

Fostering Inclusivity and Value Generation: Analysing Organisational Approaches in Italian Central Administration for Disability Management

Creare valore pubblico attraverso l'inclusività: Analisi delle strategie organizzative delle Amministrazioni Centrali italiane per la gestione della disabilità

Federica Testa

University of Rome "Tor Vergata" – Department of Management and Law

Alessandro Hinna

University of Rome "Tor Vergata" – Department of Management and Law

Luca Pareschi

University of Rome "Tor Vergata" – Department of Management and Law

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Summary: 1. Introduction – 2. Literature background – 3. Methodology – 4. Findings – 5. Discussion – 6. Limitations and further development – 7. Conclusions

Questo studio indaga le iniziative implementate dalle Amministrazioni Centrali Italiane per promuovere l'inclusività sul luogo di lavoro a favore delle persone con menomazioni nelle funzioni e strutture corporee, riconoscendone l'importanza in termini di creazione di valore pubblico. Rifacendosi a un quadro teorico per il Disability Management, è stata condotta congiuntamente un'analisi qualitativa dei PIAO e delle strutture organizzative, con un focus sul ruolo del Disability Manager. Emerge un'implementazione embrionale di iniziative di Disability Management. Sebbene l'adesione a approcci di conformità alla normativa sia diffusa, alcune amministrazioni tra quelle oggetto di studio stanno passando a politiche più ambiziose per generare valore pubblico, nonostante la loro complessità.

This study investigates Central Italian Administrations' initiatives to foster workplace inclusivity for people with impairments in body function and structures, recognising its role in creating public value. Referring to a theoretical framework for DM, a qualitative analysis of PIAOs has been conducted, combined with examining organisational structures, focusing on the Disability Manager's role. A nascent implementation of DM initiatives arises. While adherence to compliance or fundamental approaches is widespread, a subset is shifting towards more ambitious policies to promote public value. However, these efforts face challenges due to their complex nature.

Cette étude examine les initiatives mises en œuvre par les Administrations Centrales Italiennes pour promouvoir l'inclusivité sur le lieu de travail en faveur des personnes présentant des déficiences dans les fonctions et les structures corporelles, reconnaissant leur importance en termes de création de valeur publique. En s'appuyant sur un cadre théorique pour la Gestion du Handicap, une analyse qualitative des PIAO et des structures organisationnelles a été réalisée, en mettant l'accent sur le rôle du Disability Management. Une mise en œuvre embryonnaire d'initiatives de Disability Management émerge. Bien que l'adhésion à des approches de conformité réglementaire

Parole chiave: disability management, inclusività, PIAO

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soit répandue, certaines administrations étudiées passent à des politiques plus ambitieuses pour générer de la valeur publique, malgré leur complexité.

*Corresponding author; email: federica.testa@uniroma2.it
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1. Introduction

Italian Public Administrations emphasise the need to enhance efficiency and cost-effectiveness to generate positive impacts on communities, territories, and citizens, ultimately improving overall well-being (Deidda Gagliardo et al., 2019). This goal aligns with the concept of public value (M. H. Moore, 2001), which represents the collectively defined and politically mediated benefits delivered to citizens through policies and processes that foster trust and fairness (O'Flynn, 2007).

The importance of a proactive approach towards people with impairments in body functions and structures¹ (hereafter PIBFS) has become increasingly evident. With 20.6% of the Italian population experiencing functional limitations (EUROSTAT, 2025), structured policies to promote their inclusion in the labour market are essential. However, simply hiring PIBFS is insufficient (Sabharwal, 2014), as their effective integration into organisational processes is crucial (Bruen, 2016) to ensure the embeddedness of inclusiveness within policies and practices (Palumbo et al., 2023). Achieving this goal requires a structured Disability Management (hereafter DM) approach (Collins et al., 2022). The growing scholarly attention to DM has led to the development of multiple theoretical approaches, reflecting different organisational objectives (Palumbo et al., 2023): biomedical, psycho-medical, participatory, integrative, and holistic, each varying in its emphasis on workplace accommodations, employee engagement, and structural inclusion (Kersten et al., 2023).

Indeed, DM plays a crucial role in public value creation by fostering inclusiveness, enhancing human capital, and strengthening organisational trust (Kuznetsova, 2016). Economically, it improves efficiency and reduces costs (Luu, 2022), while socially, it promotes well-being and social cohesion (Bruyère, Filiberto, 2013), thanks to its potential to reduce disparities and reinforce institutional trust (Ochrach et al., 2022).

Analysing Italian Public Administration is timely, as legislative reforms in 2017 mandated the appointment of Disability Managers in public administrations with more than 200 employees. The regulation was then extended to all public bodies in 2022. In this context, it is surprising that DM practices in Italian public administrations remain largely unexplored (Agovino et al., 2019).

¹ This is the definition as indicated by the World Health Organization (2007) in the International Classification of Functioning, Disability and Health: Children and Youth Version (ICF-CY), p. 322, which acknowledges the role of environmental factors in the creation of disability, as well as the significance of associated health conditions and their effects.

Therefore, we seek to answer the following question:

RQ: How do DM initiatives in the Italian Central Administration map onto theoretical approaches to DM, and what is their potential for public value creation?

To answer this question, in this paper we examine the entire Central Administration, including 15 Ministries, the Presidency of the Council of Ministers, and the State Attorney General, to map the DM initiatives implemented, including their organisational structures, focusing on the role of Disability Managers as indicators of how DM is embedded in broader administrative strategies. Specifically, we analyse the PIAOs², strategic documents whose primary goal is the creation of public value (Deidda Gagliardo, Saporito, 2021). Our findings reveal that 12 out of 17 Central Administrations plan to implement DM activities, with most adopting a biomedical approach. Notably, only five administrations have appointed a Disability Manager, mainly as an extension of pre-existing HR managerial roles.

The paper is structured as follows: The next section reviews the relevant literature that forms the interpretive framework guiding the analysis. This is followed by a description of the inductive methodology. The findings detail how the initiatives of different administrations can be interpreted through the lens of various theoretical approaches to DM. In the discussion, we reflect on the relationship between DM and value creation while also providing policy recommendations to promote the adoption of more inclusive models, before moving on to limitations and conclusions.

2. Literature background

Disability has received growing scholarly attention (Carrero et al., 2019) and has become central to management studies since the World Health Organisation (WHO) redefined it as the result of an interaction between individuals and their environment (WHO, 2007). This shift moves the focus from disability as a personal limitation to the role of the environment in shaping its impact (Gray et al., 2019), emphasising the need to remove contextual barriers (Bogart et al., 2017). As a result, management must adapt work environments (Donovan et al., 2020), policies (Pérez-Conesa et al., 2020), practices (Schloemer-Jarvis et al., 2022), and interpersonal dynamics (Nastasia et al., 2021) to eliminate physical and social obstacles while aligning job demands and resources (Cavanagh et al., 2017) to meet the needs of PIBFS (Richard et al., 2021).

Different organisational objectives lead to varied approaches to DM (Palumbo et al., 2023), including: (i) the biomedical approach, (ii) the psycho-medical approach, (iii) the participatory approach, (iv) the integrative approach, and (v) the holistic approach.

² Piano Integrato di Attività e Organizzazione della Pubblica Amministrazione, Integrated Plan of Activities and Organization of Public Administration

The biomedical DM approach focuses on preserving and restoring workers' ability to work (Kersten et al., 2023) by adapting the work environment to PIBFS' capabilities. Workplace characteristics play a key role in overcoming organisational barriers and ensuring a timely return to work for injured employees (Kristman et al., 2017). Effective collaboration between managers and health professionals prevents unnecessary lost time, facilitates reintegration, and reduces costs related to work injuries (Winter et al., 2016). Information and communication technologies support timely communication and employees' access to DM programmes (Singh, O'Hagan, 2019). Despite enhancing organisational efficiency, this approach has limitations. It risks depersonalisation and neglecting social support (Singsa et al., 2019), while its emphasis on workplace accommodation can reduce employee motivation and commitment (Kulkarni et al., 2016). Moreover, by ignoring contextual and cultural factors, it can lead to a lack of workplace support, increased work strain, and job insecurity.

The psycho-medical approach addresses the emotional and affective dimensions of DM, fostering engagement in organisational dynamics (Luu, 2022). Supervisors play a key role in reducing stigma, requiring a balanced approach that combines instrumental and emotional support (Bogart et al., 2017). Adapting the work environment to PIBFS' needs (Page, Tchernitskaia, 2014) while recognising their motivational drivers is crucial (Gray et al., 2019). Maximising digitalisation helps PIBFS balance work and personal life, reducing role conflicts (Migliaccio, 2019).

However, the psycho-medical approach remains rigid in its DM interpretation, limiting the full benefits of organisational inclusivity. A person-centred perspective promotes participatory DM, actively involving employees in HR practices for workplace inclusiveness (Amick et al., 2017). PIBFS' participation in goal-setting fosters inclusivity by enabling them to disclose their needs (Westmorland et al., 2005; Cullen et al., 2018) and helps identify paradigm dissonance and stakeholder conflicts in DM (Franche et al., 2005). Empowering individuals to adjust work settings enhances their engagement in workplace inclusivity initiatives (Busse et al., 2011; Bricout, 2004).

A human-centric approach integrates job requirements and resources to empower employees (Habeck et al., 2010). It promotes integrative DM initiatives that drive workplace transformation and employee engagement (McMahon et al., 2016), prioritising PIBFS' contributions to organisational success while addressing workplace risks (Geisen et al., 2019). Continuous support—physical, technical, social, and psychological—is essential (Wagner et al., 2018), with policies and guidelines focusing on integrated work reintegration (Niehaus, Marfels, 2010).

Achieving workplace inclusiveness requires a holistic approach, integrating DM into organisational policies and practices. This entails aligning DM with organisational culture (Buys et al., 2016) and shifting from minority-majority frameworks to a nuanced understanding of individual com-

plexities (Shan et al., 2021). PIBFS face significant obstacles that hinder their full participation (Kuznetsova, 2016).

Recent literature calls for a critical (Dobusch, 2021) and situated (Ferdman, 2017) approach to identifying contextual barriers that restrict employee engagement (Roberson, 2006) and the expression of their identities (Post et al., 2021). Addressing both subjective and objective aspects of inclusivity requires considering organisational social life and structural factors (Schatzki, 2005; Janssens, Steyaert, 2020), fostering morale, job satisfaction, and commitment (Buys et al., 2016; Longtin et al., 2020).

Tackling DM generates value across all levels of the public value pyramid (Papi et al., 2020). First, at the intangible level, a well-structured DM approach enhances human and relational capital by fostering an inclusive work environment, strengthening organisational empathy, and reinforcing principles such as integrity and transparency (Kuznetsova, 2016). Second, at the economic level, DM improves efficiency by streamlining management processes, reducing turnover costs, and increasing productivity (Luu, 2022). By optimising financial and operational performance, DM reinforces organisational stability while fostering a sustainable, inclusive work environment. Third, at the social level, the active participation of PIBFS enhances individual well-being and strengthens social cohesion, as inclusiveness fosters trust, fairness, and collective engagement (Bruyère, Filiberto, 2013). These outcomes contribute to social value, measured through the effectiveness of policies in generating both tangible and intangible benefits for individuals and communities.

At the highest level, public value, inclusive policies for PIBFS play a key role in shaping broader societal well-being. By reducing economic disparities, promoting equal opportunities, and reinforcing trust in public institutions, DM contributes to a more equitable and resilient society (Ochrach et al., 2022). Aligning management processes and organisational structures ensures that inclusiveness translates into measurable improvements across all dimensions of public value (Airoldi, 1996).

The five DM approaches represent progressive steps towards establishing inclusive work environments. As organisations progress through the different DM approaches, the creation of public value increases, as more comprehensive strategies generate broader effects and involve a growing number of stakeholders in DM initiatives (Hutchinson et al., 2024). However, organisational complexity progressively increases according to the number of actors involved, the heterogeneity of required skills, the interdependence of applied tools, the variability of practices, and the time required for implementation. Table 1 summarises the critical tenets of this literature.

Table 1 – Purposes, scope, core competencies, and key actors of DM approaches theorised in the literature

	DM Approaches				
	Biomedical	Psycho-medical	Participatory	Integrative	Holistic
Purpose	Minimising injury risks, addressing PIBFS' work-related needs via reasonable accommodations	Boosting PIBFS' self-confidence and trust in the organisation	Implementing actions targeted to the differentiated needs of PIBFS	Ensuring job-person fit to leverage PIBFS' skills	Achieving full inclusion of PIBFS
Scope of action	Adapting the physical and spatial context of work to PIBFS's needs	Sharing information about policies and programs for PIBFS	Involving PIBFS in goal-setting processes and incentivising them to be proactive at work	Helping PIBFS to flourish at work in a long-term perspective	Creating an inclusive organisational culture
Core competencies	Medical, engineering and architectural	Communication skills and knowledge of communication tools	General management and HR managing	HR managing	HR and change managing
Key Actors	Supervisors, health specialists, engineers and architects	Supervisors and health specialists, physicians, engineers, communication experts, managers and leaders	Leaders/managers	HR managers and line managers	Entire organisational community
	1	2	3	4	5
	Level of complexity (1= low; 5= high) (depending on the number of actors involved, heterogeneity of skills needed, interdependence of tools applied, variability of practices applied, length of time required for implementation)				

3. Methodology

In our research, we analysed the entire Central Administration of the Italian Republic (see Table 2) and we integrated a comprehensive analysis of DM initiatives outlined in each PIAO with an examination of the organisational structures mandated by law to support such initiatives.

Table 2 – The comprehensive list of the Italian Central Administrations analysed

Code	Central Administrations	
	Italian	English
AVV	Avvocatura dello Stato	State Attorney General
DIF	Ministero della Difesa	Ministry of Defence
INT	Ministero dell'Interno	Ministry of the Interior



Central Administrations		
Code	Italian	English
MAECI	Ministero degli Affari Esteri e della Cooperazione Internazionale	Ministry of Foreign Affairs and International Cooperation
MASAF	Ministero dell'Agricoltura, della Sovranità Alimentare e delle Foreste	Ministry of Agriculture, Food Sovereignty and Forestry
MASE	Ministero dell'Ambiente e della Sicurezza Energetica	Ministry of the Environment and Energy Security
MEF	Ministero dell'Economia e delle Finanze	Ministry of Economy and Finance
MG	Ministero della Giustizia	Ministry of Justice
MIBAC	Ministero della Cultura	Ministry of Culture
MIM	Ministero dell'Istruzione e del Merito	Ministry of Education and Merit
MIMIT	Ministero delle Imprese e del Made in Italy	Ministry of Enterprises and Made in Italy
MIT	Ministero delle infrastrutture e dei trasporti	Ministry of Infrastructure and Transport
MLPS	Ministero del Lavoro e delle Politiche Sociali	Ministry of Labour and Social Policies
MS	Ministero della Salute	Ministry of Health
MT	Ministero del Turismo	Ministry of Tourism
MUR	Ministero dell'Università e della ricerca	Ministry of University and Research
PCM	Presidenza del Consiglio dei Ministri	Presidency of the Council of Ministers

Various data sources and methods were combined to effectively address the research questions (Pratt et al., 2022): the analysis of PIAOs involved textual scrutiny to uncover both implicit and explicit messages (Graebner et al., 2012), maximising the potential of qualitative research (Cornelissen, 2017). This means that we not only looked for phrases or sentence segments that explicitly mentioned DM but also those whose content implicitly referred to it. Additionally, organisational structures dedicated to DM were analysed, identifying relevant roles and offices within the organisation. Further details on both research steps are provided in the subsequent subparagraphs.

PIAOs' analysis

The analysis of PIAOs hinges on understanding managerial strategy formulation for strategic planning and operational programming (Deidda Gagliardo, 2024). Indeed, a strategic and operational plan offers insights into the approach an organisation intends to take towards a desired outcome, whether internally defined or externally mandated, as in the case of the Italian Central Administration's approach to DM.

The complete PIAOs were obtained in PDF format from freely accessible official online websites, where each Italian Central Administration is mandated to upload its strategic planning activities annually. The empha-

sis was placed on the most recent PIAO (2024-2026) to capture the latest actions and insights into the current orientation of the administrations.

Then, each member of the research team individually coded the texts, reading each PIAO twice to ensure that no excerpt was omitted. Subsequently, the authors discussed and resolved any disagreements. The coding process followed a theoretically informed strategy (Miles et al., 2014; Saldaña, 2013): in this case, the approach was not grounded, free from theoretical preconceptions, but rather theory-driven. Specifically, we searched the texts for evidence corresponding to the five DM approaches described in the previous section: biomedical, psycho-medical, participatory, integrative, and holistic (Palumbo et al., 2023). For this purpose, we employed what is known as hypothesis coding (Saldaña, 2013), as it assumes that one can define in advance what is expected to be found in a corpus of texts. The advantage of this approach lies in starting with solid categories developed from theory; however, the downside is that it does not allow for the emergence of new categories from the data. Given the robustness of the theoretical model described and the study's goal of mapping it onto the initiatives of Italian Central Administrations, the benefits of this approach outweigh its limitations.

Typically, coding relies on a set of keywords to identify different categories, but the prevalence of bureaucratic jargon in the PIAOs made it more effective to analyse the relevant statements through qualitative content analysis (Flick, 2013). In other words, we identified the key concepts for each approach (see Table 3) and used them as a compass to effectively assign text excerpts to each of the five approaches.

Table 3 – Approaches and key concepts guiding the coding process

Approaches	Key concepts
Biomedical	Adoption of organisational solutions aimed at neutralising or limiting the effects of a specific work ability
Psycho-medical	A heterogeneous approach aiming to inform the organisation about its inclusivity commitment
Participatory	Directly involving PIBFS in decision-making processes through a differentiated approach
Integrative	Improve individual competencies, thus increasing the motivation of PIBFS and improving the quality of their job performance;
Holistic	actions requiring the active participation of the whole organisation

We then systematically organised the codes in an Excel spreadsheet, where each code was also assigned a unique identifier corresponding to the relevant Italian Central Administration.

Organisational structures' analysis

After reviewing the PIAOs of Italian Central Administrations, the focus shifted to examining the dedicated organisational structures and roles for

DM. Initially, efforts were directed towards identifying the presence of a Disability Manager, confirmed through the analysis of publicly available organisational charts and appointment decrees. Subsequently, the role's competencies and responsibilities were clarified, often based on descriptions provided on the organisation's website. The role was then contextualised within its respective department and hierarchical level. These findings are elaborated in the subsequent paragraph, where DM initiatives and organisational structures are separately presented and later discussed.

4. Findings

The inductive qualitative analysis of the PIAOs of the Italian Central Administration highlighted the initiatives and actions undertaken to establish an inclusive working environment for PIBFS, as stipulated by law. The collected results are presented in Table 4 and described in the following subparagraphs according to the theoretical approaches outlined in the literature.

Table 4 – DM initiatives for PIBFS implemented by the Central Administration in Italy according to the approaches theorised in literature

Approach	Ministry	Initiatives
Biomedical approach	MIBAC	IT tools, website Accessibility
	MIM	
	MIMIT	
	MLPS	
	MIT	
	MS	
	PCM	
	MASAF	Smart working
	MIM	
	MIMIT	
	MLPS	
	MUR	Accessible documents for visually impaired
	MASAF	
	MIM	Physical organisational accessibility
	MLPS	
	MS	
	MS	"Pink parking"
MIBAC	Remote working	
MIM	Anti-discrimination policy	

Psycho-medical approach	MIBAC	Promotion of actions aimed at the culture of inclusiveness on the occasion of the International Day of the Rights of Persons with Disabilities
	MS	Full accessibility of all information initiatives in terms of traditional and new media exploited, settings of events and ways of communication used by the Ministry
Participatory approach	MLPS	Cooperation of the Mobility Manager, DM, company doctor and Safety Officer to define flexible organisational models
	MUR	
	MLPS	Telematic platform for agile work management
	MLPS	Periodic surveys and specific actions for organisational well-being
Integrative approach	MASE	Promotion of organisational well-being
	MASE	Implementation of activities for the integration of PIBFS
	MEF	
	MASE	Work integration of PIBFS promoted by DM and supported by DG CORUC, CUG, and OPI
	MASE	Obligation to prepare an annual report on DM
	DIF	Actions to enhance PIBFS' value
	MS	
	MS	Training and information activities to foster integration of PIBFS
MEF	LIS/Italian translation training.	
Holistic approach	MS	Training and information activities to foster inclusion of PIBFS
	MEF	Promoting the well-being and inclusion of PIBFS
	PCM	
	MASE	Compulsory training activities on DM for DG CORUC, CUG, OPI and DM
	PCM	Training activities on DM for all employees
	PCM	Meetings on equal opportunities and non-discrimination

The first notable finding of the analysis is that out of 17 institutions examined, 5 did not address the issue of DM in their PIAO, despite being explicitly required to do so by the decrees mentioned above. See Table 5 for a summary of the findings. In this table, the columns represent Central Administrations, while the first five rows represent the initiatives, categorized by theoretical approach. State Attorney General (AVV), Ministry

of Foreign Affairs and International Cooperation (MAECI), Ministry of Justice (MG), Ministry of the Interior (INT), and Ministry of Tourism (MT) do not include any initiatives in their PIAO. It is interesting to note—though we will return to this point later—that two of these administrations (AVV and MG) have defined the role of Disability Manager in their PIAO. However, this appears to follow more of a compliance logic rather than an actual value-creation perspective.

Initiatives related to the biomedical approach

The biomedical approach addresses work-related challenges by adapting the work environment to accommodate PIFS. In Italian Central Administrations, this approach is reflected in initiatives that enhance IT tools and website accessibility (MIBAC, MIM, MIMIT, MLPS, MIT, MS, PCM), improving access to digital platforms.

Another key initiative is smart working (MASAF, MIM, MIMIT, MLPS, MUR), which provides employees with greater flexibility. However, its effectiveness depends on the availability of digital tools and organisational support. To facilitate agile work, some administrations have introduced roles such as the Digital Transition Manager (MS) to ensure access to appropriate tools, while others have implemented quarterly monitoring mechanisms (MASAF) to evaluate policy effectiveness and remove restrictions on remote workdays for PIBFS. Additionally, some administrations have introduced accessible documents for visually impaired employees (MASAF), ensuring that official materials are available in inclusive formats.

Further accessibility measures focus on physical and organisational improvements (MIM, MLPS, MS), removing structural barriers to create more inclusive workplaces. Specific anti-discrimination policies (MIM) reinforce equal opportunities, while targeted interventions such as remote working options (MIBAC) and “Pink Parking” for pregnant employees (MS) exemplify the multifaceted nature of inclusive initiatives.

Initiatives related to the psycho-medical approach

The psycho-medical approach seeks to build employee trust by implementing initiatives that demonstrate the organisation’s commitment to integration and inclusion. For instance, MIBAC commemorates the International Day of the Rights of People with Disabilities to raise awareness and combat discrimination. Although specific details on these activities are scarce, such efforts contribute to improving employee satisfaction and addressing social expectations. Similarly, initiatives like informational campaigns (MS) promote accessibility to information and events, fostering a sense of inclusivity and strengthening organisational commitment. Unlike the biomedical approach, these initiatives prioritise communication systems as a means to build trust and cultivate an inclusive organisational environment.

Initiatives related to the participatory approach

The participatory approach is represented by a single initiative mentioned in the PIAOs of two Ministries (MLPS and MUR). This initiative involves agile working (MLPS), which extends beyond basic accommodations to provide flexible spatial and temporal work arrangements for PIBFS. Such flexibility fosters greater participation, reduces barriers, and enhances accountability and efficiency. The introduction of a management platform underscores the emphasis on technology and process optimisation to address individual needs, showcasing a more nuanced approach. Notably, the term “Disability Manager” appears in this context, marking its initial mention and indicating its continued relevance in subsequent approaches.

Initiatives related to the integrative approach

The integrative approach prioritises organisational well-being, fostering a healthy and inclusive work environment for PIBFS (MASE). In this context, initiatives focus on promoting well-being developing structured activities for PIBFS’ integration (MASE, MEF).

The Disability Manager plays a key role in this process, working with DG CORUC, CUG, and OPI to support the work integration of PIBFS (MASE). Additionally, the requirement to compile an annual report on DM reinforces transparency and accountability in monitoring progress (MASE).

Further initiatives include actions to enhance PIBFS’ value, recognising their professional potential and contributions (DIF, MS). Training and awareness initiatives play a pivotal role in strengthening DM effectiveness and workplace inclusiveness. However, the documents analysed lack detailed training strategies.

Lastly, accessibility is supported through LIS/Italian translation training (MEF), ensuring effective communication for PIBFS and fostering a more inclusive work environment.

Initiatives related to the holistic approach

The holistic approach engages the entire workforce through training and information activities to foster the inclusion of PIBFS (MS). Further initiatives focus on promoting the well-being and inclusion of PIBFS (MEF, PCM). Additionally, compulsory training activities on DM for DG CORUC, CUG, OPI, and Disability Manager (MASE) have been introduced to reinforce structured approaches to DM. Such efforts should enhance transparent communication and collaboration, overcoming barriers to inclusivity. Furthermore, training activities on DM for all employees (PCM) contribute to integrating DM into broader diversity strategies.

Some administrations have also implemented meetings on equal opportunities and non-discrimination (PCM), reinforcing their commitment to a fair and inclusive workplace.

Organisational structures

After analysing the organisational charts available on ministries' websites, it was revealed that only 5 out of 17 Central Administrations in Italy have designated a role responsible for DM processes: these are (see Table 5) AVV, MASE, MG, MS, PCM. These roles, established between 2019 and 2024, enhance existing personnel management functions, with current directors assuming additional responsibilities following specialised training. Designations vary: MASE, MG, MUR, and PCM refer to the role as "Responsible for the processes of inclusion of people with disabilities," whereas MS designates it as "Disability Manager."

Their responsibilities include collaborating with organisational structures, managing relationships with employment centres, developing measures and technological solutions, and addressing encountered challenges. In the appointment decree, MS outlines essential skills such as listening and communication, flexibility, and creativity in sustainable mobility, particularly in the workplace. Notably, only MASE requires the preparation of an annual report by the responsible individual.

While the tasks primarily align with a biomedical approach, the highlighted skills suggest the influence of other approaches, though precise categorisation necessitates broader contextualisation.

5. Discussion

Combining the results collected through the analysis of the PIAOs and the organisational structures, the distribution of Italian Central Administrations according to their DM approach emerges, as depicted in Table 5. This distribution allows for an assessment of the current level of organisational advancement in the implementation of DM policies across Central Administrations, while simultaneously highlighting the varying degrees of commitment to public value creation, based on the direct causal relationship between these two dimensions, supported by the literature.

Table 5 – The distribution of Italian Central Administrations according to the DM approaches followed by their initiatives and the presence of the Disability Manager position

	AVV	DIF	INT	MAE- CI	MA- SAF	MASE	MEF	MI- BAC	MIM	MIM- IT	MIT	MG	MLPS	MS	MT	MUR	PCM
Biomedical					X			X	X	X	X		X	X		X	X
Psycho- medical								X						X			
Participa- tory													X			X	
Integrative		X				X	X							X			
Holistic						X	X							X			X
Disability Manager as organizational role	X					X						X		X			X

As noted, five administrations within the Italian Central Administration completely lack DM policies in their PIAOs (AVV, MAECI, MG, INT, and MT). This absence of DM policies can likely be attributed to two main factors. First, as highlighted in the literature, the complexity of initiatives increases as organisations progress through different DM approaches, leading to a rise in the resources and costs required to implement more inclusive policies. The shift towards more complex and comprehensive approaches to DM involves significant organisational investment in training (Testa, Palumbo, 2024), structural adaptations (Colella, Bruyère, 2011), and the coordination of various stakeholders, all of which can be barriers for administrations with limited resources (Palumbo et al., 2023). Second, a lack of disability knowledge (Currier et al., 2001), both in terms of understanding its scope and the required management approaches, further contributes to this gap. An insufficient understanding of disability results in many organisations treating it as an individual issue rather than a complex interaction between individuals' health conditions and their working environment. The frequent use of terms like "disabled people" or "people with disabilities" in the PIAOs reflects this limited view, focusing on disability as a personal attribute rather than a social and organisational challenge (WHO, 2001). This oversight suggests a compliance-driven approach, reducing DM to a legal obligation. Consequently, the capacity of DM to contribute to public value creation is undermined, particularly in terms of enhancing perceptions of equity and responsiveness in the public sector. Appointing a dedicated Disability Manager within public administrations could help overcome these challenges by structuring inclusion for PIBFS more effectively (Botha, Leah, 2020). This role should be adequately supported to facilitate policy development, resource allocation, and interdepartmental coordination, reducing organisational barriers to inclusivity.

The transition from a biomedical to a more inclusive DM approach requires overcoming several challenges. The predominant adoption of biomedical approaches focuses primarily on workplace accommodations, such as adjustments in physical settings (Gray et al., 2019) and task modifications (Niehaus, 2010). However, these approaches often lack comprehensive strategies for managing diverse personnel, thereby perpetuating the perception of disability as an individual issue. By limiting DM to accommodations and failing to implement structural and cultural transformations, these administrations hinder the creation of tangible public value. Public value creation entails not only addressing individual accommodations but also enacting comprehensive organisational transformation. A narrowly biomedical perspective falls short of capturing the broader social mandate of public institutions. Accordingly, DM should be reconceptualised as a transformative instrument for institutional reform, capable of generating measurable impacts at the social, economic, and individual levels. Adopting a more inclusive approach demands the crea-

tion of a culturally and organisationally adapted environment (Murphy et al., 2016). Moreover, it requires the alignment of DM strategies with broader organisational goals and a shift from basic compliance to a more proactive, value-generating approach (Navarro et al., 2021).

Several policy recommendations can be considered to facilitate the transition towards more advanced and holistic approaches to DM. First, the introduction of regulatory measures could ensure that the integration of DM practices becomes mandatory within public administrations, reinforcing their recognition as a fundamental component of organisational strategy rather than an optional or supplementary element. A DM approach proves most effective when supported by legal frameworks that drive organisational and strategic changes towards inclusiveness (Shore et al., 2018). Furthermore, the establishment of centres of expertise could offer the necessary support to organisations in overcoming technical and managerial barriers associated with the implementation of more inclusive DM strategies. A widespread training programme on disability-related issues is essential to raise awareness, foster inclusivity, promote positive social behaviour and ensure effective DM implementation (Testa, Palumbo, 2024). This can be enhanced through innovative technologies for more engaging and accessible learning (Almufareh et al., 2024).

Besides, one significant finding of this study is that administrations adopting integrative or holistic DM approaches often fail to detail their DM structures or processes in planning documents (PIAOs). These documents lack specific strategies to optimise human resource management practices for employees with diverse health conditions, such as adjustments in recruitment, mentoring, or staff evaluation. While some PIAOs mention training policies for staff with specific health conditions, the absence of detailed structural plans raises doubts about the effectiveness of these initiatives.

The analysis reveals a dynamic landscape of DM policies in Central Administrations. While many administrations prioritise compliance or basic approaches, some aim for more ambitious policies to create public value. Such efforts depend critically on organisational capacity to manage complexity and ensure cross-departmental alignment. Generating public value through DM requires sustained commitment, evidence-based implementation, and adaptive learning mechanisms that assess both internal efficiency and broader social impact. In particular, only five administrations present initiatives inspired by the integrative or holistic approaches in their PIAOs (MASE, DIF, MEF, MS, and PCM). Among the others, seven include initiatives aligned with the participatory, psycho-medical, or biomedical approaches (MIBAC, MIT, MLPS, MASAF, MIMIT, MUT). Five administrations do not include any DM initiatives in their PIAOs (AVV, MAECI, MG, INT, MT). However, aspirations to create public value through more ambitious policies face significant challenges due to their inherent complexity. Fully understanding the feasibility of advanced DM policies necessitates exploring the underlying components of organisational

change, as well as an ongoing evaluation of the progress of initiatives implemented by different administrations. Further research is needed to explore these issues in greater depth, particularly focusing on the specific challenges and opportunities in transitioning to a more inclusive DM approach. It is essential for DM in Italy to receive more attention in future scientific research, as it holds the potential to not only improve organisational outcomes but also contribute significantly to public value creation.

6. Limitations and further development

The main limitation of this paper concerns the fact that PIAOs contain a limited amount of data. Analysing additional sources, such as ministry websites, could provide a broader perspective on their approach to disability issues. However, these sources are not legally mandated and are often overlooked in practice, leading to variability in their availability and content. Moreover, it would be useful to conduct further research to understand whether the fact that five out of 17 administrations do not mention DM initiatives in their PIAOs is due to a lack of awareness, organisational resistance, or other causes. Unfortunately, when interview requests were made to further explore the topic within the organisations, only one PIAO responsible (out of 17) agreed to participate, making it impossible to verify this aspect.

Second, the chosen coding strategy, while suitable for testing a theoretical framework, constrained data analysis within a preset grid, limiting the potential for uncovering unexpected findings. Even though we are confident, based on the scientific literature, that this choice is valid, it is important to highlight this aspect.

Lastly, while this study focused on the Italian Central Administration, the theoretical model developed has the potential to be applied across different contexts and organisations beyond the public sector.

7. Conclusions

This study examined DM policies within the Italian public sector, focusing on the Central Administrations, which include 15 Ministries, the Presidency of the Council of Ministers, and the State Attorney General (AVV). Prompted by legislative developments in 2017 and 2022 mandating the appointment of a Disability Manager, the analysis assessed how diverse health conditions are managed in the workplace and their contribution to public value creation. This analysis was guided by the premise that DM, when strategically implemented, contributes not only to organisational inclusion but also to broader societal outcomes—enhancing trust, equity, and responsiveness, which are core components of public value.

The research reviewed the Integrated Activity and Organisation Plans (PIAOs) and examined organisational structures to identify initiatives shaping physical, virtual, and social work environments for PIBFS. The study aimed to establish links between workplace inclusivity efforts and strate-

gic public administration objectives. Using theoretical frameworks in DM, the initiatives were systematically categorised, providing a structured mapping of Italian inclusivity policies. This approach also enabled empirical validation of the DM model, which outlines five sequential approaches to fostering inclusivity.

Findings revealed a limited but emerging awareness of DM in Italian Central Administrations. Most adopted a biomedical approach, primarily implementing reasonable accommodations to address physical barriers. While necessary, these measures are only an initial step, often neglecting broader organisational and cultural dimensions of personnel management. In contrast, administrations adopting integrative or holistic DM approaches showed a more advanced trajectory. However, only five out of 17 administrations appointed a Disability Manager, whose role remained largely confined to job placement for PIBFS, with little impact on organisational structures. Moreover, many administrations lacked detailed implementation strategies for their DM policies, raising concerns about their effectiveness and sustainability.

Transitioning from a biomedical to a more advanced DM approach introduces organisational complexities. This shift requires systemic policy re-evaluation, affecting stakeholders, required skills, tool interactions, and diverse practices. Training is crucial to supporting this transition. Appointing a designated individual to oversee inclusivity signals organisational commitment, but targeted, widespread training is needed to ensure effective policy implementation. Leveraging innovative technologies can enhance training by providing accessible and engaging learning tools that strengthen awareness and inclusivity. This shift moves DM beyond legal compliance towards a strategic driver of public value.

Future research should examine challenges and opportunities in advancing from basic accommodations to comprehensive inclusivity strategies, assessing policy effectiveness, barriers, and potential cross-sectoral learning. Longitudinal studies could provide deeper insights into the long-term impact of DM policies on organisational performance and public value creation

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