Innovative thinking

Manchester Metropolitan University

Health Education North West/MMU Widening Participation Project: Phase 2 Report

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1: Introduction

This is the Phase 2 report from a 3-phase project to investigate widening participation activities (WPA) on NHS commissioned programmes. This phase explored the experiences of qualified physiotherapists who have been recognised as having a specific learning disability (SpLD) whilst undertaking an NHS commissioned programme and once qualified and working in the NHS.

1.1: Background

The National Health Service (NHS) employs over1.4m staff in over 300 different professions (HSCIC 2015). NHS England reports that 6% of the workforce have disclosed a disability (NHS England 2015) although scrutiny of Individual Trust Annual Equality and Diversity Reports suggests that the value may be closer to 3%.

It is estimated that 15% of the UK population have a specific learning disability, with dyslexia as the most common, affecting 10% of the population (BDA 2015b). Murphy (2011) reports that there is increasing evidence that people with SpLDs are more likely to choose caring professions, rather than more administrative occupations. It has been reported that one in 40 Chartered Society of Physiotherapy (CSP) members have dyslexia, thus suggesting that at least 1,200 CSP members are affected (McMillan 2015). It is unclear whether dyslexia is more prevalent among physiotherapists than in other occupations (McMillan 2015), however, findings from this current research suggest this may be the case.

Benchmark data, from three cohorts of students on an NHS commissioned programme of study, obtained for Phase 1 of this project revealed that proportionally more students on the Physiotherapy and Speech Pathology programmes at Manchester Metropolitan University (MMU) disclosed a disability (8-16%) during the period of interest compared to other programmes within the University. This finding is consistent with the overall figure of 12% for all students studying subjects Allied to Medicine (HESA, 2015). During the same period MMU reported that 7% of students enrolled on all its programmes of study had disclosed a disability, an increase compared to preceding years. The lowest number of students disclosing a disability and enrolled on physiotherapy courses was more than twice that reported by NHS employers in Equality and Diversity Annual Reports (See Phase 1 Report). It is unclear why there is a discrepancy between the number of students disclosing a disability in HEIs compared to the number of staff who disclose a disability in the NHS workplace. This discrepancy may be related to fears of discrimination, fears that they will be perceived only in terms of their disability or because they do not feel that their disability will interfere with their ability to fulfil the job role (Disability Rights

UK, 2012).

The Equality Act, which came into effect in 2010, incorporates all previous domestic equality legislation (as amended where applicable) (CSP 2012). The Equality Act (2010) legally protects people from discrimination in the workplace and in wider society, including the NHS and HEIs. It prohibits discrimination against disabled people in employment and in the provision of goods and services (BDA 2015). Employers have a duty to make reasonable adjustments for disabled job applicants and for disabled employees to enable them to effectively execute their current role or progress through the organisation (McMillan 2015).

1.2: Aims and Objectives Phase 2

Aims:

- To explore attitudes to disclosure/non-disclosure of specific learning needs
- To explore barriers and facilitators to accessing support for specific learning needs
- To investigate perceived impact of support for specific learning needs on CPD and career progression

Objectives:

- To conduct interviews with NHS employees who disclosed disabilities (specific learning needs) while on an NHS commissioned programme of study to:
  - Investigate their experience of accessing support/supportive technology on campus and on placement (barriers and facilitators)
  - Explore their views on the impact of support/supportive technology on campus and on placement (barriers and facilitators)
  - Explore their experiences as an NHS employee with a specific learning need particularly in relation to the following themes:
    - Disclosure:
      - Did they disclose their disability on application
      - Did they disclose their disability subsequently
      - If they disclosed, were they provided with support in the work environment
      - If they disclosed, whether the organisation provided support from within existing (NHS) resources or whether referral to Access to Work was made
    - Impact of disability
      - Their views related to the impact of a specific learning need on their career progression and CPD

2: Methodology

Design

An exploratory qualitative design was undertaken to address the aims of this phase of the study.

Participants

A purposive sample of 8 physiotherapy graduates, who have been recognised as having a SpLD whilst undertaking an NHS commissioned programme and who have worked in the NHS, were recruited.

Participants were invited to take part in this study via Facebook and via email. Those accepting the invitation to participate were asked to read the participant information sheet and sign a consent form prior to taking part.

Data generation

Eight in-depth interviews were undertaken to explore the aims of this phase. All interviews were carried out by the same researcher (GY). Interviews took place within the university setting, in a confidential environment or via the telephone. Each interview lasted 40-70 minutes and was digitally recorded. An interview schedule was used to guide the interview (see Appendix). This was developed from a review of the existing literature. Further discussion was guided by the participant's response to these questions.

Data analysis

Interview data were transcribed verbatim and analysed using thematic analysis. Data transformation was conducted in the following six stages as described by Braun and Clarke (2013): Familiarisation with the data; Generating initial codes; Searching for themes; Reviewing themes; Defining and naming themes; and Writing up the analysis. The initial stage entailed open coding of data (Corbin and Strauss 2008). This involved repeated listening to the audio recordings and the reading and re-reading of the transcripts to ensure that the findings were grounded in the data. Codes were applied to segments of data that identified salient points. Patterns were then identified across the dataset to form sub-themes. Conceptually similar sub-themes were grouped together into overarching themes. To ensure rigour, transcriptions were read independently by each of the team. Critical discussions then took place to verify, modify and refine the themes.

Ethics

Approval was obtained from the MMU Faculty Ethics Committee (ref: 1266).

3: Findings

3.1: Demographic data

All eight participants had been recognised as having a SpLD. Seven had a diagnosis of dyslexia; one participant had a diagnosis of dyspraxia. Four participants were female.

All participants had studied on one of two programmes at Manchester Metropolitan University (MMU): BSc (Hons) in Physiotherapy (6 participants) and MSc (Pre-Reg) Physiotherapy (2 participants) between 2004-2012. Participants were working as a Band 5 (n=3) or Band 6 (n=5) physiotherapist. The mean number of years qualified as a physiotherapist was 4.5 years (Fig. 1).
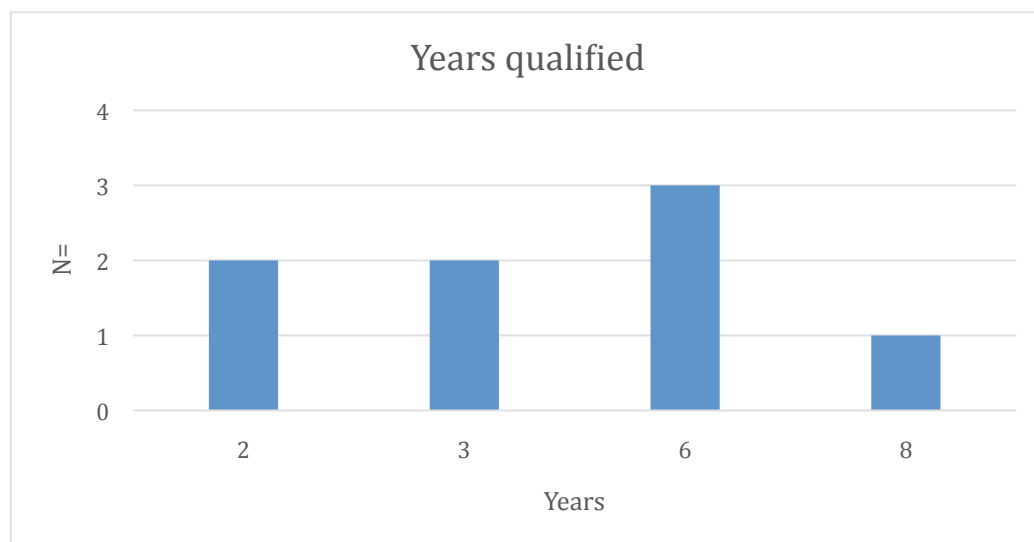
Figure 1: Number of years since qualification as a Physiotherapist

Most participants were diagnosed whilst at school/college. Two participants were diagnosed during their first degree. For one student, this was during their physiotherapy degree, for the other student this was on a degree undertaken prior to their physiotherapy degree (Fig. 2).
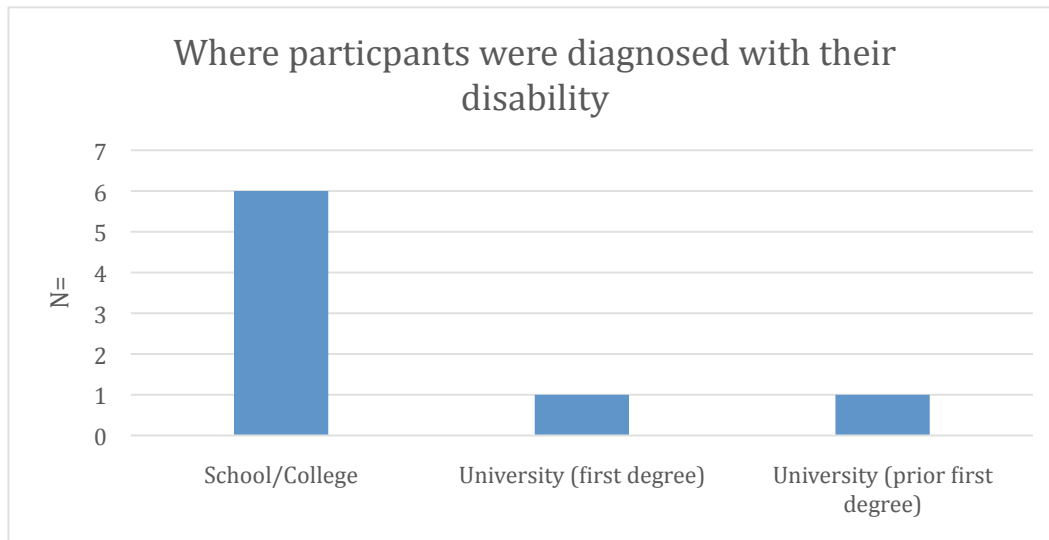
Figure 2: Where participants were diagnosed

Most participants chose to disclose their disability. Five participants chose to disclose on their university application form; two participants had yet to diagnosed at this stage. Seven of the eight participants chose to disclose whilst on their NHS commissioned programme. However, whilst one participant did not disclose at university initially, he did disclose once he started to fail assessments (Fig. 3).
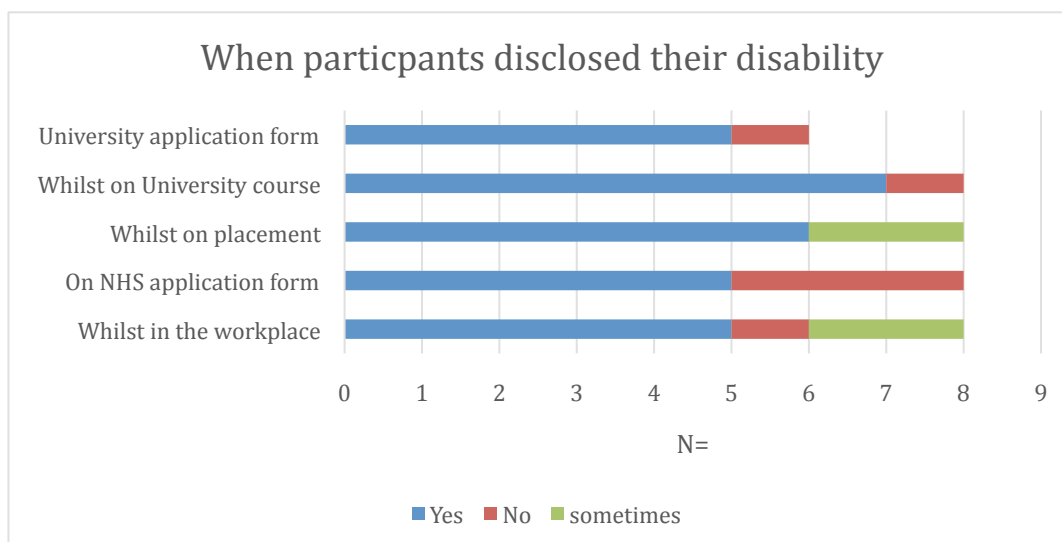
Figure 3: Figure to show when participants disclosed

3.2: Themes

Four main themes were identified: 'Having dyslexia'; 'Disclosure'; 'Support and strategies'; and 'NHS positive and negative response'. The findings have been presented under these themes and sub-themes and are used to structure the discussion. However, the issues raised in many of the sub-themes cut across the four main themes. Direct quotes from participants have been included to illuminate the findings. pseudonyms [e.g. P1] have been used to ensure anonymity.

3.2.1: Having Dyslexia

3.2.1.1: Disability

Most participants did not consider themselves to have a disability. For some this was because they associate disability with a physical impairment.

> I don't class myself as disabled … The way it's written on NHS Jobs. Have you got any specific disability that you need to make us aware – or provisions – I think without thinking about it properly, because I work in physical disabilities – you see somebody with a physical disability. That's… quite disappointed in myself for seeing it like that really but I wouldn't feel that I would qualify and I think that's partly why. P3

> I work with amputees so I would say no. It's because it's not I guess visual, very hidden. I don't think people on the outside world would see it as a disability. I don't even think my parents see it as a disability just by the things they say. P6

Or due to the word disability, which for them has connotations of not being able to do:

> I don't feel it's [dyslexia] a disability. I've lived with it all of my life and I can cope, I'm OK with it. In job applications and things I don't tick it because I don't think it affects the job that I do. P4

> The word disability says you aren't able to do something and suggests that you're not – I've seen myself as able to do something therefore I'm not disabled, but again it's the use of the term disability. I would probably say that dyslexia is a learning consideration opposed to a disability. I would say I don't have a disability but I would technically say I have – and again "dis" sounds a little bit – I would probably say "a learning requirement". To optimise my learning, this is how I learn, this is what I need in place. P5

> *I don't think it [dyslexia] is [a disability] at all. I know it's classified as a learning disability but I don't think it disables me in any way. It's all about mind over matter. … I've never felt that at any point that my dyslexia has been the reason why I haven't managed to do something. It's never been the dyslexia that's stopped me doing anything. P8*

This may relate to historical attitudes, based on the medical model of disability, which has viewed disability as having a 'deficit' (Scullion 2010).

However, for others, whilst they felt dyslexia did not disable them, they felt it could disable others and this might depend of the severity or the nature of a person's dyslexia:

> *For me, no. This question is so difficult to answer because it depends who's asking and who's defining disability because in certain situations, I would take back and would actually say "yes" because if I said "no" it's offending other people and it would offend other people, I'm sure of it. So for that reason, I would say yes it's a disability but just for me, it's a disability that doesn't disable me in too many respects. Dyslexia is a disability for some people. P2*

Others were unsure and with reflection, felt that it was a disability:

> *I didn't but I do. It's one of those things that "well no you're down as multiple disabilities" "well why?" "I know about the arthritis but actually the dyslexia's a disability as well". And it's getting it into your head that you do actually have a disability because I've lived 30-odd years without having that. … It took me a while before I would say that was a disability. P1*

However, they went on to explain their hesitancy with accepting that dyslexia is a disability:

> *Because it's a learning disability and that means you're thick. You're one of the "special kids" that goes into so-and-so's class. It's all from being a child of course but it does have an element of that. Is there going to be a stigma? Is there going to be that discrimination? What effect is saying this out loud going to have? And in real terms, it has very little effect. P1*

This is reflective of the findings of others, where many people with dyslexia do not see themselves as having a disability (BDA 2015a). However, dyslexia is a neurological condition and therefore a protected characteristic that is covered under the Equality Act (2010).

3.2.1.2: Stigma

Several participants highlighted the stigma of having dyslexia. For many this related to their early years as a child:

> *Because of the stigma as a child, I had a pretty bad time at school with it. Just bullying and stuff like that … P3*

> *It was very much like "you're dyslexic, well what are you doing in top set for this" it was like "oh you're thick". P4*

However, some participants highlighted that things had changed over the years since they were a child and now there is less stigma attached to the diagnosis:

> *What I would say is people aren't like they were back in the day. People are more open to it now. People are more aware of dyslexia now so it isn't this whole taboo like it used to be "oh you've got dyslexia it mean's your thick". That's how it used to be but now it definitely isn't. Be as open with your work colleagues because that's how people are going to learn about it. P4*

Conversely, others they felt there was no stigma to their diagnosis, rather they felt a sense of pride that they had been successful with dyslexia:

> *It's not something I'm ashamed of, if anything I'm proud that even with dyslexia and I did suffer with it quite badly at school, I've managed to get the job that I want and I've managed to get the career path that I want, whether I had it or not. P8*

3.2.1.3: Diagnosis

All participants felt getting a diagnosis of dyslexia was a positive outcome. Many described getting a diagnosis as a 'relief'. They felt that it gave them an explanation of what was going on:

> *Relieved I think. I felt like I was struggling at school but I didn't know why and it wasn't that I didn't know it, it was just that I couldn't put it down and couldn't interpret bits of information. To get the diagnosis and to get the support was a big relief. P8*

Many equated this relief to the stigma they had experienced when undiagnosed and had been labelled by others as being 'stupid':

> *It was nice to know and have that confirmation that it wasn't me just being a bit stupid. It wasn't just a bit thick. P1.*

> *It makes me relieved because it's an explanation of what's going on. I didn't like the idea that I – particularly during A levels I felt very let*

down, particularly in the exams that I wasn't able to compete with my peers. There was particularly a stigma during my GCSE Maths, I was just thick and wasn't very clever with that and my GCSE maths tutor made me feel very stupid and ridiculed. P5

My visual and verbal reasoning is basically significantly compromised which is why I'm slow and why I've had so many problems throughout my whole life and why I've been judged my whole life as well. … when it [diagnosis] came through I was like "OK, there's something wrong, great. P7

and many linked this relief to that fact that something could now be done about it:

I just generally felt relieved that it was diagnosed and something could be done about it through management and having the equipment there to help as well. P5

3.2.1.4: Strengths & Weaknesses

A range of difficulties was highlighted by the participants due to their dyslexia. These mainly included: structuring work, processing, spelling, reading, writing and numeracy:

When I was university whenever I was doing academic stuff, it was basic stuff – I would re-write the word and I'd double write it and – I wouldn't have the structure, I'd really struggle. Some spelling I'd struggle with but I've almost overcome that because I'm doing it on a daily basis. So I think my main thing was structure in my head and putting it to paper. The written word I really struggled with and the numeracy. But I think it was the time limits that I had was the main problem. I could achieve it to a good standard, it was just having the time. P3

I've always been absolutely awful at writing and listening at the same time so that's affected me greatly, sitting in lectures. I think that's how it probably affected me the most at uni was being able to write notes because I could never write notes as I'm listening to something. If there was one piece of technology that I should have taken advantage of, it would have been a Dictaphone so that I could then go back and write them in my own time. That's by far and away what I should have done. P2

But the main problems are the reading speed, the writing speed and the processing of information and that's why I need to take time to obviously understand what's being asked of me. P5

However, many of the participants highlighted a number of strengths, which they related to having dyslexia. These included: thoroughness and problem-solving, and lateral thinking abilities:

> *I suppose everything I do has to be very thorough to make sure to make sure there's no – like a CV, I go through every single word on there to make sure I've not made a silly mistake. P3*

> *So thinking of different ways to adapt exercise plans, programmes, different activities. ... I'm used to thinking on my feet. It's one of those. I often go in thinking one thing's happening and find out actually no its not, its something different so off we go and run with it. And I am aware of the fact that I make mistakes. So again, I do check things and double check them. P1*

Others highlighted how this can be a strength to the team they work in:

> *It's just making people aware that just because you have dyslexia doesn't mean that you're any less intelligent or – you just think slightly differently and sometimes someone who thinks slightly differently in a team is a good thing because you see things in slightly different ways. P4*

Several participants also highlighted that having dyslexia made them more determined to achieve academically:

> *I think it [being diagnosed with dyslexia] made me more determined to get to where I wanted to be because through school I'd been told that because of my dyslexia it would make me struggle with my English, I wouldn't get the grades that I needed to get into University so I think it made me more determined if anything. It didn't deter me. P7*

> *Because I was diagnosed with dyslexia, I wanted to prove to all of the people who throughout school have said "you'll not get there, you'll not get the grades that you want because of it". I wanted to prove to them moreso than ever that I actually can do it and I did it well. I came out with a good degree, I came out with a good mark in my degree. P8*

> *Determination. I think determination more than anything. Prove people wrong. ... I don't think I'd be where I am now if I wasn't dyslexic. I wouldn't have the drive. P3*

Career Choice

Most participants felt that having dyslexia had not affected their choice of career:

> *Physio has been a passion I've had since – and I would never let my dyslexia get in the way with achieving what I want to achieve. P5*

> *[Dyslexia] wasn't a deciding factor in my choice of career path. P2*

Moreover, participants felt that once diagnosed and with support, dyslexia should not act as a barrier to a person's career choice:

> *Before I had the diagnosis, there's a lot of technical, there's a lot of research, there's a lot of writing [in physio]. I'm not sure I can do that. Trying to struggle through with everything else, am I ever going to make it or am I just going to set myself up to fail. Having the diagnosis, knowing there's support there, well actually, yeah, maybe I can. And by having the support from X Uni [for 1st degree] … the difference that made, just made me think "right, that's it, I know I can do it" [physio course]. P1*

Career Specialism

However, their SpLD did seem to be more of a factor in their choice of career specialism. There seemed to be a preference for ward-based work for many participants due to fewer time constraints when compared to working in other areas:

> *When I was on a ward, whether it was Respiratory or Neuro or Orthopaedics, I always had that bit more time to do it. P3*

Although this was not the case for all participants:

> *None of that [career specialism] was influenced by my dyslexia. They were more influenced by personal preference and rotation and whatnot. P2*

Nonetheless, most participants highlighted that working in musculoskeletal (MSK) outpatient departments, was a particularly challenging environment due to the time constraints and getting patient's notes completed within this timeframe:

> *So that's why I could never have been an MSK physio because the time limit for me was too strict. P3*

> *Outpatients was more challenging because of the time constraints. On the ward, you treat patients but you don't have a time limit, you don't have to see your next patient half an hour after the first one so*

> *I found wards, not easier, but easier for my notes and my timing. Outpatients was more difficult because I had a half hour or 40 minute period when I had to treat and write notes and that could mean that I was panicking that my notes weren't going to be understandable or didn't have enough content to them because I didn't have enough time to write in them. P8*

For many, this resulted in them staying late to complete the paperwork:

> *I used to stay a little bit later or work through my lunch to get my notes written up. P4*

> *I was staying late for an hour and a half every night and that was on an average day. P1*

> *It was outpatients - I struggled, I really struggled. I never quite understood why everyone else was leaving bang on at 4.30. I was staying until sometimes to 5.15, 5.30 to write up and play catch up with my notes. Basically, I'd be sitting back writing notes and trying to catch up but nobody would flutter an eyelid. Nobody was saying "OK you shouldn't be writing notes this length of time, what's going on, what can we do to help you". P5*

For one participant, these issues influenced her decision not to work in the NHS:

> *I would never have survived in the NHS because of the demands required. … working in busy outpatients departments where you've got 20 minutes per patient … It's too stressful for me. Whereas in [non-NHS] I can spend as much time as I want with my patients. … I wouldn't go and work in the NHS due to the lack of time they give their practitioners and for someone who's really good at their job, they can just about hit the time and everything's fine. For someone who has a problem with time as in processing, it's just impossible and it's not fair on the patient. The service to the patient – you're giving them a crap service. So I'd never work for them, ever. P6*

However, for others, despite these issues, the job satisfaction was the overriding factor in terms of career specialism.

> *That [the notes] was part of the reason why I didn't want to go anywhere near outpatients in a million years but it's worth it. I enjoy it. I enjoy the job and get the satisfaction from it. It was worth it when I was staying late for an hour and a half every night and that was on an average day. It's worth it to me. … It is about the job satisfaction, it's about doing the job I want to do and I found the area that makes me happy. P1*

3.2.2: Disclosure

A significant issue highlighted by all participants related to disclosure of their disability. At various points in their university studies and career they were faced with disclosure decisions.

3.2.2.1: Disclosure: HEI

3.2.2.1.1: Application

The majority of participants disclosed on their university application for their NHS commissioned course. Reasons for disclosure related to ensuring they were not disadvantaged by the interview process and to 'level the playing field':

> *Yes I did [disclose]. I think it was I didn't want to penalise myself by not disclosing because I didn't know if any of the elements in the interview process were going to be written and therefore if it was disclosed it might help people understand why I was struggling or why parts of my grammar and spelling weren't correct. P8*

> *So when I ticked the UCAS form, I thought it was something I felt I was entitled to do, something if it would help me in any way to level the playing field. P7*

Two participants did not disclose on their university application. For one participant, this was because they were not diagnosed until they were at university. For the other participant, this related to the stigma of the diagnosis:

> *Because of the stigma as a child … so even though I had confidence at Uni that that wouldn't have been a part of it or wouldn't have affected me, there was that personal stigma to it from myself really. So I tried to hide it as much as possible. P3*

3.2.2.1.2: Programme

Seven of the eight participants disclosed once they were on their university programme. Their disclosure decisions were positively influenced by the legislation and positive ethos towards disability in institutions such as the NHS and Universities:

> *I probably would have thought twice initially [about disclosing] but it wouldn't have been a long thought. With things like Uni and applying within the NHS, I know that it's very – they're far more accepting and open to people with disabilities however big or small they are so with those respects, I probably wouldn't have had any*

> *issue ... if I was applying to a small private company, then it would be different. P2*

For others, their disclosure was related to the benefits that they felt disclosure would bring in terms of success on the programme:

> *My main thoughts behind disclosing was because I wanted to do as well as I could with physio and I know the reputation that X university had and the reputation that physio had that they are hard degree courses to do and I didn't want the dyslexia to get in the way like it had done with my last degree. I didn't want to get a 2:2, I wanted to get the highest degree possible and being a mature student, I had that opportunity to do that. P5*

One of the participants did not disclose initially due to their perceived stigma of having dyslexia. However, once he started to fail assessments he felt he had no choice other than to disclose:

> *I didn't have to tell the University ... but it was when I started to fail was when I thought I need to [disclose]. ... I think it was my only option otherwise I was going to fail, so I had no choice. P3*

However, all participants felt that disclosing their disability whilst on their NHS commissioned programme was a positive decision:

> *Everything was positive. I didn't at any point have any negativity about it. Everyone was really supportive. Even my friends that knew. They were really supportive. No-one made me doubt the fact that I'd put myself as being dyslexic and having a learning difficulty. I never once regretted that decision. P8*

3.2.2.1.3: Placements

The participant's next disclosure decision whilst at university concerned whether or not to disclose on their clinical placement. The majority of participants chose to disclose on all placements as they felt this would allow the placement provider to put appropriate support in place to enable them to succeed:

> *[I disclosed] to maximise, to get the best clinical placement possible. I didn't want anything to go wrong so if I could get that nipped in the bud straight away and get them to be aware of what I can do – not so much what I can't do but what I need a bit of support in. I said I do get some issues with this however I overcome this by doing this. If they know that, then I feel deep down that it's given me an advantage. P5*

[I disclosed] Before every placement… because if they're going to expect certain things of me, it's going to be an issue, let's let them know from the heads up. … So to be able to say to my clinical educator "well, I've got dyslexia, I did declare it before I came" … she came back to me the next day and said "what we need to do is, if you're going to be in an environment like this, we'd need to set up so that you can access notes and can have that extra time for it". So she did then come back and was very very helpful once she was aware. P1

I wanted them to know because I'm there to learn off them and I wanted them to be able to tailor the experience as best they could … I sat down with the clinical educator and we talked. She just kept asking "is there anything I need to do to change this to make it better for you" so she was constantly asking throughout the placement is there anything else we need to do. P7

Others were selective about which placement to disclose on. For some this related to the nature of the placement:

I think I disclosed on my outpatient ones [placements] because obviously my note taking would take longer and its hand-written rather than on a ward where the notes aren't potentially as long and in-depth so that's fine. P4

And for others, this related more to the humanistic qualities of their educator:

As a student, you're going into a busy working environment; you're sort of weighing up who's approachable and who's not. P3

3.2.2.2: Disclosure: Workplace

3.2.2.2.1: Application

The picture was more mixed in relation to disclosure decisions in the workplace. Previous literature suggests that those who are diagnosed with a specific learning disability during school/collage years are more likely to disclose and access support (SCRHE 1998). In this study, of the 6 participants who were diagnosed at school/collage, 4 generally disclosed their disability in the workplace. However, for the other two participants there were mixed reasons why they generally did not disclose. For participant 3, this was related to negative experiences of being diagnosed at school, which influenced all his later disclosure decisions:

To be honest, I think it all stems back, now I'm talking to you about it, it all stems back to when I was at school. The stigma – there was a

bit of stigma going in the special needs class and sitting down getting teased by your peers. But it was more the teachers to be honest. And in that same context, it's your potential employer that could discriminate against you. I don't think they ever would have done but there's always that fear as a newly qualified. P3

It is also apparent that this participant had some concerns that disclosing could potentially lead to discrimination. This resonates with earlier findings, which highlight that this might be a factor in relation to non-disclosure of a person's disability (SCRHE 1998).

For others, whether they considered dyslexia to be a disability affected their disclosure decisions:

I don't feel it's [dyslexia] a disability. I've lived with it all of my life and I can cope, I'm OK with it. In job applications and things I don't tick it because I don't think it affects the job that I do. P4

No [I didn't disclose]. I think part of it was because the way it was written – "disabled student" – and I don't class myself as disabled. I think that's what it was. P3

Positive about disabled people scheme

Some employers, including the NHS, have been accredited by PLUSS (2015). Such employers make a commitment to interview all disabled applicants who meet the minimum criteria for a job vacancy.

All participants were aware of this scheme, however, they expressed a diverse range of opinions.

Some participants were positive about the scheme:

Plus, especially on job applications, you declare that you've got disabilities and the little box that you tick that says "I want to take advantage of the something scheme that says if you meet the minimum requirements, they have to give you an interview". Why wouldn't you tick that box? To me, that's just insanity not to tick it. P1

If you meet all the criteria, they have to interview you, which is why I've always ticked it. P7

However, for others, they felt less comfortable with ticking the box for a guaranteed interview. This appeared to relate to their own confidence in securing the position and their ability to get the job on merit:

I always tick no. I've always felt really awkward when it comes to that question; I've never known what to tick. ... I just felt I'd rather know that I'm going into this interview because I've earned it rather than – I think it was partly a confidence thing to make sure that I felt that I pretty much deserved to be there in the interview as opposed to I'd just got it because I'd ticked a box. P2

And I suppose a bit of pride. I wanted to be interviewed for what it says on paper not for my condition. I think that was why. P3

A further barrier may relate to the perceived reaction of their peers to their successful appointment if they took advantage of this scheme:

A lot of people feel because you put down you have a form of disability of some sort, then people who don't [get an interview] get irritated that you get guaranteed interviews and whatnot but I never tick that box in the interviews. P2

3.2.2.2.2: In the workplace

Generally, most participants did disclose once in the workplace. Most participants felt that disclosing in the NHS environment was a positive decision:

I've found it very useful to make sure that everyone is aware of where my strengths and weaknesses lie with regards to the dyslexia. ... I think being as open as you can be with anyone in the NHS has nothing but positive benefits. P2

Some participants did not disclose because they felt their dyslexia had little impact on them and their ability to do their job in the NHS:

As a general rule, in the NHS – I suppose because my job is very practical, I'm speaking as a physio, it [having dyslexia] doesn't really matter. So whereas at university, it's completely different because it could really affect my performance. P3

Others, disclosed selectively depending on the specialism that they were working in:

I did [disclose] yes. Purely for the fact that I started off in paediatric outpatients so obviously the timing and things like that with meeting patients and things, I was taking a little bit more time. P4

Some felt that they needed to disclose so that their colleagues did not make erroneous judgements about them:

If you keep it completely quiet and don't tell them what you struggle with then they're going to think that you're not pulling your weight in the team or they're just not going to understand it. P4

> *I realised the pace that you're going at and I was like "Oh shit I'll have to say something" because they're going to get a poor judgement of me, wrong judgement, incorrect judgement which I didn't want. P6*

Participants also highlighted the confidence needed to disclose and how this confidence is affected by the anticipated response to disclosure:

> *The person with dyslexia has to have the confidence to come forward and disclose it and that is their personal choice but it also means the person on the other end, the supervisor, the senior, particularly from the senior point of view, needs to make that junior confident to disclose that. "Are you OK, is everything OK about your learning, I noticed on your application you disclosed about your dyslexia, with your rotations, how have you found it, what can we do to help you?" P5*

As with placements, for many of the participants, their disclosure decisions were related to the humanistic qualities of their line manager/senior staff:

> *I knew in the first week. I felt very comfortable with the supervisor, she was fab. I felt like I could disclose it. I think it's how open and helpful and friendly they are. P4*

For others, they still found it difficult to disclose due to the stigma they associated with having dyslexia:

> *The thing is with me, I'm quite a proud person so it dents my pride in a way and it still is a problem. I still struggle to tell line managers my problems I have. It's pride, I'm embarrassed. I'm 32 and I'm still crap at reading. P6*

This participant went on to add:

> *As time goes on, I'm learning to live with it. It doesn't make it easier to disclose at all. It's like when someone's an addict and they can't say "I'm an addict". It's just that "d" word I just don't like it at all. I think it's because it's caused me so many problems and it frustrates me. P6*

3.2.3: Support & Strategies

3.2.3.1: Support & Strategies: HEI

All eight participants benefited from a Personal Learning Plan (PLP) whilst undertaking their NHS commissioned programme at university. A range of support was indicated in their PLPs. All participants had additional time during assessments. Five of the eight also benefited from supportive technology, which included the provision of: a laptop (4 participants), software such as 'Dragon' and 'Read and Write Gold' (2 participants), and a digital recorder (2 participants). Additionally, a Reader was recommended for one participant. Whilst all highlighted how valuable the additional time was during assessments, some participants acknowledged that not all the support offered was required:

> *I got a laptop. It was nice to have a laptop I'm not saying it's not nice to have one but it didn't actually make a great deal of difference to my actual learning itself. P4*

> *I was even offered a reader but I didn't choose to use that - I think my reading was slow which is why they offered me that. P3*

3.2.3.2: Academic Support

Most participants highlighted that in addition to the extra time given for assessments, the support provided by academics was invaluable to their success:

> *Just because X's [tutor] attitude and her understanding, that helped me to push the higher grades. … I'd had brilliant experiences and was really supported. If you were struggling a little bit, they'd smile and they would make you feel comfortable and that's probably why I did as well as I did because of the attitude. P5*

> *It's all very good having these pieces of paper and having these things [PLP] but if the individual [tutor] doesn't know that person, then how can you really understand what their difficulties are? How can you bring out and optimise and get the most out of people. P5*

> *It's not just the technology; it's the pastoral and academic support that makes a massive difference. P1*

Participants noted that where academic staff had been less supportive, this impacted negatively on their performance:

> *It was just one bad experience and I think the particular person just made me quite nervous so I choked up really. It was the attitude where you're struggling to try and find the words and if non-verbal*

cues, looking at you in a funny way, being a little bit – and even verbal cues can be like "OK, can you expand that a little bit more" and it's impatient. It's that kind of thing that gets you flustered and gets you worse. I can remember particularly she was very short and sharp and not very patient and I think that really dropped my confidence. P5

Participants also highlighted the importance of not being singled out by the support provided by the university and the academic team:

The support was great. … also in a way that didn't make me feel embarrassed or singled out in lectures in any way. I know some people can feel quite embarrassed by dyslexia or learning difficulties. It's not something that bothered me particularly but you don't want it necessarily to be made known for the whole of your year group. They were very sensitive of the issue. P8

3.2.3.3: Peer Support

All participants had only positive experiences of disclosing to their peers and the support they received from them once they had disclosed:

Yeah, there weren't really any negative responses [from peers]. P2

You get a little a group that you work with, our little group. If I missed anything in the lecture or if I had to miss a lecture, we'd always "do you want to look at my notes". They were very supportive that way. A lot of them were "did you see this" and if you put out a plea, sort of "what on earth was this about?" you'd get at least 3 or 4 people coming back to you offering help and support so they were really good. P1

3.2.3.4: Support & Strategies: NHS

With regard to supporting students and staff with specific learning disabilities, the process of disseminating disclosure decisions appeared to be a common issue in both the HEI and NHS:

That's my only issue with how the Uni dealt with it. I was told prior to my placements that my placements would all be aware. … I know the fourth one didn't because the fourth one reacted really badly. He panicked and tried to set up weekly visits with the Uni. P2

When I had the issue it was on the stroke ward. I disclosed to my senior when I started who didn't take notes of the meeting and

promptly forgot so when a couple of months later I was having problems completing notes on time and staying late, she made a passing comment which was just "you never leave here on time and ..." and I said "well, with dyslexia and arthritis what do you expect? There's no way I'm going to finish on time" "You haven't have you?" "yes" "You didn't tell me" "Yes I did" "Oh God you did didn't you". P1

Further issues were highlighted in the NHS regarding whose responsibility it was to ensure, that following disclosure, the appropriate support had been put in place:

There were a few meetings to see how they could support me and I got told off for not creating hell about it. Which, was – they know the problem I've got, I've disclosed it to them, what do they want me to do? Stress and stomp, refuse to see a patient? P1

In this case, the participant clearly felt that their line manager had failed them:

I was failed by my senior. Not me failing. I'd disclosed that I was having problems and was sort of left to get on with it. I did make comments about it. You were told, you were told when I came over, respiratory knew. How is that my fault? P1

Those who disclosed in the workplace, whether as a student on placement or as a member of staff working in the NHS, all felt that they benefited from additional time:

That was a hospital based placement. I did [disclose] to them and they were brilliant. They gave me time to write my notes and then she was quite discreet about it which was quite nice. She said "I have to read through everybody's but I'll just read through your grammar and everything and spelling and abbreviations are fine". P3

I have an extra block slot in my clinics so I have an extra 20 minute slot in the middle so that the early sets of notes I can catch up on and then at then at the end, I haven't got the early notes to do. P1

However, others highlighted that they no longer needed additional support in the workplace because they had developed workplace strategies and skills to effectively manage their dyslexia:

It used to be mainly a reading thing and difficulty taking in the words that were on the page, the speed which I could actually process written information. That's gotten better; I've learned to manage it and different techniques of reading. P2

Sometimes I don't think it's [support] necessary, I don't think I need any added help. I think I've developed over the years, quite a lot of coping mechanisms to overcome what initially might have been a problem but now I actually manage to find a way of managing

without needing any added assistance. … I take more time to write things down, I abbreviate quite a lot. … I think I've just managed to, over the time and getting more confident with types of words that we use in our jobs, my spelling and things have improved as I'm doing more, I'm writing words down more often so it's not such an alien word or phrase. P8

Myself, like a lot of other people, it can be managed through simply awareness of your own strengths and weaknesses and being able to then speak with other people and manage it. Then you can be just an efficient a clinician as anyone who doesn't have any disability. P2

Other strategies used in the workplace were finding a quiet place to work:

Writing notes on the ward as well – if it was really noisy which obviously wards are, that would delay my writing time even further so I had to sometimes take notes into a quiet area and do that. P5

And writing things down:

For me I have a short-term memory processing difficulty. That's why I am always writing stuff down. P7

Others felt that additional support was not required, as workplace practices had become more inclusive. Several participants talked about having structured notes and systematic pathways to follow, which enabled them to document appropriate notes in a timely manner:

I'm really lucky where I work. We follow a pathway so it's all very systematic and logical anyway. The pathway prompts with your note writing and you don't actually end up having – one of my problems was that I used to write far too much because I would struggle with condensing. So the pathway's really helpful for me as a prompt as to what I should be writing down. P8

Several participants highlighted that where the NHS had adopted electronic systems and used computers routinely to document patient's notes, this resolved many of their issues in relation to dyslexia:

Basically we use the computer a lot and we type our assessments out on a computer database and I find that using a computer is really helpful. P5

It was fine. It [patient's notes] was all typed on the computer, which was handy so you could look if you'd spelt it wrong. P4

All of our notes were written on the computer anyway so that made it a lot easier for me. P8

Only one participant felt they required supportive technology in the workplace:

> *My boss has now said "let's get you your laptop". So she's going to get me my own laptop to use for work which is going to have Dragon Medically Speaking on it. Very posh. Inspiration. There's a couple of other programmes that they've recommended and the scribe pen. ...I can dictate them [patient's notes] and it can be put in as a paper copy yeah. And also it'll be able to read for me so if I'm doing research for something, it'll be able to read that to me. P1*

This support was provided via Access to Work. However, this participant recalled that she had been working in the NHS for 2 years before she found out that this support was available:

> *And I must confess, at that stage, I didn't know what level of support is available to you in the employment sector. As an employed person I've never had support for disability in employment. I didn't know it was available to me.*

It was apparent that her line managers and senior staff were also not aware of the support available:

> *What support is there?". My senior said "don't know, I'll go and find out". Spoke to our department head and said "what I can do is I can refer you to Occy Health. There's things they can put in place. I don't know the ins and outs of them but I know there's stuff that can be done to support you". Went through to Occupational Health and they said "you've never heard of Access to Work?". "Nope, who are they?" P1*

This participant emphasised the difference she feels having access to support in the workplace will make to her job:

> *Knowing that I'm going to have that support coming in, it's short term [current issues in the workplace] all of this now. Things are going to change; it's going to get better again. And if it doesn't go right, then I can go back [to Access to Work]. They can look again. And knowing that that's available makes such a difference. P1*

One participant highlighted the need for the awareness of Access to Work to be increased:

> *You know when you just think "hey, why did nobody tell me about all of this before?" Tell people about Access to Work. Tell them to get the assessment and tell them to tell their bosses straight away. P1*

Of the eight participants interviewed, only one participant was aware of the Access to Work scheme in her first post NHS job:

> *At my first job, my senior was also dyslexic and she was really helpful and was really keen for me to get Access to Work. She was really*

helpful and gave me all the documentation to find out about it and to see if I could get any help or support. P8

3.2.3.5: Continuing Professional Development (CPD)

Since qualifying all participants had undertaken CPD courses whilst working as a practitioner. Most participants experienced some difficulties in getting the most out of CPD opportunities:

CPD, it [dyslexia] definitely has an effect. I love trying to be as evidence based as I can and it's a real pain trying to read through journals. I find it tremendously difficult reading them and taking in every sentence and it probably takes me 5 times as long to read a journal as it does other people. P2

However, all participants felt that they had developed a number of strategies to lessen the impact of dyslexia on their CPD:

I don't think I need any added help. I think I've developed over the years, quite a lot of coping mechanisms to overcome what initially might have been a problem but now I actually manage to find a way of managing without needing any added assistance. P8

Many talked about how the use of everyday technology had helped with their continued learning:

I'm finding lots of different ways to get around things. Using technology, using iPads ... So using technology now has made the environment for dyslexics easier without them even realising it. Even iPhones. When I'm in conferences, you take photos of slides so I don't have to write it down. Just stuff like that. P6

The only problem I have with courses is if we don't get any hand-outs and it's all on PowerPoint. I do struggle with that. I ask if they can e-mail me over the PowerPoint so it saves me writing down, or I take my phone and take pictures so I've got the screen in front of me. P4

However, for others, they felt uncomfortable asking to use their supportive technology in CPD situations:

I don't go to too many situations where I would need one [Dictaphone] and if I did in all honesty I'd just feel a bit awkward asking. ... They do a load of free evening lectures on orthopaedics and things like that. They're great but I would feel very awkward going in there and asking if I could record them so I've just not. P2

They went on to suggest that delivery of CPD could be more inclusive by allowing all participants to use technology:

> *I shouldn't be as self-conscious, I should go up and ask and say "can I record this". In an ideal world, it would be nice if they put at the beginning "please feel free to record what we're saying here". P2*

Several participants indicated their intention to undertake a Masters degree in the future. They felt that their experience of learning on their NHS commissioned programme, along with the strategies that they had developed since being in clinical practice, had given them confidence that they will be successful in their post-graduate studies:

> *Getting onto the Masters, that's where I'm going to have to think "OK, God what do I have to do about my dyslexia and everything again now". Getting all of that in place and making sure that's up and running. Again, I think because of my past experience, I am going to be more proactive about it. And I'm confident I know if I enrolled on a Masters at X University, I know I'd get that support and that I'd be able to achieve it. P1*

> *I don't think that [dyslexia] would actually hinder me doing an MSc. I know it wouldn't do. I think that's because of my experiences with dyslexia and I know obviously what I need to disclose and how I manage it. P5*

3.2.3.6: Career Progression

Six of the eight participants felt that having dyslexia did not impact their career progression. The two participants who indicated that it might have had an impact felt this was related to a loss of confidence from previous negative experiences in the workplace (see section 3.2.4):

> *I've had to take my time with career progression. So I have to get more confident. I think I am a lot more hesitant with progression to band 7 whereas I know a lot of my colleagues have just gone "boom" straight up into band 7 roles. There is that internal doubt and I think that's the biggest thing that's holding me back is confidence and internal doubt. That seems to be the only limiting factor at the minute. Again, this has been shaped not from uni, it's been shaped in the big wide working environment. As a junior, that's where it's really stemmed from to be honest. P5*

3.2.4: NHS Response

3.2.4.1:Positive NHS Response

Participants highlighted that once they disclosed their dyslexia in the workplace they generally had a positive response from colleagues:

> *They've [peers] been nothing but supportive over it [dyslexia]. P2*

Many also felt they received a positive response from their clinical educators when on placement and/or from their line managers once qualified and in the workplace:

> *I think every time, there might have been once where it wasn't, but it was "do you need anything extra, do you need us to put anything in place for you?". It was never a "what are we going to have to do" it was always a "what can we do to help, how do we make this easier for you, how do we enable you to do this job?" That was always the scenario rather than "oh, this is a problem, what am I going to do with you" which, I suppose if I'd run into that, maybe I'd have a very different attitude now. P1*

3.2.4.2: Negative NHS Response

However, some participants highlighted that they had had a negative experience following disclosure of their specific learning disability whilst working in the NHS. For some this related to a perceived lack of support from their clinical educator:

> *I thought [my educator] would be slightly more supportive than she was but apart from that, everyone was fine. However, this educator was "no, this is how we do it, get on with it". P4*

For others, this related to a failure in disseminating to the wider team the adjustments that had been put into place to support the participant's specific learning needs:

> *I have had a couple of times "well you've got a blocked [patient] slot is it for anything?" "yes" "well, can you not do it another time?" "well actually no I can't". And there's been a couple of times like that when I've just felt a little bit "no, back off now, I've said no. There's been a reason for it. It's been authorised by the boss, it says so. Go away now". And you do feel a little bit like that and unless you're – at that moment in time, you don't always want to have a "well I've got a disability, do you want me to go into a description, do you want*

> *to see it?" That's when you do feel a bit picked on. A bit sort of "I'm going to go away and sulk in the corner" type thing. P1*

Moreover, two participants perceived, that whilst working in the NHS, they had been 'bullied' by their line manager:

> *I told them that I was dyslexic. And I got really badly bullied. ... It got used against me quite a lot and I had to go down the route of getting the CSP involved where notes had gone missing and it was "well you're dyslexic so you've probably forgotten about it". That sort of thing. Where, if there was any spelling in an e-mail, that would get pulled up. So again, that knocked my confidence big time. P3*

One participant acknowledged that the treatment by their line manager was not specifically due to them having dyslexia, rather, their dyslexia was being used against them:

> *I went to a neutral figure with authority. So there was a consultant psychologist. Very approachable and I spoke to her. I said "look I'm dyslexic, its being used against me in a way". And she basically said "I think you're being bullied". I don't think she was using my dyslexia, I think she was using anything. But dyslexia came into it. For me, that was a low blow because I'd managed it so well and my confidence just plummeted. ... I was really quite badly bullied to the stage that notes went missing and that was blamed on me being dyslexic and "we'll take you to the HCPC because you've misplaced notes because you're forgetful". P3*

It can be seen from their account that this had an adverse effect on their confidence. The outcome of this episode is that they went off sick and ultimately resigned from their post:

> *I left. As soon as I got my reference, I went off sick [for] a month. P3*

Another participant also perceived that they had been bullied in the workplace, which again, ultimately led to their resignation:

> *Rather than talking to me about it, which I'm better at, she would complain to my manager about it and it built up and built up. It got to a point where she was very derogatory in front of me in front of colleagues and actually that was taken to a point where, going along the lines of bullying. Eventually, the outcome of that meeting was "I have dyslexia, that was disclosed when I got the job, I apologise if sometimes things don't come across clearly however this is what I do, just be aware of my dyslexia and if you want to discuss an issue about a patient, please talk about it before hand". So again there seems to be this reluctance with certain people to understand what dyslexia is and accepting that people are individual. ... My manager*

> *turned a little bit of a blind eye to it and that was one of the reasons*
> *why I moved onto my next job. P5*

A third participant also had a negative workplace experience. However, in this case, the participant had not disclosed their dyslexia to their employer. Thus, judgments were made about this participant's performance without the knowledge that these performance issues were related to having dyslexia:

> *[Other managers said] "we were keeping an eye on you because it was all on the verge of harassment/bullying". It really kind of affected me. I nearly walked away from physio. Even now, I can feel myself shake a little bit talking about it because it was a year of prolonged stress. Every single day. It was crazy. P6*

On reflection, this participant recognises that she may have benefited from disclosing to her employer:

> *I hadn't disclosed to them that I was dyslexic which was my error in the whole thing and I guess my learning of the fact that maybe I do have to disclose everywhere I go. Because there are degrees of dyslexia isn't there so it's really mild and you get away with it you can hide it really easily – job done. But when it's to the point where people are making judgements of your performance and your professional status to a point I nearly lost my whole career, every day being threatened with that and being patronised when you did have help, was really hard to take as an adult. Really hard to take. P6*

4: Summary

In Phase two we conducted eight in-depth interviews with practicing physiotherapists working across England, who had been diagnosed with a SpLD. We explored their experiences of undertaking their NHS commissioned programme and once qualified and working in the NHS.

We explored issues in relation to having a SpLD and attitudes and experiences to disclosure/non-disclosure of specific learning needs. We explored the participant's support needs at university and in the workplace, and the strategies they have developed. Finally, we explored the response of the NHS to them having a SpLD.

Four main themes identified were: 'Having dyslexia'; 'Disclosure'; 'Support and strategies'; and 'NHS positive and negative responses'. A summary of each theme follows:

'Having dyslexia': Most participants did not perceive themselves to have a disability and many perceived there was a stigma attached to the diagnosis. These factors impacted on their disclosure decisions. Most participants highlighted that having a diagnosis was a relief as it gave them an explanation of

what was going on and that something could now be done about it. Participants highlighted a range of strengths and weakness related to their SpLD. Most, felt that having a SpLD had not affected their choice of career although it did appear to be more of a factor in their choice of career specialism; there seemed to be a preference for ward-based work for many participants due to fewer time constraints when compared to working in other areas, such as outpatients.

'Disclosure': A range of factors influenced participant's disclosure decisions: their perception of their SpLD being a disability; the perceived stigma; levelling the playing field; the support provided following disclosure; fear of discrimination; the guaranteed interview scheme; the humanistic qualities of who they disclosed to, and their previous experience of disclosure/non-disclosure.

'Support and strategies': All eight participants benefited from a PLP whilst undertaking their NHS commissioned programme at university. A range of support was indicated in their PLPs, however, some participants acknowledged that not all the support offered was required. All highlighted how valuable the humanistic qualities of staff was in their success, in addition to the extra time for assessments at university and to write up patient's notes in the workplace. Only one participant had utilised the Access to Work scheme. This was, in part, due to a general lack of awareness of the scheme amongst the participants and their managers. Most participants felt their SpLD did not impact their career progression. Whilst several participants did feel that their SpLD did have some impact on CPD, they had developed strategies to lessen the influence of this.

'NHS positive and negative responses': Many participants highlighted that once they disclosed their dyslexia in the workplace they had experienced a positive response. However, some participants highlighted that they had had a negative experience following disclosure of their specific learning disability whilst working in the NHS. This included issues related to: a perceived lack of support from their clinical educator; a failure in disseminating to the wider team the adjustments that had been put into place to support the participant's specific learning needs; and perceptions of being 'bullied' by their line manager.

5: Limitations of study

All participants who took part in this research were purposively recruited following their successful graduation from two programmes (BSc/MSc Physiotherapy pre-registration) at one university. Therefore, the experiences of other practitioners, on other NHS commissioned programmes, at other universities, may be different to this population. However, the participants' NHS workplace experience was from across England. As such, these findings may capture a broader experience.

Whilst the aim of qualitative research is not to produce findings that are generalisable, it is hoped that these findings may resonate with others. Additionally, the richness of the data will enable the development of a questionnaire survey to validate and generalise the findings from this phase to a larger group of NHS staff with specific learning needs.

6: Action Plan

The findings from phase 2 will be used to develop a questionnaire to validate and generalise the findings from this phase to a larger group of NHS staff with specific learning needs. The findings from the three phases will then be used to make recommendations to support widening access to healthcare programmes for people with specific learning needs and to facilitate the transition into NHS workplace.

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Appendix

Interview Schedule

Dyslexia
- Difficulties due to dyslexia
- Strengths that may be related to dyslexia

Disclosure
At University
- When assessed SpLD
  - Whether disclosed and who to
  - Reasons for disclosure/non-disclosure
- Peers/colleagues response
- Perceptions and experiences of the attitudes of academic staff/clinical educators to diagnosis

In the work-place
- Disclosure:
  - Disclose on application
  - Disclose subsequently
  - If disclosed, were they provided with support in the work environment
- Perceptions and experiences of the attitudes of managers to diagnosis

Student
- If diagnosed before University – sufficient information and advice re accessing the programme
- Experienced any issues at University related to dyslexia - if so what did these issues relate to
- Support at University, what type
- Experience of accessing support/supportive technology on campus and on placement (barriers and facilitators)
- Views on the impact of support/supportive technology on campus and on placement (barriers and facilitators)
- Experience of the support in University from academics/peers/clinical educators
- Self-management strategies used whilst at University

Work/Career
- Has dyslexia influenced choice of career
- Has dyslexia influenced choice of work setting
- Transition from education to employment.
- Did dyslexia impact on practice
- Type and level of support in the workplace
- Self-management strategies used whilst in the workplace
- Has dyslexia affected day-to-day duties
- Has dyslexia impacted on career progression /CPD (Barriers and facilitators)

Disability
Q Do they see themselves as disabled.
Q Do they think others perceive them as disabled
Q Do they feel they were ever discriminated against because of their SpLD – University/Work

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