibition for individual participants. The broader aim of this evaluation considered how arts-based approaches to sharing lived experiences of disability may contribute to disability understandings and the wellbeing of disabled people in hospital workplaces and beyond.

The intention of this arts-based initiative was to "explore the impact of disability and promote a culture of openness, respect and compassion."[6] The BTS project team described how it was designed to include four elements, comprising: a photography exhibition; short video clips enabling staff to creatively share their individual story in their workplace; awareness sessions; and a buddy scheme for disabled people to access when they join the Trust. BTS involved hospital staff from diverse backgrounds, not only in terms of disability experience, but across the nine protected characteristics as set out in the UK Equality Act (2010).[5] Table 1 briefly outlines the job role and impairment and/or health condition of each participant as described by them in their video.

The exhibition was displayed on boards outside the ROH's main entrance to its Outpatient's Department from July 2021 to the end of 2023, with quotes from each video accompanying participants' large-scale black and white photography portraits. Viewers could scan a QR code to watch each participant's unique story. The boards were designed to be accessible to wheelchair users, included text in braille, and captioned videos are available to view on the ROH's website to date.[6] Data recorded 289 video views within the month of launch. Across 2021 there were over 450 video views, falling gradually to 50 views in 2023. The BTS project team acknowledged, "every story is different but there is a common thread between them all; the need to be kind, the need to see the individual beyond the disability and the importance of taking the time to understand."[6]

2. Methods

2.1. Study design

Interpretative Phenomenological Analysis (IPA) was considered a suitable approach to gain in-depth understanding of how it felt for ROH staff to share their personal stories of disability, impairment, and health conditions publicly in their workplace. The study adhered to IPA's idiographic, hermeneutic, and phenomenological principles.[10] This methodology continues to grow in popularity in healthcare research and multidisciplinary studies. It is "committed to the examination of how people make sense of their lived experiences."[7] It is an inductive, thematic approach, giving attention to each participants' unique responses before generalizing across a group. The research was granted Health Research Authority (project ID: 322807) and Health and Care Research Wales approval (22/PR/1563) in December 2022. Formal approval was

also granted by Canterbury Christ Church University's (CCCU) Faculty of Medicine, Health, and Social Care Ethics Panel in January 2023 (ETH2122-0158), and by the ROH NHS Foundation Trust's Research and Development Department in February 2023 (ROH22ORTH08). All procedures were performed in compliance with CCCU institutional guidelines.

2.2. Inclusion criteria and recruitment

Participants were eligible to take part in the evaluation if they had shared their stories as part of the original BTS exhibition content. The group represented a range of impairments, health conditions, and job roles across the hospital. The first author (NW) attended ROH's ABLE Network to notify participants of the evaluation. Participants were given an information sheet detailing the aims of the evaluation and interview process with the opportunity to ask questions. Sadly, one staff member passed away prior to this evaluation and one did not give consent. Informed consent was obtained from the six remaining participants involved in BTS who agreed to take part in IPA interviews.

2.3. Data collection

Data was collected two years after the exhibition's launch to allow for participants' interpretations of the longitudinal impact of BTS to be considered. The first author (NW) conducted in-person, semi-structured interviews with each participant in a designated wellbeing room at the ROH. Each interview lasted between 40 and 100 min and was audio recorded with participants' consent. The interview schedule was developed by the authors, with questions focusing on four key areas of participants' experiences of BTS: personal contribution, creative process, final content, and long-term impacts of the exhibition. Example questions are shown in Table 2.

2.4. Data analysis

Interviews were transcribed verbatim, and anonymized. The real names of original exhibition participants are already in the public domain and all those interviewed consented to their names being used in the written evaluation. However, due to the sensitive nature of some responses, the authors removed real names from the transcripts to offer a level of anonymity. Reference to job role, impairment and/or health condition have been retained. Data from each of the six cases was analyzed in line with the robust IPA process.[7] The first author (NW) is a Principal Research Fellow at SDHRC with prior experience of conducting IPA studies regarding lived experiences of disability in professional workplaces. The second author (CG) is a Research Assistant at SDHRC with experience in mental health and learning disability studies. Each transcript was annotated line by line with exploratory comments for each participant, and coded for 'descriptive', 'linguistic', and 'conceptual' features by both authors (NW, CG).[10] The first author (NW) identified and titled emergent themes for each participant, grouped these with a descriptive heading, and produced a table of superordinate themes for each participant; patterns were then identified across participants and a master table of themes was created to show connections across the group. Both authors have personal and family experiences of disability, however, this would not have been visibly ascertainable to

Table 1
BTS participant/video descriptions.

Stephen works in Facilities as a Housekeeper Assistant and has a learning disability.
Monica is a nurse and has osteoarthritis.
Suzie is a nurse and is registered as partially sighted.
Alex works in Finance and Maureen worked in Pharmacy (Maureen passed away in 2022), both filmed their stories together as they underwent treatment for cancer.
Richard works in Medical Records and has autism.
Clair works in Administration and has diabetes.
Vickie works in Informatics and Digital and has mental health conditions.

Table 2
Sample interview questions.

Can you describe the BTS initiative to me?
What was the process of creating the exhibition like and how were you involved?
What was your opinion of the finished exhibition content?
Can you share any stories about any long-term impacts of the BTS initiative for you personally?
What long-term impact do you think the Beyond the Stigma initiative has had on attitudes, disability awareness, and understandings among the wider staff community?

participants, nor was it disclosed by the first author in conducting the interviews. Nevertheless, the authors recognize how personal biases and perceptions could influence data collection and interpretation. To protect against this, regular meetings and rigorous audit trails were maintained during qualitative analysis to ensure adherence to the IPA process.

3. Results

Three superordinate themes and subthemes draw attention to participants' individual lived experiences of involvement in the BTS initiative. These are represented through verbatim quotes from interviews, which enable the reader to evaluate connection between raw data and interpretations and aim to retain the voice of participants. Further information on participant quotes and emergent themes is set out in Table 3.

3.1. Superordinate theme 1: Process of Hesitancy and Comfort

This theme concerns participants' interpretations of the creative approach taken in BTS as risk, discomfort, and compromise. It exposes their purpose in choosing to take part and hopes for potential outcomes. It highlights how decisions made by the project team and peer support increased a sense of ease and comfort for individuals throughout the process.

3.1.1. Stepping beyond comfort: "initial feel of whoa I can't breathe"

For most participants, taking part in BTS meant stepping outside a personal comfort zone. Feeling at ease in front of a camera was a challenge for Participant B who described extreme discomfort (Quote 1.1). A sense of feeling exposed was expressed by others, which heightened hesitancy to take part (Quotes 1.2; 1,3). The decision to film and photograph participants in a professional studio at a different hospital increased unease around logistics, travel, and studio bookings (Quote 1.4). However, this also had positive implications in terms of the quality of the exhibition exceeding participants' expectations and value given to their stories.

The title of the exhibition itself presented unease for those who did not associate their lived experiences with notions of stigma. Participant F described this causing intrapersonal "conflict" (Quote 1.5), others referenced disconnection with the title. Yet, there was also shared recognition that, whilst the term "stigma" may not sit comfortably, it is fitting for the exhibition (Quote 1.6). Discomfort in creating BTS was also associated with uncertainty around how colleagues might respond to their stories (Quote 1.7; 1.8). Participant A implies a conscious decision to step beyond comfort and disclose impairment, viewing BTS as a unique opportunity to articulate lived experience of disability for the first time (Quote 1.9). Others expressed similar willingness to take a risk even when uncertain of a positive response (Quote 1.10).

3.1.2. Anticipating reactions: "I definitely wanted the trust to act"

Participants' reasons for agreeing to be filmed and photographed point to outcomes they perceived as making the personal cost worthwhile and change they felt was needed in the Trust. All believed their story might be powerful in shifting structures, understandings, openness, and acceptance in their workplace. Experiencing previous difficulty with her own access needs being met, Participant F described

"passion" to see the Trust act, anticipating a proactive reaction to BTS that might shift organisational structures (Quote 1.11; 1.12). For Participant E, BTS was about promoting disability pride in her workplace (Quote 1.13). As someone with acquired impairments, this was expressed as a bold step, a "responsibility" not taken lightly (Quote 1.14). Participant C described ambitions for their story to encourage others to ask for "reasonable adjustments." (Quote 1.15) Participant D described hopes that colleagues might make disabled people feel accepted and understood. They detailed past experiences where others made inaccurate assumptions about their health condition (Quote 1.16). For Participant B, anticipated reactions to BTS were also about supporting their own journey with disability, hoping BTS would help them, and others, view the future positively (Quote 1.17).

3.1.3. Approaches that eased discomfort: "a really supportive process"

Participants expressed overwhelming satisfaction and relief in describing the professional quality of the photography and videos and praised the overall coordination and facilitation of the process in helping to alleviate discomfort. A sense of equal collaboration between participants and the project team also eased discomfort, which highlighted a sense of agency throughout the filming process, as Participant F explained "we were given full oversight." (Quote 1.18) Participants describe how discomfort eased on arrival at the studio and during the filming of their stories. Participant E acknowledged these as "very intimate conversations." (Quote 1.19). The project team's ability to ease initial nerves was noted as leading participants to speak openly (Quotes 1.20; 1.21). Clear communication and collaboration continued to play a key role in easing discomfort (Quote 1.22). Although participants noted not seeing the completed exhibition boards before the public reveal, nervousness was eased by a shared contribution to shape editing decisions, approached "sensitively" by the project team (Quote 1.23; 1.24).

3.2. Superordinate theme 2: Perceptions of Impact and Contribution

This theme focuses on the value given to participants' lived experiences of disability, and their contribution to the exhibition and workplace, through BTS. It also exposes contrasting views and uncertainty around BTS's organisational impact and future potential.

3.2.1. Perceptions of project ownership: "I then said […] we could do something"

Participants spoke about BTS as an exhibition that belonged to them, not just about them. They explained that the initial idea arose from either the ABLE Network or participants personally; they were "part of it from the start." (Quote 1.25; 1.26) It was acknowledged that WDES funding was a factor in sparking ideas but not the motivation for BTS; applying for funding enabled existing desires to share lived experiences to be actioned, a collaborative decision between both the project team and the ABLE Network (Quote 1.27).

3.2.2. Expressions of validation: "fair play, you know, well done"

Positive reactions to the exhibition appeared to have made participants feel that their efforts exerted in sharing their stories were valued and worthwhile. Participant E juxtaposes feelings of "horror" at seeing her photos displayed, with pride and pleasant surprise at what was achieved and acknowledged within the Trust (Quote 1.28). Participant A expressed surprise at the level of support offered by managers; as

Table 3
List of themes across participant group and quotes.

No	Themes	Quotes in order of reference (with transcript page and line number)
1	Process of Hesitancy and Comfort	
	Stepping Beyond Comfort	1.1 "being filmed, that was the horrible bit" - Participant B (1,3)
1.2 "I was really, really nervous" - Participant D (3,28).
1.3 "that initial feel of whoa I can't breathe" - Participant E (3,38).
1.4 "it's a different environment as well […] not normal for me" - Participant B (4,1).
1.5 "the word stigma […] there's a bit of conflict in me about that" - Participant F (2,6).
1.6 "I can understand why maybe somebody else would be really strongly against the word stigma […] I probably personally wouldn't have called it stigma" - Participant F (4, 46).
1.7 "the nerves were probably more [about …] how people would more or less react" - Participant A (2,35).
1.9 "kept one of my disabilities hidden […] if I told people about it, it would make them make me think a bit differently" - Participant A (1,12).
1.10 "Shall we go for this […] let's have a go […] it took us all out of our comfort zones" - Participant D (1.4).
	Anticipating Reactions	1.11 "I was really passionate […] because it was a Trust initiative […] I wanted to view it from both personal and manager […] there is a little bit of lack of support really if you are actually managing somebody with a disability, erm but I'd also experienced that myself" - Participant F (2.16).
1.12 "I definitely wanted the trust to act" - Participant F (2,31).
1.13 "for […] the wider organization to understand […] show we were proud" - Participant E (1,1)
1.14 "I feel a sense of responsibility in being somebody fairly senior […] to be open and proud of my own experiences in the hope that will help others to feel comfortable" - Participant E (1,36–2,4).
1.15 "help people who have hidden disabilities that aren't brave enough to speak out and ask for the reasonable adjustments" - Participant C (1.20).
1.16 "people make assumptions without really knowing […] that's what it is for me, is to take those labels off" - Participant D (1,23).
1.17 "a really negative thing that happened to me, so, […] trying to take a positive […] that you can go on and do […] what you really want to do with your life […] you can still be a nurse" - Participant B (1,22).
	Approaches that Eased Discomfort	1.18 "it was created with all of us in mind […] we were given full oversight" - Participant F (6,8).
1.19 "good at putting you at ease […] to have those very intimate conversations" - Participant E (3,38).
1.20 "the team made you feel at ease […] talking … chatting to you informally" - Participant B (4,33).
1.21: "when we got over there […] it was really good […] more relaxed and, kind of, informal process really" - Participant D (3,38).
1.22 "it was a really supportive process […] explained to us thoroughly […] no pressure put on us to do it" - Participant F (5,25).

Table 3 (*continued*)

No	Themes	Quotes in order of reference (with transcript page and line number)
		1.23 "they did show us all the photos […] we could look at the videos, we were consulted all the way through" - Participant D (4,35).
1.24 "they took a lot of time […] to edit it and erm make sure that we wouldn't be embarrassed with the outcomes. I think they'd kind of sensitively edited" - Participant E (3,28).
2	Perceptions of Impact and Contribution	
	Perceptions of Ownership	1.25 "we talked about it, 'shall we put a bid in?', and I kind of suggested that it might be nice to have some sort of like storytelling project […] I was kind of part of it from the start - Participant C (4,11)
1.26 "we all put our bits and thoughts about what we should do and how […] we all decided that erm we talk about our disabilities […] deciding that we'd take video" - Participant D (1,6).
1.27 "I then said at the ABLE network 'be really good if we could do something […] so […] people are aware' […] it evolved from that" - Participant F (1,15).
	Expressions of Validation	1.28 "taking aside my horror at my own photos *(laughs)* to see how it had been put together and the lovely booklets […] they'd given us a small personal version of our own boards […] yeah, so very proud, very proud of what we'd achieved […] and obviously [the CEO] made a big erm sort of fuss of doing the exhibition […] a big kind of reveal of it […] I think it surprised me" - Participant E (4,27).
1.29: "my face is actually on the board […] where people wanna read it […] it felt surreal in a good way" - Participant A (3,28).
1.30 "it was really strange […] almost surreal […] oh, I've been recognized […] all the staff would say, 'oh, saw your board' […] it was a sort of a different side to it to have like a member of the public look at it and say 'oh that's that lady', a bit surreal really" - Participant D (5,7).
1.31 "Lots of messages […] well done and everything, and amazing to still be a nurse and be able to tell the story […] people just shocked cause they didn't know" - Participant B (5,34).
1.32 "people have sort of said, 'oh, I saw you board and your video and didn't know that […] you were diabetic'" - Participant D (5,31).
1.33 "I don't consider myself brave and amazing, but it was nice that people had that reaction […] that surprised me, that people like … admired me for doing it, didn't judge me" - Participant C (6,32).
1.34 "the lack of knowledge […] was quite evident […] the most powerful points from the feedback" - Participant F (9,17).
	Perceiving Long-term Impact	1.35 "I don't know how long those boards are staying up outside […] how many visitors and staff go up to them and read them" - Participant B (4.5).
1.36 "I'm not sure if the message did really get through […] I'm not 100 % sure how much difference it made within sort of some of the structures of the Trust" - Participant F (9,32).
1.37 "the output kind of stopped a little bit after the first output, but […] I might be totally wrong" - Participant C (8,44).
1.38 "around staff awareness, training […] very frustrating when you've done that

Table 3 (*continued*)

No	Themes	Quotes in order of reference (with transcript page and line number)
		exhibition […] I just thought that would happen" - Participant F (12,4). 1.39 "I can't actually identify any specific training […] that has been implemented […] that's a very missed opportunity from the Trust" - Participant F (12,4). 1.40 "people should watch the videos when they join the Trust; giving people different routes into speaking out […] these problems haven't gone" - Participant C (11,3; 12,33). 1.41 ABLE […] has been great […] trying to use the exhibition […] to […] show the organisations commitment to the disabled workforce […] used a lot in general E and D training; before 3 % of our workforce was disabled […] high 6s to 7 % now - Participant E (6,20). 1.42 "people are more willing, since the exhibition, to sort of say that they have got a disability; asking for help" - Participant D (7,5; 8,6). 1.43 "we changed the name of the disability group to the ABLE group, because it's not what you can't do, it's what you can do" - Participant D (6,1). 1.44 "another Trust in the UK […] did […] a similar thing […] shared their experiences […] it was great […] that gets noticed a bit more" - Participant A (5,24).
3	Journeying with Disability Understandings Learning from Disability	1.45 "people's videos that really opened my eyes […] made me really learn […] to understand […] people's feelings and issues and things they've got going on" - Participant B (6,34). 1.46 "made me a lot more aware of the wider range of long-term conditions […] I make a mental note now of 'okay' […] now I go 'are you alright'" - Participant C (8,18). 1.47 "it was nice to hear […] challenge your own conceptions […] the more we talk about it, the more I understand […] and why it's classified as disability"; "more open about the fact that I'm disabled" - Participant E (6,1; 13). 1.48 "I said yes and then I was kind of like […] I don't actually see me as having a disability; I've kind of moved forward […] I tend to declare it now […] I class it as more of a long-term condition […] it's changed me" - Participant D (1,40; 6,37). 1.49 "didn't like that label […] I'm not in denial anymore, I'm more accepting of it […] that was a lot to do with the exhibition; I use the term disabled now - Participant F (11,28; 12,27).
	New Openness to Sharing Disability Experiences	1.50 "when I first came, nobody really knew […] I'm a little bit more open now […] it's up on the boards […] anybody can see" - Participant D (2,32). 1.51 "because I did the speech, and I did that talk for NHS England […] I've started to hold myself in a bit more high regard" - Participant C (8,35). 1.52 "my mum watched it as well *(laughs)* […] it was interesting for her to watch […] I've probably been more open in that than I have been with my friends and family […] it's just something that you are more comfortable talking about particularly since how successful the exhibition was and how people seemed to like it" - Participant E (5,27).

Table 3 (*continued*)

No	Themes	Quotes in order of reference (with transcript page and line number)
		1.53 "'it just highlighted to me that actually […] it was worth doing […] my husband said […] I'd never even realized how much in denial you were'; I don't think I've ever […] had a talk about that […] it was a definite positive it did open up more awareness for them and certainly we had conversations off the back of the video - Participant F (9,2; 10,12).
	Proactivity and Community Connections	1.54 "I am much more erm active now […] around social media and disabilities […] very passionate about […] access […] networking […] with disabled people; very much on board with the ABLE network" - Participant F (11,46; 12,43). 1.55 "we have all connected really just sharing our stories […] we do speak sometimes when we see each other […] I got to know him a little bit more" - Participant A (4,15). 1.56 "when I'm having struggles, I'm always getting offers, saying 'if you need to talk to me' that nice support network" - Participant C (9,35). 1.57 "I've spoken to […] colleagues and found out that they were diabetic as well" - Participant D (3,1). 1.58 "confidence that you can do something […] uncomfortable […] more outwardly facing things" - Participant E (5,14). 1.59 "I did a stall outside for disability week to try and encourage people to um think about disability and er just try and raise the profile" - Participant C (9,9). 1.60 "I took part in volunteering which is something I've never done before […] I'd explain to them […] how the Disability Network came about" - Participant A (4,25). 1.61 "I probably should be in the ABLE network, but I have really um taken part; that's the sort of teaching from here, yeah, I could do that" - Participant B (7,17; 9,14).

someone who had hidden his impairment, the launch event appeared to affirm his decision to disclose, it "felt surreal in a good way." (Quote 1.29) He referred to being "glad" he took part and expressed relief that "people wanna read it." (ibid) Participant D implied a sense of validation as she recalled a patient recognizing her from the boards after the launch, describing this as "surreal", and "strange." (Quote 1.30).

With memories of people saying, "well done and everything", Participants recalled feedback from staff who had praised their career achievements (Quote 1.31) and not been aware of their impairment or health condition prior to the exhibition (Quote 1.32). Raised disability awareness appeared to make BTS participants feel heard, and their professional competency recognized. Bravery was a repeated theme for Participant C, with feedback appearing to validate her story as an example of bravery; she reflected colleagues "admired me for doing it, didn't judge me." (Quote 1.33) Although initial feedback felt "very positive", for Participant F, it also validated personal beliefs that change was still needed (Quote 1.34).

3.2.3. Perceiving long-term impact: "it was great […] that gets noticed a bit more"

Long-term change was more difficult for some participants to identify than others. This may be attributed to differing levels of communication and employee position within the Trust. There was some uncertainty about longer term plans for the exhibition content and questions about whether organisational or attitudinal change was realized "if the message really did get through." (Quote 1.35; 1.36) There

was acknowledgement that initial levels of interest in the exhibition had declined, which was expressed as disappointment or frustration for some (Quote 1.37; 1.38). A perceived lack of utilization of the videos for training purposes, was perceived as "a very missed opportunity", when people "join the Trust." (Quote 1,39; 1.40).

For BTS to reach its full potential mattered to individuals, however, positive perspectives of change happening in the Trust and beyond were recognized. Comments about how BTS has grown the ABLE Network were common, with more people are "willing to disclose" and seek help (Quote 1.41; 1.42). Changing the title of the Disability Network to the ABLE Network was attributed to the exhibition and described as a shift towards positive identity among members (Quote 1.43). There was a sense of pleasure in discovering that other hospitals expressed interest in replicating the BTS initiative (Quote 1.44).

3.3. Superordinate theme 3: Journeying with disability understandings

This final theme uncovers how participants associate BTS with intrapersonal reasoning around disability views, identities, conversations, and communities. It demonstrates how this initiative increased individual's engagement with disability both inside and outside their workplace.

3.3.1. Learning from disability: "somebody could say so little but be so impactful"

Involvement in BTS provided new learning, demonstrated by personal reflection through the process of articulating their own story, and encountering other people's disability views (Quote 1.45; 1.46). It seems significant that even members of the ABLE Network had not heard each other's stories before; BTS enabled understanding of diverse health conditions and impairments and altered how some relate to each other in the workplace (Quote 1.47). As someone who first acknowledged "I don't actually see me as having a disability", Participant D described how BTS "made me think" and "see differently" (Quote 1.48). Participant F describes "I'm not in denial anymore." (Quote 1.49) They express this as a positive shift in self-identity and newly discovered ease with disability language, saying "I definitely use the words, 'I am disabled', a lot more"; a change they associate with witnessing other people's openness to speak out (ibid).

3.3.2. Increased openness to sharing disability experiences: "more comfortable sharing now"

Increased openness to share disability experiences was accelerated through agreeing to take part in BTS for those like Participant D, who remarked on first joining the Trust and "nobody really knew" about their health condition (Quote 1.50). For others, the launch created opportunities to share their disability views in new ways; Participant C described being invited to talk about BTS with "NHS England" and reflected on how this caused her to "hold myself in a bit more high regard." (Quote 1.51) Since BTS, participants recognized changes in conversations with colleagues, with disability being spoken about more openly, with long-term implications extending within and beyond the workplace. Participant E recognizes, "it's just something that you are more comfortable talking about." (Quote 1.52) BTS is perceived as making it easier to talk about disability with close family (ibid). Participant F described speaking for the first time with her sons and husband about the impacts of her health condition, which "highlighted [BTS …] was worth doing." (Quote 1.53).

3.3.3. Proactivity and community connections: "I am much more erm active now"

Participants conveyed how confidence gained through BTS has influenced proactivity in the workplace and affinity with the disabled community. Connections across the ABLE Network appear to have been strengthened (Quote 1.54); Participant A joined the Network after the launch, saying, "we have all connected really just sharing our stories."

(Quote 1.55) Participant C speaks of the group as an ongoing support (Quote 1.56) New connections extend beyond the Network, as Participant D refers to discovering colleagues with the same health condition (Quote 1.57). Since the exhibition launched, one participant and one member of the project team have become Chairs of networks in the Trust; both imply BTS was central in this decision to lead. Participant E reflects on how new confidence and awareness of peer support made them feel able to take on "outwardly facing roles", to "do something that makes you feel uncomfortable." (Quote 1.58) Others described new public engagement with disability and the ABLE Network (Quote 1.59; 1.60; 1.61).

4. Discussion

Empirical study findings obtained from six hospital staff who publicly shared their stories as part of BTS revealed a variety of benefits and learning resulting from this initiative. BTS offers a valuable example of how arts-based methods can effectively support nuanced disability understandings and the wellbeing of disabled people in healthcare settings through the appropriate and accurate sharing of lived experiences. BTS created a unique, supportive space to disclose impairment and articulate stories of disability in a hospital workplace. Whilst the exhibition may not have been engaged with as a piece of art, as with recent art forms examined by disability scholars, it was "inviting […] spectators to stare and in so doing, rewrite old assumptions."[11] Participants had high expectations for this invitation to prompt organisational and structural change, to demonstrate disability pride, promote disability gain, and increase openness in the Trust.

Chosen methods of video and photography, use of an external studio, and the title of the project added to initial unease and discomfort in taking part. Participants required resilience and a willingness to sit with discomfort to promote change; a sense of workplace activism that compromised their personal preferences and risked a negative response from colleagues. The desire or need to drive change forwards in their hospital seemed to outweigh the discomfort in taking part. Such demands on disabled people in attempting to manage or shift others' disability views are acknowledged as "complex management of feeling and […] relational politics", requiring, "skilled emotional labour."[12] These additional demands on disabled people in the workplace must not be underestimated. Instead, weight of responsibility for shifting disabling attitudes, structures and environments in healthcare and other professional settings must be shared across disabled and non-disabled communities.[13,14] BTS made this increasingly difficult for ROH staff to ignore.

High-level creative, organisational, and interpersonal skills were important factors in the project team's ability to ease participants' discomfort in creating the exhibition. This included sensitivity, clear and open communication, and informality. The decision to organize a launch event, active support from the Trust, and feedback validated participants' contributions to BTS, signifying successful outcomes. They expressed overall satisfaction with the quality of the finished exhibition and how it accurately elevated their personal story in the Trust. BTS was not perceived as manager-led or a Trust directive, and there was an overall sense that participants felt able to shape the initiative from its inception. Innovative discussion between the project team and the ABLE Network appeared to reflect the valued concept of "Nothing about us Without Us",[15] a common mantra by disability activists emphasizing how disabled people must be valued as contributors in every sector.[16] However, some contradictions to levels of satisfaction were noted in participants' frustrations with their videos not yet being utilized for training purposes, and unease with chosen terminology for the exhibition title, which also points to scope for future learning. Similar initiatives should ensure clarity about long-term plans for sharing video content and aim to promote a sense of agency by adopting language that resonates fully with lived experiences.

Shifts in participants' personal disability views pointed to improved

wellbeing through new awareness of shared experiences of disability. Perceptions of self-identity were disrupted by new alertness to, and ease with, broader disability definitions. Parrey argues that such encounters "are vital […] Disabled and nondisabled people need them to appreciate that (and how) meanings and experiences shape bodies and lives lived in proximity to impairment/disability and through disablement."[17] In this way, BTS prompted revelatory encounters, demonstrating valuable "moments in which our relation to disability is questionable."[18] As in Barnes, shifts in personal interpretation of impairment as "a positive, neutral, or negative trait" through BTS, influenced individual's "self--identity, wellbeing, and participation in society."[19] Lived experiences of BTS support Santuzzi and Waltz's view of disability as *a unique and variable identity*; they note, "employers should be open to changes in disability identity over time […] organisations also cannot assume workers have clear disability identities."[20] Factors of participants' experiences of BTS have wider implications in terms of gathering diversity data in healthcare and ensuring safe spaces for employees to disclose personal impairment or health conditions.

This was a small-scale study in terms of its scope and numbers of hospital staff involved. However, the small sample of six aligns with recommendations for IPA studies, where in-depth understanding of data is the goal. Beyond existing debate around disability and employment, a nuanced description of one route to working creatively and effectively across disabled and non-disabled communities has been obtained from idiographic lived experience of the BTS initiative here. As Galloway et al. recognize "most minority groups maintain that they have been 'silenced' by the majority and thus place speaking at a premium, disability communities often place listening on the same plane."[21] Instead, BTS offers a model of health promotion through valuing and listening to the voices of disabled people. Creatively it can be repeated, improved, and extended to support individuals in healthcare and help to develop recruitment and employment strategies. This study has demonstrated links between raised disability agenda, peer support, and the valued contribution of disabled people in healthcare. Future research could expand insight in this area through similar studies focused on maintaining and developing the healthcare workforce, risks associated with self-disclosure, and broader experiences of disability identity.

5. Conclusion

A standout observation whilst conducting interviews for this evaluation was the value all participants placed on the BTS initiative and its potential to promote change. No matter how near or far they felt the desired outcomes for BTS were, or how difficult or easy these seemed to achieve, they valued BTS enough to step out of their comfort zone to tell their personal stories. Participants valued the potential to share and extend this initiative enough to engage with this evaluation process to reflect honestly and openly on their lived experiences both inside and outside the workplace. Ultimately, making sense of lived experiences of disability in the workplace matters. It is hoped that findings from this research will prompt future work that continues to "explore the impact of disability and promote a culture of openness, respect and compassion",[6] that shifts disability understandings, and keeps honest and open conversation going within hospital workplaces and beyond.

CRediT authorship contribution statement

Nina Michelle Worthington: Writing – review & editing, Writing – original draft, Project administration, Methodology, Funding acquisition, Formal analysis, Data curation. **Charlotte Grainger:** Writing – review & editing, Writing – original draft, Data curation.

Disclosures

The corresponding author and co-author do not have any conflict of

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