# Saving lives on the spectrum: Exploring the experiences of neurodivergent professionals working in a highly regulated healthcare environment

*Alice Chisnall-Kalouniviti*

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Department of Psychology

Faculty of Health and Environmental Studies

# Abstract


***For health professionals:***

This study explores the experiences of neurodivergent healthcare professionals working in highly regulated healthcare environments in Aotearoa New Zealand. Employing a qualitative approach, the research aimed to understand the unique challenges these individuals face in navigating workplace expectations, hierarchies, and professional norms within regulated professions such as nursing, medicine, physiotherapy, and pharmacy. Using purposive sampling, semi-structured interviews were conducted with neurodivergent healthcare professionals to gather in-depth insights into their lived experiences, including workplace challenges, coping mechanisms, barriers to career progression, and recommendations for creating more inclusive environments. Thematic analysis revealed key themes such as executive dysfunction, difficulties with interpersonal relationships and communication, moral distress, workplace bullying, and the lack of accommodations or understanding of neurodivergent traits. Despite these challenges, participants highlighted their strengths, including creativity, empathy, and problem-solving, which contribute significantly to patient care. They emphasised the need for accommodations such as flexible rostering, and neurodiversity training for staff, as well as improved mental health support and person-centred leadership. This research contributes to the understanding of neurodivergent experiences in healthcare and provides actionable insights for fostering inclusion, well-being, and career satisfaction for neurodivergent professionals. It also lays the groundwork for future research and policy development to support diversity and equity in healthcare workplaces.

***For laypeople:***

This study looks at the experiences of neurodivergent (ADHD and/or autistic) healthcare professionals working in tightly regulated environments like nursing, medicine, physiotherapy, and pharmacy in Aotearoa New Zealand. Through interviews, the research aimed to understand the challenges they face in balancing workplace expectations and meeting professional norms. Participants shared their experiences of issues such as difficulties with organisation, communication, workplace bullying, and a lack of understanding or support for neurodivergent needs. Despite these challenges, they highlighted their strengths, including creativity, empathy, and innovative problem-solving, which make a positive impact on patient care. Participants also suggested changes to make workplaces more inclusive, like flexible schedules, access to mental health support, and leadership that focuses on individual needs. This research offers valuable insights into how workplaces can better support neurodivergent professionals and improve their well-being and career satisfaction, while also laying the foundation for future improvements in workplace diversity and equity.

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# Attestation of Authorship

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor used artificial intelligence tools or generative artificial intelligence tools (unless it is clearly stated, and referenced, along with the purpose of use), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning.

Alice Chisnall-Kalouniviti

2025

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**Approved by the Auckland University of Technology Ethics Committee (AUTEC) on *25/3/2024*, AUTEC Reference number *24/19*.**

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I would like to conclude with a Māori whakataukī that resonates with the heart of this work:

“E koekoe te tūī, e ketekete te kākā, e kūkū te kererū”

(The tūī sings, the kākā chatters, the kererū coos).

This proverb reminds us that while we are all different, each voice contributes uniquely to the harmony of the whole forest. Thank you all for being part of my journey, reminding me that difference does not diminish value—it enhances it.

Ngā mihi nui.

# Language and context

Language is a powerful tool that shapes understanding and attitudes towards others in the workplace. In this thesis, the terms used to describe and discuss neurodivergence have been chosen with care to reflect good practices, respect for lived experience, and inclusivity. The following section explains key terms and concepts used.

### *Neurodivergence and neurodiversity*

**Neurodivergence** refers to variations in cognitive functioning that diverge from what is typically expected. This includes conditions such as autism and ADHD. The term avoids pathologising and instead acknowledges differences as part of human variation (1).

**Neurodiversity** highlights the diversity of human brains and the value of these differences. It emphasises that neurodivergent people contribute unique strengths and perspectives to society (2).

The distinction between these terms is critical. While **neurodivergence** describes the individual experience, **neurodiversity** refers to the broader concept that all neurocognitive differences—whether neurodivergent or neurotypical—are part of human diversity (3). The thesis adheres to neurodiversity-affirming language, which avoids deficit-based framing.

### *Intersectionality*

**Intersectionality** is used to describe how overlapping social categorisations—such as ethnicity, gender, disability, and sexual orientation - create interconnected systems of discrimination or disadvantage (4).

This concept is particularly relevant for neurodivergent individuals who experience compounded challenges, such as Māori and Pacific people in New Zealand navigating ableism alongside cultural and systemic racism (5). By using an **intersectional** lens, this thesis seeks to capture the complexity of lived experiences within the neurodivergent community.

### *Takiwātanga and Arororeretini*

**Takiwātanga**, a Māori term meaning "in their own time and space," is used as a culturally affirming alternative to autism. It reflects a holistic, strengths-based perspective aligned with te ao Māori (the Māori worldview) (6).

**Arororeretini** (“attention goes to many things”), another Māori term, is used to describe ADHD. It draws on the notion of a "whirlwind," emphasising the dynamic and energetic nature of individuals with ADHD (7).

These terms are culturally affirming for Māori, Pacific and many other cultures in New Zealand, by integrating indigenous perspectives, offering a holistic and strengths-based understanding (8).

### *Ableism and Disability*

**Ableism** refers to systemic discrimination and prejudice against disabled people. It underpins many societal attitudes, policies, and practices that marginalise neurodivergent individuals (9).

**Disability** is used in this thesis as part of the social model, which views **disability** as a result of societal barriers rather than inherent deficits in the individual. However, the thesis recognises the importance of self-identification and individual preference in language use, particularly as some neurodivergent individuals may not identify as **disabled**.

Using these terms consistently and intentionally helps to challenge stigmatising narratives and promote a strengths-based understanding of disability and neurodivergence. In line with neurodivergent-affirming practices, this thesis prioritises:

- Identity-first language (e.g., "autistic person") to centre identity. However, person-first language (e.g., "person with autism") is also acknowledged if it aligns with participant preferences.
- Strengths-based framing, which avoids pathologising terms like "deficit" or "disorder" unless medically or diagnostically necessary to the narrative.
- Cultural responsiveness, incorporating terms like **Takiwātanga** and **Arororeretini** to reflect diverse cultural perspectives.
- Respect for self-identification, ensuring that individuals are described in ways that align with their individual preferences and lived experiences.

This approach ensures the language used in this thesis is inclusive, respectful, and reflective of the values of the participants in particular and the neurodivergent community in general, while acknowledging the diversity of experiences within both this study and Aotearoa New Zealand.

# Glossary

**Ableism:** Discrimination or prejudice against individuals with disabilities, including neurodivergent individuals.

**Accommodations:** Adjustments or modifications provided to support neurodivergent individuals in various settings, such as schools or workplaces.

**Burnout:** A state of physical, emotional, and mental exhaustion, which can occur when individuals are overstressed or overwhelmed.

**Eugenics:** A pseudo-scientific theory concerned with the concept of selectively mating to eliminate variance in human traits or characteristics such as neurodivergence.

**Executive Functioning:** Cognitive processes that include working memory, flexible thinking, and self-control. Neurodivergent individuals may have differences in executive functioning skills.

**Hyperfocus:** An intense concentration on a task or activity, often seen in individuals with ADHD or autism.

**Identity-first language:** Language that puts the condition before the person (e.g., "autistic person" instead of "person with autism"). Some individuals prefer this as it affirms their identity.

**Inclusive Education:** Educational practices that aim to accommodate and include all students, regardless of their neurodiversity, in mainstream classrooms.

**Intersectionality:** Recognising that individuals may face multiple, overlapping forms of discrimination or disadvantage, including those related to neurodiversity.

**Masking:** The act of suppressing or hiding neurodivergent traits in order to fit in with societal expectations, which can be exhausting and harmful over time.

**Meltdown:** An intense response to overwhelming situations or sensory overload, often experienced by neurodivergent individuals.

**Neurodivergent (ND):** A term used to describe individuals whose brain functions differently from what is considered typical. This includes conditions such as autism, ADHD, dyslexia, etc.

**Neurodiversity Paradigm:** The perspective that neurodiversity is a natural and valuable form of human diversity, not a defect or disorder.

**Neurodiversity:** The concept that neurological differences, such as autism, ADHD, dyslexia, and others, are natural variations of the human brain and should be respected and valued.

**Neurotypical (NT):** A term used to describe individuals whose neurological development and functioning are typical or standard.

**Person-first language:** Language that puts the person before their condition (e.g., "person with autism" instead of "autistic person").

**Phenomena:** An established answer to a research question

**Self-Advocacy:** The practice of individuals speaking up for their own needs and rights, particularly important for neurodivergent individuals.

**Sensory Processing:** How individuals perceive and respond to sensory information. Neurodivergent individuals may have heightened or diminished responses to sensory stimuli.

**Special Interests:** Deep, focused interests in specific topics or activities, often seen in neurodivergent individuals, particularly those with autism.

**Stimming:** Repetitive movements or sounds, such as hand-flapping or rocking, used by neurodivergent individuals to self-regulate or express themselves.

**Strength-Based Approach:** Focusing on an individual's strengths and abilities rather than their challenges or deficits.

### Te Reo Māori

**Aroreretini** (attention goes to many things) - Attention Deficit Hyperactivity Disorder (ADHD)

**Haumanu ngangahau** - occupational therapy

**Kanorau ā-roro** – neurodiversity

**Tangata kanorau ā-roro** – neurodivergent people

**Ngāi Moana Nui a Kiwa** – Pacific Peoples

**Takiwātanga** (in their own time and space) - autism

**Tāmitanga mahi** - work stress

**Tāmitanga pāmamae** - traumatic stress

**Tāmitanga whakamā** - shame stress

**Tangata whaitakiwātanga** – autistic person

**Tuakiri ā-ahurea** – cultural identity

**Whaiwero maha** - co-existing health issues (such as AuDHD)

**Whakamā** – shame, embarrassment, humiliation

**Whakatoihara** - discrimination

**Whanonga** - behaviour

# ADHD definition

In the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), Attention-Deficit/Hyperactivity Disorder (ADHD) is characterised as a neurodevelopmental disorder that

manifests in childhood and can persist into adulthood. The DSM-5 outlines specific criteria for diagnosing ADHD, which include symptoms of inattention, hyperactivity, and impulsivity (10).

Key points from the DSM-5 regarding ADHD include:

***Symptom presentation:*** ADHD is classified into three subtypes based on symptom presentation: predominantly inattentive presentation, predominantly hyperactive-impulsive presentation, and combined presentation (10).

***Diagnostic criteria:*** The manual provides specific criteria for diagnosing ADHD. For the predominantly inattentive type, a minimum of six symptoms of inattention must be present. For the predominantly hyperactive-impulsive type, a minimum of six symptoms of hyperactivity-impulsivity must be present. The combined presentation requires symptoms from both categories (10).

***Onset and persistence:*** Symptoms of ADHD must be present before the age of 12, persist for at least six months, and be present in multiple settings, such as home, school, or work.

***Impairment:*** The symptoms of ADHD must lead to impairment in social, academic, or occupational functioning.

***Differential diagnosis:*** The DSM-5 emphasises the importance of ruling out other medical or psychiatric conditions, such as bi-polar and personality disorders, that may mimic ADHD symptoms before making a definitive diagnosis (10).

# Autism definition

In the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), autism spectrum disorder (ASD – henceforth referred to as “autism”) is described as a neurodevelopmental disorder characterised by persistent deficits in social communication and social interaction across multiple contexts, along with restricted, repetitive patterns of behaviour, interests, or activities. The DSM-5 provides specific criteria for diagnosing autism and outlines various features and characteristics associated with the disorder (10).

Key points from the DSM-5 regarding autism include:

***Symptom criteria:*** autism is characterised by two core symptom domains:

- Persistent deficits in social communication and social interaction, such as difficulties in initiating and maintaining conversations, understanding nonverbal cues, and developing relationships with others.

- Restricted, repetitive patterns of behaviour, interests, or activities, such as repetitive movements, adherence to routines, intense interests in specific topics, and sensory sensitivities (10).

***Levels of severity:*** The DSM-5 introduced three levels of severity to reflect the impact of autism symptoms on daily functioning. Level 1 (requiring support), Level 2 (requiring substantial support), and Level 3 (requiring very substantial support) are used to indicate the level of support an individual may need (10).

***Onset and severity:*** Symptoms of autism must be present in the early developmental period, although they may not fully manifest until social demands exceed the individual's capabilities. Symptoms must cause clinically significant impairment in social, occupational, or other important areas of functioning (10).

***Differential diagnosis:*** The DSM-5 states conditions such as intellectual disabilities, language disorders, and social communication disorder should be considered in the differential diagnosis (10).

***Associated features:*** The DSM-5 highlights common associated features of autism, including intellectual disabilities, language impairments, sensory sensitivities, and medical conditions such as epilepsy or gastrointestinal issues (10).

# Research summary

This study aimed to explore the challenges faced by neurodivergent employees working in highly regulated healthcare environments in New Zealand. The research employed a qualitative approach to gain insights into the unique experiences and perspectives of neurodivergent health professionals in navigating their work environments.

***Participants and sampling:*** The participants of this study consisted of active neurodivergent healthcare professionals who were diagnosed with autism and/or ADHD. A purposive sampling method was used to select participants with diverse backgrounds and experiences across various healthcare specialties.

***Data collection:*** Semi-structured interviews were conducted with the selected participants to gather in-depth information about their experiences, challenges, and perceptions related to working in a regulated healthcare setting. The interviews were audio-recorded with participants consent to ensure accurate data collection. Interview questions were designed to elicit responses regarding workplace challenges, coping mechanisms, support systems, barriers to career progression, and recommendations for improving the work environment for neurodivergent individuals.

***Data analysis:*** Thematic analysis was employed to analyse the interview data and identify recurring patterns, themes, and key insights. The process involved coding the data, grouping related codes into themes, and interpreting the underlying meanings extracted from the participants' responses. Reflexive coding was integrated throughout the analysis, with the researcher continuously reflecting on their role and potential biases, ensuring a deeper engagement with the data. The analysis was conducted systematically to ensure rigour and reliability in capturing the nuances of the challenges faced by neurodivergent healthcare professionals.

***Ethical considerations:*** Ethical approval was obtained from the Auckland University of Technology Ethics Committee (AUTEC) to ensure the protection of participants' rights, confidentiality, and informed consent. Participants were assured of privacy, voluntary participation, and the option to withdraw from the study at any stage without consequences.

***Significance and implications:*** The findings of this research contribute to improved understanding of the challenges faced by neurodivergent employees in regulated healthcare environments and provides valuable insights for improving workplace support, accommodations, and policies. The identified themes will guide future research directions and strategies to enhance the inclusion and well-being of neurodivergent individuals in the healthcare workforce.

This qualitative study provides a rich exploration of the lived experiences of neurodivergent healthcare professionals in New Zealand and offers valuable insights into the challenges they encounter in their professional roles.

“Everybody is a genius. But if you judge a fish by its ability to climb a tree, it will live its whole life believing that it is stupid.”

— English allegory (11)

# **Chapter 1:** Starting the conversation: neurodivergence in healthcare.

## Background

Neurodivergence is an umbrella term that includes a wide range of neurological conditions and neurotypes, such as autism and attention-deficit/hyperactivity disorder (ADHD) (10). The research field of neurodiversity in the workplace is still emerging, and there is limited understanding of how to effectively manage it to ensure sustainable employment for neurodivergent individuals. This knowledge is crucial, especially given the common stereotypes and perceived challenges of employing neurodivergent workers, such as communication difficulties and the costs of workplace accommodations (12). A review of existing international research and the lived experiences of neurodivergent workers has identified stigma and discrimination related to disclosure and accommodation requests as major barriers to sustainable employment, further complicated by communication issues in the workplace (13, 14). Human Resources (HR) driven practices can address these challenges by reducing bias and discrimination in organisational practices, extending accommodation benefits to all employees, creating safe communication spaces, and improving communication practices. These HR solutions can help create inclusive workplaces, leading to positive outcomes for both employees and organisations (15).

According to an international study by human resources education agency CYPHER Learning, over a third (38%) of individuals aged 16 to 24 years identify as neurodivergent (16). This study also highlights the increasing prevalence of neurodivergent conditions such as ADHD, autism, and dyslexia within the emerging workforce. Notably, over 21% of neurodivergent individuals reported that their workplace training does not adequately address their specific needs, underscoring the necessity for revising the traditional 'one-size-fits-all' training approaches (13, 16, 17). Amid this context, HR teams must consider strategies to better support neurodivergent employees. A significant rise in the diagnosis of neurodivergence in adulthood has been observed globally and in New Zealand over the past decade, with estimates suggesting around 8% of adults worldwide may exhibit some form of neurodivergence, as noted by Dougal Sutherland, a clinical psychologist at Victoria University of Wellington (18).

Sutherland highlights that the increasing diagnoses in adults often arise as parental experiences reflect their children’s identified neurodivergence, leading to self-recognition. This trend is further supported by the decreasing stigma surrounding mental health, enhancing openness among individuals about their challenges. The evolving understanding of neurodivergence promotes the perspective of

'different, not disabled,' highlighting that unique cognitive wiring does not necessarily imply functional impairments but may entail certain workplace adjustments (18, 19).

## Communication and disclosure

In workplaces, communication operates within both formal systems, such as meetings and protocols, and informal networks, such as casual interactions (20, 21). While these complexities affect all employees, they are particularly challenging for neurodivergent workers, whose neurological conditions may impact their ability to engage in various stages of the communication process (22). For example, individuals with autism or ADHD may find it difficult to interpret ambiguous instructions or effectively participate in team discussions. Neurodivergent employees, though often highly skilled and creative, may struggle with articulating their ideas during oral or formal presentations, leading to their contributions being overlooked or undervalued (23). While employees with conditions such as dyslexia or dysgraphia may face specific challenges in encoding (writing) or decoding (reading) information, autistic individuals more often face social communication difficulties. This may include challenges with interpreting emotional nuances, adhering to social norms such as eye contact, or preferring isolation over collaboration (24). These behaviours can easily be misinterpreted by colleagues as rudeness or disengagement, especially if there is little awareness of the underlying neurological differences of their colleague (25, 26).

Such misunderstandings not only hinder trust and relationship-building but also exacerbate the inclusion and socialisation challenges faced by neurodivergent workers. Furthermore, neurodivergent employees may struggle to recognise or report workplace bullying, leaving them particularly vulnerable to exclusionary behaviours (27, 28).

Effective communication is essential for organisational functioning and coordination, which is often managed through formal systems like policies and procedures, as well as informal practices like team interactions and leadership styles (29). In Aotearoa New Zealand, the Employment Relations Act 2000 mandates non-discrimination and promotes equal access to employment opportunities for all people (30). However, this legal framework often results in surface-level compliance rather than fostering true inclusivity, which is heavily influenced by informal communication practices (31).

A lack of knowledge about neurodivergent conditions, combined with time constraints, further limits the development of effective communication and awareness in workplaces (32). Encouraging open, both formal and informal, communication between neurodivergent employees and their colleagues can significantly improve workplace integration, yet this is rarely implemented (33, 34). This gap in understanding often leads to negative reactions from colleagues, ranging from discomfort and

avoidance to resistant behaviours and negative attitudes, further undermining efforts to include neurodivergent workers. Addressing these communication challenges through education, awareness, and tailored approaches is critical to fostering a genuinely inclusive work environment (35, 36).

## Accommodations

From a New Zealand employment law perspective, particularly under the Health Practitioners Competence Assurance Act 2003 (HPCA), the challenges faced by neurodivergent employees regarding workplace accommodations require significant attention. The HPCA emphasises public safety and the competence of health practitioners, but it does not explicitly address mechanisms to support neurodivergent health workers in requesting accommodations that enable them to perform their roles effectively and safely (37). This gap can create systemic barriers for neurodivergent employees within the healthcare sector, despite the broader legislative context provided by the Employment Relations Act 2000 and the Human Rights Act 1993, which prohibit workplace discrimination (38, 39).

Accommodations for neurodivergent employees may include individualised adjustments and supports to enhance job performance, such as modifying job roles or physical environments, and providing assistive technologies (40). For example, autistic employees may benefit from using noise-cancelling headphones to reduce auditory overstimulation, while ADHD employees might require documents and presentations to have adjusted font sizes or colours (41). Employees with sensory sensitivities may perform better in a dedicated workspace away from open-plan office environments, and those with ADHD could benefit from audio-recorded meetings, reminders for task management, or tools such as standing desks or treadmills. Job role modifications might include allowing extra time for complex tasks for workers with neurological differences or providing additional clarification and mentorship from colleagues (42, 43).

Despite the relative simplicity and low cost of many accommodations, neurodivergent employees often face significant barriers in requesting them (34, 44). These barriers stem from fears of stigma, negative perceptions, and a lack of structural support within organisations, including those covered by the HPCA. Many organisations in the health sector lack clear policies or formalised processes for requesting workplace accommodations, leaving neurodivergent employees to navigate inconsistent and often inaccessible procedures. For example, neurodivergent practitioners may need to engage multiple levels of management and HR, creating lengthy and complex processes that discourage requests.

While anti-discrimination obligations under New Zealand's Human Rights Act 1993 require employers to ensure equal treatment and prevent indirect discrimination, there is no explicit framework

mandating "reasonable accommodations" as part of these obligations (34). This ambiguity can lead to superficial compliance, with employers failing to provide proactive or meaningful accommodations for neurodivergent employees. Additionally, misconceptions about the cost or fairness of accommodations can result in resistance from colleagues or negative attitudes from managers, further discouraging disclosure and requests for support (39).

In the context of the HPCA, these systemic challenges are particularly problematic. Health practitioners are held to rigourous professional standards and face pressures related to maintaining competence and public safety (37). Without accessible processes and organisational policies to support accommodations, neurodivergent employees may find it difficult to meet these expectations while managing their unique needs (43). Resistance from co-workers, negative perceptions from supervisors, and the absence of clear mechanisms for requesting accommodations not only hinders the inclusion of neurodivergent employees but also compromise the ability of the healthcare system to retain a diverse and capable workforce (39, 45). Addressing these challenges requires embedding neurodiversity-friendly policies into health sector workplaces, ensuring alignment with New Zealand's anti-discrimination laws, and fostering a culture of acceptance and understanding within the healthcare system.

## Disability

The concept of neurodiversity aligns closely with the social model of disability, which reframes disability as a product of societal structures and attitudes rather than individual impairments (46). While the medical model views disability as an inherent deficit to be treated or fixed, the social model emphasises that it is the barriers imposed by society—such as inaccessible environments, discriminatory attitudes, and lack of accommodations—that disable individuals (47, 48). This perspective is particularly important for neurodivergent individuals, whose neurological differences often remain invisible and are poorly understood by neurotypical peers, leading to systemic exclusion and discrimination (49, 50).

In the workplace, the social model of disability advocates for the removal of contextual and structural barriers that limit the inclusion of neurodiverse individuals. These barriers include rigid workplace practices, lack of training and awareness about neurodiversity, uninformed leadership, and cultures that stigmatise disclosure or accommodation requests (51). For example, traditional communication norms, inflexible workflows, and the absence of individualised accommodations create significant challenges for neurodivergent workers, who may face difficulties with executive function, sensory

sensitivities, or social interactions. In these instances, the environment—not the individual—is the disabling factor (42).

By applying the social model, employers can address these barriers through tailored interventions, such as training for managers, inclusive hiring practices, flexible work arrangements, and neurodiversity-affirming leadership. However, the literature shows that stigma and fear of discrimination still prevent many neurodivergent workers from disclosing their needs or requesting accommodations, perpetuating exclusion (35, 52). Effective communication is identified within global research as a particularly challenging area, as it is often the primary means through which workplace expectations, tasks, and feedback are conveyed—yet it is an area where neurodivergent workers may experience significant differences in style and preference (53).

Adopting the social model in workplace contexts requires a shift in focus: from expecting neurodivergent individuals to adapt to traditional norms to creating environments that proactively support their inclusion and leverage their unique strengths (49, 54). This approach not only aligns with principles of equity and social justice but also fosters innovation and diversity of thought within organisations, highlighting the mutual benefits of embracing neurodiversity in the workforce (55-57).

## Futureproofing for employment of neurodivergent individuals

For employers, becoming informed and educated about neurodivergence is fundamental (58, 59). Organisations must recognise the statistical likelihood of neurodivergent employees within their workforce and cultivate an understanding of neurodiversity (60). This awareness facilitates creating an inclusive work environment where employees can thrive. Employers should avoid presumptions about employees' needs, as not all neurodivergent individuals require additional support (61). When workplace issues arise, such as missed deadlines, HR should approach these situations with open conversations about potential support rather than making assumptions regarding neurodivergence (62). If neurodivergence is identified, employers might consider facilitating professional assessments and accommodations through Occupational Health Nurses (63, 64).

Understanding and supporting neurodivergence in the workforce presents numerous benefits for employers. It can help uncover latent talents, enhance productivity, and foster a psychologically safe workspace, which is crucial for high-performing teams. Recognising and valuing diversity within the workforce can significantly contribute to organisational success and thriving environments (16).

# Research questions

The aim of this study is to explore the workplace experiences of neurodivergent professionals within highly regulated healthcare environments in Aotearoa New Zealand. Specifically, the study seeks to understand how systemic, cultural, and interpersonal factors affect their inclusion, wellbeing, and professional identity.

## The central research question:

How do neurodivergent professionals in Aotearoa New Zealand experience inclusion, exclusion, and workplace expectations within highly regulated healthcare environments, and what do these experiences reveal about the structural and cultural conditions of these settings?

Supporting questions included:

1. How do neurodivergent professionals describe navigating executive function demands and interpersonal norms at work?
2. What roles do masking, minority stress, and identity conflict play in shaping wellbeing and career progression?
3. How do regulatory systems and leadership styles influence workplace inclusion?
4. How do intersecting identities (e.g., ethnicity, gender, class) shape workplace experiences?
5. What changes do participants suggest would improve cultural safety and neurodivergent inclusion in regulated healthcare settings?

## Assumptions

In this study which uses reflexive thematic analysis (RTA), I made the following five assumptions:

1. Adults with ADHD and/or Autism would be willing to participate in this study to inform research, education, and advocacy in the field of healthcare workforce research, psychology, and sociology.
2. These individuals would be able to describe during interviews their feelings and thoughts of how they interact with others at work, their productivity and career progression; strategies and support systems within their workplaces, and any accommodations arranged for them by their employer due to their different abilities and world views.
3. I assumed that participants would respond appropriately to the employment-related questions and neurodivergence issues presented to them in the interview.
4. The participating healthcare professionals with ADHD and/or autism would describe a spectrum of experiences related to their employment in a highly regulated healthcare environment.

5. Although I acknowledged that participating healthcare professionals may not have realised the manner or extent to which workplace challenges and strategies or support systems influenced their productivity, I assumed that all participants would be open and transparent when answering the interview questions.

## Scope

I collected data from employed or previously employed (within the last 12 months) adults with ADHD and/or autism. Understanding or analysis of experiences of workplace challenges for New Zealanders who work in healthcare who are also neurodivergent was limited at the time of conducting this study. Due to this, the study focused widely on themes of workplace challenges experienced by individuals working across a range of specialties, such as nursing, medicine, occupational therapy, and pharmacy. Their insights were relevant to other populations in professional roles, and significant parts of the findings should be generalisable to other groups, such as neurodivergent adolescents entering the workforce, undiagnosed adults, entrepreneurs, and adults with ADHD and/or autism in different countries. I focused solely on adults with ADHD and/or autism and did not consider other disorders to focus the useable outcomes. I did not seek statistical generalisation of the findings. The data were not longitudinal. Without longitudinal data, I could not determine, for example, how early detection of ADHD or autism influences career decisions.

## Limitations

Several limitations of this study must be addressed. First, the underlying workplace challenges varied based on where the participants were in their career progression. Career development for an individual diagnosed with ADHD as an adult may be different from that of someone who was diagnosed as a child, for example due to different understandings of neurodivergence, identity formation and social growth (65). Because ADHD and autism affect workplace functioning, the results of this study were not generalisable to populations with other neurodivergent diagnoses. Future research should expand to include other disorders or disabilities, such as dyslexia.

I attempted to mitigate bias and any prior emotional or mental connection to the subject matter by gathering and analysing data while consciously bracketing my presuppositions to avoid inappropriate subjective judgments. Similarities and differences between interviewer and interviewees can affect the validity of data collected via interviews (66, 67). Although I believe I mitigated bias as much as possible, it may still have influenced my analysis of the interviews due to my own neurodivergent identity. I employed purposeful sampling, which placed certain constraints and limitations on the study. I sought out participants who met the inclusion criteria for the study, which required a degree

of self-reporting as participants had to disclose their ADHD and/or autism diagnoses. As a result, the sample did not capture the experiences of all employed or previously employed adults with ADHD and/or autism, because some employees did not disclose their disorders to their employers. I recruited participants by posting flyers on Facebook neurodivergence and health professional support groups and pages, and through the Ministry of Health and Te Whatu Ora intranet services. Despite these limitations, the study will make way for more in-depth future explorations of the lived workplace experiences of New Zealand individuals with ADHD and/or autism.

## Significance of the study

This study explored the specific workplace experiences of adults with ADHD and/or autism. While international studies have exposed the problems, challenges, and failures around the hiring, employment and workplace culture surrounding neurodivergent individuals, New Zealand research in this area is scare. Global evidence supports the premise of improved understanding of neurodivergent employee requirements leading to better outcomes for both employer and employee. For example, more employers willing to accommodate or support neurodivergent people with the resources they need to succeed in their professions has led to greater team cohesion, increased productivity and staff retention (57). The results of this study may also enable employees to use existing strategies and support systems more often and more effectively, and thus increase their efficacy. New insights about how adults with ADHD and/or autism overcome workplace challenges may result in positive work experiences for more employees and improve their overall work performance and satisfaction.

Due to the diverse nature of ADHD and autistic employees, including their symptoms and world views, understanding their individual experiences was essential for gaining a holistic understanding of their workplace challenges. How these individuals perceived themselves and described their experiences formed the foundation of the phenomenon being studied. The findings of this study have significant implications for fostering positive social change at the individual, organisational, and societal levels. At the individual level, the results may offer valuable insights and employment tools for other employees with ADHD and/or autism who face similar challenges, helping them improve job performance, remain employed, and succeed in the healthcare environment. At the organisational level, the findings could inform workforce practices, particularly within the healthcare sector, which is one of the largest areas of employment in Aotearoa New Zealand.

The results of this study could assist Te Whatu Ora Health New Zealand and Manatū Hauora Ministry of Health to develop policies, support systems, training, and other interventions to assist neurodivergent healthcare professionals. The results of this study could also have implications at the

societal level, should members of the public become more aware of neurodivergence in the workplace and employers promote equal employment opportunities for adults with ADHD and/or Autism. Additional studies that identify useful workplace strategies for healthcare professionals would also better equip employers wanting to ensure inclusivity and social support to all employees.

# Chapter 2: A history of neurodivergence: normal for the spider; chaos for the fly

This chapter traces the historical, social, and academic construction of neurodivergence, exploring how understandings of neurological difference have evolved across medical, cultural, and theoretical contexts. Beginning with the pathologisation of neurodivergent traits in psychiatry and psychology, the chapter examines the rise of diagnostic categories such as autism and ADHD and the implications of these frameworks for identity, stigma, and inclusion. It then explores the emergence of the neurodiversity paradigm as both a social movement and a scholarly framework that challenges deficit-based narratives and advocates for the recognition of neurological difference as part of human diversity. The chapter also considers the cultural and intersectional dimensions of neurodivergence, highlighting how race, gender, and colonial systems have shaped whose experiences are legitimised or silenced. This review sets the foundation for the current study by positioning neurodivergence not solely as a clinical phenomenon, but as a deeply social, political, and embodied experience.

## Timeline

### Early Descriptions (18th – Early 20th Century)

***1775: First ADHD-like Description***

Dr. Melchior Adam Weikard, a German physician, writes about a condition resembling ADHD in his medical textbook, describing symptoms of inattentiveness and impulsivity.

***1902: Early ADHD Research***

Sir George Frederic Still, a British paediatrician, gives lectures on "abnormal defect of moral control in children," which are considered some of the earliest scientific discussions on ADHD-like symptoms, focusing on impulsivity and inattentiveness in children.

***1911: First Mention of Autism-like Symptoms***

Swiss psychiatrist Eugen Bleuler coins the term "autism" from the Greek word "autos" (meaning self) to describe a form of schizophrenia, focusing on self-isolation and detachment from reality.

### Mid-20th Century: Identification and Recognition

***1943: Leo Kanner Describes Autism***

American psychiatrist Dr. Leo Kanner publishes a paper describing 11 children with a unique set of characteristics, including difficulties with social interaction, communication, and repetitive behaviours. Kanner refers to this condition as "early infantile autism," distinguishing it from schizophrenia. Kanner describes parents of autistic children as lacking warmth, giving rise to the term “refrigerator mothers”.

### *1944: Hans Asperger Describes Asperger's Syndrome*

Austrian paediatrician Dr. Hans Asperger publishes a paper describing children who had difficulty with social interactions but displayed normal intelligence and language skills. This form of autism later became known as Asperger's Syndrome (68).

### *1952: ADHD in DSM-I*

The first edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-I) includes a diagnosis called "Minimal Brain Dysfunction," an early reference to what would later be classified as ADHD.

## 1960s – 1970s: Shifting Theories and Expanding Research

### *1960s: "Hyperkinetic Reaction of Childhood"*

The DSM-II (1968) classifies ADHD-like symptoms under "Hyperkinetic Reaction of Childhood," reflecting growing interest in hyperactivity and attention issues in children.

### *1967: Bettelheim's "Refrigerator Mother" Theory*

Bruno Bettelheim promotes the "refrigerator mother" theory, falsely claiming that cold, unaffectionate parenting caused autism. This harmful idea influenced autism research and treatment for years but was eventually debunked.

### *1970s: ADHD Research Advances*

Researchers begin exploring stimulant medications like methylphenidate (Ritalin) to treat hyperactivity and attentional problems in children. Studies show that these medications can help improve focus and behaviour.

## 1980s – 1990s: Classification and Diagnosis

### *1980: ADHD Officially Recognised*

The DSM-III (1980) introduces "attention deficit disorder" (ADD), with and without hyperactivity, marking the first time the condition is officially named in diagnostic literature. The DSM-III also formally separates autism from childhood schizophrenia.

### *1987: ADHD Terminology Introduced*

The DSM-III-R revises the name ADD to "Attention-Deficit/Hyperactivity Disorder" (ADHD), consolidating the disorder into a single diagnosis but with different presentations.

### *1994: Asperger's Syndrome Recognised*

In the DSM-IV, Asperger's Syndrome is included as a distinct diagnosis, recognising a less severe form of autism where language development is typically unaffected.

### 2000s – Present: Refinement and Understanding

#### *2000: ADHD Subtypes Identified*

The DSM-IV-TR defines three subtypes of ADHD: predominantly inattentive, predominantly hyperactive-impulsive, and combined type, based on the specific symptoms individuals display (10).

#### *2013: Autism Spectrum Disorder (ASD) and ADHD in DSM-5*

The DSM-5 consolidates all autism-related diagnoses, including Asperger's Syndrome, into one broad category: autism spectrum disorder (autism), recognising the wide range of symptoms and severity. ADHD remains a distinct diagnosis with the same subtypes, and for the first time, ADHD is recognised as a condition that persists into adulthood.

#### *2018: ADHD Research Expands into Adulthood*

More research highlights that ADHD can persist into adulthood, affecting work, relationships, and daily life. Awareness grows around the fact that ADHD is not just a childhood condition.

### 2020s: Increasing Awareness of Neurodiversity

The concept of neurodiversity, which embraces ADHD and autism as natural variations of human cognition, gains significant traction. Advocacy efforts shift toward promoting inclusion, understanding, and accommodations for neurodivergent individuals in society and the workplace. From early observations of inattentiveness and hyperactivity to the formal recognition of ADHD and autism as distinct conditions, the understanding of these neurodivergent traits has evolved significantly (68). The rise of the neurodiversity movement in the 21st century marks a shift toward viewing these conditions as differences rather than deficits, advocating for acceptance and support in both educational and workplace settings.

## AuDHD: alphabet soup

ADHD and autism are both classified as neurodevelopmental disorders in the DSM-5, but contemporary views frame them as distinct neurotypes within the broader concept of neurodiversity (12, 69). Neurodivergence, while associated with certain challenges, also reflects a range of human strengths (13). Notably, the prevalence of ADHD and autism co-occurrence is significant, with studies suggesting that 40% to 70% of autistic individuals also have ADHD, and 20% to 50% of those with ADHD are autistic (12). Despite this, prior to 2013, the DSM did not allow for both diagnoses simultaneously, even though the comorbidity rate was already reported to be 45% (12).

Failing to diagnose ADHD and autism as comorbidities leads to significant individual, societal, and economic costs, including untreated mental health issues, poor educational and employment

outcomes, and increased strain on healthcare and social systems (70, 71). This missed diagnosis exacerbates challenges like executive dysfunction, masking, and burnout, while denying individuals access to timely, effective interventions that could improve their quality of life and societal contributions (12, 72).

ADHD and autism share overlapping characteristics, such as inattention, atypical movements, social difficulties, and sensory sensitivities, yet they are recognised as distinct diagnoses (73). The symptom overlap can complicate accurate diagnosis, with many diagnostic tools focusing on traits characteristic of either condition alone. Consequently, individuals with both ADHD and autism may struggle to obtain a correct diagnosis, as professionals often assess for only one condition at a time. Accurate diagnosis typically involves a comprehensive evaluation, including diagnostic interviews, observer reports, and various psychological assessments tailored to each condition (74).

Support for individuals with ADHD and autism has traditionally focused on making them appear neurotypical, a practice that has led to increased burnout and trauma among neurodivergent individuals (70). There is now a growing emphasis on providing support that meets the unique needs of autistic people with ADHD without requiring them to mask their traits (75). Organisations like the Autistic Self-Advocacy Network (ASAN) and NeuroClastic advocate for a neurodiversity-affirming approach, focusing on creating environments where neurodivergent individuals can thrive (76).

Ultimately, understanding and supporting the co-occurrence of ADHD and autism requires a shift away from forcing neurodivergent individuals to conform to neurotypical norms, towards creating inclusive spaces that accommodate their specific needs.

## Neuroqueer: Meet the Feebles

There is a complex relationship between neurodivergence, social deviance, gender identity, and power structures, particularly within the context of medicalisation and social movements (77).
Autism as a diagnostic category emerged from a desire to reframe the "feebleminded" label, which was used to marginalise and control immigrants, minorities, lower socioeconomic classes and those who were “effeminate” (77). This history suggests that the medicalisation of autism was not solely driven by scientific discovery but also by social anxieties and a desire to regulate behaviour.

Additionally, last century’s concept of "inappropriate desires" highlights how various desires and behaviours, including homosexuality and gender nonconformity, have been historically labelled as mental impairments, revealing the shifting nature of social norms and power dynamics within

psychiatry (77). The diagnostic criteria for autism have similarly evolved, with behaviours like avoiding eye contact and engaging in repetitive movements being categorised as symptoms, raising questions about the medicalisation of neurodiversity (78).

Applied Behaviour Analysis (ABA) was initially developed to "cure" homosexuality, and has become the dominant treatment for autism, despite its controversial history and the potential for harm (79). In this arena, social movements and professional organisations have battled to shape the landscape of autism treatment, with tensions rising between those promoting ABA and neurodiversity activists who challenge its eugenic roots* (79, 80).

Meanwhile, the intersection between gender and neurodivergence has gained momentum with researchers, who have started to explore these intertwined experiences, with autistic individuals expressing experiences of gender in ways that diverge from typical norms. The social construction and function of these identities, such as "autigender," (81) require further sociological analysis to understand their unique experiences and challenges, while given space and support to grow and gain ground in terms of societal acceptance and respect.

**Eugenics is the pseudoscientific theory that seeks to improve humanity by selectively mating for specific genetic traits (68).*

## The Neurodiversity Movement: from advocacy to action - the rise of a global movement

The neurodiversity movement advocates for a society where neurodivergent individuals are valued and supported for who they are, rather than pressured to conform to societal expectations. This approach challenges the very definition of "normal" and highlights how our understanding of "disability" is often shaped by dominant cultural values (82, 83). For example, dyslexia, traditionally viewed as a disability, is essentially a mismatch between an individual's neurological wiring and a culture that highly values reading ability. Similarly, autism is defined by social interaction challenges, reflecting a cultural bias towards social engagement over solitary pursuits (84, 85).

This cultural lens becomes even more apparent when considering diagnostic tools, which are often based on Western norms. Practices like avoiding eye contact, considered rude in some Western cultures, are seen as an autistic trait. Yet viewed through the lens of Pacific world views, not making direct eye contact is showing reverence and respect for those in positions of authority, or with high levels of academic achievement. This highlights the need to consider diverse cultural perspectives in diagnosis and treatment (85).

Furthermore, socio-economic disadvantages faced by Māori and Pacific families may contribute to higher rates of hyperactivity diagnoses in their children. However, it's important to recognise potential biases within the education system that may lead to misinterpretations and reinforce negative stereotypes (86). The neurodiversity movement encourages a more inclusive understanding of human differences, acknowledging the multiplicity of ways to experience the world. However, the dominant influence of certain cultural perspectives globally hinders its widespread acceptance (87-89). As we strive for a more inclusive and equitable society for neurodiverse individuals, we must remain mindful of racial and cultural differences, ensuring that our efforts truly benefit all people, regardless of their background or neurological makeup.

## The social landscape of neurodiversity: navigating stigma, building relationships.

The journey of a neurodivergent individual often extends beyond the diagnosis itself, encompassing the complexities of navigating social interactions and forging meaningful connections. While many neurodivergent individuals face challenges in the workforce, their social experiences are equally important and often intertwined with their professional lives (90).

For individuals who struggle to maintain employment, the consequences can be profound. Economic independence becomes elusive, leading to social isolation and a sense of alienation. Society often fails to acknowledge the ongoing support needs of neurodivergent individuals, leaving them to grapple with their challenges without adequate resources or understanding. This can lead to feelings of inadequacy and self-blame, perpetuating a cycle of isolation and struggle (91). Adults with ADHD, in particular, often find solace and strength in connections with other neurodivergent individuals. While social media can offer a valuable platform for building community and sharing experiences, it is crucial to recognise the potential benefits of in-person support groups and peer-to-peer connections (92). These spaces allow individuals to share their experiences, learn from each other, and build a sense of belonging.

### The impact of ableism and stigma:

The social challenges faced by individuals with ADHD are often exacerbated by ableism and stigma. Many neurodivergent individuals report masking their symptoms around neurotypical individuals, leading to emotional exhaustion and potential instability. This masking behaviour highlights the societal pressure to conform to neurotypical standards, contributing to feelings of difference and

isolation (93). Individuals with ADHD often report finding connections with other neurodivergent individuals allow them to express their authentic selves without the pressure to mask or conform (94).

### Challenges in interpersonal relationships:

Difficulties in interpersonal relationships, such as feeling different, masking symptoms, and communication challenges, are not currently recognised as formal diagnostic criteria for ADHD. This lack of recognition can lead to misunderstandings and conflicts, as neurotypical individuals often misinterpret these challenges as a lack of care, interest, or effort. The experiences of individuals with ADHD highlight the importance of empathy, understanding, and compassion. It is crucial for society to recognise the challenges faced by neurodivergent individuals, to challenge preconceived notions about their abilities, and to create more inclusive and supportive environments where they can thrive (95).

### Understanding the social landscape:

The impact of both ADHD and autism on social health can be understood through two key dimensions:

***Vertical Dimension:*** This refers to an individual's reputation and standing within a broader social community, such as a workplace or school. Challenges with organisation, conscientiousness, and dependability can impact how others perceive their value as a member of a team.

***Horizontal Dimension:*** This encompasses an individual's sense of belonging within different circles of connection, from close family and friends to casual acquaintances. While close relationships offer greater unconditional support, even these bonds can be strained by challenges with reciprocity and fulfilling expectations (96).

## A digital haven: finding strength in connection: the role of online communities.

For many neurodivergent individuals, the online world has become a lifeline, offering a sense of belonging, validation, and support that is often difficult to find in traditional social settings (92). These virtual spaces serve as a catalyst for self-discovery, challenging misconceptions and fostering a deeper understanding of the condition (97).

Online communities specifically designed for neurodivergent people have emerged as powerful forces for self-acceptance and empowerment. Through shared experiences and resources, individuals can connect with others who understand their struggles, dispelling common myths and stereotypes. Social media platforms, particularly TikTok, have played a significant role in reaching individuals with autism and ADHD, both those already diagnosed and those newly exploring their experiences (98, 99). Connecting with others who share similar challenges can be deeply validating. Individuals often report

feeling a sense of relief and understanding when they realise that their difficulties are not personal failings but rather symptoms of a neurodevelopmental condition. This newfound validation can significantly boost self-esteem and reduce feelings of inadequacy (99). While individuals with ADHD or autism often have a strong desire to build meaningful relationships, they can also face unique challenges in implementing social skills and fulfilling expectations. This is not due to a lack of caring or intention, but rather difficulties with understanding social norms, executive function, impulsivity, and time management (72).

## The identity-affirming approach: Hi, my name is…

Identity-affirming approaches to neurodivergence are crucial to any aspect of interaction with ADHD and autistic individuals because it recognises and validates their unique experiences and identities (100, 101). For neurodivergent people in Aotearoa New Zealand, this type of approach helps combat the stigmatisation and marginalisation often perpetuated by traditional medical and research models (102). Instead of viewing neurodivergence as a deficit that needs to be fixed, identity-affirming approaches to care, treatment and research embrace neurodiversity as a natural variation in human cognition and behaviour (103, 104). This approach can significantly enhance the mental health and well-being of neurodivergent individuals by fostering a sense of belonging and self-worth.

In Aotearoa New Zealand, where cultural diversity is considered progressive, evidenced by a strong emphasis on Māori and Pacific perspectives, identity-affirming care aligns with broader efforts to provide culturally responsive healthcare and inclusive, culturally safe health research (5). For neurodivergent Māori and Pacific people, this approach can help bridge the gap between their cultural identities and their experiences of neurodivergence, ensuring that care is respectful and supportive of both (105).

### Self-diagnosis vs. formal diagnosis

Self-diagnosis is becoming increasingly common among neurodivergent individuals, particularly in contexts where obtaining a formal diagnosis is challenging. In New Zealand, the process of securing an official diagnosis for conditions like autism or ADHD can be prohibitively expensive and time-consuming (6). The public health system has long wait times for assessments, and private assessments, which are faster, can cost several hundred to thousands of dollars (106). For many individuals, particularly those from marginalised or low-income backgrounds, these barriers make formal diagnosis inaccessible (107).

Additionally, self-diagnosis lacks the clinical rigour and validation that comes with a formal psychiatric assessment. Neurodivergent conditions often have overlapping symptoms with other mental health disorders (12), making it difficult for individuals to accurately diagnose themselves without professional guidance. For example, autism, ADHD, anxiety, and mood disorders share many symptoms, such as difficulties with focus, social interactions, and emotional regulation. Without professional input, self-diagnosis can lead to misidentification of these conditions, which may result in ineffective self-management strategies or inappropriate interventions (93, 108). Additionally, individuals may unintentionally focus on symptoms that confirm their self-diagnosis while overlooking other important symptoms that might indicate a different condition. This confirmation bias can reinforce incorrect beliefs about one's condition.

While self-diagnosis can empower individuals to better understand their experiences, it can also lead to stigma, particularly if others question the validity of the self-diagnosis. This can be particularly challenging in environments where neurodivergent traits are not well understood or accepted. Even if a self-diagnosis is accurate, without formal recognition, individuals may struggle to access appropriate accommodations, support, or treatment (109, 110). For example, schools, workplaces, and healthcare providers often require a formal diagnosis to provide necessary resources.

Given these challenges, self-diagnosis can serve as an accessible alternative, allowing individuals to identify with neurodivergence based on their experiences and research. While self-diagnosis may lack the clinical validation of a formal diagnosis, it can still provide individuals with a framework for understanding themselves and seeking appropriate support. It is also often the first step toward identity-affirming care, where individuals can advocate for accommodations and support based on their self-identified needs (97).

### Self-diagnosis in research

In the context of research, self-diagnosis is increasingly recognised as a valid way of identifying neurodivergence, particularly when studying populations that may face barriers to formal diagnosis such as Māori and Pacific people (6). Including self-diagnosed individuals in research helps capture a broader spectrum of neurodivergent experiences and ensures that the voices of those who cannot access formal diagnostic services are heard (78).

However, there are challenges associated with this approach. The primary concern is the potential for misidentification—individuals might incorrectly self-diagnose, which could affect the validity of research findings. Additionally, relying on self-diagnosis might exclude those who do not recognise or understand their neurodivergence, potentially skewing the data towards those who are more self-aware or have greater access to information (111).

Research on the effectiveness of self-diagnosis compared to formal psychiatric diagnosis for neurodivergent individuals is limited. Some studies and discussions have emerged showing that self-diagnosis can be valid for individuals with high self-awareness and access to accurate information (112). However, the reliability of self-diagnosis is generally lower than that of formal diagnosis due to the complexities involved in accurately identifying neurodivergent conditions.

Research has also highlighted the role of online communities in shaping self-diagnosis. These communities provide a wealth of information and support, but they can also propagate misinformation or overly simplistic views of neurodivergent conditions. While these platforms can be empowering, they may also lead to inaccurate self-assessments if users rely solely on anecdotal experiences or non-expert opinions (113).

Some comparative studies have examined the outcomes of individuals who self-diagnose versus those who receive formal diagnoses. These studies suggest that while self-diagnosis can lead to increased self-awareness and community support, formal diagnoses generally provide more comprehensive insights, access to professional care, and appropriate interventions such as controlled medication (114-116). In the New Zealand context, medication such as methylphenidate and melatonin can only be prescribed by a psychiatrist, of which there are thought to be around 500 nationwide for a population of just under five million people (117).

The psychiatric community often views formal diagnosis as the gold standard due to its structured approach, which includes thorough assessments by trained professionals, consideration of differential diagnoses, and access to standardised treatment protocols. However, there is growing recognition of the barriers to formal diagnosis, such as cost, access, and wait times, which make self-diagnosis an important alternative for many people (118-120).

While self-diagnosis can be an important first step for neurodivergent individuals in understanding their experiences, it is fraught with challenges, including the potential for misdiagnosis and the lack of access to formal support. Overall, research indicates that formal psychiatric diagnosis is generally more effective in providing accurate and comprehensive care (33, 106, 121). However, given the barriers to formal diagnosis, self-diagnosis continues to be a critical tool for many individuals, particularly when formal resources are inaccessible. More research is needed to fully understand the effectiveness and implications of self-diagnosis in the context of neurodivergence (97). By acknowledging self-diagnosis, this study can ensure results are inclusive and reflective of the full spectrum of neurodivergent experiences.

## Neurodivergent sense of self: show me your I.D.

Neurodivergent individuals may have widely varied perspectives on their identity, with some identifying as disabled due to the challenges and impairments associated with their neurodevelopmental conditions, while others view their neurominority status as a positive attribute that contributes to their unique strengths and abilities (82). This variance in self-perception can be influenced by personal experiences, societal attitudes, and the intersectionality of individual identities (122). Neurodivergence in the context of ADHD and autism can be understood both as a medical condition and as a cultural identity, depending on the perspective taken (123).

### Medical condition perspective:

From a medical standpoint, ADHD and autism are neurodevelopmental conditions characterised by specific symptoms and diagnostic criteria (124). This perspective views these conditions in terms of brain function differences that lead to challenges in areas such as attention, communication, and social interaction. The medical model often focuses on diagnosing, managing, and treating symptoms to improve daily functioning (102, 122).

Some neurodivergent individuals may identify as disabled because their conditions can present barriers in daily functioning, social interactions, or academic and professional settings (104, 125). These individuals may experience significant challenges related to sensory sensitivities, executive functioning difficulties, or social communication impairments, which can impact their quality of life and require accommodations or support (126, 127).

### Cultural identity perspective:

On the other hand, many people within the neurodivergent community, particularly those with ADHD and autism, view neurodivergence as a cultural identity. This perspective aligns with the social model of disability (128, 129), which emphasises that societal structures and attitudes contribute to the challenges faced by neurodivergent individuals, rather than the neurodivergence itself being inherently problematic. For many, being neurodivergent is a core aspect of their identity, much like culture, ethnicity, or sexual orientation, and is something to be embraced rather than something that needs to be "fixed" (110).

In this cultural context, neurodivergence is celebrated for its diversity of thought and unique perspectives, and there is a strong emphasis on advocating for acceptance, accommodation, and the removal of societal barriers (48). This approach fosters a sense of community and shared experience among neurodivergent individuals. Some neurodivergent individuals may embrace their neurominority status as a positive attribute, emphasising the unique perspectives, strengths, and

talents associated with their condition. They may highlight attributes such as enhanced creativity, intense focus, pattern recognition abilities, or attention to detail that can be beneficial in certain contexts, such as artistic endeavours, technology-related fields, or problem-solving tasks (100, 130).

### Intersection of both perspectives:

In practice, many people and professionals see the value in integrating both perspectives. Recognising neurodivergence as a medical condition allows for access to necessary supports and interventions, while viewing it as a cultural identity promotes acceptance, self-advocacy, and the celebration of neurodiverse ways of thinking and being. Numerous academic studies and references explore the multifaceted aspects of neurodiversity and the varying perspectives within the neurodivergent community (112, 131). Ultimately, whether neurodivergence is viewed as a medical condition or a cultural identity depends on the context and the individual's perspective. Both views can coexist, providing a more holistic understanding of the experiences of those with ADHD and autism (132).

## Disability vs. difference: barriers or brilliance?

Disabled people, including those who are neurodivergent, may be perceived as not safe to work in healthcare due to a combination of biases, misconceptions, and structural barriers (133). These concerns typically centre around assumptions regarding their ability to perform essential functions, manage stress, adhere to strict protocols, or meet patient care standards. However, many of these concerns stem from a lack of understanding of disability and neurodivergence, rather than actual limitations (134, 135). A 2020 research paper analysed data from over 25,000 health professionals, which showed 83% would rather not work with a disabled colleague (136). This is contrary to research which shows health professionals with a disability are likely to increase positive patient outcomes when employed in healthcare (137).

### Specific reasons why disabled people may be perceived as unsafe to work in healthcare:

- Physical or cognitive limitations: Concerns that physical or cognitive impairments could prevent disabled individuals from performing essential job tasks, such as responding to emergencies or making quick decisions (56).
- Communication, particularly in fast-paced or high-pressure environments.
- Executive dysfunction: The perception that neurodivergent individuals might face challenges with time management, organisation, or prioritisation, which could impact safety and workflow (138).

- Sensory sensitivities: Neurodivergent people, especially those with autism, may have sensory sensitivities that could be triggered by the healthcare environment (e.g., loud noises, bright lights, and stressful situations).
- Hyperarousal and emotional regulation: Concerns about how neurodivergent individuals might handle high-stress situations, and assumptions that they may not have the emotional regulation needed for complex patient care (139).
- Health and safety: A potential overemphasis on health and safety protocols could lead to the assumption that disabled workers, particularly those with physical or mental health disabilities, pose a risk to themselves or others.

### New Zealand law on disability and employment:

New Zealand law, particularly through the Human Rights Act (1993) and the Health and Safety at Work Act (2015), provides clear protections for disabled (including neurodivergent) individuals (34, 140):

***Human Rights Act (1993):*** It is illegal to discriminate against individuals on the grounds of disability in employment. Employers are required to make reasonable accommodations unless doing so would cause undue hardship (141).

***Health and Safety at Work Act (2015):*** This act emphasises the employer's duty to ensure a safe working environment, but also places responsibility on employers to consider how the needs of disabled employees can be met through accommodations, rather than excluding them from employment (142).

***Employment Relations Act (2000):*** Emphasises fair treatment in the workplace, including the need for accommodations and the right to request flexible working arrangements.

### Impact on careers, employment prospects, and career trajectories of neurodivergent people:

- Barriers to entry: Misconceptions about neurodivergent individuals can create barriers to entering healthcare roles. Recruitment and selection processes often inadvertently favour neurotypical candidates, as interviews and traditional assessments may disadvantage those with ADHD, autism, or other neurodivergent conditions (143, 144).
- Career progression: Due to workplace biases and a lack of understanding of neurodivergence, career advancement may be slower for neurodivergent individuals. Lack of accommodations could also hinder their ability to demonstrate competence and leadership potential (145).
- Job tenure: Without appropriate accommodations, neurodivergent workers may face higher levels of burnout, leading to a higher turnover rate. Issues like executive dysfunction or

sensory overload can result in conflict or disciplinary action if misinterpreted by management (146).

- Impact of masking: Many neurodivergent workers engage in masking, which is exhausting and may contribute to burnout, further limiting career longevity and progression (147).

### Impact on quality of care and patient outcomes in the New Zealand healthcare system

***Improved diversity and innovation:*** Diverse teams, including neurodivergent and disabled individuals, tend to be more innovative and provide different perspectives in problem-solving, which could improve healthcare outcomes (130).

***Better patient care:*** Neurodivergent workers may have unique strengths, such as attention to detail (in the case of some autistic workers) or creative problem-solving (often found in individuals with ADHD), which can enhance the quality of care (148).

***Understanding of marginalised groups:*** Neurodivergent and disabled healthcare workers may be more empathetic toward patients who face similar challenges, fostering greater patient trust and improving outcomes for marginalised populations (149).

***Risk of burnout and reduced quality of care:*** Without proper accommodations, neurodivergent healthcare workers may experience burnout, leading to lower job satisfaction and a decline in the quality of care they provide. Over time, this can negatively impact patient safety and outcomes.

### Accommodations to ensure safe employment:

Academic literature from previous overseas studies has offered suggestions for cost-effective and non-invasive workplace adjustments. Serving a dual purpose of both supporting neurodivergent employees and relieving concerns of colleagues, studies show organisations can implement various accommodations to support disabled/neurodivergent workers in healthcare roles (27, 150).

The most common accommodations requested in the global research are:

- Flexible scheduling: Allowing for different work schedules to manage fatigue, executive function issues, and sensory overload.
- Task modification: Assigning tasks based on individual strengths, such as focusing more on research, documentation, or patient communication rather than direct patient care.
- Quiet spaces: Creating sensory-friendly break rooms or quiet spaces for neurodivergent workers to decompress during the workday.
- Assistive technology: Providing tools like task reminders, digital assistants, or noise-cancelling headphones to help neurodivergent workers manage tasks.

- Training and awareness: Implementing neurodiversity and disability training for all staff, to foster an inclusive culture that reduces misunderstandings and improves team cohesion.
- Mentorship and peer support: Offering structured mentorship programs to support career development and provide a safety net for neurodivergent workers in high-stress situations.
- Job carving: Identifying specific tasks that align with a neurodivergent employee's strengths and removing tasks that may trigger executive dysfunction or sensory overload.

The safe employment of disabled and neurodivergent individuals in healthcare has been shown to be achievable in past research with the right accommodations (34). New Zealand law currently supports this through anti-discrimination provisions, and the adoption of inclusive policies which, if adequately and appropriately utilised, could positively impact the careers of neurodivergent people, making healthcare more diverse and innovative (26, 140). Based on previous research, fostering such diversity could improve patient outcomes, though neglecting these accommodations could lead to increased turnover and burnout, which may negatively affect both staff well-being and patient care (61).

## ADHD and the workplace: the tightrope walk of productivity, creativity, and complexity.

While research on the long-term impact of ADHD diagnosis on work life is limited, current studies suggest that individuals diagnosed in young adulthood face increased challenges in the labour market. Individuals with ADHD are more likely to be on the fringes of the job market, facing higher rates of unemployment, sick leave, and disability benefits across various occupations (151). These differences are partially explained by sociodemographic and health factors, indicating the need for comprehensive support. Individuals with ADHD may also often make occupational choices that align with their strengths and limitations, seeking roles that better suit their working style.

A 2022 Swedish study found that while there are no significant differences in the risk of labour market marginalisation across different industries, the health and social services sector stands out (151). This field experiences a higher overall rate of work disability for employees with ADHD, particularly related to mental health issues. This is likely due to factors like high job strain, poor work-life balance, and low job security (151). The authors recommend interventions in the health and social services address both general workplace improvements and specific needs of individuals with ADHD. Following their investigation, Gémes, et. al. stated addressing factors like job strain and job security would create a more supportive work environment for all, while providing tailored support and accommodations for individuals with ADHD could appropriately consider and support their unique challenges and needs.

This study stated that understanding the long-term impact of ADHD diagnosis on work life should be prioritised across various industries to uncover further challenges in this area (22, 151). Interventions focused on supporting individuals with ADHD, improving workplace environments, and addressing societal biases are crucial for creating a more inclusive and equitable labour market (19, 152).

## Equity, Diversity, Inclusion & Belonging (EDIB): beyond buzzwords: creating meaningful change.

Research supports the idea that stigma and intersectional theory influence how neurodivergent individuals experience the workplace, particularly for those who belong to multiple marginalised identities (4). Preliminary evidence indicates that neurodivergent women and ethnic minorities face compounded disadvantages in labour force participation and workplace experiences. The findings suggest the need for future research focused on Equity, Diversity, Inclusion, and Belonging (EDIB) (153), emphasising not just structural adjustments but also the importance of interpersonal support and accommodation. Demonstrating genuine care can be more impactful than mere structural changes, and overseas researchers are advocating for further studies comparing the workplace experiences of neurodivergent individuals, utilising frameworks from organisational psychology to develop effective employment practices (26, 153). They recommend longitudinal research to evaluate interventions aimed at reducing stigma through awareness training, which could lead to less masking and better understanding among neurotypical colleagues. These interventions could increase the use of reasonable accommodations and decrease absenteeism and turnover among neurodivergent staff (61, 104, 152). The research calls for comprehensive data-driven studies to test these hypotheses (61, 66).

## Adult diagnosis: sero sed serio (late, but in earnest)

While the prescription rates for ADHD medication have increased globally, the data do not suggest overuse; in fact, some groups, particularly adults, may be under-medicated compared to expected prevalence rates (154). A review of 231 systematic reviews and meta-analyses on ADHD reveals that the prevalence is estimated at 7.2% for children and adolescents, and 2.5% for adults, though these figures are uncertain due to methodological variations. There is evidence of both biological and social risk factors for ADHD, but much of it is correlational rather than causal. Pharmacological treatments, especially stimulants, are effective for short-term symptom reduction, but there is limited evidence that they improve long-term outcomes like educational attainment or mental health. Side effects such as disturbed sleep, reduced appetite, and increased blood pressure are associated with these medications, though the long-term effects are less understood. The effectiveness of nonpharmacological treatments is mixed. Despite extensive research, significant gaps remain in

understanding ADHD prevalence, the causality of risk factors, and the long-term efficacy of both pharmacological and nonpharmacological treatments.

# **Chapter 3: Literature review:** bridging the gap between research and reality

## Introduction:

This literature review explores the intersection of neurodiversity and healthcare, focusing on the systemic, interpersonal, and individual factors that influence the experiences of neurodivergent professionals. Key themes include the impact of executive function challenges, masking, workplace accommodations, and perceptions of competence on career progression and job satisfaction. By examining existing evidence, this review identifies gaps in knowledge to underpin this study on the more specific experiences of New Zealand neurodivergent healthcare employees.

### *Differences:*

While both autism and ADHD involve difficulties with attention, individuals with autism often struggle with sustained attention due to sensory overload or narrow focus on specific interests, whereas individuals with ADHD may have difficulty with selective attention and maintaining focus across different tasks (73). Social difficulties are a hallmark of autism, including challenges with social reciprocity, understanding social cues, and forming relationships, whereas individuals with ADHD may have social challenges related more to impulsivity, emotional regulation, or difficulty with turn-taking in conversations. Restricted and repetitive behaviours are a core feature of autism but are not characteristic of ADHD, although individuals with ADHD may exhibit impulsive behaviours or engage in repetitive movements as a form of self-regulation or stimulation (155).

### *Commonalities:*

Both autism and ADHD are neurodevelopmental conditions that typically emerge in childhood and persist into adulthood, although symptoms may vary in severity and presentation over time (156). Both conditions can co-occur with other mental health disorders or developmental conditions, such as anxiety, depression, or learning disabilities (157). There is evidence to suggest that genetic and environmental factors contribute to the development of both autism and ADHD, although the precise causes remain complex and multifactorial (73).

While autism and ADHD share some similarities in terms of attention difficulties and overlapping symptoms, they are distinct disorders with unique characteristics and diagnostic criteria. While there is a school of thought endorsing self-diagnosis (97, 158, 159), in New Zealand individuals experiencing challenges with attention, social interaction, or sensory processing are encouraged to seek a

comprehensive assessment by a qualified practitioner to determine an accurate diagnosis and appropriate treatment approach (160).

### *How individuals with these conditions navigate the healthcare field.*

Adults with ADHD or autism working in healthcare face significant challenges, including obtaining meaningful employment (161), transitioning to independent practice, and navigating the healthcare system (162), as well as developing positive identities within social and work environments (48). These challenges are further compounded by the need for individualised supports to foster a positive work experience (163).

ADHD affects approximately 3.5% of the global workforce, presenting challenges in work-related settings (164). Individuals with ADHD commonly report challenges in meeting their own standards and potential at work, emphasising the impact of ADHD symptoms, particularly inattention, on work-related problems (165). Research highlights those adults with a history of ADHD face educational and occupational impairments, lower job stability, and decreased job performance, along with financial challenges like lower income and increased reliance on welfare and benefit payments (166). Strategies used by adults with ADHD in the workplace include utilising tools like to-do lists, calendars, and seeking support from employers and co-workers to overcome challenges and enhance productivity (164).

Neurodivergent employees in highly regulated healthcare environments in New Zealand, (such as hospitals or other healthcare providers) may be facing significant challenges (167). These challenges include the impact of inaccurate stereotypes and assumptions from others at work, leading to fear of disclosure, lack of career progression, and negative emotions affecting mental health (66). Additionally, the healthcare workplace demands conformity to established expectations, potentially causing feelings of marginalisation and exclusion (168). Furthermore, the perspectives of staff in public hospitals in New Zealand highlight economically driven pressure as a dominant risk factor affecting patient safety, which could indirectly impact neurodivergent employees (169). Addressing these challenges requires education for both neurodivergent individuals and organisations, workplace accommodations, flexibility, and less standardisation to enhance productivity and satisfaction (21).

However, first, research must be done to scan the horizon of neurodivergence in the workplace – gauging the prevalence of neurodiversity within healthcare, how this affects working relationships, and what, if any, impact there is on individuals with ADHD and autism (12, 66, 155, 170).

### *Purpose and objectives of the literature review:*

A literature review, in which scientific publications in a particular subject are analysed, based on pre-defined eligibility criteria, is undertaken to answer a specific research question in a comprehensive, unbiased, and replicable manner (171). The research protocol, the inclusion and exclusion criteria, the selection of the studies, and the synthesis of the analysed data are presented here to determine a baseline from which to begin to interpret how neurodivergent employees navigate the healthcare workforce. This serves several purposes which may support the fostering of a more inclusive, productive, and supportive work environment at the conclusion of this research. The specific goals of this literature review are to:

- Understand existing research by providing an overview of existing research and knowledge on the topic, including theories, methodologies, findings, and gaps in the neurodivergence literature.
- Identify trends and patterns along with inconsistencies in the literature, highlighting areas where further research is needed or where there are conflicting findings regarding the experiences of neurodivergent people working in healthcare.
- Inform policy and practice regarding the experiences, needs, and challenges of neurodivergent individuals in the healthcare workforce, guiding the development of inclusive policies, practices, and interventions.
- Advance knowledge by synthesising and analysing existing research and contributing to advancing knowledge and understanding of neurodiversity in the healthcare workplace, promoting more inclusive and supportive environments for neurodivergent individuals currently employed in, or thinking of entering health as a career.
- Empower and equip neurodivergent communities along with researchers, and stakeholders to raise awareness, promote acceptance, and advocate for the rights and inclusion of neurodivergent individuals in the workforce, particularly where challenges to sustainable and satisfying employment may exist or persist.

The benefits of integrating this and other research on the experiences of neurodivergent people, into workplace policy is multi-pronged. It may contribute to promoting a more inclusive workplace by acknowledging the diverse needs and perspectives of all employees. It may lead to employers optimising talent in a clinical setting by better utilising the unique strengths and abilities of neurodivergent individuals, potentially uncovering talent that might otherwise be overlooked (166). It can underpin policy enabling employers to provide necessary accommodations and support to ensure neurodivergent employees can perform at their best. This can lead to increased ease of recruitment

and higher productivity by creating an environment where neurodivergent employees feel understood and supported – leading to higher retention rates and increased work satisfaction (51).

Any research into minority groups already experiencing stigma or discrimination is an important way of reflecting a commitment to social responsibility and in this case, may lead to increased understanding and ethical treatment of neurodivergent employees in healthcare environments (172, 173).

## Prevalence of ADHD and autism in Aotearoa New Zealand healthcare:

The prevalence of autism and ADHD among healthcare professionals globally and in New Zealand remains somewhat under-researched, though certain trends can be observed (18, 173, 174).

### ADHD in healthcare professionals:

Globally, ADHD prevalence is around 5–7% in the general adult population, with rates for healthcare professionals likely reflecting this range, though the exact numbers are hard to specify due to underdiagnosis in adults. In New Zealand, approximately 280,000 people are estimated to have ADHD, with a diagnosis rate of around 2.4% among children aged 2–14 (118). Given that ADHD often persists into adulthood (155) it is reasonable to assume that a significant portion of these individuals work in various professions, including healthcare.

### Autism in healthcare professionals:

The global prevalence of autism is estimated to be around 1%, and studies suggest that this rate may be slightly lower in some regions due to underreporting and diagnostic challenges (28). In Aotearoa New Zealand, there has been no large-scale study specifically examining autism in healthcare professionals, but the general population prevalence is expected to mirror international rates (29, 30). Globally, the presence of autistic individuals in healthcare professions is increasingly recognised, especially in roles that benefit from the high attention to detail and structured thinking often associated with autism (61).

### Trends across healthcare professions:

While exact figures for autism and ADHD among doctors, nurses, and other healthcare workers are sparse, both conditions are likely underdiagnosed in these groups due to stigma and lack of awareness. Recent research highlights that neurodivergent individuals often face specific workplace challenges,

such as difficulties with communication and regulatory frameworks, which can be particularly pronounced in high-stress environments like healthcare (61, 163).

This information underscores the importance of further research into the experiences of neurodivergent healthcare professionals, especially to better understand their needs and promote more inclusive work environments (175).

### Challenges faced by healthcare professionals with ADHD or autism:

Nurses, doctors and other health professionals with ADHD or autism may encounter specific challenges while working in a highly regulated healthcare setting, including:

**Attention and focus:** Individuals with ADHD may struggle with maintaining attention and focus for extended periods, which can be particularly challenging in fast-paced and demanding healthcare environments. This could potentially impact their ability to prioritise tasks, follow protocols, or stay organised, leading to errors or inefficiencies in patient care (176).

**Sensory overload:** Healthcare settings can be noisy, chaotic, and sensory-rich environments, which may be overwhelming for individuals with autism who have sensory sensitivities. Bright lights, loud noises, and crowded spaces could potentially trigger sensory overload, making it difficult for these individuals to concentrate, communicate effectively, or provide care (177).

**Masking:** Neurodivergent individuals may feel pressure to "mask" their differences, mimicking neurotypical behaviours to fit in. This masking can be exhausting and may lead to increased anxiety, depression, and burnout over time (55).

**Social interactions:** Social interactions and communication skills are essential in healthcare settings for building rapport with patients, collaborating with colleagues, and providing effective care. Individuals with autism may struggle with social cues, nonverbal communication, or understanding the perspectives of others, which could impact their ability to navigate interpersonal relationships and work effectively in teams (60).

**Regulatory Compliance:** Healthcare settings are subject to strict regulations, standards, and protocols designed to ensure patient safety and quality of care. Individuals with ADHD or autism may face challenges in adhering to these regulations due to difficulties with attention to detail, organisational skills, or adherence to routine, potentially leading to compliance issues or disciplinary actions (55).

**Stress Management:** Healthcare professionals often face high levels of stress and pressure in their roles, which can be exacerbated for individuals with ADHD or autism. Difficulty with emotional regulation, time management, or coping with uncertainty could increase the risk of burnout, anxiety, or other mental health concerns among neurodivergent healthcare professionals (35, 178).

**Career Advancement:** The existing systems and structures in healthcare may not accommodate the unique characteristics of neurodivergent employees, such as sensory overload in terms of clothing/dress code and sound/silence adherence (58). This can hinder their career advancement opportunities and limit their potential contributions to the field.

**Accommodations:** Often, workplaces expect neurodivergent healthcare workers to conform to neurotypical behaviours, leading to difficulties in requesting necessary accommodations. This can create additional stress for individuals who may require specific support to perform at their best (179).

While these challenges may pose significant obstacles for health professionals with ADHD or autism, neurodivergent individuals also bring unique strengths and abilities to healthcare settings. Global research suggests that with support, accommodations, and understanding from colleagues and employers, neurodivergent healthcare professionals can overcome these challenges and make valuable contributions to patient care and the healthcare team (20).

### Workplace bullying:

Neurodivergent individuals face unique challenges when working in healthcare settings. The need to navigate complex social dynamics with colleagues and patients may be particularly challenging, leading to tension and misunderstandings, and in the worst cases, bullying, stress, violence, or dismissal (169, 180).

Research on neurodivergent individuals who experience workplace bullying is ongoing, but some studies have shed light on the topic (39). Several findings suggest that neurodivergent individuals, particularly those with autism or ADHD, are more vulnerable to workplace bullying due to social communication challenges and differences in social cues interpretation (181). Bullying can lead to negative outcomes such as decreased job satisfaction, impaired mental health, and decreased work performance. However, more research is needed to fully understand the extent and impact of workplace bullying on neurodivergent individuals and to develop effective strategies for prevention and intervention (78).

### Occupations:

Autistic and ADHD individuals can be found in a wide range of professions and industries, and their employment choices often depend on their individual strengths, interests, and preferences (182)However, some industries may be particularly well-suited to individuals with these neurodivergences due to the nature of the work or the accommodations provided (57). Literature from several countries shows inclusive workplaces have begun embracing neurodiversity, with organisations

actively recruiting and harness the talents of neurodivergence (60). Some common sectors where autistic and ADHD individuals are beginning to outperform their peers include:

**Technology:** The technology sector often values the unique problem-solving abilities, attention to detail, and creativity of neurodivergent individuals. Roles in software development, quality assurance, data analysis, and cybersecurity may be particularly appealing (183).

**Science and research:** Neurodivergent individuals may thrive in roles that involve focused attention, analytical thinking, and deep expertise in specific subject areas. Careers in scientific research, academia, or laboratory work may be well-suited to their strengths (184).

**Engineering:** Engineering roles, especially those that involve tasks like design, troubleshooting, or programming, may attract neurodivergent individuals who excel in logical thinking, pattern recognition, and problem-solving (61).

**Healthcare:** While healthcare can be demanding, neurodivergent individuals may find fulfilling careers as doctors, nurses, therapists, or researchers, leveraging their attention to detail, specialised interests, and empathy in patient care and medical research (163, 167).

**Arts and creative industries:** Some neurodivergent individuals have a strong affinity for creativity and may pursue careers in the arts, including writing, visual arts, music, or performing arts, where they can express themselves and explore their passions (61).

**Entrepreneurship:** Many neurodivergent individuals – particularly those with ADHD, possess entrepreneurial spirit and may thrive in self-directed roles or start their own businesses, leveraging their unique perspectives and talents to innovate and solve problems (185).

### Strengths and unique abilities:

Research from numerous sources suggests neurodivergent individuals may employ innovative thinking at high rates and offer innovative solutions to healthcare challenges, whether it is designing new treatment protocols, developing technology-driven interventions, or improving patient care practices (149, 186-188). This ability to approach problems from unique perspectives can result in creative solutions to complex medical issues that may otherwise go unnoticed. While neurodivergent individuals may experience social challenges, many demonstrate profound empathy and compassion for others, which are invaluable in fostering trust with patients and providing patient-centred care (54, 175). This innate ability to connect with patients, often through unconventional methods, can lead to better communication, improved health outcomes, and a more inclusive care experience (189).

In healthcare teams, neurodivergent professionals often bring a high degree of focus, intense curiosity, and a commitment to detail in areas they are passionate about, contributing to advances in specialised

fields such as diagnostics, research, or niche clinical practices (149). Their capacity for pattern recognition and implicit problem-solving enables them to identify subtle details and connections that others might overlook, directly benefiting both patients and colleagues (31). Additionally, their expertise and dedication often serve as a resource for team members, fostering collaboration and enhancing overall team performance. By recognising and valuing these strengths, healthcare organisations can create bespoke, inclusive environments that not only support neurodivergent professionals but also maximise their contributions to advancing patient care and strengthening team dynamics (190, 191).

### Accommodations and support:

In Aotearoa New Zealand, there are several support avenues available for employees who are autistic or have ADHD, including:

**Workplace adjustments:** Employers can adjust the work environment or job tasks to better accommodate the needs of neurodivergent employees. This could include providing a quiet workspace, flexible scheduling, or breaking tasks into smaller, manageable steps (34).

**Access to support services:** Employees may have access to support services such as counselling, coaching, or mentoring to help them navigate workplace challenges and develop strategies for success.

**Disability support services:** New Zealand offers disability support services through government agencies and community organisations. These services may aid with securing employment, accessing accommodations, or advocating for workplace rights (34).

**Employee assistance programs (EAPs):** Many employers offer EAPs, which provide confidential counselling and support services to employees facing personal or work-related challenges. These programs can be beneficial for neurodivergent employees seeking assistance with managing stress, communication issues, or other concerns (140).

**Education and training:** Employers can offer education and training programs to increase awareness and understanding of neurodiversity in the workplace. This can help create a more inclusive culture and promote acceptance of diverse ways of thinking and working (60).

**Legal protections:** In New Zealand, employees with disabilities, including ADHD or autism, are protected from discrimination under the Human Rights Act and the Employment Relations Act. Employers are required to make reasonable accommodations for employees with disabilities to ensure equal access to employment opportunities (34, 140).

By providing these supports and accommodations, employers are creating an inclusive work environment where neurodivergent employees can thrive and contribute their unique talents and

perspectives. Additionally, research shows fostering a culture of acceptance and understanding can benefit all employees, leading to greater productivity, satisfaction, and retention (24).

### Impact on patient care:

The impact of a health professional having autism or ADHD on patient care can vary depending on the individual and the specific challenges or strengths associated with their neurodivergence and work role.

**Attention to detail:** Neurodivergent individuals, particularly those with ADHD, may struggle with maintaining focus for extended periods or may have difficulty with attention to detail. This could potentially lead to errors in patient assessments, medication administration, or documentation if not managed effectively (192).

**Communication:** Both autism and ADHD can affect communication skills, albeit in different ways. Individuals with autism may struggle with social cues, nonverbal communication, or understanding the perspectives of others, which could impact patient interactions and rapport-building. Those with ADHD may experience impulsivity or difficulty staying on topic, which could affect clear and concise communication with patients and colleagues (193).

**Sensory sensitivities:** Some individuals with autism may have sensory sensitivities to stimuli such as noise, light, or touch. In a healthcare setting, this could potentially impact their ability to focus, communicate effectively, or provide care in environments with high sensory input (35).

**Empathy and emotional regulation:** While some neurodivergent individuals may struggle with empathy or emotional regulation, others may possess deep empathy and compassion for others. However, challenges with emotional regulation could potentially impact their ability to manage stress or respond to emotionally charged situations in patient care settings (193).

**Specialised interests and expertise:** Neurodivergent individuals often develop intense interests in specific subjects or areas of expertise. While this can be beneficial for patients if the individual's interests align with their healthcare needs, it could potentially lead to challenges if the individual struggles to adapt to tasks outside their area of focus (194).

Neurodivergent individuals bring unique strengths to healthcare settings, such as attention to detail, specialised knowledge, and innovative problem-solving skills (55). With the right support, accommodations, and awareness, overseas research shows health professionals with autism or ADHD can provide high-quality patient care and contribute positively to healthcare teams (134, 195). Additionally, ensuring a culture of understanding and acceptance in the workplace can help mitigate

any potential challenges and promote a more inclusive healthcare environment for all employees (180, 196).

### Literature review summary:

Despite hundreds of systematic reviews on ADHD and autism, key questions are still unanswered. Evidence gaps remain as to a more accurate prevalence of neurodivergence, whether documented risk factors are causal, the efficacy of nonpharmacological treatments on any outcomes, and pharmacotherapy in mitigating the adverse outcomes associated with varied neurotypes (197). This suggests that little is still known therefore, about employers' capacity to support neurodivergent health professionals, how to better understand employers' needs, their key role in employment processes, or how innovative technologies may be used to improve knowledge about autism and ADHD and deliver workplace interventions (178). The promotion of diversity in the workplace is an encouraging trend, but this has not necessarily included the promotion of neurodiversity. Stigma and discrimination still exist in the workplace (19) however, research also indicates neurodivergent individuals often excel in problem-solving tasks, approaching challenges from unique perspectives and finding innovative solutions that improve patient outcomes and streamline healthcare processes.

Future research should include interventions to improve current and prospective employer knowledge and attitudes, in not just hiring but supporting neurodivergent persons in the workplace. Research should also explore how undiagnosed neurodivergent healthcare professionals have successfully adapted to the workplace. More recent employment statistics for autistic and ADHD individuals are highly desirable to determine if changes in the workplace and an employer focus in the last few years has translated into increased employment rates (164).

Overall, research up until now has done little to map the challenges faced by neurodivergent employees in healthcare, or the wider workforce in general. In order to increase knowledge in this area, both qualitative and quantitative studies on the experiences on neurodivergent individuals must be prioritised (164, 198).

# **Chapter 4: The Aotearoa context:** Te Tiriti, tikanga and Takiwātanga

## ADHD in Aotearoa New Zealand

Data on Aoreretini (ADHD) in New Zealand is poorly captured, relying on estimates for prevalence. It is thought there are approximately 23,000 New Zealanders with ADHD, 13% of whom also have some level of intellectual disability (199). While 0.6% of adults are recorded as receiving ADHD medication, actual adult ADHD prevalence is estimated at 2.6% (200). Māori are under-prescribed, comprising 10% of treated individuals despite being 17% of the population (201). Diagnosis is challenging, especially for adults, with limited access to public health assessments (105). Private psychiatrists provide the most reliable diagnosis, but high costs and long wait times are significant barriers. Underdiagnosis likely contributes to the underestimates of ADHD prevalence, particularly in adults (106). Worldwide trends show increased diagnoses, especially among adults and women, due to improved access and more inclusive criteria (202).

## Autism in Aotearoa New Zealand

Takiwātanga (autism) prevalence data is also limited and focused on children, with diagnoses more common in males. Administrative data from 2011 showed 29,412 New Zealanders were autistic, with 20% experiencing some form of intellectual disability (199). These and other New Zealand findings indicate lower prevalence compared to international estimates, suggesting underdiagnosis. Diagnosis is more accessible for young children via the public health system, though wait times are long. Adults face significant challenges accessing autism diagnoses, with public services rarely available and private services costly (203). Adults report satisfaction with the diagnostic process but dissatisfaction with post-diagnostic support and unmet needs (204). Pharmacological treatments focus on co-occurring conditions, but their effectiveness for core autistic characteristics is limited (6, 203).

## Tākiwatanga & Aoreretini

Current research on Māori and Pacific perspectives on Aoreretini (ADHD), Takiwātanga (autism), and kanorau ā-roro (neurodivergence) highlights significant differences from Pākehā (non-Māori non-Pacific) or Western views, reflecting cultural, social, and historical contexts (204). These differences affect how neurodivergence is understood, diagnosed, and managed within these communities (85, 205).

## Māori perspectives on ADHD, autism, and neurodivergence:

### *Whānau-centred approach:*

For Māori, neurodivergence is often understood within the context of whānau (extended family), where collective well-being and interdependence are prioritised over individual labels or diagnoses (204). Neurodivergent traits might be seen as a part of a person's holistic identity, contributing to the wider whānau rather than being viewed as deficits (6, 84). Western models, which often focus on individual pathology, may not align with this relational view, potentially leading to misunderstandings between healthcare providers and Māori families. A Māori whānau may emphasise the strengths of a child with ADHD (e.g., creativity, energy) and seek ways to support them within the community such as channelling this energy into rugby, whereas Western approaches might focus on managing symptoms through medication or behavioural therapy (206, 207).

### *Holistic health and well-being:*

Te Whare Tapa Whā, a Māori model of health, considers four dimensions: taha tinana (physical health), taha wairua (spiritual health), taha whānau (family health), and taha hinengaro (mental health) (208). Neurodivergence might be understood as affecting all these dimensions, particularly spiritual and familial well-being (204). Western clinical approaches, which prioritise mental health (hinengaro) in isolation, may overlook the spiritual and communal aspects that Māori consider crucial (209). For Māori whānau, an autistic individual might be seen as having unique spiritual qualities, with the focus on enhancing their wairua (spiritual well-being) rather than pathologising their behaviours according to Western diagnostic frameworks (210).

### *Colonisation and distrust of western diagnoses:*

Historical experiences of colonisation, institutional racism, whakatoihara (discrimination) and the ongoing impact of Western medical dominance contribute to Māori scepticism toward neurodevelopmental diagnoses like ADHD and autism (7). Diagnoses may be seen as tools of control rather than support, especially when Western methods are imposed without consultation or regard for cultural values. A Māori parent might resist an ADHD diagnosis for their child, concerned that it will lead to stigmatisation and marginalisation, particularly in an educational system that often fails Māori students and fails to accommodate tangata kanorau ā-roro (neurodivergent people).

## Pacific perspectives on ADHD, autism, and neurodivergence:

### *Collectivism and family dynamics:*

Similar to Māori, Pacific cultures prioritise collectivism, where the family unit is central (204). Ngāi Moana Nui a Kiwa (Pacific peoples) may view neurodivergent traits in the context of how the individual fits within and contributes to the extended family or community. This contrasts with Western views that emphasise individual functioning and adaptation. For example, in a Samoan family, a child with autism may be seen as having a unique role within the aiga (family), with expectations adjusted to accommodate their differences, rather than seeking to change their behaviours to fit a Western standard of "normalcy"(5). This approach supports the strong Pacific concepts of maintaining tuakiri ā-ahurea (cultural identity) and protecting against tāmitanga whakamā (shame stress) (85).

***Spiritual explanations:***

Some Pacific cultures incorporate spiritual or religious beliefs when interpreting neurodivergence. ADHD, autism, and other conditions may be understood as spiritual gifts, challenges, or as part of a broader divine plan, rather than purely medical conditions that require treatment (85). In Tongan culture, for example, an individual with ADHD might be described as having a "special blessing" from God, and the fāmilí's (whānau) response might involve spiritual practices, such as prayer, in addition to any medical or pharmaceutical interventions (85, 174).

***Cultural stigma and underdiagnosis:***

Pacific communities may experience stigma related to neurodivergent conditions, which can contribute to underdiagnosis and a reluctance to seek help. The stigma might stem from concerns about being seen as “different” or “incapable” within the wider community, or from fears that diagnosis will lead to exclusion or whakatoihara (discrimination) (85). This may be a particular concern for Pacific migrants (sometimes referred to as “Island-born”). A Fijian parent, therefore, might avoid pursuing an autism diagnosis for their child due to concerns about how the diagnosis will be perceived by the wider community, fearing that it could limit the child’s opportunities or lead to social isolation.

## Differences from Pākehā / western views:

***Focus on individual versus collective:***

Western views of neurodivergence typically focus on the individual and how their whanonga (behaviour) or cognitive traits differ from normative standards. This often leads to interventions that aim to help the individual conform to societal expectations, such as behaviour modification, medication, or occupational therapy (haumanu ngangahau). In contrast, Māori and Pacific perspectives emphasise the collective well-being and see the individual as part of a larger network of relationships

(7). Neurodivergence is less likely to be seen as a problem to be "fixed" and more likely to be understood as one aspect of a person's identity that contributes to the whānau or aiga (5).

***Medicalisation vs. cultural and spiritual interpretation:***

Pākehā perspectives, grounded in biomedical models, often view ADHD and autism as neurodevelopmental disorders with specific symptoms that require medical or psychological intervention. Māori and Pacific perspectives are more likely to include spiritual or cultural explanations for neurodivergence, seeing it as a normal variation in human experience, possibly with spiritual significance. This can lead to resistance to medicalisation and a preference for culturally appropriate, holistic interventions (204).

***Cultural safety and engagement:***

Western healthcare systems in New Zealand often fail to provide culturally safe environments for Māori and Pacific people, leading to feelings of alienation and mistrust. For neurodivergent individuals and their families, this may result in delayed or avoided diagnoses, or dissatisfaction with the care received. For example, a Pacific family might feel that their child's ADHD diagnosis ignores important cultural values and expectations, and they may prefer traditional healing methods or community support over formal healthcare interventions (85).

## Pacific neurodivergence research

Formal research on neurodivergence within the Pacific community in New Zealand remains scant, similar to mainstream epidemiological studies, leaving the prevalence of both ADHD and autism in Pacific populations largely unknown. General disability research indicates that 28,100 Pacific people in Aotearoa New Zealand have a disability, with 21% being children. Most individuals with disabilities (72%) reside in socioeconomically deprived areas (199).

Pacific cultures uphold values such as respect, communalism, and spirituality. Family ideals stress collectivist and community support, with extended family members often playing parenting roles (5). Traditional Pacific views on health prioritise holistic well-being, linking physical health with spirituality, family unity, and environmental balance. Past perceptions of disability within Pacific cultures were often tied to spiritual beliefs, leading to limited utilisation of disability services due to stigma. Various societal barriers, including stigma, whakama (shame), and traditional viewpoints on disability, hinder full acceptance and access to services for individuals with disabilities, including those with autism. Economic struggles and survival needs may overshadow concerns about developmental issues in

children, delaying timely interventions. Misconceptions and lack of awareness within Pacific communities regarding autism may further impede recognition and appropriate support for affected individuals (85), who may as adults, avoid seeking support for tāmitanga mahi (work stress) to prevent bringing attention to themselves.

### In summary:

Research into Māori and Pacific perspectives of ADHD, autism, and neurodivergence shows that these communities prioritise collective well-being, spiritual understandings, and cultural context over Western biomedical models. To provide effective support for neurodivergent Māori and Pacific individuals, healthcare providers must engage with these cultural perspectives and adopt practices that are culturally safe, inclusive, and respectful of indigenous knowledge and values. This could include integrating whānau or aiga support into care plans, offering culturally informed interventions, and fostering open communication that respects spiritual and collective interpretations of neurodivergence.

# **Chapter 5: Workplace culture in NZ healthcare** – healing touch, or poisonous dose?

## Organisation culture in Aotearoa New Zealand healthcare

Hospital organisational health refers to the overall well-being and effectiveness of a hospital system as perceived by its members (211, 212). It encompasses both physical and mental dimensions of an organisation, akin to individual health, and is reflected through high productivity, strong performance, and the hospital's ability to maintain efficiency and safety in a dynamic environment (130). A healthy hospital organisation creates an environment conducive to staff adaptation, supports collaborative relationships, and fosters resilience, even amidst changes (164). This concept is particularly significant in the context of neurodivergent staff in New Zealand, where healthcare reforms and uncertainties are currently influencing workplace dynamics (211).

### Impact on neurodivergent staff well-being

Neurodivergent staff, such as those with autism, ADHD, or other cognitive variations, experience the workplace differently from their neurotypical colleagues. Organisational health is crucial for their well-being as it affects how easily they can adapt to their roles and the extent to which they feel supported. In an environment where clear communication, understanding, flexibility, and accommodations are in place, neurodivergent staff can thrive, contributing positively to hospital, clinic, or lab performance.

However, New Zealand's current healthcare landscape, marked by ongoing reforms, poses challenges to maintaining such an inclusive environment. The reforms, aimed at restructuring the healthcare system through the consolidation of district health boards (DHBs) into a single national entity (Te Whatu Ora), bring uncertainty regarding job security, roles, and workloads. Neurodivergent staff may find it difficult to adapt to sudden changes in processes and hierarchies, exacerbating stress and anxiety (17, 213). For example, sudden changes in communication protocols or unexpected increases in workload might affect neurodivergent staff more profoundly, making them more vulnerable to burnout (214, 215).

### Neurodivergence and organisational health in the healthcare sector

A healthcare provider or hospital's organisational health is deeply intertwined with its ability to accommodate and support diverse employees. Factors such as workplace flexibility, clear expectations,

and inclusive culture are crucial (27). In a healthy organisational environment, neurodivergent staff receive appropriate accommodations, such as modified workspaces, adjusted hours, and tailored communication strategies, which allow them to excel. Research shows that workplaces with strong organisational health are more likely to retain neurodivergent employees, improve job satisfaction, and benefit from their unique perspectives and problem-solving abilities (57, 216).

In contrast, a lack of focus on organisational health, particularly in times of change, can worsen the experiences of neurodivergent staff. The ongoing reforms in New Zealand's health sector may threaten to undermine organisational stability, and with it, the support systems neurodivergent staff rely on (217). These staff often need predictability and structure, which can be disrupted by rapid organisational changes, increasing the risk of mental health issues such as anxiety and depression (211).

### Cultural change

The organisational culture in healthcare significantly impacts employee communication styles, teamwork expectations, performance standards, and exclusionary practices, potentially creating barriers to workplace success for neurodivergent staff. A culture that predominantly caters to neurotypical norms can marginalise neurodivergent employees, leading to misunderstandings, burnout, social exclusion, and limited opportunities for career progression. For example, the fast-paced communication norms, rigid teamwork structures, and high expectations around multitasking and flexibility in healthcare environments often clash with the strengths and working styles of neurodivergent professionals. This mismatch can lead to professionals feeling pressured to mask their neurodivergent traits, resulting in mental exhaustion and diminished job satisfaction (215, 218). Additionally exclusionary practices, such as a lack of workplace accommodations and informal social networks that exclude neurodivergent individuals, compound these challenges, making it difficult for neurodivergent healthcare professionals to fully participate, develop, and thrive within their roles (219).

### Incorporating Māori worldviews: Te Whare Tapa Whā

In Aotearoa New Zealand, the Te Whare Tapa Whā model, developed by Sir Mason Durie (220), is widely used to explain holistic health. The model presents four dimensions of health - taha tinana (physical well-being), taha hinengaro (mental well-being), taha whānau (social well-being), and taha wairua (spiritual well-being) - that must be in balance for an individual to achieve overall wellness. This

model can also be applied to organisational health, ensuring that the physical, emotional, social, and spiritual needs of staff are met (221, 222).

For neurodivergent staff, the Te Whare Tapa Whā model can provide a framework for enhancing organisational health. For instance, taha hinengaro emphasises the importance of mental and emotional well-being. By acknowledging neurodivergence and providing appropriate mental health resources and workplace accommodations, healthcare providers can address the emotional needs of these employees. Taha whānau, the social aspect of health, stresses the importance of strong, supportive relationships (223). In the context of neurodivergent staff, fostering a collaborative and understanding team culture can mitigate feelings of isolation that these staff members often experience (219). Taha wairua, or spiritual well-being, is particularly important in te ao Māori (Māori worldview), where it encompasses a sense of purpose and connection to cultural identity (6). For neurodivergent Māori staff, this element can influence their overall well-being in the workplace. Healthcare providers that incorporate Māori perspectives into their organisational health frameworks are more likely to offer a culturally safe environment, which is beneficial for both Māori and non-Māori staff (203, 224).

### Organisational health in New Zealand's healthcare sector

While Te Whare Tapa Whā model is recognised as a valuable approach in health settings, its implementation within hospital organisational health is inconsistent (225). Some hospitals and healthcare institutions in New Zealand have made strides in incorporating Māori worldviews into their operational structures, particularly in supporting staff well-being and patient care. For example, some individual teams within Te Whatu Ora have introduced initiatives that focus on Māori health and wellness, reflecting the holistic principles of the Te Whare Tapa Whā model (226, 227).

However, for many hospitals, the integration of this model, particularly regarding staff organisational health, remains limited. Organisational health efforts often prioritise immediate operational concerns, such as staff shortages and financial pressures, over long-term cultural and social well-being strategies (27). This is evident in the ongoing reforms where emphasis is placed on restructuring for cost savings rather than embedding holistic well-being models, like Te Whare Tapa Whā, into workplace practices and patient care (228).

### Examples of good practice

Several examples illustrate the potential for improved organisational health in the New Zealand health sector, especially for neurodivergent staff. For instance, the introduction of the Accessibility Tick program by some Te Whatu Ora regions aims to create more inclusive work environments by addressing the specific needs of employees with disabilities, including neurodivergent individuals (229). This initiative supports flexible working arrangements and provides resources for staff training in diversity and inclusion, aligning with the mental and social dimensions of Te Whare Tapa Whā. This program is an example of how organisational health can be enhanced through practical initiatives that align with the holistic principles of Te Whare Tapa Whā (34, 229-231).

## Measuring workplace culture in the healthcare environment

The Psychosocial Safety Climate (PSC) is a theoretical framework and metric developed by Massey University designed to assess how organisational policies, practices, and values prioritise employee health and safety, particularly mental health (232, 233). It measures:

- Management commitment to mental health: The degree to which leaders actively value and support mental wellbeing.
- Managerial practices: Specific behaviours and initiatives to identify and mitigate workplace stressors.
- Communication and support systems: The availability of clear pathways for employees to address concerns and access resources.
- Employee involvement: Opportunities for staff to contribute to decision-making and workplace improvements.

Scores on the PSC Barometer correlate with psychosocial risks such as workplace bullying, stress, and turnover, making it a valuable tool for identifying areas that require intervention (234). Neurodivergent individuals often experience heightened stress in rigid healthcare environments due to sensory sensitivities, difficulties with executive functioning, and challenges navigating interpersonal dynamics. These factors, combined with the pressures of low PSC environments, significantly increase the likelihood of burnout. Bullying and incivility disproportionately impact neurodivergent workers, who may struggle with workplace norms or face stigma for their different ways of processing information or communicating (27). Effective PSC frameworks encourage management to identify and address psychosocial risks by implementing accommodations such as flexible scheduling, alternative communication methods, and sensory-friendly spaces. However, in low PSC environments, these needs may be overlooked, leaving neurodivergent staff unsupported. A high PSC fosters a culture where all employees, including neurodivergent workers, feel valued and safe (235). By prioritising

inclusion and accommodating diverse cognitive styles, healthcare organisations can reduce stress, improve collaboration, and enhance job satisfaction for neurodivergent staff. Targeted efforts to improve PSC—through management training, anti-bullying policies, and flexible work accommodations—are shown to be essential for creating inclusive and supportive workplaces (57, 236).

### In summary

The well-being of neurodivergent staff in New Zealand's healthcare sector is significantly influenced by the organisational health of hospitals, especially in the context of ongoing health reforms. While the uncertainty surrounding these reforms presents challenges, there is an opportunity to improve organisational health by incorporating holistic models like Te Whare Tapa Whā, which aligns with both Māori worldviews and neurodivergent needs. Hospitals that prioritise flexibility, inclusivity, and mental health will be better positioned to support their neurodivergent staff, fostering a healthier and more productive workforce.

# **Chapter 6: Healthcare regulations** – rules, rigidities, and room for change

## Regulatory bodies in Aotearoa New Zealand healthcare

In New Zealand, several regulatory bodies oversee the safety of the public and the competence of healthcare professionals. These organisations ensure that healthcare practitioners adhere to professional standards, maintain public trust, and provide safe, high-quality care (37). Each regulatory body plays a vital role in maintaining public safety within New Zealand's healthcare system. By setting professional standards, monitoring competence, and addressing complaints, these organisations ensure that healthcare workers provide safe, ethical, and high-quality services. Together, they form a robust framework to protect public trust and support the ongoing development of healthcare services (237).

*Table 1: Regulatory bodies in Aotearoa New Zealand*

| Regulatory Body | Role | Impact |
|---|---|---|
| Medical Council of New Zealand (MCNZ) | The MCNZ regulates doctors in New Zealand, ensuring they are competent and fit to practice. It is responsible for registering doctors, issuing practicing certificates, and investigating complaints about their conduct or competence. | By maintaining professional standards and promoting medical education, the MCNZ protects public safety while supporting doctors to provide high-quality care (238). |
| Nursing Council of New Zealand (NCNZ) | The NCNZ oversees the registration, competence, and conduct of nurses. It sets standards for nursing education and practice, ensures continuing competence, and takes disciplinary actions when necessary (239). | The NCNZ ensures that nurses provide safe and ethical care, protecting patients and supporting the development of the nursing workforce (240). |
| Te Kaunihera Manapou Paramedic Council | The New Zealand Paramedic Council regulates paramedic practice to ensure public safety, set professional standards, and manage the registration and competency of paramedics.(241). | The NZPC enhances public trust and safety by ensuring paramedics meet high professional and ethical standards, improving the quality and consistency of pre-hospital care. |
| Dental Council of New Zealand (DCNZ) | The DCNZ regulates oral health practitioners, including dentists, dental therapists, and hygienists. It is responsible for | By enforcing professional standards, the DCNZ ensures the safety and quality of oral |

| | | |
|---|---|---|
| | registration, setting practice standards, and addressing concerns about conduct or performance. | healthcare services in New Zealand (242). |
| Pharmacy Council of New Zealand | This council regulates pharmacists, ensuring they meet competence and ethical standards. It oversees registration, practice standards, and investigates issues affecting patient safety. | The council safeguards public health by ensuring pharmacists provide safe and effective medication management and pharmaceutical services (243). |
| Midwifery Council of New Zealand | The Midwifery Council regulates midwives, ensuring they are competent and safe to practice. It sets educational requirements, monitors ongoing professional development, and investigates complaints (244). | The council supports safe maternity care by maintaining high standards for midwifery practice (245). |
| Health and Disability Commissioner (HDC) | The HDC promotes and protects the rights of health and disability service users through the Code of Health and Disability Services Consumers' Rights. It investigates complaints about breaches of these rights. | The HDC ensures accountability and addresses public concerns, fostering trust in the healthcare system (246). |
| Allied Health Regulatory Bodies | Various allied health professions, such as physiotherapists, dietitians, and occupational therapists, are regulated by specific councils under the Health Practitioners Competence Assurance Act (HPCA Act) (37). | These bodies ensure allied health practitioners meet professional and ethical standards, contributing to comprehensive patient care (237). |

## Balancing concerns with benefits: the push and pull of workplace inclusion.

There is no empirical evidence to suggest that healthcare professionals with disabilities or cognitive differences are inherently unsafe to work in a highly regulated healthcare environment (190, 247). Research indicates that healthcare professionals with disabilities can perform their duties safely and effectively when provided with appropriate accommodations and support (248).

However, it is thought regulatory professional bodies such as the New Zealand Nursing Council (NZNC) or Medical Council of New Zealand (MCNZ) might have concerns about offering accommodations to

neurodivergent nurses or doctors working in highly regulated healthcare environments (175, 249, 250). Their concerns would primarily revolve around maintaining patient safety, ensuring compliance with professional standards, and preserving the integrity of healthcare delivery. However, while these concerns are legitimate, it is not necessarily the case that accommodations would negatively affect patient outcomes (251).

### Concerns about patient safety and standardisation

Regulatory bodies prioritise patient safety above all else. Healthcare environments are highly regulated to ensure standardised care and minimise errors that could harm patients (135). Accommodations, especially those related to time management, adherence to protocols, or communication, could be perceived as potentially disrupting standardised procedures, leading to inconsistent care. A regulatory body may have concerns that accommodations like flexibility with adhering to rigid time protocols might lead to delays in treatment or medication errors, thus putting patients at risk.

If accommodations are well-designed and tailored to the individual's role without compromising critical tasks, they are unlikely to negatively affect patient outcomes. Accommodations can be created to support the healthcare worker in performing their tasks effectively while adhering to essential safety protocols (148). For example, assistive technology or alternative communication strategies could enhance performance without lowering care standards.

### Maintaining professional competence and accountability

Regulatory bodies are responsible for ensuring that all healthcare professionals meet certain competence and accountability standards. Accommodations for neurodivergent healthcare workers could raise concerns about whether these professionals can maintain the required competence to perform high-stakes roles (190).

Neurodivergent employees may need adjustments in how they work, and regulators may be unsure how to balance this with the need for consistent professional competence (56). A concern could arise if a neurodivergent nurse with ADHD requires flexible work hours or time management support. For example, the nursing council might question whether such accommodations could lead to a nurse missing critical shifts or procedures, potentially affecting patient care. If accommodations focus on providing tools or methods that help the neurodivergent individual meet or exceed professional standards (such as time management software, additional supervision, or adjusted communication

styles), patient outcomes would not be negatively affected. The key is that accommodations should enable the worker to perform their role competently and safely (252).

### Adherence to rigid healthcare protocols

Healthcare professionals are required to follow strict protocols for diagnosis, treatment, patient safety, and documentation. Any deviations from these protocols can lead to legal or professional consequences, with employees facing censure or de-registration under the Health Practitioners Competence Assurance Act 2003 (HPCA) (37). Regulatory bodies might be concerned that some employees (for example, those with ADHD who struggle with attention to detail or individuals with autism who may interpret rules differently) could inadvertently fail to follow protocols, which might increase the risk of medical errors.

For instance, a doctor with ADHD may need accommodations for managing paperwork or protocols, such as checklists or electronic reminders. Regulatory bodies such as the Medical Council of New Zealand may express concern that accommodations involving flexibility in documentation procedures might lead to incomplete or inaccurate records, which could have downstream effects on patient care. However, accommodations that offer support for following protocols, such as task management apps, extra supervision, or structured workflows - can help both neurodivergent and neurotypical individuals adhere to regulatory requirements more effectively (253). When accommodations are thoughtfully designed, they can prevent errors and improve patient care across the workspace, rather than compromising it (135, 254).

### Ethical and legal concerns

Accommodations in healthcare might raise ethical or legal questions about fairness and the standards of care. Regulatory bodies must ensure that all healthcare professionals provide the same high-quality care and that accommodations do not lead to unequal treatment of patients or create a perception of lower competence (255, 256). If a neurodivergent nurse is provided with extra breaks or adjusted shift lengths, colleagues or patients might perceive this as unfair or unequal treatment, which could lead to resentment among the team or concerns from patients about the level of care they are receiving (257).

However, if the accommodations are designed in a way that does not affect patient care quality (e.g., extra breaks are scheduled during non-critical periods), they are unlikely to negatively impact patient outcomes. Clear communication and transparency about why accommodations are in place can help mitigate misunderstandings and promote fairness (34).

### Lack of research and established guidelines

One of the primary reasons regulatory bodies may be hesitant to fully endorse accommodations for neurodivergent healthcare workers is the lack of research on their long-term effects in healthcare settings (258). There is limited empirical data on how accommodations specifically for healthcare workers with ADHD or autism impact job performance, patient outcomes, and team dynamics (56, 252). Without clear, evidence-based guidelines on how to implement accommodations in a highly regulated environment like healthcare, regulatory bodies may be concerned about how such changes would impact not only individual workers but the broader healthcare system (42).

Once more research is conducted and best practices are established, it is more likely that accommodations can be standardised in a way that supports neurodivergent workers without compromising patient safety. In fact, with proper support, neurodivergent healthcare workers may be able to perform at higher levels, potentially improving patient outcomes (252).

### Communication challenges in high-stakes environments

Healthcare often requires rapid, clear communication between team members, particularly in emergency or high-stress situations. Neurodivergent individuals, especially those with autism, might experience challenges with social communication or processing speed, which could lead to misunderstandings in fast-paced environments (259). Regulatory bodies may be concerned that accommodations related to communication might slow down critical decision-making processes. For instance, a nurse with autism might need more time to process and respond to spoken instructions during an emergency. This could lead to concerns about whether accommodations like written instructions or visual aids are practical in high-stakes, real-time scenarios.

If accommodations are designed to enhance communication - such as using written protocols, visual aids, or clear, structured verbal instructions - they can improve both the performance of the neurodivergent worker and the overall efficiency of the team (258). The key is ensuring that accommodations do not compromise the ability to make quick, accurate decisions in time-sensitive situations (260). While best practice guidelines on accommodations for neurodivergent healthcare employees may not yet exist, employers' responsibilities remain clear and consistent. This responsibility requires healthcare organisations to ensure they provide reasonable accommodations to all employees who have specific needs in order to function optimally in the workplace (140, 261).

### In summary:

While regulatory bodies may have valid concerns about accommodations for neurodivergent healthcare workers, especially in terms of maintaining patient safety and professional standards, it has not been proven that these accommodations would negatively affect patient outcomes. On the contrary, when accommodations are carefully planned, evidence-based, and implemented in a way that complements the regulatory framework, they can enhance job performance, reduce errors, and improve the well-being of neurodivergent healthcare workers. Accommodations can be designed to uphold the rigourous standards of healthcare without compromising the quality of care provided to patients.

## Risk, impairment and symptomology in the workplace: when challenges meet misunderstanding.

In the workplace, understanding impairment and risk is just as critical as recognising symptomology when it comes to autism and ADHD. While symptoms describe the behavioural characteristics of these conditions, impairment and risk focus on the actual impact these symptoms have on an individual's ability to function effectively and safely in the work environment (262).

### Impairment in the workplace:

Impairment refers to the extent to which an individual's symptoms interfere with their ability to perform tasks, interact with colleagues, or meet job expectations. In the context of autism and ADHD, individuals may experience difficulties that are not always directly related to their observable symptoms but rather to how these symptoms hinder workplace performance or communication.

***For Autism:***

Social and communication challenges: Autistic individuals might have difficulty understanding or using social cues, such as body language or tone of voice, which could impair their ability to collaborate effectively with team members. Even though these challenges are part of their symptomology, the impairment lies in how these difficulties might prevent them from forming professional relationships or contributing to team dynamics.

Sensitivity to sensory overload: Work environments that are noisy or chaotic might exacerbate sensory sensitivities in autistic individuals, leading to higher stress levels, burnout, or even the inability to complete tasks. The impairment is in their reduced capacity to manage work environments that others might find neutral.

***For ADHD:***

Executive functioning deficits: ADHD often involves challenges with planning, organisation, and time management, which can lead to missed deadlines, incomplete tasks, or difficulty prioritising work. Impairment here refers to the way these difficulties affect job performance, regardless of the underlying symptoms.

Attention and focus: Individuals with ADHD may struggle to maintain focus during long meetings or complex tasks. In high-pressure environments, this impairment can lead to errors or inefficiency, impacting their overall job performance.

## Risk in the workplace:

Risk refers to the potential for harm or negative outcomes, either to the individual themselves or to others in the workplace. In some cases, certain symptoms of autism and ADHD may not cause direct impairment but can increase the likelihood of risky situations arising, especially in fast-paced or safety-critical work environments.

***For Autism:***

Difficulty in adaptation: Many autistic individuals thrive on routine and predictability, and sudden changes in work tasks or environments can lead to increased stress or even shutdowns. In workplaces that require flexibility and quick thinking (e.g., emergency response or healthcare), this could pose a risk if an individual struggles to adapt to an unexpected situation.

Risk of miscommunication: Due to difficulties interpreting social cues or subtleties in communication, there can be a risk of misunderstandings that affect workplace relationships or even safety. For example, failing to recognise an important instruction or warning given in a non-verbal way could lead to errors or accidents.

***For ADHD:***

Risk of accidents: Individuals with ADHD, due to impulsivity or inattention, may be more prone to workplace accidents, particularly in environments that require focus and caution (e.g., construction sites or laboratories). While the symptom might be distractibility, the risk arises from the potential for harm in high-stakes situations.

Impulsive decision-making: Impulsivity in ADHD can lead to taking risks without fully thinking through consequences. In the workplace, this could manifest as making hasty decisions that result in financial loss, safety risks, or breaches of company policy.

## Why impairment and risk matter as much as symptomology:

***Performance evaluation:***

Symptomology alone (e.g., hyperactivity, inattentiveness, social difficulties) does not provide a full picture of how an individual is affected in their specific role. Impairment and risk help employers understand how these symptoms translate into real-world challenges and what accommodations or interventions may be needed to support the employee.

***Tailoring accommodations:***

Focusing on impairment allows for the development of targeted accommodations. For instance, providing a quieter workspace for an autistic employee with sensory sensitivities may help mitigate impairment, while structured task management systems might be useful for someone with ADHD to reduce impairment caused by disorganisation.

***Ensuring safety and well-being:***

Risk is a critical consideration, especially in jobs that involve physical tasks, decision-making under pressure, or responsibility for others (e.g., healthcare, transportation). By evaluating the risk that ADHD or autism symptoms might pose in a given role, employers can implement strategies that minimise potential harm, such as additional training, close supervision, or the adaptation of work processes.

## In summary:

Understanding impairment and risk alongside symptomology is essential in the workplace because it highlights how conditions like autism and ADHD specifically affect job performance and safety. Focusing solely on symptoms overlooks the nuanced ways these conditions impact an individual's ability to function in their role, while also missing opportunities to mitigate risk and provide meaningful accommodations. Therefore, employers should consider not just what symptoms are present, but how those symptoms translate into real-world challenges and risks that need to be addressed.

# **Chapter 7: Methodology** – listening to voices, learning from lives.

## Research paradigms: the lenses we use to see the world.

In examining human experiences, specific research paradigms can be particularly useful. These paradigms help to frame how experiences are understood, approached, and interpreted. Key paradigms in this context include interpretivism and critical theory, which intersect with the social and medical models of health.

### Research Paradigms:

***Interpretivism:*** Interpretivism focuses on understanding the subjective experiences and social realities of individuals (263). In the context of neurodivergent healthcare workers, this paradigm is useful for exploring how these professionals perceive and navigate their work environment. Researchers adopting an interpretivist approach use qualitative methods (like interviews or case studies) to understand, for example, how the rigid regulations in New Zealand's healthcare system interact with personal challenges posed by neurodivergence. This paradigm assumes that the lived experiences of neurodivergent professionals can vary based on their interactions with both regulations and colleagues (264). Interpretivism aligns closely with the social model of health, which posits that disability arises from the interaction between individuals and societal structures (265). From this perspective, neurodivergent healthcare professionals may struggle not because of their conditions per se, but because healthcare systems and regulations are designed for neurotypical individuals. This model emphasises that the environment (e.g., lack of accommodations, inflexible job demands) creates barriers for these workers (266, 267).

***Critical theory:*** Critical theory focuses on power dynamics, inequality, and the systemic factors that marginalise certain groups. In this paradigm, the study would examine how the regulations and organisational structures in healthcare create barriers for neurodivergent professionals. It critiques the broader system that privileges neurotypical ways of working and thinking, often to the detriment of neurodivergent individuals (265, 266). Critical theory is also often associated with the social model of health, emphasising how institutional policies and societal norms perpetuate disadvantage (268). For example, healthcare regulations that demand rigid adherence to time management and communication standards may disproportionately affect professionals with ADHD, who may require more flexible approaches to organisation and deadlines (24). Research using critical theory can

investigate how New Zealand's healthcare policies reinforce these systemic disadvantages and how policy reform could alleviate these challenges.

## Models of Health:

***Social Model of Health:*** The social model of health views disability as a result of societal barriers, not just individual impairments (3). In studying neurodivergent healthcare professionals, this model would focus on how healthcare regulations, workplace culture, and professional standards in New Zealand create challenges for autistic or ADHD professionals. For instance, the social model would argue that rigid communication protocols or lack of workplace accommodations (like noise reduction measures or flexible schedules) are barriers that can and should be addressed to support neurodivergent professionals. This model is highly compatible with interpretivism and critical theory, as both paradigms focus on the external factors (e.g., policies, cultural norms) that shape the lived experiences of neurodivergent individuals (9, 269).

***Medical Model of Health:*** The medical model of health views neurodivergence (such as ADHD or autism) as a deficit or pathology that needs to be "treated" or managed. Within this framework, the emphasis is on how individuals can adapt to fit the system, rather than changing the system to accommodate neurodivergent individuals. When applied to healthcare professionals, the medical model would likely focus on strategies to "manage" neurodivergent traits to meet professional standards, such as through medication or behavioural interventions (138).

Research conducted within a positivist paradigm often aligns with the medical model. Positivism emphasises objective measurement and quantifiable outcomes. In this approach, researchers might study neurodivergent healthcare professionals by measuring performance, medication adherence, or other quantifiable traits to determine how these professionals can best meet regulatory requirements. While this may yield useful data, it can overlook the social and systemic factors that contribute to the challenges faced by neurodivergent individuals in regulated environments.

## Interaction of paradigms and models:

The social model of health, supported by interpretivist and critical theory paradigms, offers a holistic understanding of how neurodivergent professionals in New Zealand's healthcare system are affected by external, regulatory, and organisational factors. These paradigms allow researchers to explore how systemic changes—like offering workplace accommodations or rethinking professional standards—could reduce barriers and promote inclusion. The medical model of health, when used in conjunction with a positivist paradigm, may focus too heavily on individual deficits and solutions, potentially

ignoring the role of rigid regulatory frameworks in exacerbating challenges for neurodivergent professionals. While the medical model offers insight into individual-level interventions, the social model of health combined with interpretivist and critical theory paradigms offers a broader, more systemic understanding. This approach can better highlight the importance of structural changes to support neurodivergent healthcare professionals in Aotearoa New Zealand.

## Sampling: who tells the story? Choosing the voices that matter

Criterion sampling is a purposeful (or purposive) sampling method commonly used in qualitative research, where participants are selected based on specific criteria that align with the research focus (270). This method is particularly useful when a study involves participants with certain characteristics, experiences, or qualifications relevant to the research question (271). In the context of exploring the challenges and experiences of neurodivergent healthcare professionals in a highly regulated workplace, criterion sampling ensures that the sample group is directly relevant to the study, enhancing the depth and accuracy of the findings (272).

### Specific participant criteria:

- Be healthcare professionals (e.g., doctors, nurses, allied health staff) working in New Zealand's regulated healthcare system.
- Identify as or have a diagnosis of Autism or Attention Deficit Hyperactivity Difference (ADHD).
- Be currently employed or have been employed within the last 12 months in a regulated healthcare setting.

These criteria ensure that all participants have direct experience with both the challenges of neurodivergence and the pressures of working within a structured, regulatory healthcare environment.

***Relevance to the research focus:*** By using criterion sampling, the study ensures that all selected participants face similar contexts - being neurodivergent professionals in healthcare - therefore making their experiences highly relevant to the research aims. This allows for a focused exploration of the specific challenges they encounter, such as managing neurodivergent traits in a regulated environment, handling stigma or disclosure issues, and seeking workplace accommodations.

***Rich, contextual data:*** As all study participants met the same criteria, the data collected from interviews was rich in context. The shared experiences related specifically to autism, ADHD, and the

healthcare environment allowed for deeper exploration of common themes. This homogeneity in participants increases the study's ability to identify patterns, insights, and potential solutions tailored to this specific group.

***Generalisability:*** Although criterion sampling focuses on a very specific group, the findings can still be highly valuable and transferable to other similar contexts (263, 273), especially in regulated industries. While not generalisable to all neurodivergent individuals or all workplaces, insights from the sample can inform broader discussions on policy changes, workplace accommodations, and the inclusion of neurodivergent professionals in other highly structured environments.

## Trustworthiness: earning confidence in qualitative research

Lincoln and Guba's Naturalistic Inquiry Framework (274) is the most commonly used framework in qualitative research for assessing trustworthiness. It is well-suited to this study as it emphasises the context-specific nature of qualitative research and aligns with the naturalistic paradigm, which seeks to understand phenomena in real-world settings. This framework evaluates research based on the criteria of credibility, transferability, dependability, and confirmability, making it the ideal paradigm to assess the rigour of this study on neurodivergent healthcare professionals. To ensure that this study is trustworthy, it needed to address the key criteria of credibility, transferability, dependability, and confirmability - commonly used in qualitative research to assess its rigour and validity (274). These criteria are grounded in the naturalistic paradigm and align well with qualitative approaches such as reflexive thematic analysis (RTA). Researchers often use RTA to honour context, complexity of experience and co-constructed meaning.

### Credibility:

Credibility refers to the truthfulness and believability of research findings from the perspective of the participants (263, 274). To enhance credibility, this study used techniques such as:

***Member checking:*** Allowing participants to opt to review the findings or interpretations to ensure that their experiences are accurately represented.

***Triangulation:*** Multiple data sources or perspectives were used to cross-verify the findings, including global research, domestic research, a literature review, and several contacts with each participant in some cases to ensure they were comfortable with the study (270).

***Prolonged engagement:*** Spending sufficient time interviewing each participant was ensured to understand the complexities of neurodivergent professionals' experiences within their work environment.

### Transferability:

Transferability concerns whether the findings can be applied to other settings or groups. In qualitative research, transferability is less about generalising results and more about providing thick descriptions so that others can determine whether the findings resonate with their own context (263, 274). For example, by providing detailed accounts of how neurodivergent healthcare professionals navigate workplace regulations, others working in different but similarly structured systems could assess the relevance of these findings to their own environments.

### Dependability:

Dependability refers to the stability and consistency of the research process over time (274). To ensure dependability, a research audit trail was kept in the form of an Excel spreadsheet and Word documents in labelled folders of notes as a Research Journal during the data collection phase. This trail supports the transparency of the study methods and could be replicated if necessary.

***Peer debriefing:*** Regularly consulting with advisors ensured the study remained on track and allowed review and critique of methods and interpretations, helping identify any biases or oversights.

### Confirmability:

Confirmability focuses on the objectivity and neutrality of the findings, ensuring they are shaped by the participants' experiences and not the researcher's biases (274). Strategies included:

***Reflexivity:*** Engaging in ongoing self-reflection about researcher positionality, assumptions, and potential biases, particularly as the population studied can be marginalised in professional settings. Maintaining the Research Journal underpinned possible areas where perspectives influenced the research.

***External audit:*** Having thesis advisors examine research methodology and findings for bias or inconsistency allowed learnings to come from the preparation of this study and ensured ethical processes. Paying special attention to credible, transferable, dependable, and confirmable processes and results during this research will produce findings that can contribute meaningfully to

understanding the experiences of neurodivergent healthcare professionals in a regulated environment.

## Ethical considerations: walking the line: responsibility in research.

### Informed consent

Informed consent was obtained from all participants prior to the commencement of the study, ensuring that they understood the purpose, scope, and potential risks of the research. Eleven of the participants provided written consent after reviewing the information pack, while the other six, due to their preferences or needs as neurodivergent individuals, gave verbal consent at the beginning of the interview. Verbal consent was specifically allowed to accommodate participants who expressed discomfort or challenges with providing written consent, in alignment with ethical research practices that prioritise participant autonomy and comfort. The information pack provided clear details about the study, including the voluntary nature of participation, the right to withdraw at any time, and the measures taken to ensure confidentiality.

Informed consent is a critical ethical principle that ensures participants are fully aware of what their involvement entails and voluntarily agree to participate (275). In this study, the decision to accept both written and verbal consent reflects an understanding of the diverse communication preferences of neurodivergent individuals, a group that may face unique challenges with standard consent processes. This approach aligns with best practices in research ethics (275), where flexibility in consent methods can be offered to ensure that all participants can engage in a way that is most accessible and comfortable for them. However, care was taken to ensure that verbal consent was documented properly, and AUTEC approved this variation to accommodate neurodivergent needs.

### Confidentiality

To protect the privacy of participants, each participant was assigned a unique number, which was used in place of personal identifiers throughout the research process. This ensured that no identifying information was attached to the data collected, whether during analysis or in the final thesis. Participant names, workplaces, or any other identifying information were anonymised or excluded from the study to prevent the possibility of deductive disclosure.

Ensuring confidentiality is particularly important when working with vulnerable populations, such as neurodivergent individuals, who may be concerned about how their personal information is used,

especially when discussing sensitive issues like workplace challenges (249, 275). The assignment of numbers to participants is a well-established method for maintaining confidentiality and minimising the risk of identification (276). Ensuring confidentiality also fosters trust between the researcher and participants, particularly in small, specific communities such as healthcare professionals with ADHD or autism, where deductive identification could be a concern. In this case, the measures taken align with ethical best practices and respect the participants' privacy while preserving the integrity of the research.

### Voluntary participation and right to withdraw

Participants were informed of their right to withdraw from the study at any point without any negative consequences. This was emphasised in the information pack and reiterated at the beginning of each interview. The participants were also assured that they could decline to answer any specific questions they felt uncomfortable with, and that their participation was completely voluntary.

One participant withdrew from the study one month before the due date of the thesis, which resulted in the significant challenge of reworking the thesis to remove the participant's data. While the information was anonymised, the participant had concerns regarding being identified by their employer and fair and appropriate use of the data gained from the interviews, so it was agreed the data should be removed altogether out of respect for the participant's feelings.

Voluntary participation is a cornerstone of ethical research. Participants must feel free to engage without coercion or pressure (277), especially in research involving marginalised groups like neurodivergent individuals. By reminding participants of their right to withdraw, the study ensured that the participants felt in control of their involvement, which is vital for upholding their autonomy. Furthermore, giving participants the option to skip uncomfortable questions is a way of respecting their boundaries and reducing the potential for distress during the interview process. This ethical practice reduces the risk of harm and enhances the trustworthiness of the research (275).

### Accommodating neurodivergent needs

Given the neurodivergent nature of the participant group, specific accommodations were made to ensure that the interview process was accessible and respectful of their needs. Additional to allowing participants to choose between verbal or written consent, interviews were conducted in a flexible, participant-centred manner. Participants were allowed to pause or reschedule interviews if they felt

overwhelmed or needed a break, and interview times varied across the day to accommodate family, medication regimes and work rosters.

Ethical research involving neurodivergent individuals requires an understanding of their specific needs and challenges. Offering accommodations such as verbal consent, flexible interview formats, and sensitivity to participants' comfort during the interview process is critical in fostering an inclusive research environment. By tailoring the consent process and the interviews to meet the needs of neurodivergent participants, the study not only ensured ethical compliance but also demonstrated respect for the participants' diverse ways of engaging. This approach reflects the principles of beneficence (doing good) and respect for persons, key tenets in research ethics (67). Flexibility in research methods is particularly important when working with neurodivergent individuals, as rigid processes can lead to anxiety, discomfort, or exclusion.

## Ethical approval

Ethical approval for this research was obtained from the Auckland University of Technology Ethics Committee (AUTEC) ensuring that the study met all ethical guidelines and standards for research involving human participants. The consent procedures, confidentiality measures, and participant accommodations were reviewed and approved by the ethics committee. Securing ethical approval is a critical step in conducting research, particularly when working with vulnerable populations (278). The approval process ensures that the research design, consent procedures, and data protection measures meet the highest ethical standards. In this case, the flexible consent procedures and accommodations for neurodivergent individuals were reviewed to ensure that the study could proceed without compromising the well-being of participants. This oversight enhances the credibility of the research and ensures that all ethical concerns are addressed before participant engagement begins.

## Minimising harm

Every effort was made to minimise potential harm to participants during the research process. The interview questions were carefully designed to avoid causing distress, and participants were informed that they could stop the interview at any time if they felt uncomfortable. Additionally, support resources were made available to participants if any interview topics triggered emotional distress or discomfort.

Minimising harm is one of the core principles of research ethics, particularly in qualitative research that delves into personal or sensitive topics (279). In this study, there was potential for emotional

distress due to discussions about workplace challenges, discrimination, and personal experiences with diagnosis, medical and medication issues. By allowing participants to withdraw or pause the interview, and by providing access to support resources, the study took active steps to mitigate any potential psychological harm. This reflects a commitment to ethical research practices that prioritise participant well-being above the researcher's desire for data (280).

### In summary

The ethical considerations in this study reflect a deep commitment to upholding the principles of respect for persons, beneficence, and justice in research. By accommodating the specific needs of neurodivergent participants, ensuring confidentiality, and obtaining informed consent in a flexible manner, the research adhered to the highest ethical standards while contributing to a better understanding of the challenges neurodivergent individuals face in the workplace. These practices ensured that the participants were treated with dignity and respect throughout the research process, thereby strengthening the ethical integrity of the study.

## Researcher positionality: bias, identity, and influence. Ko wai au?

Researcher positionality refers to the researcher's background, experiences, values, and beliefs and how these factors influence their approach to research (66, 198, 281). In the context of this study my positionality plays a crucial role in shaping the research.

***Shared lived experience:*** Being neurodivergent myself (ADHD combined type with autistic traits), I share a common lived experience with the participants. This shared identity likely provides me with a deeper understanding of the challenges faced by neurodivergent individuals in clinical settings, such as dealing with rigidity, social expectations, or executive dysfunction. This positionality allows me to empathise with the participants and potentially gain more candid insights during interviews.

***Insider perspective:*** As both a neurodivergent individual and a healthcare professional, I hold an "insider" perspective. This dual identity allows me to navigate the clinical and neurodivergent contexts effectively, understanding both the professional environment and the personal experiences of neurodivergent individuals within it. However, this could also introduce bias, as I may interpret data through the lens of my own experiences, potentially leading to an overemphasis on certain themes.

***Bias and reflexivity:*** I must acknowledge and reflect on my potential biases. While my shared experience can deepen the study's insights, it may also influence how I interpret the participants' responses. For example, I was aware of the risk of consciously or unconsciously focusing more on challenges I personally relate to, potentially skewing the thematic analysis. Reflexivity—actively considering how my positionality affects the research process—has been essential to maintaining rigour and balance in the analysis.

***Advocacy and motivation:*** My motivation is driven by a desire to advocate for better working conditions and recognition of neurodivergent individuals in healthcare. This advocacy stance could shape the study's focus and findings, highlighting areas of systemic shortcomings or the need for policy changes. While this is a valid and valuable perspective, it is transparently addressed in this thesis to provide context for my conclusions.

***Ethical considerations:*** Given the shared neurodivergence, I may have a heightened sensitivity to the ethical implications of the study, such as ensuring confidentiality, informed consent, and the respectful handling of potentially sensitive information. This positionality may have also positively influenced my approach to building rapport and trust with participants.

Overall, my positionality as a neurodivergent registered nurse brings both strengths and challenges to this study. It provides unique insights and empathy but also requires careful management of potential biases through reflexivity and transparency. By acknowledging and addressing my positionality, I can produce a more nuanced and ethically sound thesis that accurately represents the experiences of neurodivergent healthcare employees (78).

*Table 2: Demographics of study participants*

# Demographics of study participants

| | Variables | Number |
|---|---|---|
| ***Diagnosis*** | | |
| | ADHD | 10 |
| | Autism | 2 |
| | ADHD & Autism (AuDHD) | 4 |
| | Formal diagnosis | 14 |
| | Self-identified | 2 |
| *Ethnicity* | | |
| | Māori | 1 |
| | Pacific | 1 |
| | Pākehā / non-Māori non-Pacific | 14 |
| *Age* | | |
| | 20-30 | 4 |
| | 30-40 | 6 |
| | 40-50 | 2 |
| | 50-60 | 4 |
| *Gender* | | |
| | Female | 14 |
| | Male | - |
| | Gender diverse | 2 |
| *Profession* | | |
| | Nurse | 5 |
| | Doctor | 1 |
| | Midwife | 2 |
| | Physiotherapist | 2 |
| | Pharmacist | 1 |
| | Radiographer | 2 |
| | Paramedic | 2 |
| | Occupational Therapist | 1 |
| ***Location*** | | |
| | Urban | 7 |
| | Regional / Rural | 9 |

## Inclusion criteria: you can't sit with us.

The term "neurodivergent" is a broad term used to describe individuals whose brains function differently from the statistical norm. While often associated with autism, it encompasses a wider range of experiences, including ADHD, dyslexia, and learning disabilities. This inclusive interpretation emphasises that neurodivergence is not solely defined by medical diagnoses but by how individuals experience and interact with the world (282).

In this study, I have adopted a constructivist approach, acknowledging that the understanding and categorisation of neurodivergence is a social construct, shaped by societal norms and power dynamics (77, 283) . While some researchers argue against labelling, I believe that these labels can be valuable for individuals seeking understanding and community (173). By embracing a more inclusive understanding of neurodivergence, we can create a more accepting and supportive environment for individuals who experience the world differently, recognising their unique strengths and challenges (101). In the context of research on the neurodivergent community, inclusion and self-identity must remain a fundamental pillar of the work undertaken here to ensure all voices are heard, and all perspectives explored.

## Analysing the themes: What's the story?

Reflexive thematic analysis is a qualitative research method that allows researchers to identify, analyse, and interpret patterns or themes within data. In the context of understanding the experiences of neurodivergent employees in a highly regulated healthcare environment, reflexive thematic analysis is particularly useful because it acknowledges the researcher's subjectivity and the co-constructed nature of knowledge (284). I have applied it to the identified themes as follows:

### Initial familiarisation with the data

I began by immersing myself in the interview data, reading and re-reading transcripts to understand the context and nuances of the participants' experiences. I took note of initial thoughts and potential patterns related to the challenges neurodivergent employees face in the workplace.

### Generating initial codes

I coded the data systematically by tagging segments of the text that related to the identified themes using an Excel spreadsheet, Word documents and highlighters. For example, sections where participants discuss frustration with the inefficiency and bureaucracy of the healthcare system might

be coded under "clash of values" or "systemic inefficiency." This step involved generating as many codes as necessary to capture the complexities of the data.

### Developing themes

I then grouped the codes into broader themes that reflected the overarching issues faced by study participants. The major themes provided - such as the sense of fairness and social justice, difficulties in interacting with neurotypical colleagues, and challenges with rules and regulations - served as starting points. At this stage, I critically evaluated how these themes related to one another and considered any sub-themes that had begun to emerge, such as "emotional exhaustion from value clashes" or "conflict arising from rigid adherence to rules."

### Reviewing themes

When refining the themes, I checked them against the coded data and the entire dataset, ensuring each theme accurately reflected the participants' experiences and there was a clear distinction between different themes. For instance, I assessed whether "executive dysfunction" and "lack of self-confidence" were distinct issues in the context of healthcare environments or if they overlap in significant ways that might necessitate re-coding or re-naming.

### Defining and naming themes

I then clearly defined each theme and considered how it contributed to understanding the overall experience of the participants. For example, the theme "bias and discrimination" might be defined as the systemic and interpersonal challenges neurodivergent employees face due to a lack of understanding from colleagues and management. Naming themes needed to be descriptive to capture the essence of the participants' experiences.

### Writing up

The last step was integrating the themes into a cohesive narrative that explains how neurodivergent employees navigate the challenges of working in a highly regulated healthcare environment. Using direct quotes from the interviews to illustrate each theme, I felt I was ensuring the voices of the participants were central to the analysis. By reflecting on my positionality as a neurodivergent researcher, I was considering how my own experiences may have influenced the interpretation of the data.

## Application to the identified themes:

***Theme 1: Interpersonal relationships and communication challenges***

I analysed how difficulties in social interactions with neurotypical colleagues has led to interpersonal conflict and bullying, which can contribute to emotional exhaustion and withdrawal from the workplace.

***Theme 2: Lack of understanding and support for neurodivergence***

I examined the impact of colleagues' and management's lack of understanding of neurodivergence, leading to marginalisation, blocked career progression, and overall job dissatisfaction for the neurodivergent study participants.

***Theme 3: Struggles navigating rules and regulations***

I investigated how participants' varying adherence to rules was driven by a need for safety and logic versus frustration with bureaucracy – and the consequent impacts on participants workplace interactions and resulting tension with colleagues.

***Theme 4: Moral distress***

This theme explores the internal conflict participants experience when their values clash with systemic inefficiencies, leading to stress and frustration. It could be linked to feelings of burnout and ethical dilemmas in patient care.

***Theme 5: Time management and focus challenges***

This theme delved into the daily challenges participants face in completing tasks due to executive dysfunction, leading to negative self-perceptions and workplace conflict, overshadowing their strengths in other areas, such as positive patient interactions and outcomes.

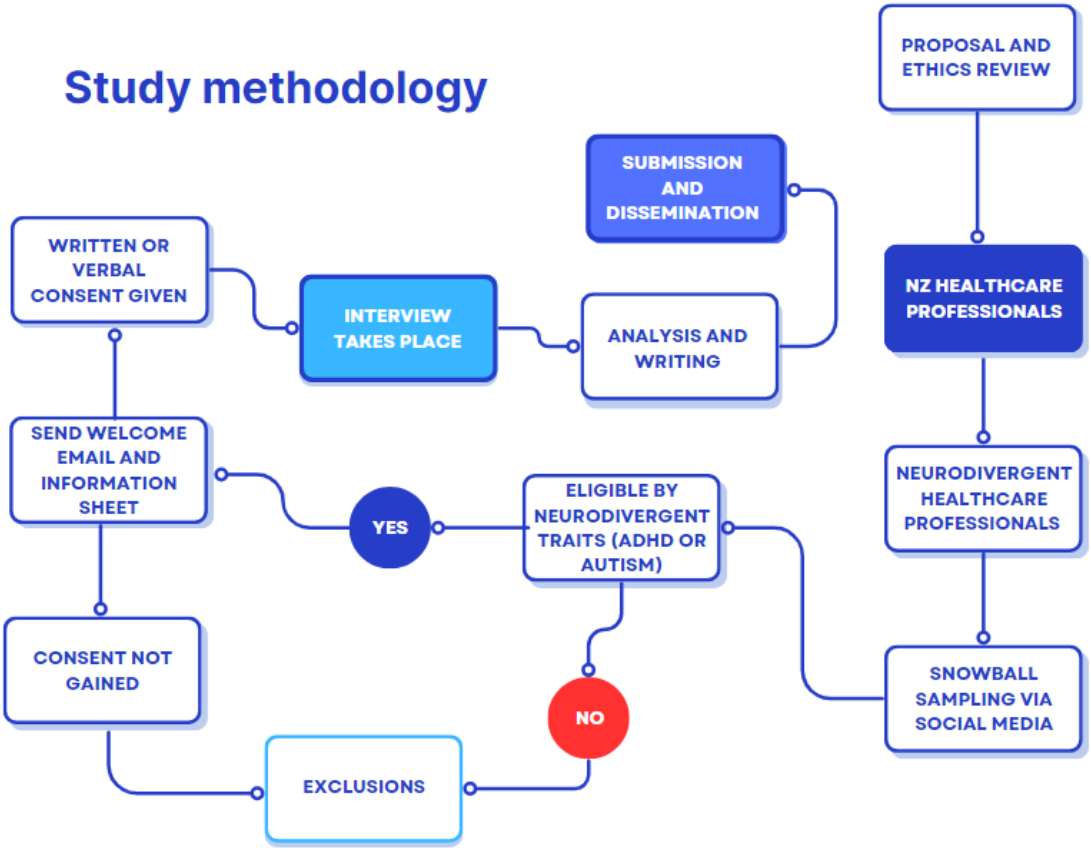
***Theme 6: Difficulty staying in the same role for long periods***

I explored how constant negative feedback regarding neurodivergent traits erodes self-worth, leading to imposter syndrome and feelings of exclusion, affecting job satisfaction and performance.

## Reflexivity

Throughout the process, I remained reflexive, acknowledging how my neurodivergence might influence the interpretation of the data. I also considered how my positionality allowed for deeper empathy with participants while being mindful of the potential for bias. The goal was to present a nuanced, authentic representation of the experiences of neurodivergent employees that can inform future employment and HR policies and practices in healthcare settings.

*Figure 1: Study Methodology*



# **Chapter 8: The findings:** neurodivergent realities - struggles, strengths, and solutions

## Structure of the findings

This chapter presents the findings of the study using a structure that provides both a broad conceptual framework and a detailed exploration of context-specific insights. Through reflexive thematic analysis (RTA), six key themes were developed to reflect shared patterns in how neurodivergent healthcare professionals experience highly regulated work environments. These themes draw on both participants' narratives and relevant theoretical frameworks, including critical health sociology, organisational culture, and neurodiversity scholarship. They are not intended to be generalisable, but instead offer an interpretive account of meaning-making within a specific sociocultural context.

Within each theme, nine subthemes are examined to illustrate how neurodivergent experiences are shaped by the distinctive characteristics of Aotearoa New Zealand's healthcare system. These subthemes focus on the intersections between neurodivergence and local workforce structures, professional expectations, and cultural dynamics. Participant quotes are interwoven to ground the analysis in lived experience and to illustrate the nuanced challenges and contributions of neurodivergent professionals in this setting.

The subthemes are presented individually to highlight their specific relevance to policy and practice, though they often intersect across multiple thematic domains. This approach ensures the findings speak to broader international conversations on neurodivergence in the workplace, while also contributing original insights that reflect the unique policy, professional, and cultural context of the New Zealand healthcare workforce.

By structuring the findings in this way, the thesis balances the commonalities of neurodivergent experiences with the particularities of local systems. It offers a layered analysis that is both reflective of international patterns and responsive to the specific needs and realities of neurodivergent professionals in Aotearoa New Zealand.

## Theme 1: Interpersonal relationships and communication challenges

Participants frequently reported difficulties in navigating interpersonal relationships with colleagues and managers. They struggled with understanding social cues, managing conflict, and feeling

misunderstood due to differences in communication styles. These interpersonal challenges often led to feelings of isolation and heightened workplace anxiety.

This theme ties into sociological discussions on social interaction and deviance, particularly Erving Goffman's concept of stigma (75, 285). Neurodivergent employees may be perceived as deviating from expected norms of communication and behaviour in professional settings, leading to stigmatisation. This dynamic contributes to their marginalisation within healthcare teams, creating social barriers that exacerbate their challenges.

Within the context of organisational culture, this theme reveals a mismatch between neurodivergent communication styles and the dominant culture of healthcare workplaces, which often values efficiency, hierarchy, and rapid communication. Many healthcare organisations do not have inclusive systems in place to accommodate different communication needs, resulting in a lack of support for neurodivergent employees (286).

Identity formation for neurodivergent individuals in healthcare is shaped by their interaction with these social norms and organisational expectations. As neurodivergent individuals navigate their professional roles, they may struggle with the pressure to conform to neurotypical communication styles, which can lead to internal conflict and a fragmented professional identity.

This theme contributes to healthcare research by identifying how team-based work, a core aspect of healthcare, can become a significant barrier for neurodivergent professionals. Previous healthcare research has emphasised team collaboration as essential, but rarely considers how neurodivergent individuals may experience and cope with team dynamics differently (167).

## Theme 2: Lack of understanding and support for neurodivergence

A recurring theme was the lack of awareness and understanding of neurodivergence by colleagues and managers. Participants described situations where they had to "mask" or suppress their neurodivergent traits to fit into workplace expectations, leading to stress and burnout. Additionally, some encountered resistance when seeking accommodations or adjustments, as employers were often unfamiliar with neurodivergence or unwilling to adapt.

This theme intersects with the sociological concept of institutional discrimination and Pierre Bourdieu's notion of habitus - the ingrained habits and expectations that shape workplace behaviour (249). The healthcare environment is structured in ways that favour neurotypical individuals, and neurodivergent employees are often at a disadvantage because the institutional structures do not accommodate their needs. This reflects broader sociological discussions on inequality in professional settings (256, 287).

This lack of understanding reflects a non-inclusive organisational culture, where diversity is not fully embraced. In healthcare, where fast decision-making and adherence to protocols are critical, neurodivergent traits are often viewed as impairments rather than differences that require accommodation. This speaks to a larger issue in organisational culture about how difference is managed (or neglected) within high-stakes professions like healthcare (20).

The pressure to conform and mask neurodivergent traits impacts the identity formation of healthcare professionals. They often feel compelled to hide aspects of their identity to avoid stigma, leading to a fragmented or hidden professional identity. This reflects the work of Judith Butler on performativity, where individuals are constantly negotiating their identities in social contexts, especially in workplaces that prioritise homogeneity (288).

This theme contributes to healthcare research by highlighting how workplace accommodations and inclusivity are critical for employee well-being. While healthcare organisations often focus on patient care, they may overlook the importance of creating supportive environments for staff with diverse needs. These findings suggest that without proper support, neurodivergent healthcare professionals may experience higher levels of burnout and turnover, which could negatively affect healthcare delivery across the healthcare industry (169, 175, 189).

## Theme 3: Struggles navigating rules and regulations

Many participants expressed difficulty in following strict rules and protocols, a fundamental part of healthcare work. Neurodivergent employees, particularly those with ADHD, often struggled with executive functioning tasks such as time management, following detailed procedures, and adhering to hierarchical structures, which increased their workplace stress.

This theme intersects with bureaucratic control in organisations, as discussed by Max Weber (289). Healthcare systems are highly bureaucratic, with rigid protocols and hierarchies. Neurodivergent individuals, who may process information differently or experience challenges with executive function, often find themselves at odds with these structures, which are designed for neurotypical functioning (259). Healthcare organisational culture tends to prioritise order, routine, and compliance, which can clash with the strengths and working styles of neurodivergent individuals (163, 175). The culture in healthcare organisations often leaves little room for flexibility or adaptation, which makes it harder for neurodivergent professionals to succeed without accommodations.

Struggling with rigid regulations can impact identity formation by reinforcing a sense of inadequacy or alienation among neurodivergent individuals. They may feel that they are failing to meet professional standards, which can lead to diminished self-esteem and disengagement from their work identities. This reflects how institutional norms shape personal and professional identities (24, 145).
This theme provides new insights into healthcare research by questioning the one-size-fits-all approach to healthcare protocols. Current healthcare research has focused primarily on patient safety and standardisation but has largely neglected how neurodivergent professionals interact with these systems (167, 290). This study suggests that there is a need for more flexible approaches that accommodate neurodiversity without compromising patient care.

## Theme 4: Moral distress

Participants frequently mentioned an overdeveloped sense of fairness, often experiencing moral distress when they saw injustices or ethical compromises in their workplaces. This distress was exacerbated by the rigid hierarchies in healthcare, which made it difficult for neurodivergent employees to voice their concerns.

Moral distress connects to sociological discussions of ethics and power dynamics in professional environments. Michel Foucault's (138) work on power and resistance is particularly relevant here, as neurodivergent individuals may feel powerless in hierarchical organisations but deeply troubled by perceived ethical failures. This distress can reflect a clash between personal ethics and institutional priorities.

In healthcare, organisational culture often emphasises hierarchical decision-making and efficiency, sometimes at the expense of ethical considerations. Neurodivergent individuals may find it harder to accept or adapt to these dynamics, especially if they perceive them as unjust. This theme suggests that

the healthcare industry may need to reconsider how it handles ethical concerns from employees, particularly those who may have heightened sensitivities to fairness and justice.

For neurodivergent healthcare professionals, an overdeveloped sense of fairness can be central to their identity. When they are unable to act on this sense of fairness within the constraints of their job, it can cause identity conflict and distress, reinforcing feelings of not fitting into their professional roles (167, 291).

This theme contributes to healthcare research by introducing the concept of moral distress from a neurodivergent perspective. While moral distress is a well-studied phenomenon in healthcare, there has been little focus on how neurodivergent professionals experience and process these ethical dilemmas. This study suggests that neurodivergent healthcare workers may experience moral distress more acutely and in ways that differ from their neurotypical colleagues (292-295).

## Theme 5: Time management and focus challenges.

Time management and maintaining focus were significant challenges for many participants, particularly those with ADHD. Participants described difficulties with staying on task, prioritising multiple responsibilities, and coping with the fast-paced environment of healthcare. The pressure to manage time efficiently, especially in high-stakes situations, exacerbated their stress and sometimes led to errors or feelings of inadequacy.

This theme connects to labour process theory, which examines how work is organised and controlled (296). In the healthcare setting, there is a demand for constant focus, multitasking, and time-sensitive decision-making. For neurodivergent individuals, these expectations conflict with their natural cognitive processing styles, raising sociological questions about how work structures can marginalise those who process information differently. The rigid nature of time management in healthcare doesn't account for neurodiversity, reinforcing existing power dynamics in labour and productivity (18, 297).

Healthcare organisations typically emphasise efficiency, multitasking, and speed, all of which can present difficulties for neurodivergent individuals. These cultural expectations create additional barriers, as they are often incompatible with the cognitive strengths of neurodivergent professionals. This reflects how organisational cultures that prioritise certain working styles inadvertently exclude or penalise individuals who may require different approaches to achieve the same outcomes (17). Time

pressures in healthcare can become significant stressors for those with ADHD or other neurodivergent conditions.

Neurodivergent professionals often feel pressure to conform to neurotypical standards of productivity and time management. The difficulty of keeping pace with these standards can negatively impact their professional identity, causing them to question their competence or feel disconnected from their work roles (110, 182, 191). This theme illustrates how the rigid demands of time-sensitive environments can fragment the professional identities of neurodivergent healthcare workers, who may struggle with internal conflicts between their strengths and workplace expectations.

This theme adds a new dimension to healthcare research by highlighting how time management expectations, particularly in acute settings like hospitals, paramedicine, or GP clinics, can exacerbate the challenges faced by neurodivergent workers. While much of the research in healthcare focuses on patient outcomes and efficiency, these findings emphasise the need for a more inclusive approach to workplace management, one that recognises and supports diverse working styles (104). This could have implications for healthcare policies, which need to consider offering more flexible time management structures or alternative task allocation strategies.

## Theme 6: Difficulty staying in the same role for long periods.

Many participants reported difficulty staying in the same role for extended periods. They often expressed a need for variety and flexibility in their tasks, with some feeling burned out or disillusioned by the repetitive nature of certain roles in healthcare. Others described challenges with long-term job retention due to the high-stress, high-regulation environment, which made it hard to sustain engagement over time.

This theme ties into the sociological concept of occupational identity and career trajectories (21). Neurodivergent individuals may face a mismatch between the expectations of stable, long-term roles and their own needs for stimulation, creativity, and variety. The modern healthcare system, with its hierarchical structure and rigid professional paths, may limit opportunities for neurodivergent professionals to find roles that align with their skills and interests. This mismatch reflects broader social inequalities in how career structures are designed and how they accommodate (or fail to accommodate) neurodiverse individuals (44).

The theme of job retention relates to organisational fit and the way healthcare institutions structure career development. Neurodivergent employees may thrive in environments where they can explore different roles, responsibilities, and departments, but healthcare systems tend to favour long-term specialisation and consistency (163). This cultural expectation for permanence in one role can be challenging for neurodivergent individuals, who may require more variety to maintain engagement and satisfaction. The healthcare employer or organisation may not provide the flexibility needed for neurodivergent professionals to explore different paths without facing stigma or being perceived as unreliable (125, 298).

This theme also affects identity formation, as neurodivergent individuals may feel a sense of instability or conflict when their need for variety clashes with the expectations of long-term job retention in healthcare (102). The inability to remain in a role for long periods may lead them to question their commitment or professional identity, causing feelings of inadequacy. However, for some, frequent changes in roles or departments could be a positive way to explore different facets of their professional identity and find more fulfilling work environments.

This theme contributes to healthcare workforce research by addressing the high turnover rates among neurodivergent professionals (299) and offering insights into why retention might be more difficult for this group. While much of the existing research on healthcare professionals focuses on burnout and stress in general, this study highlights how neurodivergent individuals may require more adaptive career structures that allow for role rotation, career progression, or alternative pathways that support engagement without burnout. This could lead to recommendations for healthcare organisations to create more flexible career trajectories that accommodate neurodivergent workers, potentially reducing turnover and increasing job satisfaction.

These two final themes - time management and focus challenges and difficulty staying in the same role for long periods - both emphasise the critical need for more inclusive and flexible approaches in healthcare work environments. By exploring the sociological, organisational, and identity-related implications of these themes, this study contributes to a deeper understanding of how neurodivergent healthcare professionals experience their work. This, in turn, opens up new avenues for improving organisational culture and career structures, ultimately promoting a more inclusive workforce in healthcare.

## Subthemes: unpacking the layers- stories within the stories

Within the 6 main themes, several subthemes emerged which were often threaded through each interview and common to almost all study participants. Each subtheme exists under one or more of the main themes but focuses on a specific area, such as self-confidence, menopause, or rigidity. These subthemes are, again, consistent with international research in neurodivergent individuals, but can pose greater challenges for those working in the healthcare industry. Each subtheme is deliberately explored in more depth than the main theme, to align with the research goals of better understanding neurodivergence in the Aotearoa New Zealand healthcare workforce context.

These subthemes are presented here, along with direct quotes from study participants taken from their interviews.

### 1. Imposter syndrome: when systemic bias wears scrubs

***(Intersects with Main Themes 1,2 & 6)***

Imposter Syndrome refers to the persistent belief that one's success is undeserved, and that they are not as competent as others perceive them to be (300). This feeling often leads individuals to attribute their achievements to luck rather than their own abilities. Neurodivergent individuals are particularly susceptible to imposter syndrome due to the unique challenges they face in environments not designed for them (104, 301).

> *"Sometimes when I say to myself like, "I got this", I don't even believe it. And I still have to keep proving it to myself. You know you're always waiting to be caught out. I worry they'll say, "we're going to find out that you're not really what you say you are." – Participant #36*

Neurodivergent individuals often think, process information, and solve problems in ways that differ from neurotypical norms. When these differences are undervalued or misunderstood, neurodivergent individuals might feel that their natural approaches are inadequate, reinforcing feelings of being an imposter. Many neurodivergent people engage in "masking" or camouflaging their behaviours to fit in with neurotypical peers. This effort to conform can lead to significant stress and the feeling that they are only succeeding by pretending to be someone they are not, which fuels imposter syndrome (302). Participants often receive more negative feedback regarding behaviours, communication styles, or work habits that do not conform to neurotypical expectations (303, 304). This feedback can lead to self-doubt and the belief that they are fundamentally less competent than their peers, leading to rumination, a spiral of negative thought patterns which often leads to depression and anxiety.

*"Of all the things that I'm angry about, I guess the thing that is most frustrating is that I don't know what the answer is to improve people's experiences or their safety at work or their rates of burnout because they're expected to work in a way that doesn't work for them. Like I don't know how you do that." – Participant #39*

Many neurodivergent individuals experience perfectionism, partly as a coping mechanism to overcompensate for perceived or actual deficits (305). This perfectionism can exacerbate imposter syndrome, as they may feel that anything less than perfection is evidence of their inadequacy.

*"I find it hard to take constructive feedback. If I'm having a bad day, and someone says, "this could have been done better,", I'll go away and cry where no one can see. I'm definitely getting better at kind of separating myself-worth from being able to do my job perfectly, but it's day-by-day. I try to talk myself into seeing that I am good at my job so I can recognise when I'm starting to deflate." – Participant #46*

The demanding expectations for competence, accuracy, and professionalism in health settings can amplify feelings of self-doubt for those who think or process information differently. Study participants agreed they frequently feel like they are the only ones without a "rulebook" for acceptable behaviour in the workplace, struggling to navigate implicit social norms and communication styles that seem intuitive to their neurotypical colleagues. This sense of confusion and frustration can compound their feelings of being out of place, further reinforcing imposter syndrome and the perception that they are not meeting the unspoken standards of the profession.

*I always feel like everybody's paddling their own waka and just looking over at your waka sinking and saying, 'you're doing something wrong in your waka 'cause mines all good.' Almost like they're happy you're not doing well and won't do anything to help. In fact, they're more likely to do something to make it worse. Which makes me just think: 'Fuck you, I won't do what you tell me'". – Participant #36*

Autistic study participants report finding the nuances of professional communication challenging, and those with ADHD discuss struggling with attention to administrative details. These challenges can result in misunderstandings or conflicts with colleagues and managers, further contributing to feelings of inadequacy. Tasks requiring strong executive functioning, such as time management, prioritisation, and organisation, can be particularly challenging for those with ADHD (306). In a healthcare

environment, where these skills are crucial, difficulties in this area can amplify feelings of imposter syndrome. Participants report this constant stress of feeling like an imposter can, and has, led to anxiety and burnout, making it difficult for neurodivergent individuals to sustain long-term employment in healthcare. The mismatch between the individual's needs and the demand of the workplace often leads to early resignation or a decision to leave the profession altogether.

> *"If I'm walking down the hallway at work and my boss was like, "can we catch up later?" And I can't think of any event that's actually happened or anything, I will still be like oh, shit, she's gonna fire me. Something's happened. There's been a complaint. I go into this big, huge spiral. Sometimes you just have to look at me and I wanna run the other way." – Participant #2*

Neurodivergent individuals often have different communication styles or work approaches that are not always understood or appreciated by healthcare management. This can lead to conflict, particularly if management interprets these differences as deficiencies or a lack of professionalism. For example, some study participants state they are more direct and less likely to engage in small talk, which could be perceived as rude or uncooperative, causing friction with colleagues or superiors (307).

> *"I'm quite impatient, which I think is possibly a part of having ADHD. And so I struggle with attention span, for instance if someone is doing a really long-drawn-out handover, my impatience level goes up. And I'm like, can you just give me the bullet points?" – Participant #40*

Neurodivergent individuals report struggling to advocate for the accommodations they need due to fear of stigma or a belief that they should be able to cope without help. This can lead to unmet needs and further conflict when their performance is judged by neurotypical standards (53, 308). Constant feelings of inadequacy, coupled with external feedback that reinforces these feelings, can lead to a deep sense of low self-worth (309). Neurodivergent individuals may come to believe that they are inherently flawed, unworthy of their role, or unable to succeed.

> *"As a teenager I didn't believe that I was good enough for anything. Because of all of the beliefs that I had been fed around my ADHD traits. I was often teetering on the edge of burnout and that I was incredibly socially anxious and depressed - it felt like swimming through mud every day, and the idea of doing anything related to schoolwork just felt like an impossible task. But because I was really determined not to end up like my parents did with money, there was such*

*a fear driving me that I managed to make myself do it only to be completely unfulfilled in my workplace when I finished university." – Participant #45*

The emotional labour of masking, trying to meet unrealistic standards, and managing conflicts has led to burnout for many study participants. Burnout is characterised by emotional exhaustion, detachment, and a reduced sense of accomplishment, further exacerbating feelings of imposter syndrome (310).

*"It's not knowing what to say and do with all these social niceties - what do I say to someone when I'm not good at small talk? I'm likely to just ramble off some random fact, or you know, I will come across extremely weird because I'm so nervous and I will just tell them something completely weird. My family is really religious, so there is a work me, a home me, and an extended family me. A prudish me, an outlandish me. Whatever I need to be." – Participant #4*

Raising awareness about neurodiversity in healthcare settings was seen by participants as a way to help reduce stigma and create a more inclusive work environment. Training programs for management and staff on neurodiversity were highlighted as an opportunity to foster greater understanding and fewer conflicts. Offering reasonable accommodations, such as flexible work schedules, clear communication guidelines, and adjustments to the physical work environment, was seen as a clear option to support neurodivergent individuals but was not widely available across healthcare. Support systems, such as mentorship programs which provide guidance and validation, counteracting feelings of imposter syndrome were also mentioned by several participants as a viable and longed-for option. Study participants also point out that creating a workplace culture that encourages self-advocacy can empower neurodivergent individuals to request the accommodations they need without fear of judgment. Additionally, peer support networks have offered a sense of community and shared understanding, reducing the isolation that often accompanies imposter syndrome.

*"You've got to look at personality as well as the neurodivergence at work. I'm still very blunt, but I try to be more careful about what I say and how I say it because of reactions that I've had in the past. So having a structure and a framework on how to act within a certain environment, for me it's helpful, but it's taken me years. I didn't do too well in the professional environment when I first started out. There were a couple of jobs I was let go from and I never knew why." – Participant #7*

Participants further discussed how encouraging neurodivergent individuals to take on leadership roles within healthcare could help challenge stereotypes and provide role models for colleagues, which is consistent with previous studies (301, 311). Representation at higher levels can also ensure that the needs of neurodivergent staff are considered in policy-making and organisational culture (312).

> *"I didn't want to get into management. I think the health system kind of ruined that for me because all I saw in management were bullies and people that didn't put the patients first and thought about the budget and their bonuses at the end of the year over the top of patients." – Participant #52*

The relationship between neurodivergence and imposter syndrome is complex and multifaceted, particularly in demanding environments like healthcare. Neurodivergent individuals often face unique challenges that contribute to feelings of inadequacy, short tenure, interpersonal conflict, and burnout. Study participants expressed that by promoting awareness, providing support, and fostering a more inclusive workplace culture, healthcare organisations can help mitigate these challenges and empower neurodivergent individuals to thrive in their careers.

### 2. Rigidity in the workplace: unyielding systems: breaking before bending.

***(Intersects with Main Themes 1, 2, 3 & 4)***

Rigidity refers to inflexible adherence to rules, routines, and expectations within a workplace. In healthcare settings, this can manifest in strict protocols, hierarchical structures, and a high demand for conformity (173, 175). For neurotypical individuals, this rigidity might provide clarity and structure; however, for neurodivergent individuals, it can be a source of significant stress (26). For both those who desperately need to adhere to rules, and for those who struggle to stick to the rules, their varied anxieties can be overwhelming.

> *"The argument that neurodiverse people are rigid in their thinking is hilarious when you consider our "rigidity" is about morality and justice." – Participant #37*

Autistic employees in this study generally prefer a structured routine, but when faced with unexpected changes (e.g., shift changes, new clinical protocols), the rigidity of the workplace in enforcing these changes without accommodations or understanding from colleagues could lead to anxiety and decreased job performance (313). The individual's need for predictable routines therefore, might clash

with the inherent unpredictability of healthcare work, resulting in workplace conflict – a concept previously reported in general autism research (175).

> *"I need processes so I don't forget stuff but if I get interrupted it can really throw me off because I have a quite a process when I'm going through handover for instance. I like to leave out the irrelevant stuff. So, if someone is just being picky because I'm not doing it the way they want to, then that's rude. I can feel like they're being patronising." – Participant #7*

Fairness in the workplace generally involves ensuring that all employees are treated equally and given the same opportunities (290). However, fairness from an equity perspective requires recognising and accommodating the diverse needs of individuals, particularly those who are neurodivergent. This involves adjusting expectations, providing reasonable accommodations, and ensuring that neurodivergent employees have the support they need to perform their roles effectively (314).

Individuals with ADHD often struggle with time management and focus, (14) and many study participants remarked that a fair and equitable approach would involve providing accommodations such as flexible deadlines, quiet workspaces, or even task reminders, rather than expecting the employee to conform to neurotypical standards without support. Without such accommodations, the employee can feel unfairly judged or unsupported, leading to feelings of inadequacy, workplace conflict, and eventually burnout (18).

> *"Some of the support they're giving me, it's not collaborative, it's just kind of done for me in the background somewhere and that feels unsettling. But I guess I just have to keep on going and telling myself I'm doing a good job and keep myself moving forward until all this doesn't have to be such a problem for them anymore. I still feel like every day that I get up and I try, I think maybe one day the light for those motherfuckers will come on." – Participant #36*

### The rule of law

Participants discussed having a complex relationship with the Health Practitioners Competence Assurance Act (HPCA), viewing it through a lens shaped by their unique experiences and challenges in the healthcare workplace. From their perspective, the Act's emphasis on competence, safety, and accountability can feel both reassuring and daunting. On one hand, the HPCA provides a clear framework for maintaining professional standards, which can align with the preference many neurodivergent professionals have for structured rules and clear expectations. However, the subjective

interpretation of "competence" and the emphasis on implicit social norms and professional behaviours not explicitly outlined in the Act can be a source of anxiety.

> *"I went to a training recently, where they talked about how to do eye-sight communication to minimise trauma, and Jesus Christ, every single thing on that list - if you did that to me as a neurodiverse person, you have just shut down our communication with that prolonged eye contact!" – Participant #37*

Many study participants noted feeling vulnerable to misjudgement, as their different ways of processing, communicating, or behaving might be misconstrued as incompetence, despite their technical proficiency and commitment to patient care. Additionally, the fear of punitive outcomes in the face of misunderstandings or bias can make the regulatory environment feel less supportive and more like a risk to their professional identity. This relationship highlights the need for neurodiversity-informed approaches to competency assessments, fostering a regulatory framework that values diverse contributions while ensuring patient safety.

> *"I'm very strict on people following their rules and regulations, that's what keeps us all safe. We can't provide a good, safe service if we don't operate within the rules. If we work within the rules and have a bad patient outcome, well, management can't blame us, because everything happened within the rules. The patients deserve the best possible care, but because we work in this health system, the patient experience is sometimes as fucked as the circumstances may be." – Participant #46*

### The Social Justice Warriors

Social justice in the workplace involves challenging systemic inequalities and ensuring that employees and patients have equitable access to opportunities, resources, and rights. For participants in this study, this often translates into advocating for patients who are marginalised or underserved, as they identify strongly with the experience of systemic barriers and inequities. However, these social justice efforts can create tension in healthcare environments characterised by rigid systems, hierarchical structures, and colleagues who prioritise efficiency or tradition over equity. The advocacy of study participants has often been perceived as disruptive or confrontational, particularly when it challenges ingrained practices or policies. This conflict can arise from differing values and priorities, as well as a lack of understanding about the broader importance of addressing structural biases within the healthcare system (175).

*"I keep getting this unsettling kind of gut feeling like that clash of values all the time - like patients shouldn't be treated like this. The system is genuinely like, 'you need to do these assessments. You need to do these tick boxes. You need to do these notes'… and I really struggle with admin stuff. The pressure is so great. All these patient assessments that I feel are really arbitrary wreck my head." – Participant #11*

*"I definitely think that there are rules to follow for a reason. But with health, there's sometimes the grey areas. Which need to be there, especially in maternity because childbirth is a social construct as much as it is a medical event." – Participant #40*

*"I wish there weren't so many rules, and I've always felt like I'm happier when they don't apply to me. And they're stupid anyway. I think professionalism is quite rigid and doesn't necessarily suit me. As far as being with patients and clients - for that relationship, I think professionalism could be a barrier. I'd rather just be human. Just you know, not have that, attitude of 'I'll decide how our relationship will be'." – Participant #36*

Some participants said they often gravitate toward strictly adhering to rules in the workplace as a form of personal safety, perceiving these guidelines as a protective framework in an unpredictable environment. Most described New Zealand healthcare as an industry prone to bullying, incivility, and unsafe practices exacerbated by resource constraints and underfunding. For all participants, neurotypical colleagues can often appear inconsistent or unpredictable in their behaviour, especially in navigating implicit social norms or unspoken expectations. Sticking to established rules, especially for those with autism, provides clarity and structure, reducing anxiety in a chaotic setting while also serving as a defence against potential criticism or conflict. However, this reliance on rules has occasionally isolated them in environments where flexibility and informal dynamics were valued, intensifying their sense of vulnerability.

*"I'm always questioning things and documenting. So, when it turns to crap, for whatever reason, I've made it clear I didn't agree to all this. There's never enough beds or staff, so how can you abide by all these rules?" – Participant #38*

Study participants expressed concerns that rigid adherence to rules and protocols in healthcare can compromise the delivery of equitable, person-centred care. They noted that such rigidity often leaves little room for tailoring care to meet the unique needs, preferences, or cultural contexts of individual patients. This can be particularly problematic when protocols fail to account for diverse patient

experiences, leading to a one-size-fits-all approach that may marginalise or disadvantage certain groups.

> *"I have so much anxiety around having to be responsible for people's lives, while operating within scope of practice, and within the law, all of which is almost impossible these days if you want to really help people." – Participant #46*

Participants describe experiencing moral distress when they are unable to deviate from prescribed guidelines to provide the personalised care they feel their patients deserve. This disconnect between systemic expectations and patient needs underscores the importance neurodivergent individuals place on fostering flexibility within healthcare protocols and guidelines to support more inclusive, person-centred practices.

> *"I'm sick of arguing about whether a patient should be allowed to have a vape if they're going to die anyway. Give them some patches for God's sake. Being seen to be "smokefree" being more important than the patient's comfort is not professional. It's cruel and inappropriate. Getting lost in the little details doesn't make for good patient care. Who makes the boundaries anyway? I'm always misunderstanding these boundaries." – Participant #3*

> *"In the acute environment, we're quite loose about things, and I do feel safer, being able to work to less rules. And I guess maybe that's from the background experience, so if someone (a patient) has gone off (deteriorated) really quickly and I've had to respond really quickly, I'm confident to make decisions quickly." – Participant #7*

If a healthcare organisation has a culture that implicitly values neurotypical communication styles (e.g., quick decision-making, verbal fluency), neurodivergent employees who may communicate differently (e.g., requiring more time to process information or preferring written communication) might be marginalised. This can result in them being overlooked for promotions or leadership roles. Such inequities can create a hostile work environment, increasing the likelihood of conflict and burnout among neurodivergent staff.

> *"I kept on trying to explain to my manager how I was thinking and trying to communicate the way that I needed to be able to do things, but we just couldn't communicate effectively. She was very critical of my work, and she would only talk to me to criticise me and so that also soured our relationship because I do love the social connections and the workplace. And I kept*

*on trying to connect with her and I couldn't. And so, our relationship got so bad we had to have mediated meetings and it still didn't, like, improve the relationship." – Participant #45*

Rigidity in enforcing standard procedures without considering individual needs can lead to perceptions of unfairness. For neurodivergent individuals, this can mean constantly navigating a workplace that is not designed for them, leading to stress and frustration. The inability to adhere to rigid expectations can also result in punitive measures or negative performance reviews, exacerbating feelings of injustice.

*"At one point my boss was like, well, you just need to be more like other people. And I'm going, that's the equivalent of asking someone in a wheelchair to get out of their wheelchair and walk up a fucking flight of stairs. And she's like, no, it's not. I mean I am supported now, and people do know about my autism, but I still personally struggle because I just get so fucked off with the inefficiencies and the bullshit and why can't I just say it how it is? Why do I have to use all those other waffle small-talk and crap and everything else - I don't know any other way of saying it." – Participant #52*

Fair treatment in the context of social justice requires that accommodations and support are not just available, but actively provided. When healthcare organisations fail to incorporate social justice principles, neurodivergent employees may be treated "equally" on paper but "inequitably" in practice, as their unique needs are not met.

*"There is so much bullying and harassment in the health system, and it's just toxic. Now I'm realising that that's actually really fucked up because the people I'm working with in health, they just have no idea how damaging they are to people." Participant #36*

The rigid application of policies without flexibility can perpetuate systemic inequities. For instance, a standardised approach to staff evaluations or workloads may not account for the varied ways neurodivergent employees contribute (56). This rigidity can further entrench disparities, leading to burnout among those who feel that their contributions are undervalued or misunderstood. These themes intersect in ways that can significantly impact the well-being of neurodivergent employees. The rigidity of healthcare environments can clash with the need for accommodations, leading to conflicts over expectations and performance. When study participants perceive that they are being treated unfairly or that their needs are not being recognised, it can create tension with neurotypical

colleagues and supervisors, which aligns with current international research on neurodiversity and employment (161).

> *"Early in my career, because I have such a strong sense of social justice, if I saw something that wasn't fair or someone getting away with something that they shouldn't have, I would go to the manager, and it would come back to bite me in the arse." – Participant #52*

Many participants described how if their need for clear communication or structured tasks is dismissed, they frequently experienced increased stress and anxiety – with overseas studies showing similar results in other work environments (215). Over time, this has lead to burnout, characterised by emotional exhaustion, depersonalisation, and a reduced sense of personal accomplishment. Burnout is particularly prevalent in healthcare due to the high-pressure environment, and for neurodivergent individuals, these challenges are compounded by the additional burden of navigating a workplace that may not fully understand or accommodate their needs (189).

> *"I was always the black sheep, and so I didn't feel connected to the team and the structure of it. Initially took me a long time to sort out what suited me. But then I became very rigid at finishing my day's work because I looked at what the other nurses were doing and leaving their notes piling up and building up stress, and I thought, no, I'm gonna finish everything. But looking back, it took so much energy. I had nothing left; you know. I sort of give it all at work and then kind of do the basics at home and I'm not getting much fun out of my life because I've kept it all in the box. And I lived many years of that, and I lived at home alone with my cat and my hyper fixations and stayed up late and my struggles weren't really obvious to anybody else but myself." – Participant #36*

An overdeveloped sense of fairness in study participants appears to stem from differences in cognitive processing, heightened sensitivity to injustice, and personal experiences of marginalisation – which is consistent with current literature (315-317). While this trait can positively contribute to the workplace through advocacy for equitable treatment, upholding high ethical standards, and driving improvements in unfair policies, it can also pose challenges such as conflicts with authority, stress from persistent unfairness, and perceptions of rigidity by colleagues.

> *"A guy that I worked with was a lazy prick who had been there for a million years and got away with murder and was treated like God. It was a total Me-Too situation, and so I put in a formal*

*complaint for bullying, and they did a big investigation and they said I was the one bullying him! So that's kind of how I was treated through my whole work life, and I would have all these solutions, and nobody would listen, and I was bloody awesome at my job, but that time, management just screwed me over and I ended up being told to leave!" – Participant #52*

Participants expressed that addressing these challenges requires a shift in workplace culture towards greater flexibility, a commitment to fairness through equity, and a strong emphasis on social justice (313). By fostering an environment that values diverse ways of working and communicating, healthcare organisations can reduce the potential for conflict and burnout, ensuring that both neurodivergent and neurotypical employees can thrive. Study participants discussed how they believe this involves not just government and organisational policy change, but also specific education and awareness initiatives to cultivate understanding and support among all healthcare employees.

### 3. Change: a holiday? More like a storm at sea

***(Intersects with Main Themes 3 & 5)***

Neurodivergent individuals often face challenges with sequencing daily activities and understanding abstract concepts like time (318). This can lead to difficulties in organising their day logically, resulting in anxiety, particularly during transitions between work projects or tasks (306). Study participants described how unstructured and chaotic environments, such as break times, or impromptu meetings, can be overwhelming and are often avoided.

*"I like having a set of rules and I like doing things a certain way and I don't like it if plans change at the last minute and stuff like that, it stresses me out. I'm actually getting better at it, but I don't necessarily like it." – Participant #52*

All study participants reported that during periods of change, stress, or illness, their reliance on routines may intensify, becoming more rigid and elaborate. Unexpected changes are particularly challenging, though preparation can help mitigate anxiety.

*"I just find it really frustrating when they wanna change something really quickly. I don't like changing. I don't like transitioning, but if you give me the time, and plenty of information I can make it smooth and I can make it safe and then they can change it. If you don't give me all the information, how am I gonna do this?" – Participant #38*

Autistic study participants frequently prefer predictable daily routines, adhering strictly to specific ways of doing things, such as traveling the same route or eating the same breakfast each day. Rules and established methods can be vital to maintaining good mental health, making it difficult for neurodivergent employees to adapt to new approaches.

> *"I need processes so I don't forget stuff but if I get interrupted it can really throw me off because I have a quite a process when I'm going through handover for instance, so I don't forget stuff." – Participant #7*

Even minor changes in routine or environment, such as moving between tasks or altering the layout of a clinic room, can be distressing. This need for routine may also manifest in rigid preferences related to order of task completion or insistence on having specific objects (e.g.: a certain chair or pen); as well as in ritualistic behaviours, including verbal rituals or compulsive actions like repetitive handwashing or triple-checking medication. These behaviours, while ritualistic, are distinct from obsessive-compulsive disorder (OCD) (319).

> *"People are like, 'I can't believe you have ADHD - you're so organised and you can do it'. And I'm like, I am so organised because if I'm not, everything falls to pieces. My systems allow me to achieve the things that I need to achieve, right, because if I don't have the system, everything falls apart. If I don't do the first thing, I won't do any of the things. I'll be paralysed." – Participant #37*

### 4. Executive dysfunction: when "getting your shit together" feels impossible.

***(Intersects with Main Themes 2, 3 & 5)***

Executive dysfunction refers to difficulties with higher-order cognitive processes, such as planning, organising, task initiation, and prioritising. For neurodivergent individuals, this can lead to challenges in managing daily responsibilities, staying on top of tasks, and maintaining organisation in a fast-paced environment like healthcare (64). Forgetfulness in neurodivergent individuals often goes beyond typical absent-mindedness with participants discussing chronic challenges with remembering tasks, appointments, or even important details of patient care, which is particularly concerning in a healthcare setting (320).

Time blindness refers to a difficulty in perceiving and managing time, which is common among individuals with ADHD. As established in global neurodivergence research, study participants described how this can manifest as an inability to gauge how much time has passed, difficulty estimating how long tasks will take, or losing track of time altogether (55).

> *"I'm very time-blind - my saving grace is having alarms and reminders on my phone, and keeping a really detailed calendar of when things are happening because I tend to underestimate how much time it takes to get ready or how much time I have to do things." – Participant #46*

These themes often intersect and exacerbate one another, creating challenges in the workplace, particularly in healthcare where precision, timing, and organisation are critical. All ADHD study participants expressed their struggle with time blindness, leading to difficulties in tasks such as managing the timing of patient rounds or medication administration. This can be compounded by forgetfulness, where they might overlook a critical task or detail such as documenting a medication after it has been administered. Executive dysfunction can further intensify these challenges, making it hard to prioritise tasks or develop effective strategies to manage time and memory-related issues (22).

> *"I'm either like, religiously early like, cause I'm panicking so much about being late, or running out the door trying to get there on time. Like, meant to be at work 5 minutes ago and I haven't left the house, so it's an either-or situation." – Participant #4*

Study participants express concern that their neurotypical colleagues may perceive their struggles with time management, forgetfulness, and organisation as a lack of professionalism or dedication. This misunderstanding has led to frustration, resentment, and conflict for some. For example, several participants disclosed repeatedly missing deadlines or forgetting critical information, with neurotypical colleagues viewing this as carelessness, leading to tension and for some, disciplinary action.

> *"My previous job was a real challenge because I felt very misunderstood there. They thought I had left tasks to follow up because I was putting work on to the other person, but I had just simply forgotten to follow it up. And they hadn't asked me about it. And they were just like, oh, she's making me do it. And got really angry at me over doing that when I just couldn't remember to do it." – Participant #45*

Repeated experiences of forgetting tasks, losing focus, losing track of time, or struggling to organise work has led to a loss of self-confidence in study participants. Many reported starting to doubt their abilities and feel as though they are failing in their roles. This can create a negative feedback loop, where decreased confidence further impairs their ability to manage executive functions, leading to increased anxiety and stress (181).

> *"The autistic side of me goes "just follow the bloody rules, like write them down, don't change them, just follow them to a tee". But then the common sense, human side of me goes "well, actually these rules don't really make sense". And there is always a grey area. There are significant issues with consistency in healthcare, but I don't know how we solve that because of the human nature of everything. If I think about it too long, it gets philosophical - I mean, are we really even awake right now? Or are we just swimming in a little fishbowl?" – Participant #35*

**Putting in the effort**

The constant effort required to manage time blindness, forgetfulness, and executive dysfunction in a demanding healthcare environment can be exhausting. Neurodivergent individuals may find themselves working harder than their neurotypical peers just to keep up with basic tasks. Over time, this can lead to burnout, characterised by physical and emotional exhaustion, a sense of detachment from work, and a decreased sense of accomplishment (215).

> *The days of the week and the time - the universe didn't start with that, it conformed and changed based on the society at hand and then we got the Julian calendar. Those are all human creations and why should I have other people's expectations put on me when those were just created by a group of people?" – Participant # 38*

Some study participants with executive dysfunction described struggling to manage the multiple tasks required in a busy hospital environment. They might have difficulty prioritising urgent tasks, leading to missed deadlines or incomplete work. This can be misinterpreted by neurotypical colleagues as a lack of competence or commitment, leading to interpersonal conflict and further stress for the neurodivergent individual (321).

> *"Healthcare should be patient-first. Not documentation first. I'm not task-oriented, which is supposed to be a bit of a nursing thing. I don't care if the little things aren't done. Is the patient*

*safe, fed, happy, pain free? Then who cares about the small issues that aren't important? If I've done the main jobs, you're not a better nurse because you went around behind me to do all the little pedantic things. Colleagues who can't see the big picture drive me mad." – Participant #3*

Time blindness, leading to challenges in adhering to shift schedules or managing time-sensitive tasks becomes an issue for participants when their colleagues are focused on the individuals workplace outcomes, rather than working in a team (60). For example, many participants describe losing track of time during patient care, leading to delays in other tasks, such as administering medication. This has caused conflict with colleagues who rely on precise timing for the coordination of care.

*"I think one of my coping strategies with the forgetfulness side of ADHD is that I set up multiple reminders and when I'm like burnt out or exhausted that becomes the problem as I start over checking (due to anxiety). So, when I've built up way too much admin work, it's usually because I've been tired and then set myself too many reminders to do too many extra things." - Participant #39*

Forgetfulness in a healthcare setting can have serious consequences, such as missing important patient details during handovers or forgetting to document critical information. This can lead to errors in patient care, resulting in conflicts with colleagues and supervisors who expect high levels of accuracy and attention to detail.

Employers can provide tools and strategies to help neurodivergent employees manage time blindness, forgetfulness, and executive dysfunction. This might include the use of visual timers, reminders, checklists, and structured routines to help with time management and task organisation. Providing flexibility in deadlines and understanding the need for occasional support in task management can also help reduce conflict and stress.

Educating neurotypical staff about neurodivergence and the specific challenges associated with time blindness, forgetfulness or lack of focus, and executive dysfunction can foster empathy and reduce misunderstandings (166). Creating an inclusive work environment where neurodivergent employees feel supported rather than judged can significantly reduce interpersonal conflicts. Many participants describe feeling unable to ask for support because they are anxious about being perceived as the

"difficult" employee, and all but one had experienced isolation after expressing an unpopular opinion in a team or workplace environment.

> *"Management only cares only about an open plan office because it's cheaper and the policy says you can't close the door and well, the other staff seem fine with that. Then you're not caring for the energy and safety of neurodivergent people who need to focus or be alone or quiet. Even if they are compensating for it so they're still doing a safe job, but it now takes like 60% more energy to not get distracted." – Participant #39*

Encouraging neurodivergent employees to communicate openly about their needs and challenges can help in identifying practical solutions and accommodations. This transparency can also prevent conflicts by setting realistic expectations among colleagues (64).

> *"I actively avoid conflict which means I can't have courageous discussions with people or set appropriate boundaries. I struggle to advocate for myself, so I just become the "yes" girl. People dump work on me because they know I'll take it on, even if I don't have capacity. It's hard to tell if someone is taking advantage of me, until I realise if they're dumping their work on me, it's not respect. It's the opposite." – Participant #46*

The intersection of time blindness, forgetfulness, and executive dysfunction presents significant challenges for neurodivergent individuals in the healthcare workplace. These challenges can lead to interpersonal conflicts, loss of self-confidence, and burnout if not properly addressed (14). By fostering an inclusive and supportive work environment that recognises and accommodates these differences, healthcare organisations can mitigate these risks, leading to better outcomes for both employees and patients.

## 5. Menopause: the neurodivergent mid-life minefield

***(Intersects with Main Themes 1,2, 5 & 6)***

> *"I think the memory at the moment is impacted by my menopause. I find that sometimes I will jump between jobs because I suddenly have a little panic and think "oh no, I need to quickly do that," and then something doesn't get finished and I've forgotten what I've had to do, and it might be half an hour later I've come back and I'm still doing my safety checks (from shift start)." – Participant #7*

Menopause marks the end of the female reproductive period, and generally takes place between the ages of 45 and 55 for New Zealand women. As the ovaries stop releasing eggs, they produce less of the female hormones oestrogen and progestogen, until menstruation stops (322, 323). This decline in female hormones disrupts the delicate balance of neurochemicals in the brain, impacting areas crucial for executive function, sensory processing, and emotional regulation. About 70% of women have significant symptoms of menopause, ranging from irritability, blurry vision, fatigue, high blood pressure or blood glucose levels and depression or anxiety. It is thought 40% will see a doctor because of their symptoms (323).

> *"As I've got older into menopause, I've really struggled with insomnia. Really bad insomnia. I have multiple alarms that I use to make sure I get to work on time. I don't know if other people need that sort of frenetic use of the alarm." – Participant #40*

Research shows perimenopause (the time period before actual menopause when a woman may still be menstruating) and menopause, can increase ADHD symptoms, including attention difficulties (324). Difficulty interpreting social cues and navigating complex social situations can become more pronounced, making it harder to navigate workplace relationships and dynamics. Fluctuating levels of oestrogen and progesterone throughout the menstrual cycle can also impact dopamine levels, which impact on focus and emotional regulation, with neurodivergent women reporting particular difficulties with mood during the premenstrual phase when oestrogen is lower, and progesterone is higher (323). The cumulative effect of these changes can lead to increased stress, anxiety, and workplace burnout, potentially impacting job satisfaction and performance.

> *"Sometimes I feel like my skin just doesn't fit. It's normally like towards the end of the day I'm just like, I just wanna peel my skin off and be left alone. But I'm pretty good at masking, so I'll just take my big emotions away and I might go sit in my car for a bit." – Participant #2*

Participants overwhelmingly agreed more research is urgently needed to understand how hormones specifically impact neurodivergent symptoms in women and girls – a research area that has been neglected (325). This could lead to tailored treatments and better support for women with autism and ADHD as they navigate hormonal changes and healthcare employment. Participants state women should feel safe and supported to discuss their individual experiences with health professionals and their employers to explore potential adjustments to medication and workplace support strategies as hormonal changes drive the need for life changes (324).

*"It's just infuriating that doctors aren't recognising adult female ADHD. There's a reason why so many have gone undiagnosed for so long because we're so good at hiding it. Or it comes under typical female symptoms, you know, perfectionism or controlling or bossy – all those patriarchal labels we've been given. Let's be honest, you've got males, especially white males with a background of privilege not understanding or empathising with people who may present differently or maybe come from different backgrounds. To get diagnosed, just to be recognised, to understand what's going on in your own head – it's such a battle." – Participant #46"*

A more nuanced understanding of how hormonal fluctuations influence ADHD and autism symptoms in women needs to be top-of-mind for employers and researchers alike, exploring the nature of neurodivergent experiences, and what personalised care and adjustments might look like (325).

## 6. Empathy: feelings, filters, and freedom of expression

***(Intersects with Main Themes 1,2, 5 & 6)***

A recent study in Shanghai China (326) found that autistic people show specific patterns in their ability to empathise. They may have difficulties with certain types of empathy, such as understanding others' emotions (cognitive empathy) and feeling concern for others (empathic concern), whether these are traits or temporary states was unclear. However, their ability to accurately understand others' emotions (empathic accuracy) in the moment is not affected, and in some cases, the study found autistic people may even be better at being empathic than neurotypical individuals (326).

The study also found that gender influences these empathy challenges in autistic individuals, with men and women showing different levels of difficulty in certain areas of empathy. Age also plays a role, affecting various empathy abilities differently as neurodivergent individuals get older. However, the study did not find that culture had any effect on these empathy patterns.

A prior study on Dutch people with ADHD found that adults with subclinical ADHD (those who have symptoms but no formal diagnosis) reported experiencing difficulty emotionally connecting with others (139). This finding was consistent regardless of gender or the type of ADHD symptoms. However, their ability to understand others' thoughts and their social skills were similar to those of people without ADHD.

While each of these studies (and others) may offer insights into the New Zealand experience, neither study reported on the variable of culture, which in the New Zealand context would have significant

impact on any research into empathy or indeed, the general experiences of neurodivergent healthcare professionals (118, 200). Māori and Pacific people largely live in collective communities which value unity, empathy and purpose (327). These world views would inform the character development of neurodivergent health professionals who grew up in a whānau connected to these cultures (5, 85).

> *"I just try and have compassion for everyone and try and remind myself that there's a back story here. I'm used to people now being unpleasant to us. And it affects my ability to have empathy for someone if they're not respectful and polite, and they're yelling at me and calling me every name under the sun, but I take a step back and think about what's lead them to this. Why they're acting in this way. Are they themselves, is it just too much for them to deal with? So, I tend to try and think really deeply about what's happening for someone." – Participant #7*

### On being stereotyped

The relationship neurodivergent healthcare professionals have with empathy is complex and often misunderstood. Many individuals reported experiencing deep emotional empathy, often describing an intense capacity to connect with and care for others. However, the way they express empathy may differ from neurotypical norms, leading to misconceptions about their emotional responses or intentions. For example, autistic individuals admitted struggling with immediate social cues but were consistently able to demonstrate profound empathy in their actions and problem-solving for patients. Similarly, individuals with ADHD reported exhibiting heightened emotional sensitivity, making them highly attuned to patients' needs, though this can sometimes lead to emotional overwhelm.

> *"I'm very compassionate and empathetic. I feel people's feelings like, I'll start crying because I can just feel it. Which in my role is good, but it can be bad at the same time because it's tiring empathising with every patient that I'm seeing. I cope well with it for a few days and then all of a sudden it will just hit me and breaks my heart. I feel it all at once and I'll just feel very depressed." – Participant #18*

Participants stated that stereotypes that frame neurodivergent people as lacking empathy are not only inaccurate but also harmful. These misconceptions can result in neurodivergent healthcare professionals feeling undervalued or judged in their workplaces. Study participants frequently noted that their empathy is expressed differently—through practical solutions, creative problem-solving, or advocating for patients—rather than traditional emotional displays. This divergence can lead to frustration when colleagues or supervisors misunderstand or overlook their contributions to patient care.

Despite these stereotypes, many neurodivergent healthcare professionals report a strong sense of moral and emotional responsibility toward their patients. Their lived experiences of being marginalised or misunderstood often drive a deeper commitment to providing equitable, person-centred care.

> *"I have to have someone I can debrief with, especially about the mental health space of being a nurse. If I don't have that opportunity, I feel intensely uncomfortable and unsafe." – Participant #22*

Study participants in this research were for the most part, amused at the idea of neurodivergent people lacking empathy, with all universally agreeing they would not be working specifically in healthcare without empathy. Comments were made regarding attention, impulsivity, and executive function, at times, impacting on their ability to express empathy in a way that neurotypical people would find appropriate.

> *"I have a lot of really deep empathy for patients. Along with my big, big sadness and big anxiousness and big anger. I also have very big joy. Being unmedicated, a lot of patient stories would bring me to tears, and I'd have to try and, like, suck my tears back to remain professional. I feel like ADHD is a blessing and a curse because I do feel very deeply connected to my patients and it does deeply affect me if things are going bad for them." – Participant #45*

Several participants also mentioned an inability to reign in anger or frustration when discussing areas of passion in the workplace, which they acknowledged could be confusing or unsettling for neurotypical colleagues. This is consistent with previous global research (328), which indicates neurotypical employers often expect neurodivergent individuals to base their emotional reactions on the Pākehā, Christian values and social norms of emotional restraint, particularly for females (33, 47, 130, 249).

> *"It really sucks when you've got a patient who has been doing really well and then they crash, and they have a massive relapse. And I have had two clients who have passed away and that was really, really rough. Especially if my big emotions about that are dismissed." – Participant #2*

### 7. Hyperarousal: taming the lion, calming the mouse

***(Intersects with Main Themes 2, 4, 5 & 6)***

Hyperarousal refers to a state of heightened physiological and emotional reactivity, often associated with the body's fight-or-flight response. For neurodivergent individuals, this state can be triggered more easily and more intensely due to sensory sensitivities, stress, or the need to navigate complex social dynamics (75, 293, 329).

> *"My brain has shut down so many times over the years when I just have to fight a system that has worked against me and I've gotten burnt out over and over again and I've ended up leaving jobs frustrated, thinking that I can't manage it or being told, 'you can't handle the pressure'. It's like a cycle over and over and over again until I'm out. Like, freaking out." – Participant #11*

Healthcare environments are often full of stimuli—bright lights, alarms, constant movement, and complex interactions—that can be overwhelming for neurodivergent individuals. This sensory overload can trigger hyperarousal, leading to difficulties in concentrating, making decisions, and interacting with others effectively (64). Study participants said the need to adhere to strict protocols, manage time pressures, and meet high expectations can exacerbate their stress, leading to a state of chronic hyperarousal. International research has shown this heightened stress can impair cognitive functioning, increase errors, and lead to burnout (218).

> *"I actually feel pain in my sternum if sound gets overwhelming. Especially if there's two sounds at once, it's so uncomfortable. It's like the worst if someone tries to talk to you when there's another sound that you're listening to - it almost causes anger in a way. Fire alarm drills - just terrible." – Participant #22*

Neurodivergent individuals are often more susceptible to bullying and incivility due to differences in communication styles, social behaviours, and responses to stress (330). In a healthcare setting, where team dynamics are critical, these negative interactions can exacerbate hyperarousal, making it even more difficult for the individual to perform effectively (180, 189, 331).

> *"Some people have said that I am condescending because of the way I talk to them and I'm like, I don't know, I'm not even using a tone … They say I question too much and I'm obstinate. But I'm not because I'm looking at the bigger picture, so I always have to question everything." – Participant #38*

Neurodivergent employees report struggling to meet unspoken social expectations or norms, leading to misunderstandings or social isolation. This social friction can contribute to hyperarousal, as the individual becomes increasingly anxious about their ability to fit in or perform socially (332).

*"Sometimes I mask so hard, and others wouldn't know, or I only show some people the meltdowns or the overstimulation or overwhelm. It's just that shame stuff that is like my entire life. I've just hidden how hard shit is. I've hidden the dysfunction and presented like I'm normal, and then people were surprised to find out I have ADHD." – Participant #11*

Managers who lack understanding of neurodivergence may use approaches that exacerbate hyperarousal, such as micromanaging, public criticism, or unrealistic demands. These management styles can lead to a cycle of increased stress and deteriorating performance for neurodivergent employees (215).

*"I struggle with any form of criticism. When people say, 'Are you free for a call?' That might be a client, or it might be a manager, or it might be a colleague. But if there's no context, my brain immediately goes: 'What have I done wrong now?'" – Participant #35*

**Emotional dysregulation**

Emotional sensitivity was common among study participants, often manifesting as a heightened awareness of tone, word choice, or perceived intent behind feedback. When already in a state of hyperarousal, constructive criticism—even when well-intended—can feel more personal or threatening than intended. This perception can result in disproportionate emotional responses, such as feelings of shame, rejection, or self-doubt, commonly referred to as "rejection sensitivity dysphoria" in ADHD research (333).

*"I guess my armour is gotten a little bit tougher and I don't find that it knocks me down quite as much (since diagnosis and medication), but I definitely have days where I feel like, you know, what's the point? My lack of self-esteem was more about far too much anxiety and depression." – Participant #4*

Participants felt managers who lack understanding of neurodiversity often use leadership approaches that exacerbate hyperarousal, such as micromanaging, public criticism, or unrealistic demands – all hallmarks of healthcare organisational culture. These management styles can lead to a cycle of increased stress and deteriorating performance for neurodivergent employees.

*"I have a lot of sensory overload sort of stuff and I had a meltdown at work once. The client was being really abusive and awful, but actually that wasn't the main thing. It was just the build-up of all these things, like the loss of career potential and not being heard with some other stuff. I'd just had it. I just cried and I couldn't stop crying. And I wasn't even angry; I didn't*

*understand, and I couldn't even talk. I used to just push myself and push myself - I had to keep churning it even though I was, you know, starting to burn out. I'm so tired, like, my social battery is fucked." - Participant #38*

Hyperarousal can negatively impact a neurodivergent individual's career progression. The stress and cognitive load associated with hyperarousal has led to performance issues, making it difficult for some study participants to meet expectations, secure promotions, or take on leadership roles. Additionally, if bullying or incivility has been present, the individuals have reported feeling unfairly judged or marginalised, further hindering career advancement (123).

*"I got diagnosed when I was training to be a GP. Before working as a GP, I'd worked in specialties to a greater or lesser extent where I had had some degree of like, specialist knowledge. Whereas with general practice, you're expected to know everything about everything and so that anxiety about not knowing the answer and the checking and the triple checking, like, spiralled way out of control. I had terrible anxiety like I'd never had in my life before like, considered quitting GP, considered quitting medicine altogether." – Participant #39*

Research shows the chronic stress associated with hyperarousal can lead to burnout, mental health issues, or a decision to leave a job prematurely. In environments where an employee feels unsupported or constantly under pressure, job tenure is often shortened, as the individual may choose or feel forced to seek employment in a less stressful environment (148).

*"I have experienced care burnout in this job where I went from caring very, very deeply to not caring at all about anything or anyone, including myself. Being medicated means I still do care deeply, but I also have more compassion and understanding for myself now about what my boundaries are around that." – Participant #38*

Hyperarousal poses significant health challenges for neurodivergent individuals working in highly regulated healthcare environments. When combined with bullying, incivility, different social expectations, and inappropriate management styles, hyperarousal can severely impact career progression and job tenure. Addressing these issues through supportive management practices, fostering a culture of inclusion, and providing appropriate mental health resources is essential to ensuring the well-being and success of neurodivergent employees in such demanding settings.

## 8. Identity and belonging: when being the hero isn't enough

***(Intersects with Main Themes 1, 2, 4, & 6)***

> *"I feel like I'm a different person at home and at work. Because I'm in the public eye and I'm around a lot of very intelligent and respectable people, I can hide it (being neurodivergent). I feel like I've got different personalities for different groups of people, and I didn't even realise I even did that until (being diagnosed with) ADHD. So now, I think - if I died, would there be different people standing up saying I was this person? And others saying I was that person? I never felt like I belonged anywhere." – Participant #18*

Social Identity Theory (SIT) posits that individuals derive a sense of identity and self-esteem from their membership in social groups. This theory suggests that people categorise themselves and others into in-groups ("us") and out-groups ("them") based on perceived similarities and differences (334). These categorisations can lead to in-group favouritism and out-group discrimination, particularly in environments where one group is dominant and another is a minority (65).

> *"It's really hard being in my brain and trying to fit the image of a normal person. I think out of most of my colleagues, I'm the most vocal about my ADHD, and I'm probably the most dysfunctional." – Participant #46*

### The in-crowd

In healthcare environments, where neurotypical norms and behaviours often dominate, neurodivergent individuals may find themselves categorised as part of an "out-group." This dynamic can exacerbate social tensions and lead to bullying or incivility due to perceived differences in communication styles, problem-solving approaches, or workplace behaviours (53, 332).

> *"I'm still very insecure about a lot of things, but I'm a work in progress. I guess before my diagnosis, it was just like little things, even things like not being included in a conversation at work, I honestly couldn't take it - rejection sensitivity. There's still a nice, little mangled little mess there, and so I am quite sensitive to criticism. I guess there remains, like that constant need to be accepted at work because I don't want to be criticised or rejected." – Participant #2*

### Culture conflicts

Study participants relate either feeling as if, or being told by colleagues, that they challenge the status quo of the workplace, either intentionally (e.g., proposing alternative solutions) or unintentionally

(e.g., displaying behaviours that deviate from neurotypical norms). This perceived threat to the in-group's identity and cohesion has resulted in exclusion, ridicule, or hostility, as neurotypical colleagues attempted to reinforce group norms.

> *"I tend to take my own level of professionalism from the people around me that are definitely more confident in their social abilities, and I adapt to their weirdness and language. Or their lack of weirdness…" – Participant #4*

In line with SIT global research on neurodivergence and healthcare organisational culture, study participants reported often being subjected to stereotyping (335-338). Some felt they had been unfairly labelled as "difficult," "unreliable," or "less capable" due to misunderstandings of their behaviour or abilities. There is evidence these stereotypes can fuel microaggressions, bullying, and incivility, further alienating neurodivergent staff in a healthcare environment (339, 340).

> *"My own GP said I couldn't possibly have ADHD because I was a qualified health professional with a, you know, with a degree and that just isn't possible!" – Participant #40*

Healthcare environments often have rigid hierarchies, with unwritten social expectations aligning with neurotypical behaviours (191, 341). Neurodivergent employees, as the minority neurotype, may lack the social capital to challenge bullying or incivility, leaving them vulnerable to exploitation or exclusion.

> *"I'd never really come across adults with ADHD in my career. Basically, it wasn't a thing that we knew about when I was younger, we didn't get any teaching or education on it apart from the stereotype. – Participant #11*

### Fitting in or jumping out

SIT suggests that in-group members perceive their group as diverse while stereotyping out-group members as homogeneous (342). Neurodivergent individuals may be seen solely through the lens of their neurodivergence, with their unique skills or contributions overlooked (343). Study participants relate that this bias can, and does, create a toxic workplace dynamic where neurodivergent employees are undervalued or marginalised.

> *"I hate gossip and backstabbing and small talk. I worry about working with my colleagues from different cultures because they seem to thrive on conflict, maybe because they're so confident in their cultures and talk around me and the patients in different languages. I keep thinking "are they talking about me in Indian, or Filipino, or Russian or whatever?" Also, they're really*

*hard on a colleague who disclosed her neurodiverse diagnosis, and they say ugly things about her behind her back. So, I don't want to tell them about myself for that reason." – Participant #3*

Many study participants often excel at recognising and mimicking the communication styles of their colleagues, even when those colleagues may not understand or adapt to their own ways of communicating. They note this ability stems from a combination of heightened observation skills and the necessity of navigating environments where neurotypical norms dominate.

*"You watch what people do and you learn all these things, and you think: 'what the fuck? Why do they do that?'. So, with the masking - you think, 'right, I'm gonna go and join in all this just as myself', and then you end up feeling alone in that space anyway, and you leave again, and people don't make that connection with you. So, you carry on with your life. Alone." – Participant #36*

Many neurodivergent people develop this skill as a form of masking, a survival strategy to fit in and avoid negative judgments or misunderstandings. They discussed closely observing verbal and non-verbal cues, tone, and social dynamics to adjust their interactions accordingly. However, while study participants discussed investing significant energy in adapting to neurotypical communication, the reverse is rarely true in the workplace, leaving their own communication styles overlooked or misunderstood. This imbalance reflects a broader systemic expectation that neurodivergent people must conform to dominant norms rather than fostering mutual understanding and inclusivity in workplace interactions.

*"I like to learn about how I can be, like, social and talk to people, which is probably why I went into mental health, and I love reading about people and how people behave and why they behave the way they do. It doesn't mean that I can necessarily easily behave like other people and engage with other people. But I do like that." – Participant #38*

While those with ADHD often tried to mask and "fit in", many autistic participants expressed frustration at being labelled as "unprofessional" when attempting to communicate in a manner that seemed natural and sensible to them.

*"In a perfect world everyone would think like me and be logical and we'd just get shit done and it would take a quarter of the time. Yeah, people wouldn't question me all the time. Everybody would be on the same page, and we'd go step by step by step through whatever it was, and it*

*would just get done. I'm a very detailed person. Everyone would communicate, but it would be like, direct communication. People wouldn't be worrying about how they sounded to the other person or whatever, and people would know what their role was. None of us like, stroking people's egos and pandering to people's emotional states because it's like just bullshit. Just get on with it and do your bloody job." – Participant #52*

## 9. Neurodivergent health professional strengths: the hidden superpowers

***(Intersects with Main Themes 2, 4, 5 & 6)***

Many of the study participants highlight the unique strengths and positive contributions of neurodivergent healthcare professionals, illustrating how their traits can enhance both patient care and workplace dynamics. Many are consistent with global evidence, and question long-held stereotypes regarding the capabilities of those with ADHD and autism.

**Adaptability and supportive work environments**

*"In my current job, my boss is read up about ADHD, they're getting HR involved to talk about how they can support me to do my admin - there's a massive sea change." – Participant #11*

This shows that with appropriate workplace support, neurodivergent professionals can thrive. The participant's employer values their unique perspective and is actively creating an environment that accommodates their needs, reflecting the growing recognition of neurodiversity as an asset.

**Crisis management and decision-making under pressure**

*"I'm really calm in a crisis - it's like enough stimulation for my brain to kick in to gear and be like, on. I'm always that person who's given the most complex cases – sent to houses to check if someone was hurting themselves or on home visits. Other departments called me in for their cases too, and I can't say no." – Participant #11*

Participants highlighted how neurodivergent traits, such as hyperfocus and heightened responsiveness to stimulation, are invaluable in high-stress healthcare environments. Their ability to stay calm and think clearly under pressure makes them assets in emergency and crisis scenarios.

*"Most situations are stressful (in emergency healthcare), and we don't have time to look at our guidelines or to think properly – but it's like when everything is up in the air, that's when I seem to think best. My motto in life is, I'll cross that bridge when I get to it." – Participant #18*

### Empathy and patient-centred care

Attention to detail was another frequently noted strength, particularly for autistic individuals who excel in identifying patterns and inconsistencies. This trait is invaluable in precision-oriented roles, such as diagnostics, data analysis, and quality control.

> *"Since my diagnosis I am even more passionate than I ever have been about good communication - making sure that people feel heard and listened to and that things are written down." – Participant #35*

Additionally, participants discussed the enhanced empathy neurodivergent professionals often bring to their roles. Many have personal experiences with marginalisation, making them highly attuned to the needs of patients who feel misunderstood or underserved. This heightened empathy not only fosters patient trust but also enhances patient-centred care.

> *"I'm pretty good at being able to pull it out of the bag (under pressure) and I feel like I've always had a bit of empathy because of the situations where I feel that I've been judged or not as empowered as a neurodivergent person." – Participant #40*

Neurodivergent healthcare professionals often have heightened empathy, driven by their own experiences of feeling misunderstood. This translates into a strong focus on patient communication and advocacy, ensuring patients feel heard and valued.

### Strength in knowledge and focus

Hyperfocus, a common trait in neurodivergent individuals – particularly those with ADHD or autism - was described as a significant advantage. This ability allows professionals to maintain exceptional productivity and depth of focus in areas they are passionate about, often producing work of outstanding quality.

> *"Neurodivergent people speak well, we're articulate and proper, and we can hyperfocus - I have a library of 450 books and can speak 3 languages and read and write in four others." – Participant #38*

Global research points out that hyperfocus and a drive for knowledge enable neurodivergent individuals to master complex subjects, making them highly skilled and resourceful in their fields. Their

intellectual curiosity and linguistic abilities contribute to diverse perspectives and expertise in healthcare.

### Resilience and advocacy

Participants stressed the need for proactive advocacy to highlight the strengths and contributions of neurodivergent professionals. Developing workplace policies that explicitly recognise these strengths was seen as a fundamental step toward fostering inclusion. Publicising success stories of neurodivergent professionals' contributions to improved patient care, innovation, or organisational efficiency was suggested as a way to challenge stereotypes and shift perceptions.

> *"I'm hyper responsive to praise and I think that's something probably that also reinforces my need to be productive and busy and work and overcompensate." – Participant #35*

Participants also identified systems thinking as a key strength among neurodivergent healthcare professionals. Their natural inclination to analyse and optimise processes can result in improved efficiency and workflow management. Furthermore, many participants noted a strong commitment to equity, stemming from their lived experiences. This passion often translates into advocacy for inclusive policies and practices that benefit both colleagues and patients.

> *"When I was at the DHB I was a clinical specialist and I had to fight my way to get there because no one would put any trust in me to do that, because obviously I was 'retarded'. But when I was the boss, the staff said I was the best boss ever because I planned everything, gave them autonomy and was totally honest about everything. I wouldn't make them do something I wasn't prepared to do myself. I looked after them, I supported them, I stood up for them to the surgeons that were being arseholes." – Participant #52*

This quote reflects the resilience and leadership qualities of neurodivergent individuals. Their experiences of adversity foster strong advocacy and empathetic leadership, creating supportive workplace cultures where team members feel valued and empowered.

### Reframing neurodivergence as a strength

> *"I really want to install a good sense of worthiness in my own kids when they come along because I felt like a lot of my negative self-beliefs were rooted in that belief that I was unworthy. I also want them to understand that it (neurodivergence) is a difference, but it's not a deficit. It can be something really cool, like the best conversations that I've ever heard have been with*

*neurodivergent people, so many beautiful points of view. I do want them to believe that it is a strength." – Participant #45*

Participants noted that neurodivergent professionals often bring unique insights to healthcare, particularly in understanding and addressing the needs of marginalised or neurodivergent patients. Their ability to empathise and connect with these populations enhances cultural safety and inclusivity in care delivery.

*"I think neurodiverse people are more likely to see patterns, like, we have our healthy doses of "I don't quite fit, and I don't think anybody in this room likes me." So, we look for reasons and we look for ways to make people like us, right? That's part of our socialisation and our experience, especially if we're late diagnosed." – Participant #37*

Neurodivergent professionals' innovative thinking and resilience, developed through navigating a predominantly neurotypical world, were also seen as significant advantages. These traits often translate into greater adaptability, perseverance, and a willingness to challenge conventional paradigms, resulting in workplace innovations and improved patient outcomes.

*"Why I'm so good at my job is because I understand people. I know how it feels to be dismissed. I know what it's like for people to speak over me or tell me I'm talking too much. I tell stories because that's how my brain makes connections. Let me speak for myself and listen because everything I say is linked. Your step-by-step process of doing things is not how my brain works." – Participant #11*

All participants emphasised the need to redefine neurodivergence as a difference rather than a deficit, highlighting its value in fostering diverse perspectives, creativity, and meaningful connections, both in the workplace and beyond. Their quotes demonstrate that neurodivergent healthcare professionals bring unique strengths to their roles, including crisis management, empathy, hyperfocus, resilience, and leadership. With supportive workplace environments, these traits can significantly enhance patient care, team dynamics, and overall healthcare delivery. These insights emphasise the importance of celebrating and accommodating neurodiversity in healthcare and can provide a platform from which to springboard further neurodivergence research in New Zealand workplaces.

*"There are a lot of people that are on the neurodivergent spectrum working in healthcare and I think it would be good to recognise it and maybe get some additional support to help them succeed. It's quite a difficult environment because you are doing so much care rationing to get*

*through and just a way of acknowledging that and maybe putting in place some coping mechanisms and having management aware that there may be some additional challenges for us." – Participant #7*

### Leveraging neurodivergent strengths in the workplace

Rather than merely accommodating neurodivergent employees, participants emphasised the importance of workplaces actively leveraging their strengths. Redesigning workflows and roles to align with individual strengths was frequently suggested. For instance, professionals with exceptional attention to detail might be assigned tasks in research, auditing, or quality improvement. Flexibility in job design and task allocation allows neurodivergent employees to excel in their areas of expertise and interest.

*"I have a few dreams. I'd really like to work with ADHD people (in healthcare), but then at the same time if I won Lotto I'd open like, a youth centre that provides free healthcare and counselling and cooking classes and stuff. Who knows? More. I wanna do more." – Participant #2*

Participants advocated for strength-based feedback as a core strategy for empowering neurodivergent professionals. Shifting performance evaluations to emphasise contributions and successes rather than deficits was seen as crucial for building confidence and fostering a positive workplace culture. Inclusive leadership was also highlighted as a key enabler.

*"I do feel like I need a lot of feedback, so I know if I'm doing a good job. I feel like every 3 months we should have an anonymous survey that tells people what they're doing right – just so I'm reminded that actually, I do know what I'm doing. Because in my mind, I need to work on everything, which is so overwhelming." - Participant #18*

Managers who understand the value of neurodivergent perspectives and actively promote these within teams were seen by study participants as pivotal in creating environments where all employees thrive. Structured work environments with clear communication, consistent expectations, and well-defined goals were also identified as essential for reducing ambiguity and supporting neurodivergent professionals to excel.

### Advocating for neurodivergent strengths in healthcare workplaces

Collaboration with neurodiversity advocacy groups and neurodivergent employees to develop training programs and resources was also recommended. These initiatives were viewed as opportunities to educate managers and colleagues on the competitive advantages of neurodivergence in healthcare environments. Participants emphasised the importance of establishing measurable metrics to evaluate the impact of neurodivergent contributions, such as improved team performance, patient satisfaction, or process efficiency. This data-driven approach was seen as critical for reinforcing advocacy efforts and promoting a strength-based understanding of neurodivergence.

> *"Everyone's different, why can't we just be inclusive? Can neurodivergence be measured by an assessment of what they (neurotypicals) are good at? And who will tell? Can I tell them what I think I'm good at and how I can be used in the workplace? Does there have to be some external review? Who reviews neurotypical people?" – Participant #38*

By focusing on these strengths, healthcare environments can shift from deficit-based models of inclusion to strength-based approaches. In doing so, workplaces not only support neurodivergent employees to excel but also benefit from the innovation, empathy, and systems thinking that these individuals bring to the healthcare sector.

> *"The most fun part of my job is the out-of-the-box thinking. You're supposed to draw lines between funding and clinical need, and I like to redraw the lines – which is proper patient advocacy. I think we need to get all the neurodivergent people working in health in New Zealand in a room and start bouncing ideas off each other. Although we have this passion, we don't spend a lot of time trying to problem solve it because of the layers of bureaucracy and it would just exhaust us. But we would come up with the best ideas because that's the thing that we're good at." – Participant #35*

## Reflection on findings: lessons learned: where do we go from here?

Participant interviews provided valuable insights into the experiences of neurodivergent healthcare professionals working within Aotearoa New Zealand's diverse yet highly regulated healthcare environments. Six key themes emerged, highlighting both individual challenges and the broader sociological, organisational, and identity-related dynamics that shape these experiences. The findings emphasise an urgent need for systemic change to address the barriers neurodivergent employees face, including communication challenges, difficulties with time management, struggles with rigidity, moral distress, and navigating complex workplace structures.

Interpersonal relationships and communication challenges illuminate how neurodivergent professionals often struggle with navigating social norms and team dynamics, leading to feelings of isolation and anxiety. These findings echo sociological discussions on stigma and deviance, particularly in the context of Erving Goffman's work (344, 345). Organisational cultures valuing speed, hierarchy, and efficiency often exacerbate these challenges, creating environments where neurodivergent communication styles are misunderstood or undervalued. This misalignment suggests a pressing need for tailored communication strategies and inclusive cultural practices.

The lack of understanding and support for neurodivergence in healthcare settings further compounds these difficulties. Participants reported masking their neurodivergent traits to fit workplace expectations, leading to stress and burnout. This theme aligns with Pierre Bourdieu's concept of habitus, where ingrained institutional norms favour neurotypical functioning, marginalising those who think or work differently (346). The findings emphasise that organisations must shift from viewing neurodivergent traits as impairments to recognising them as differences requiring accommodation.

Struggles with time management, focus, and adhering to rigid protocols emerged as significant stressors for participants, particularly those with ADHD. These challenges reflect a broader tension between the bureaucratic structures of healthcare and the strengths and needs of neurodivergent individuals. Max Weber's discussions on bureaucracy provide a lens for understanding how rigid systems disadvantage neurodivergent professionals (289). Flexible approaches to task management and time allocation, supported by assistive technologies, are essential to address these issues.

Moral distress, particularly driven by a heightened sense of fairness, highlights the ethical conflicts experienced by neurodivergent employees in hierarchical healthcare organisations. Participants expressed frustration when they perceived injustices or were unable to address ethical concerns, underscoring the need for inclusive structures that empower all employees to voice concerns. This

theme intersects with Foucault's discussions on power dynamics, illustrating how rigid organisational hierarchies can silence neurodivergent voices (347).

Participants also reported difficulty maintaining long-term roles, citing burnout, disillusionment, and a need for variety. This theme reflects the misalignment between the stable career trajectories expected in healthcare and the diverse needs of neurodivergent employees. Organisations must reconsider rigid career structures, allowing for role rotation and alternative pathways to retain talent and support neurodivergent workers.

Finally, the findings highlight how workplace rigidity amplifies the challenges study participants face in adapting to change. The interplay between executive dysfunction, sensory sensitivities, and systemic inflexibility underscores the pressing need for accommodations that consider individual needs. Overseas research shows tailored support strategies, such as sensory-friendly spaces and flexible scheduling, can mitigate these stressors while preserving the efficiency and safety required in healthcare (27, 163).

Study participants confirm that Aotearoa New Zealand neurodivergent healthcare professionals do face distinct challenges in highly regulated healthcare environments - in particular, difficulties with communication, time management, adherence to rigid protocols, and social integration. These challenges are exacerbated by organisational norms that prioritise speed, multitasking, and neurotypical social behaviours. As a result, these findings indicate a pressing need for changes in workplace accommodations and policies to better support neurodivergent employees.

### The need for tailored accommodations

***Flexible communication practices:*** one of the key findings is that neurodivergent employees often struggle with the fast-paced and sometimes ambiguous communication norms in healthcare settings. Clear, written instructions and alternative communication methods (such as emails or visual aids) could be implemented to ensure that all health professionals, regardless of neurotype, can engage fully and without misinterpretation.

***Task management and focus support:*** many neurodivergent employees, particularly those with ADHD, benefit from structured task management tools. Interviews highlights the need for healthcare organisations to provide assistive technology (e.g., apps, digital reminders) and allow flexible scheduling to help neurodivergent individuals manage their workload more effectively.

***Sensory sensitivity accommodations:*** for professionals with autism who experience sensory overload, these findings suggest that healthcare organisations should offer sensory-friendly workspaces, such as quieter areas or reduced lighting, where possible.

## The need for inclusive policies

***Neurodiversity awareness and training:*** discussion with participants reveals a lack of understanding and support for neurodivergent employees among colleagues and managers. To address this, healthcare organisations should introduce neurodiversity training to educate staff about the needs and strengths of neurodivergent professionals, reducing stigma and fostering a more inclusive environment.

***Formal accommodations process:*** many of the neurodivergent professionals in this study may not be receiving the necessary accommodations because healthcare organisations often lack a formal, non-judgemental process for requesting them. Findings suggest the need for clear, accessible pathways for employees to request accommodations without fear of discrimination or judgment.

***Performance evaluation adjustments:*** participants felt policies should reflect an understanding that performance metrics (such as speed or multitasking) may not always be appropriate for neurodivergent employees, which is consistent with international research (43). Evaluating employees based on their strengths, such as attention to detail or creative problem-solving, would allow neurodivergent professionals to contribute meaningfully without being disadvantaged by rigid performance expectations.

## Challenges in implementing accommodations

While these changes are critical, study results also point to significant challenges in implementing accommodations in healthcare due to the nature of the industry. Healthcare is highly regulated, prioritises patient safety, and operates under strict protocols, which can make accommodations more difficult to integrate. The added pressure of ongoing restructure and health reform also pose risks to neurodivergent employee wellbeing and retention. The following potential challenges should be considered:

## Patient safety and adherence to protocols

***Challenge:*** healthcare organisations are designed to prioritise patient safety and compliance with strict regulations. Accommodations that allow flexibility or adjustments to how professionals work (e.g., varying communication methods or flexible task management) may be perceived as compromising patient safety, particularly in high-stakes settings such as emergency rooms or surgery.

***Potential solution:*** any accommodations must be carefully designed to ensure that patient care is not compromised. For example, task management tools for neurodivergent professionals could be tailored to help them adhere to safety protocols without overwhelming them. Healthcare organisations should

explore how assistive technologies can enhance both compliance with regulations and neurodivergent employee performance.

### Rigid organisational structures

***Challenge:*** the bureaucratic and hierarchical nature of healthcare organisations may create resistance to flexible work practices. Healthcare is often built around well-defined roles, and there is little room for deviation from established protocols. Managers may feel reluctant to implement accommodations if they perceive them as disrupting these structures (24).

***Potential solution:*** training and awareness programs should be targeted toward leadership and management to help them understand how accommodations can enhance rather than disrupt workplace efficiency (24). Leadership should recognise that flexibility in non-critical tasks (such as documentation or shift scheduling) can improve job satisfaction and retention without compromising the overall functioning of the organisation.

### Resource constraints

***Challenge:*** implementing accommodations, such as assistive technologies, flexible scheduling, or sensory-friendly workspaces, may be seen as costly or resource-intensive in a healthcare setting where budgets and resources are already stretched.

***Potential solution:*** organisations should focus on cost-effective accommodations that can be integrated with minimal disruption (348). For instance, task management apps (such as Google Assistant or Microsoft OneNote) are relatively inexpensive and can significantly improve time management for neurodivergent employees. Sensory accommodations (such as providing noise-cancelling headphones or allowing quiet spaces) are also relatively low-cost but can have a substantial impact on well-being and productivity.

### Perception of fairness

***Challenge:*** some employees may perceive accommodations for neurodivergent colleagues as unfair or creating an imbalance in workloads, particularly in team-based, but hierarchical environments where distribution of tasks is not always equitable.

***Potential solution:*** While the New Zealand Health Practitioners Competence Assurance Act 2003 (HPCA) prioritises public safety, inconsistent or stigmatised access to accommodations can create barriers for neurodivergent practitioners, leading to feelings of inequity and the risk of being perceived by colleagues or the public as less capable. Accommodations should be seen as tools that enable competence rather than exceptions to standards. To align with the Act's principles while fostering

fairness, workplaces must implement clear, consistent policies that normalise accommodations, educate employers and regulators about neurodiversity, and promote open dialogue to reduce stigma. Such measures ensure neurodivergent professionals can thrive, contribute fully, and maintain the high standards of care the Act seeks to uphold.

### Emergency situations and fast-paced environments

***Challenge:*** in healthcare, there are moments where fast decision-making and multitasking are crucial, such as during the delivery of acute care or emergency surgery. Accommodating neurodivergent employees who may need more time to process information or work best under different conditions could be seen as impractical in such high-stress situations.

***Potential solution:*** accommodations can be applied to non-emergency tasks, such as administrative duties, documentation, or less time-sensitive aspects of the role. Neurodivergent employees can be assigned roles that match their strengths, such as tasks that require deep focus or attention to detail, rather than being placed in roles where rapid decision-making is the highest priority.

### In summary

The findings of this research clearly highlight the need for better accommodations and policy changes to support neurodivergent healthcare professionals. However, implementing these changes in a highly regulated healthcare environment presents unique challenges, including concerns about patient safety, rigid organisational structures, and resource constraints. Despite these challenges, there are practical ways to introduce accommodations that both support neurodivergent employees and maintain the high standards of care required in healthcare settings. By focusing on targeted accommodations, raising awareness, and tailoring policies to meet individual needs, healthcare organisations can create a more inclusive environment that allows neurodivergent professionals to thrive without compromising patient safety or organisational efficiency.

## Adding to the body of research: expanding the horizon- a new chapter in neurodiversity studies

### Theme depth

The findings are presented through six broad themes consistent with global neurodivergent research, providing a foundational understanding of shared experiences. Within these, nine subthemes specific to the New Zealand healthcare workforce are explored in depth, highlighting unique challenges and opportunities shaped by local cultural and systemic dynamics. This approach allows for a nuanced analysis that both aligns with existing literature and contributes new insights, offering a context-

specific perspective that enriches the broader neurodivergent body of research. Each theme extends beyond superficial observations and uncovers complex issues that intersect with broader sociological and organisational theories:

***Interpersonal relationships and communication challenges:*** this theme delves into how neurodivergent individuals interact within healthcare teams, examining the nuanced social dynamics, communication breakdowns, and misunderstandings. It links to sociological concepts of stigma and deviance, as well as organisational culture. This depth does not just identify problems but also situates them within established academic frameworks.

***Lack of understanding and support for neurodivergence:*** by exploring the institutional barriers neurodivergent professionals face, this research taps into discussions on inclusion, workplace equity, and the organisational structures that privilege neurotypical – particularly male - employees. The depth comes from connecting individual experiences to systemic issues, which is critical in both sociology and healthcare research (122).

***Struggles with adhering to rigid rules and regulations:*** this theme addresses the fundamental tension between neurodivergent traits and the highly bureaucratic, regulated nature of healthcare. By discussing how protocols and institutional norms create barriers for neurodivergent professionals, this work engages with complex organisational theories and contributes to the debate on the flexibility of workplace systems (31).

***Moral distress and overdeveloped sense of fairness:*** this theme is particularly deep because it links personal ethical struggles to larger structural and power dynamics in healthcare (349). By highlighting the moral and ethical challenges neurodivergent professionals face, this research connects individual mental health and job satisfaction to broader issues of organisational justice and fairness and offers a sophisticated discussion that has broader implications for healthcare management.

***Time management and focus challenges:*** the depth here lies in how this study situates individual struggles with time management in the larger context of healthcare's demanding pace and need for multitasking. This study explores how organisational expectations conflict with the cognitive styles of neurodivergent individuals (58), which is a nuanced and important conversation for both organisational culture and workforce efficiency (148).

***Difficulty staying in the same role for long periods:*** this theme brings in discussions of job retention, career progression, and the flexibility of roles within healthcare, which are crucial for understanding broader workforce trends. Examining neurodivergent needs for variety and flexibility adds depth by questioning traditional career models in healthcare and suggesting alternatives be explored that could improve job satisfaction and retention (56).

## Significance to neurodivergence research

The study themes add significantly to the existing body of neurodivergence research, particularly in these key ways:

### *Focus on healthcare*

While research on neurodivergence in general employment settings is growing (66), there is still a notable gap in understanding how neurodivergent individuals navigate highly regulated, high-stakes environments like healthcare (175). This study narrows this gap by focusing on how neurodivergent professionals experience work in this sector, contributing novel insights to the neurodiversity discourse. The demands of healthcare, including rigid protocols, life-and-death decision-making, and team-based work, create a unique context for neurodivergent professionals (167). By exploring this context, this work contributes to the literature on neurodivergence in specific, high-pressure professions.

### *Intersection with organisational culture and identity formation*

By not solely focusing on the challenges faced by neurodivergent individuals, this study was also able to explore how organisational culture shapes these challenges and influences neurodivergent professionals' identity formation. By incorporating discussions of organisational fit, career trajectories, and identity performance, this research deepens understanding of how institutional settings impact neurodivergent employees. The links made here between individual experiences and larger organisational structures, such as the mismatch between rigid healthcare protocols and the cognitive styles of neurodivergent workers, are particularly important. This focus on the systemic issues that exacerbate personal challenges adds a critical layer of analysis that is essential for ongoing research in this area.

### *Moral distress and fairness*

The exploration of moral distress and fairness in the context of neurodivergent healthcare professionals provides valuable insights into how these individuals navigate ethical challenges in the workplace, particularly given their often-heightened sense of justice and fairness. By examining these experiences, this study highlights the emotional and professional impacts of systemic inequities, rigid hierarchies, and ethical dilemmas that neurodivergent employees may perceive or experience more acutely. Incorporating this theme into neurodiversity research adds an important ethical dimension to workplace discussions, moving beyond the focus on accommodations to address deeper issues of organisational culture, decision-making, and equity. This perspective encourages workplaces to

consider how fostering ethical environments and aligning with the values of neurodivergent employees can enhance job satisfaction, retention, and overall team dynamics while supporting broader organisational integrity and fairness.

### *Career retention and organisational flexibility*

This exploration of career retention and the challenges neurodivergent individuals face in maintaining long-term roles adds to the growing body of research on neurodiversity in employment. Burnout is a significant issue within the healthcare industry, where high-pressure, highly regulated environments demand consistent emotional labour, adaptability, and precision. These factors can disproportionately affect neurodivergent individuals, who may already be navigating sensory sensitivities, executive functioning challenges, and the mental toll of masking. By focusing specifically on the healthcare sector, this study highlights how such environments can exacerbate stress, contributing to turnover or burnout. This is particularly critical in a field where workforce shortages and retention are already pressing concerns. The findings provide valuable insights for healthcare workforce management and policy discussions, emphasising the need for systemic changes, such as better-designed accommodations, supportive leadership, and cultural shifts, to reduce burnout and improve career retention for neurodivergent professionals. Addressing these challenges not only benefits neurodivergent employees but also strengthens the overall resilience and sustainability of the healthcare workforce.

## Contributions to future research and practice

The themes revealed in this study also point to several important implications for future research and practical recommendations:

***Future research directions:*** this thesis underscores the critical need for further research into neurodivergence in highly regulated industries, where the combination of strict protocols, high accountability, and complex social dynamics can pose unique challenges for neurodivergent professionals. While healthcare is the focus of this study, the findings suggest broader applicability to other high-pressure fields, such as law, education, engineering, and finance, where precision, ethical decision-making, and emotional resilience are similarly paramount. Future research could explore sector-specific interventions and accommodations that enable neurodivergent professionals to thrive while maintaining industry standards, shedding light on best practices that balance regulatory compliance with inclusivity.

In particular, the theme of moral distress among neurodivergent individuals opens new lines of inquiry into how heightened sensitivities to fairness, justice, and ethical dilemmas are experienced across

professions. For instance, in law, where ethical reasoning is central, or in education, where conflicting demands between institutional policies and student needs may create moral tension, neurodivergent professionals could encounter similar challenges to those highlighted in healthcare. Expanding research into these areas could offer valuable insights into how different industries might address moral distress and support neurodivergent employees in aligning their professional skills with their personal values.

Establishing a monitoring framework to evaluate the unique contributions of neurodivergent individuals could form the foundation of a strengths-based research model applicable across sectors. Such a framework would not only highlight the innovations, efficiencies, and diverse perspectives neurodivergent professionals bring to their workplaces but also serve as a tool for employers to measure the impact of inclusivity initiatives. This approach ensures that research and workplace policies move beyond a deficit-based focus on accommodations to one that celebrates and optimises the strengths of neurodivergent individuals, promoting both equity and organisational success.

***Practical implications for policy and organisational change:*** these findings could inform policy changes in healthcare organisations, such as implementing more flexible work structures, job rotation programs, and individually tailored accommodations for neurodivergent professionals. These insights are highly valuable for improving workforce retention and inclusivity in healthcare.

### In summary

These themes offer sufficient depth by engaging with complex sociological and organisational theories, while also providing practical insights into the unique challenges faced by neurodivergent healthcare professionals. This research significantly contributes to the fields of neurodivergence, healthcare, and organisational studies by addressing gaps in the literature and pointing to actionable solutions for improving inclusivity in healthcare environments.

## Implications for healthcare management and policy: shaping tomorrow- driving inclusion in healthcare.

The findings from this study have important implications for healthcare management and policy. As healthcare organisations increasingly recognise the importance of diversity and inclusion, accommodating neurodivergent employees becomes essential for promoting workplace well-being and improving organisational performance. Following is a discussion of the key implications and recommendations this study can offer for accommodating neurodivergent employees in healthcare settings.

## Inclusive workplace culture

Healthcare organisations traditionally operate within hierarchical, fast-paced, and highly structured environments that may unintentionally exclude neurodivergent employees. The existing organisational culture tends to value speed, multitasking, and direct communication, which may be challenging for individuals with ADHD and autism. Failure to accommodate different cognitive styles not only creates barriers for neurodivergent professionals but also limits the diversity of skills that can enhance team performance.

***Recommendation:***

Fostering an inclusive and equity-focused culture involves creating an environment where neurodivergent professionals feel valued, understood, and supported. This requires healthcare management to:

- Offer neurodiversity awareness training: all employees, especially those in leadership and supervisory roles, should be trained in neurodiversity. This would promote better understanding of neurodivergent traits and behaviours, reduce stigma, and encourage more supportive team dynamics.
- Encourage open communication: managers should engage in regular, open conversations with neurodivergent employees about their needs and potential accommodations, ensuring that the workplace can flexibly adapt to diverse working styles.
- Promote a culture of respect: by cultivating an environment that celebrates differences in cognitive processing and communication, healthcare organisations can reduce feelings of isolation or misunderstanding for neurodivergent professionals.

## Communication flexibility

The fast-paced and high-pressure communication norms in healthcare settings can be a challenge for neurodivergent individuals who may process information differently or struggle with interpreting social cues. Communication expectations that prioritise quick responses and rapid information exchange can alienate neurodivergent employees, leading to misunderstandings and exclusion from critical discussions or decision-making processes.

***Recommendation:***

Healthcare management should implement flexible communication protocols that accommodate diverse communication needs:

- Alternative communication channels: use of written communication (such as email or chat platforms) should be encouraged alongside verbal communication, allowing neurodivergent employees more time to process information and respond thoughtfully.
- Clear and direct instructions: healthcare professionals often work under pressure, so providing clear, unambiguous instructions can reduce the cognitive load on neurodivergent employees, particularly those with autism, who may struggle with abstract or implicit communication.
- Time for reflection: in decision-making processes, allowing neurodivergent employees extra time to reflect before contributing can ensure they have the opportunity to participate meaningfully without being overwhelmed by fast-paced verbal exchanges.

### Accommodations for time management and task focus

Neurodivergent professionals, particularly those with ADHD, may face challenges related to time management, task prioritisation, and maintaining focus while in the workplace. These challenges can negatively impact performance and increase stress, contributing to burnout and high turnover rates.

***Recommendation:***

Healthcare organisations should provide practical accommodations that help neurodivergent employees manage their time and tasks more effectively:

- Assistive technology: tools like task management apps, timers, and digital planners can help employees with ADHD stay organised, manage deadlines, and break down large tasks into manageable steps.
- Flexible scheduling: where possible, provide flexibility in working hours or task distribution, allowing neurodivergent professionals to complete their work during periods when they are most focused and productive. For instance, neurodivergent employees could be allowed to avoid heavy multitasking or high-distraction environments during certain times.
- Structured breaks: regular, scheduled breaks throughout the workday can help neurodivergent employees manage sensory overload or maintain focus over long periods. This accommodation can be essential for individuals with ADHD who benefit from opportunities to reset their attention.

### Teamwork and collaboration adjustments

In healthcare, teamwork is critical, and professionals are often expected to work closely in multidisciplinary teams. However, social, and sensory challenges experienced by neurodivergent

employees, such as difficulty understanding social cues or managing sensory input, can make teamwork stressful or isolating for them. Additionally, neurodivergent employees may feel excluded from informal social dynamics or communication that occurs outside of structured meetings.

***Recommendation:***

Healthcare management should promote inclusive teamwork practices by:

- Establishing clear team roles: ensure that each team member, including neurodivergent individuals, understand their role and the expectations around collaboration. Clear delineation of tasks can reduce confusion and help neurodivergent individuals better integrate into the team.
- Structured team interactions: implementing more structured team meetings with set agendas and clear discussion points can help neurodivergent employees feel more comfortable contributing without the pressure of navigating unspoken social dynamics.
- Mentorship programs: pair neurodivergent staff members with mentors who understand their unique needs and can help them navigate team dynamics. Mentorship can also offer neurodivergent employees access to informal networks and professional development opportunities.

## Career development and retention strategies

Neurodivergent healthcare professionals may struggle with job retention for a number of reasons, including lack of job satisfaction, workplace discrimination or bullying, or mental health issues. The lack of career progression opportunities, compounded by exclusion from informal networks, can further contribute to burnout and turnover.

***Recommendation:***

To improve career retention and support neurodivergent employees' professional growth, healthcare organisations should offer:

- flexible career pathways: allow for career mobility within healthcare by offering opportunities for job rotations, specialised roles, or changes in responsibilities that match neurodivergent employees' strengths. This can reduce burnout associated with staying in a single role for long periods.
- professional development tailored to neurodivergent needs: provide training and career development opportunities that consider neurodivergent learning styles, ensuring that

neurodivergent professionals can access the same growth opportunities as their neurotypical colleagues.

- Leadership training on neurodiversity: ensure that managers and supervisors are all trained to recognise the strengths of neurodivergent employees and support their advancement into leadership roles. This can promote diversity at all levels of the organisation and create more inclusive teams.

## Policy recommendations

At the policy level, healthcare institutions and regulatory bodies may not fully address the needs of neurodivergent healthcare professionals. Current healthcare policies tend to focus on patient care and safety, often overlooking the workplace well-being of healthcare staff.

***Recommendation:***

**Healthcare organisations and policymakers should:**

- Develop formal neurodiversity policies: establish clear, written policies that outline accommodations for neurodivergent employees, including protocols for requesting accommodations, the types of support available, and processes for addressing discrimination or exclusion.
- Regular policy reviews: ensure that policies regarding workplace accommodations and inclusion are regularly reviewed and updated to reflect best practices in neurodiversity management.
- Regulatory guidance for neurodivergence in healthcare: healthcare regulatory bodies (such as the New Zealand Nursing Council) should create guidelines for accommodating neurodivergent professionals within the regulatory frameworks that govern healthcare work. This would provide a clear framework for employers to support neurodivergent professionals while maintaining patient safety and compliance with healthcare regulations.
- Collaborate closely with neurodiversity advocacy groups such as Altogether Autism and ADHDNZ to maintain links to the latest research into neurodivergent health and wellbeing needs.

## In summary

The implications of this study for healthcare management and policy are clear: without systemic change, neurodivergent professionals will continue to face significant barriers in healthcare settings, which may limit their contributions and lead to high turnover rates. By implementing these

recommendations, healthcare organisations can create a more inclusive culture, improve job satisfaction and retention, and tap into the unique strengths of neurodivergent employees. This, in turn, will not only enhance workplace diversity but also positively impact patient care by fostering a more engaged, supported workforce.

# **Chapter 9: Conclusion:** and now that you don’t have to be perfect, you can be good.

The neurodivergent healthcare professionals interviewed for this study shared their experiences openly, highlighting both their strengths and the challenges they face in the workplace. They emphasised their resilience and the unique skills they bring, such as creativity, innovation, problem-solving, and empathy, which are critical in fast-paced, task-focused healthcare settings. However, they also pointed out difficulties in career satisfaction and progression due to challenges like interpreting social cues, conforming to arbitrary rules, and navigating hierarchical structures. Their strong sense of fairness, stemming from moral clarity and literal thinking, often led to moral distress, burnout, and conflict with others.

Key themes that emerged included the struggle to manage executive dysfunction without specific support or understanding from colleagues and managers, feelings of being uncertain or unsafe due to bullying or workplace conflicts, and the resulting stress, emotional dysregulation, and difficulties with career progression. Participants frequently reported feelings of exclusion, low self-esteem, and burnout, which were exacerbated by a lack of accommodations and understanding of neurodivergent traits.

Despite these challenges, participants consistently reported strong relationships with patients and confidence in their technical and clinical abilities. The difficulties they encountered were primarily related to conflicts with neurotypical colleagues over subjective interpretations of professionalism. Participants suggested that simple accommodations, such as flexible rostering, noise-cancelling headphones, and regular neurodiversity training for all staff, could significantly improve their workplace experience. They expressed frustration over the difficulty in accessing mental health support, feeling as though their requests were seen as excessive. However, in environments where managers have made efforts to understand and accommodate neurodivergence, participants reported improved well-being, reduced overwhelm, and more positive, collegial relationships.

This study establishes a foundation for further research into the workplace experiences of ADHD and autistic healthcare professionals, reaffirming that neurodivergent individuals face distinct challenges in their employment. To sustain and build on the progress already made in New Zealand's healthcare workplaces, participants recommend that organisations engage with neurodivergent employees individually to gather insights that can inform the development and implementation of inclusive,

equity-focused spaces and accommodations. They state these changes will contribute to redefining success in the healthcare workforce, firmly embedding belonging in a field that should care for and respect all staff as a means to improving health and wellbeing for all New Zealanders.

"Ahakoa he aha te rākau he hua kei roto."

(No matter the species of tree each bears its own unique fruit, so celebrate diversity)

- Māori whakataukī (350)

# **Chapter 10: References:** standing on the shoulders of giants.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# Appendices:

**Appendix A:**

# Interview Guide

1. Demographics - age, whānau, diagnosis, etc.
2. What medications are you prescribed for this diagnosis or related health issues (such as anxiety or depression)?
3. When and under what circumstances did you find out you were neurodivergent?
4. How did this diagnosis make you feel?
5. How did your whānau react to this diagnosis?
6. What do you see are the main differences between you as a neurodivergent person, and others who are not neurodivergent?
7. Tell me about your current employment role.
8. What do your colleagues know about your neurodivergence?
9. How do they interact knowing you have a different world view?
10. Why did you choose healthcare as a career?
11. What are the biggest challenges for you as a neurodivergent person in this job?
12. How do strict rules, policies and guidelines help, or hinder you in your workplace?
13. Tell me about your career progression in healthcare.
14. How has being neurodivergent supported or hindered you in your career aspirations?
15. Big picture innovative thinking, or detail oriented super-focus are two very different, but very common strengths of neurodivergent individuals – where do you fit on this spectrum, and why?
16. If you could change anything about your diagnosis and neurodivergence, what would it be?
17. What are your unique strengths as a neurodivergent person?
18. How do these strengths benefit your workplace, your colleagues, your whānau and you?
19. What are your aspirations for the future of healthcare in Aotearoa New Zealand?
20. Is there anything else you'd like to add?

Appendix B:

# PARTICIPANT INFORMATION SHEET

**Investigating the challenges of neurodiverse employees in a highly regulated healthcare environment in Aotearoa New Zealand**

**Lead Researcher:** Alice Chisnall-Kalounviti
**Email**: alice.chisnall@gmail.com
**Study Site:** Te Whatu Ora Aotearoa; Auckland University of Technology (AUT)
**Research Supervisor:** Jake Meads
**Email:** jake.meads@aut.ac.nz

*Department of Psychology & Neuroscience*
*Auckland University of Technology (AUT)*
*Private Bag 92006*
*Auckland 1142, New Zealand*

**Ethics committee ref.: 24/19**

We would like to invite you to take part in an interview to understand your perspectives about the challenges of working in a highly regulated healthcare environment in Aotearoa New Zealand as a neurodiverse individual. Whether or not you take part is your choice. If you don't want to take part, you don't have to give a reason, and it won't affect the care your current or future employment in healthcare. If you do want to take part now, but change your mind later, you can pull out of the study at any time.

This Participant Information Sheet will help you decide if you'd like to take part. It sets out why we are doing the study, what your participation would involve, what the benefits and risks to you might be, and what would happen after the study ends. We will go through this information with you and answer any questions you may have. You do not have to decide today whether you will participate in this study. Before you decide you may want to talk about the study with other people, such as whānau, friends, or healthcare providers. Feel free to do this.

If you agree to take part in this study, you will be asked to sign the Consent Form on the last page of this document. You will be given a copy of both the Participant Information Sheet and the Consent Form to keep.

This document is five (5) pages long, including the Consent Form. Please make sure you have read and understood all the pages.

**Voluntary participation and withdrawal from this study**

Your participation in this research is voluntary (it is your choice) and whether or not you choose to participate will neither advantage nor disadvantage you. You are able to withdraw from the study at any time. If you choose to withdraw from the study, then you will be offered the choice between having any data that is identifiable as belonging to you removed or allowing it to continue to be used. However, once the findings have been produced, removal of your data may not be possible.

**What is the purpose of this study?**

The purpose of this study is to improve our understanding of how neurodiverse individuals experience the workplace, particularly when there are many rules and regulations which govern the behaviour and parameters within which employees may operate at work.

Your participation will help contribute to understanding the experiences of neurodiversity in adults, as well as how the workplace influences their wellbeing and career satisfaction.

**How is the study designed?**

This study involves a one-off interview with people who meet the criteria listed below. We are looking to recruit a small number of people (less than 10) to interview to gain some insight.

**Who can take part in the study?**

To take part in the study you must:

- *Be aged 18 years or over.*
- *Be able to read/understand English.*
- *Be able to provide consent to participate.*

Belong to the following categories:

- *Have been diagnosed with or self-identify as having ADHD and/or autism.*
- *Currently working in an Aotearoa New Zealand accredited health service which provides care to the public using a regulated workforce (e.g., nursing, medical, mental health, or physiotherapy).*

**What will my participation in the study involve?**

If after reading this information sheet you decide that you would like to take part in the study, I will arrange a time with you to explain the study and answer any questions you may have. You will be asked to complete the consent form before participating in the study. I will schedule the interview at a time and location that suits you. You may complete the interview in person, over the phone, or via video conferencing (e.g., Zoom or Teams). The interview will be recorded. During the interview, you will be given a hypothetical scenario and asked some questions to understand your thoughts and feelings about it. It is estimated that the interviews will be 60-90 minutes long, depending on how much information you want to provide. You are welcome to do the interview with your whānau if this is your preference.

**What are the possible risks of this study?**

We do not anticipate any risks with this study. However, taking part in this study will take some time.

**What are the possible benefits of this study?**

Your participation in the study will help to contribute to understanding the workplace experiences of adult neurodiverse individuals in Aotearoa New Zealand and may lead to further study or the creation of frameworks or guidelines which assist in supporting neurodiverse individuals to thrive in the workplace.

This research will also fulfil part of the criteria for the Master of Philosophy that I am studying towards.

**What compensation is available for injury or negligence?**

In the unlikely event of a physical injury as a result of your participation in this study, rehabilitation and compensation for injury by accident may be available from the Accident Compensation Corporation, providing the incident details satisfy the requirements of the law and the Corporation's regulations.

**Will any costs be reimbursed?**

You will not incur any costs from participation in this study. However, in recognition of your time, you will be offered a koha for participating.

**What will happen to my information?**

The information that we will gather during the interview will be about you and your thoughts about how a regulated workplace may be challenging for you at times as a neurodiverse person. I will record the interview and the recordings will be transcribed. Only information you provide during the interview will be recorded for this study. You cannot take part in this study if you do not consent to the collection of this information. You are free to decline this part of the study if you wish. After the interview you are welcome to request a copy of your interview transcript. If any direct quotes from the interviews are used any potentially identifiable information (e.g., names, places) will be removed.

Only the study researchers will have access to any of the identifiable information you provide. Identifiable information is any data that could identify you (e.g., your name, your phone number). To make sure your personal information is kept confidential, information that identifies you will not be included in any report generated for the purpose of this research. Instead, you will be identified by a code. I will keep a list linking your code with your name, so that you can be identified by your coded data if needed. Only the study researchers will have access to your coded information.

The results of the study may be published or presented, but not in a form that would reasonably be expected to identify you. All future use of the information collected will be strictly controlled in accordance with the Privacy Act, 2020.

Your identifiable information is held at the department of Neuroscience and Psychology at AUT during the study. After the study it is transferred to a secure archiving site and stored for at least 6 years, then deleted. All storage will comply with local and/or international data security guidelines.

Although efforts will be made to protect your privacy, absolute confidentiality of your information cannot be guaranteed. Even with coded and anonymised information, there is no guarantee that you cannot be identified. The risk of people accessing and misusing your information (e.g., making it harder for you to get or keep a job or health insurance) is currently very small but may increase in the future as people find new ways of tracing information.

You have the right to request access to your information held by the research team. You also have the right to request that any information you disagree with is corrected. If you have any questions about the collection and use of information about you, please contact the lead researcher (Alice Chisnall-Kalouniviti).

**Rights to withdraw your information**

You may withdraw your consent for the collection and use of your information at any time, by informing me. If you withdraw your consent during the interview, your study participation will end, and I will stop the interview.

If you agree, information collected up until your withdrawal from the study will continue to be used and included in the study. You may ask for it to be deleted when you withdraw unless you withdraw after the study analyses have been undertaken (analysis will begin within two weeks of the final completed interview).

**What happens after the study or if I change my mind?**

If you change your mind after the interview has been completed, you should contact me (the lead researcher, Alice Chisnall-Kalouniviti). You may ask for any information collected about you to be deleted when you withdraw unless you withdraw after the study analyses have been undertaken.

**Can I find out the results of the study?**

You will be provided with a summary of study results, if requested, within three (3) months of the end of the study.

**What do I do if I have concerns about this research?**

Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisor, Jake Meads: jake.meads@aut.ac.nz

Concerns regarding the conduct of the research should be notified to the Executive Secretary of AUTEC, *ethics@aut.ac.nz* , (+649) 921 9999 ext 6038.

**Whom do I contact for further information about this research?**

Please keep this Information Sheet and a copy of the Consent Form for your future reference. You are also able to contact the research team as follows:

**Researcher Contact Details:**

Alice Chisnall-Kalouniviti (Lead Researcher). Email: alice.chisnall@gmail.com

**Project Supervisor Contact Details:**

Jake Meads (Lead Supervisor). Email: jake.meads@aut.ac.nz

If you want to talk to someone who isn't involved with the study, you can contact an independent health and disability advocate on:

**Phone:** 0800 555 050 **Email:** advocacy@advocacy.org.nz **Website:** https://www.advocacy.org.nz/

For **Neurodivergent** Support:

Altogether Autism – 0800 273 463

ADHD New Zealand - Email: info@adhd.org.nz Phone: (09) 625 1754

Brain Injury New Zealand – Ph: 0800 272 466 Email: spokesperson@brain-injury.org.nz

Dyslexia Foundation of NZ - Email: info@dfnz.org.nz

NZ Centre for Gifted Education - Ph: 0800-769-243 Email: hello@nzcge.co.nz

For **Māori** cultural support please contact:

Sonja Ngaia (Te Whatu Ora Taranaki) Sonja.ngaia@tdhb.org.nz

For **Pacific** cultural support please contact the Pacific Health team:

Dr Josephine Herman (Te Whatu Ora Waitematā) Phone: 021 225 0016

***Thank you for taking time to read about this study. Please keep this sheet for your information.***

**Approved by the Auckland University of Technology Ethics Committee on *25/3/2024*, AUTEC Reference number *24/19*.**

# PARTICIPANT CONSENT FORM

**Lead Researcher:** Alice Chisnall-Kalounviti
**Email**: alice.chisnall@gmail.com
**Study Site:** Te Whatu Ora Aotearoa; Auckland University of Technology (AUT)
**Research Supervisor:** Jake Meads
**Email:** jake.meads@aut.ac.nz

*Department of Psychology & Neuroscience*
*Auckland University of Technology (AUT)*
*Private Bag 92006*
*Auckland 1142, New Zealand*

**Ethics committee ref.: 24/19**

*Project title:* **Investigating the challenges of neurodivergent (Autistic & ADHD) employees in a highly regulated healthcare environment in Aotearoa New Zealand**

*Project Supervisor:* **Jake Meads**

*Researcher:* **Alice Chisnall-Kalouniviti**

- ○ I have read and understood the information provided about this research project in the Information Sheet dated:
- ○ I have had an opportunity to ask questions and to have them answered.
- ○ I understand that notes will be taken during the interviews and that they will also be audio-taped and transcribed.
- ○ I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study at any time without being disadvantaged in any way.
- ○ I understand that if I withdraw from the study then I will be offered the choice between having any data that is identifiable as belonging to me removed or allowing it to continue to be used. However, once the findings have been produced, removal of my data may not be possible.
- ○ I agree to take part in this research.
- ○ I wish to receive a summary of the research findings (please tick one): Yes○ No○

Participants signature: .....

Participants name: .....

Participants Contact Details (if appropriate): Date:

.....

.....

.....

.....

***Approved by the Auckland University of Technology Ethics Committee on***

***AUTEC Reference number 24/19***

*Note: The Participant should retain a copy of this form.*

# Neurodivergent health professionals wanted!

AUT
TE WĀNANGA ARONUI O TĀMAKI MAKAU RAU

## What I'm doing:

Investigating the experiences and challenges of neurodivergent (Autistic and/or ADHD) employees working in a highly regulated healthcare environment.

## Who I need:

Regulated healthcare professionals (such as nurses, doctors, pharmacists, midwives) aged 18+, who have autism or ADHD, who are currently employed in an accredited healthcare provider (hospitals, GP clinics, rest homes, pharmacies) in Aotearoa New Zealand.

## Contact:

alice.chisnall@gmail.com

## Approval:

This research has been approved by AUTEC Proposal# 24/19

## Who am I?

I'm a neurodivergent Public Health Advisor and Registered Nurse with an interest in neurodiversity research.
This is my Master's thesis.

## What's involved:

I'll interview you about your experiences working in healthcare as a neurodivergent person.
We'll discuss what challenges you face, what support you get and what improvements could be made to the workplace on your behalf. This interview will take about an hour and a half, and we can do it online or in person.

Appendix C:

**Auckland University of Technology Ethics Committee (AUTEC)**

22 May 2024

Jake Meads
Faculty of Health and Environmental Sciences

Dear Jake

Re Ethics Application: **24/19 Investigating the challenges of neurodivergent (autistic and ADHD) employees in highly regulated healthcare environments in Aotearoa New Zealand.**

Thank you for your responses to AUTEC's conditions.

Your ethics application has been approved for three years until 22 May 2027.

**Non-Standard Conditions of Approval**

1. Please disclose the Primary Researcher's professional role(s) and affiliations in the Information Sheet.
2. The ACC statement may be removed as no treatment injury may be expected.

Non-standard conditions do not need to be submitted to or reviewed by AUTEC unless requested but must be completed before commencing your study.

**Standard Conditions of Approval**

1. The research is to be undertaken in accordance with the Auckland University of Technology Code of Conduct for Research and as approved by AUTEC.
2. All public facing documents must have the AUTEC approval number and be of a high standard of spelling and grammar. Dates on the Information Sheet(s) and Consent Form(s) must be consistent.
3. Any amendments to the project must be approved by AUTEC prior to being implemented.
4. A progress report is due annually on the anniversary of the approval date.
5. A final report is due at the expiration of the approval period, or, upon completion of project.
6. Any serious or adverse events must be reported to AUTEC, this includes unforeseen issues that might affect continued ethical acceptability of the project.
7. AUTEC grants ethical approval only. You are responsible for obtaining management permission for access from any institution or organisation at which your research is being conducted and you need to meet all ethical, legal, public health, and locality obligations or requirements for the jurisdictions in which the research is being undertaken.

The application number and title need to be referenced on all correspondence related to this project.

All forms are available online http://www.aut.ac.nz/research/researchethics

For any enquiries, please contact ethics@aut.ac.nz
(This is a computer-generated letter for which no signature is required)

The AUTEC Secretariat
**Auckland University of Technology Ethics Committee**

Cc: Alice.Chisnall-Kalouniviti@health.govt.nz; alice.chisnall@gmail.com; daniel.shepherd@aut.ac.nz