

Editorial

Managing neurodiversity in workplaces

Judy Singer [1], a sociologist who has autism, coined the term 'neurodiversity' (ND) in the late 1990s, introducing the concept that some developmental disorders may represent a variation of 'normal'.

ND commonly refers to a variety of conditions including, but not limited to, autism spectrum conditions, attention deficit hyperactive disorder (ADHD), dyslexia, dyspraxia, dyscalculia and other unspecified conditions.

Is it possible that disability legislation [2], intended to benefit the employment situation of affected persons, might nevertheless have had unintended adverse consequences? In order to make important provisions such as the right to workplace adjustments, government agencies must first be able to identify eligible persons.

ND is not the same thing as disability. However, for current legal [2] purposes the two are effectively interchangeable, and such conflated identifications might themselves lead to public and self-stigmatization. Santuzzi [3] suggests that intra-individual factors, including disability salience, disability strain, and environmental factors (disability stigma, ineffective social support) constitute a rationale for the making of identity management decisions. According to this author, if this is normalized, then positive changes in education and workplace attitudes could ensue. A diagnosis of ND tends to lead to categorization of ability. Legislation should therefore be amended to reflect community acceptance of ND. This could give some latitude to employers and responsible bodies in the implementation of adjustments. Individuals with these diagnoses are frequently armed with the legal 'jargon' of discrimination, whilst actual problems at work might result from individuals within the hierarchy having attitudes to work/study which are paternalistic, presumably conforming to existing policies. Embracement of the working methods of neurodiverse individuals is preferable to enforcement of a solution by someone in authority.

In an educational or employment setting the disability adjustment provider (DAP) should register all ND persons for data collection/analysis. Awareness of departmental adjustments which can be offered, if requested, is important. The passive acceptance of pre-existing childhood symptoms should not inhibit registration of 'late adult diagnosis'. The aim is to 'catch all' neurodiverse conditions, irrespective of whether adjustments are required. The value of knowing what proportion of ND individuals may require adjustments lies not only in assisting data management, but also in fulfilling requirements for increasing work productivity. The individual's learning profile

should be properly understood before the DAP labels them as learning deficient.

An estimated 15–20% of people are neurodivergent, and in the work environment many of these fail at recruitment [4]. Research published in 2021 by the Office for National Statistics found that only 22% of autistic adults were employed. Half of UK managers state that they would not hire neurodivergent people [5]. Some individuals may need adjustments for the purposes of job applications and interview processes. Recruiters might be able to help in this respect. Employers (e.g. IBM, Google) are also seeking people with specific profiles for the purpose of providing creativity and innovation, a feature of many ND employees, thereby building stronger teams. Useful variation in skills or working methods can be inadvertently overlooked if the aim is simply to continue with old-established measures. Santuzzi [3] suggests that adoption into the modern workplace of neurodiverse work practices for all could ease some of the associated stigma. Workplace policies, including the provision of an empathetic point of contact, could normalize this.

Extra effort spent in avoiding these effects can take a toll on work performance and physical/mental health of ND individuals [6]. The stigma around ND and its consequences can generate apprehension in both employees and employers, and this might potentially result in illegal actions which might otherwise have been avoided.

Occupational Health Professionals are capable of recommending adjustments that are within the capacities of both employer and employee/student. ND is complex [7] and should be managed by Occupational Health Physicians. Employers tend to quote many reasons for not instituting recommended adjustments. Discussion by Human Resources with employees/Unions about the advantages of pertinent adjustments would be useful. Flexible working practices, particularly working from home, have already been forced by the COVID-19 pandemic.

Adjustments for ND sufferers cannot be standardized to a 'one size fits all'. They must be made in the light of individual symptoms and their work context. A simple "labelling" approach such as people with dyslexia need 'X' support and those with autism need 'Y' support is not likely to be effective. Individuals might have either associated conditions and/or misdiagnoses, e.g. depression. Attention tends to be drawn to impairments, but the focus should be on the positives. As a medical member of Autism International said 'Most of us are able to provide strengths without disabilities'. ND patients can be creative 'out-of-the-box' thinkers, but with some types of currently available

assessments, they can still easily fail. ND should be considered a normal variant.

Examples of positive features of ND can be stated. ADHD individuals often show high levels of passion, drive and creative thinking, and have unusual attention to detail. A bigger picture is made up of smaller parts which require attention, the whole reducing to a detailed human understanding of an individual situation. Autistic individuals also tend to pay attention to complex detail, have good memory and can show 'specialty' skills which can be advantageous in certain jobs, e.g. computer programming or music. Einstein and Mozart are famous for such strengths. Those with dyslexia often use visual information more reliably than neurotypicals (without ND), and this could be useful in engineering or graphics employees.

Behaviours such as hyperactivity and impulsivity might have helped our ancient ancestors find food or move away from danger, providing a selective evolutionary advantage. More research into specific sociological/psycho-sociological questions is required, in order to move away from the 'default tendency' of easily pathologizing symptoms. Assessors should also consider future 'learned behaviour' of the neurodiverse individual, which may develop as a means to find social acceptance or to appease those in authority. Genes [8] for these developmental "disorders" may persist within the human genome because they confer an evolutionary advantage rather than coding for any pathology.

Problems ensued as managers have openly stated ignorance of ND as an excuse for inaction. If no attempt at understanding the diagnosed individual is made, then these people may effectively be discriminated against. "There are workers with autism and there are autistic workers" states Santuzzi. Potentially useful skills are missed as individuals are forced to conform, in the face of this lack of knowledge and understanding of ND working. Training should be both inclusive of common needs and specific to the individual.

'Uniformity' is traditionally demanded in order to satisfy perceived requirements for conformity with the 'typical' or 'normal', but communities can now see that diversity is the future. Employers should learn to celebrate and utilize the strengths of such people, instead of labelling their characteristics as disabilities. The approach must change in response to contemporaneous needs and as more knowledge of the subject is acquired, rather than continuing to rely on the neurodiverse adjustments of the past. Differences in cerebral function should be perceived as variations of normal, and should not be subjected to attempts to effect 'cure' of so-called deficits so as to conform to long-established but now obsolete pre-conceptions of what "normal" might be.

In the workplace the gain of new insights into what is possible for a given individual in a given role, and the realization of such possibilities, should be the aim rather than conveniently hiding behind inadequate work policies. Individuals in positions of authority should be capable of answering 'why not?' when questioned by ND individuals, rather than simply continuing in blindly applying outdated 'paternalistic diktats', which might even be considered offensive. Some ND cases come with late adult diagnosis and others could have multiple health problems, especially with increasing age. Cultural, social, health,

legal, governmental, financial and other factors may also impact on ND.

Similarly, steps should be taken also to treat rule-makers as humans, rather than being purely critical. This approach is likely to help in making adjustments for employees at work or study. Both sides may initially approach such exchanges with unhelpful or even militant starting points, but a sympathetic and understanding approach can often assist greatly in enabling polite discussion from which progress can be made.

As 'normality' is re-defined, the evaluation of productivity after accommodation of ND is helpful. This may assist in the attempt to challenge any discriminatory component in the relationship between employer and employee.

Ethical challenges are also emerging in selecting 'outcome measures' with respect to behaviourally defined differences.

As T. Armstrong [9] said 'How absurd it would be to label a calla lily as having "petal deficit disorder" or to diagnose a person from Holland as suffering from "altitude deprivation syndrome"'.

Blandina Blackburn

c/o The Society of Occupational Medicine, 11 St. Andrew's Place, London NW1 4LB, UK
e-mail: blandinablackburn@yahoo.co.uk

References

1. Singer J. *Odd people in: the birth of community amongst people on the autism spectrum: a personal exploration of a new social movement based on neurological diversity*. Honours Thesis, The Faculty of Humanities and Social Science, The University of Technology, 1998.
2. Equality Act 2010. <https://www.legislation.gov.uk/ukpga/2010/15/contents> (19 December 2022, date last accessed).
3. Santuzzi AM, Keating RT, Martinez JJ, Finkelstein LM, Rupp DE, Strah N. Identity management strategies for workers with concealable disabilities: antecedents and consequences. April 2019. doi:10.1111/josi.12320
4. Carr S. The Secret Weapon For Recruiting Talent & Winning Clients. 8 June 2022. <https://www.blacklettercommunications.co.uk/2022/media-relations/neurodiversity-the-secret-weapon-for-recruiting-talent-and-winning-clients> (12 January 2023, date last accessed).
5. Graham J. 20 August 2022. <https://www.hrzone.com/lead/culture/why-we-need-to-stamp-out-the-neurodiversity-stigma> (12 January 2023, date last accessed).
6. Dunn K, Rydzewska E, Fleming M, Cooper S-A. Prevalence of mental health conditions, sensory impairments and physical disability in people with co-occurring intellectual disabilities and autism compared with other people: a cross-sectional total population study in Scotland. *BMJ Open* 2020;10:e035280.
7. Pellicano E, Fatima U, Hall G et al. A capabilities approach to understanding and supporting autistic adulthood. *Review Nat Rev Psychol* 2022;1:624–639.
8. Koi P. Genetics on the neurodiversity spectrum: genetic, phenotypic and endophenotypic continua in autism and ADHD. *Stud Hist Philos Sci* 2021;89:52–62.
9. Armstrong T. The myth of the normal brain: embracing neurodiversity. *AMA J Ethics* 2015;17:348–352.