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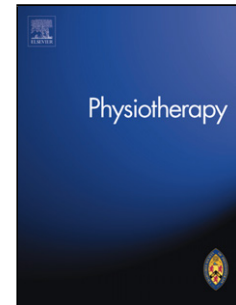
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Exploring the disclosure decisions made by physiotherapists with a specific learning difficulty

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Abstract

Objectives: To explore the disclosure decisions made in the workplace by physiotherapy staff with a specific learning difficulty (SpLD).

Design & Setting: An exploratory qualitative design was used, which was informed by the social model of disability. The research was undertaken in North West England. It is presented according to the Consolidated Criteria for Reporting Qualitative Research.

Participants: A purposive sample of eight physiotherapists recognised as having a SpLD were recruited. All participants had studied on one of two programmes at a university in England between 2004-2012. Their NHS workplace experience was from across the UK.

Data generation: In-depth, semi-structured interviews were undertaken within the university setting or via telephone. Interviews lasted 40-70 minutes and were digitally recorded. An interview guide was used to direct the interview.

Data analysis: Interview data were transcribed verbatim and analysed using thematic analysis.

Findings: Four participants were female. The mean number of years qualified as a physiotherapist was 4.5 years (SD = 2.27). Three themes were identified: 'Disclosing during the workplace application'; 'Positive about disabled people scheme'; 'Disclosing in the workplace'.

Conclusions: Disclosure of dyslexia is a selective process and is a central dilemma in the lives of individuals who have a concealable stigmatised identity. As a consequence, physiotherapy staff with dyslexia may choose to conceal their disability and not disclose to their employer. In order for staff with dyslexia to get the support they need in the workplace, disclosure is recommended. A number of recommendations have been made to facilitate the disclosure process.

Keywords: Dyslexia; specific learning difficulty; disclosure; NHS workplace; physiotherapy staff.

Contribution of paper

Key message:

- In order for staff with dyslexia to get the support they need in the workplace, disclosure is recommended. However, this may not be necessary for some as dyslexia has little impact on their ability to do their job in the NHS.
- How disclosure decisions are dealt with by the employer is of paramount importance. Employers need to be informed, supportive, accepting and non-judgmental to foster an atmosphere of trust and safety to ensure a positive disclosure experience for staff with dyslexia. Bullying, stress and mental health problems can arise from misunderstanding and poor management of dyslexia. Therefore, all staff should have disability awareness training, using an anti-discriminatory approach based on the social model of disability.
- For stigma and discrimination to be tackled, challenging stereotypes must occur. Disclosure could lead to increased awareness of dyslexia and therefore challenge stereotypes, which in turn, may lessen the stigma of having dyslexia.

What the paper adds to the current literature:

- No studies have explored disclosure issues faced by qualified physiotherapists with dyslexia in the NHS workplace.
- The findings of this research has the potential to improve support

mechanisms for the employee and also facilitate the transition of physiotherapists with dyslexia, from student to employee.

What new knowledge is added by this study:

- Barriers for physiotherapists disclosing their dyslexia to NHS employers were identified.
- Recommendations have been made to overcome these barriers and facilitate the disclosure process.
- Factors influencing participants' disclosure decisions included: perception of their dyslexia being a disability; perceived stigma; fear of discrimination; the guaranteed interview scheme; humanistic qualities of who they disclosed to, and previous experience of disclosure/non-disclosure.

Background

Specific learning difficulty (SpLD) is an umbrella term, which includes dyslexia, dyspraxia and dyscalculia. Dyslexia accounts for two thirds of all SpLD, and

affects 10% of the United Kingdom (UK) population [1]. It has been reported that one in 40 Chartered Society of Physiotherapy (CSP) members have dyslexia [2]. National Health Service (NHS) reports indicate that 6% of the workforce has disclosed a disability [3] although scrutiny of individual Trust equality and diversity reports suggests that the value may be closer to 3%. In contrast, 12% of undergraduate students on allied health professions programmes had disclosed a disability to their Higher Education Institution (HEI) [4]. It is unclear why there is a discrepancy between the numbers of students disclosing a disability in HEIs compared to the number of staff who disclose a disability to their NHS employer.

Whilst disclosure of a disability is not mandatory, current professional guidance recommends it [5]. Dyslexia can be viewed as a socially stigmatised identity, which may be devalued by others [6]. Stigmatised identities can be visible (e.g. ethnicity) or invisible (e.g. dyslexia) [6]. Disclosure can be a complex process for people with dyslexia [7] and concealing their disability as a strategy to avoid devaluation, may account for non-disclosure.

The decision to disclose is selective and dependent on the perceived benefits and support required [8,9,10]. A survey of graduates in first employment found almost 70% did not disclose their dyslexia to their employer [11]. Reasons for non-disclosure included job security, fears of ridicule, victimisation and a lack of understanding by managers/supervisors.

Dyslexia is seen by some through the medical model lens, which sees them as recipients of a service and their dyslexia being the problem [8]. However, the NHS and CSP use terminology that reflects the social model of disability which sees the impairment itself not being the problem, rather the person as disabled by society, and the environment needing to be modified to support the person [8,12].

Commonly, research investigating dyslexia concerns nursing or is from the student perspective [9,13,14]. No studies have explored dyslexia amongst qualified physiotherapists in the NHS. Better understanding of disclosure issues faced by physiotherapists in the workplace has the potential to improve support mechanisms for the employee and also facilitate the transition of physiotherapists with dyslexia, from student to employee. The aim of this study was to explore the disclosure decisions made by physiotherapy NHS staff with a SpLD.

Methodology

Theoretical Framework

This research was informed by the social model of disability [12]. It is presented according to the Consolidated Criteria for Reporting Qualitative Research (COREQ) [15].

Design and setting

An exploratory qualitative design was undertaken to address the aim of the study [16]. This was the second phase of a three phase study investigating issues around widening participation in health professionals in North West England.

Participants

A purposive sample of eight physiotherapists recognised as having a SpLD were recruited. Participants had studied on one of two pre-registration programmes at a university in England between 2004-2012. NHS workplace experience was from across the UK.

Inclusion criteria

- Diagnosed with a SpLD
- Qualified physiotherapists
- Has/is working in the NHS

Exclusion criteria

- No NHS experience as a qualified physiotherapist

Participants were recruited via Facebook and email. Informed consent was gained prior to taking part.

Data generation

Eight in-depth, semi-structured interviews were undertaken. Interviews were carried out by the same researcher (GY), who was experienced in qualitative

interviewing, and took place within the university setting or via telephone. Interviews lasted between 40-70 minutes and were digitally recorded. An interview guide, developed from a review of the existing literature, was used to direct the interview (Appendix) [6-11,13,14,17,18]. 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 as described by Braun and Clarke [19]. The initial stage entailed open coding of data [20]. Codes were applied to segments of data that identified salient points. Patterns were identified across the dataset to form sub-themes. Conceptually similar sub-themes were grouped together into overarching themes. Transcriptions were read independently by all authors. Critical discussions took place to verify, modify and refine the themes. Analysis confirmed data saturation had been reached [20]. Reflexive field notes of the interviewer's role as an academic and how this may have impacted on the data generated were made. This fed into the analysis of the findings. For example, the interviewer knew some of the participants as post-graduate students. When exploring issues related to their dyslexia, participants may not have wanted to be seen in a negative light in relation to their studies. Therefore, reflexive analysis of the data iteratively fed into subsequent interviews whereby questions were asked in different ways and assurance of confidentiality was emphasised.

Data interpretation

Seven participants had a diagnosis of dyslexia; one had a diagnosis of dyspraxia. Four participants were female. Participants were working as a Band 5 (n = 3) or Band 6 (n = 5) physiotherapist. The mean number of years qualified was n = 4.5 years (SD = 2.27).

Three themes were identified: 1) Disclosing during the workplace application; 2) Positive about disabled people scheme; and 3) Disclosing in the workplace (Table 1). Direct quotes from participants have been anonymised and included to illuminate the findings.

1) Disclosing during the workplace application

Five of the eight participants generally disclosed their disability on workplace application, however, three participants had never disclosed. Reasons for non-disclosure were mixed; for some, this was related to negative experiences at school:

There was a bit of stigma going in the special needs class and getting teased by your peers. P3

Others highlighted that things had changed since they were a child and now feel there was less stigma attached to the diagnosis:

It isn't like it used to be "oh you've got dyslexia, it means you're thick". That's how it used to be, but now, it definitely isn't. P4

For others, their perceptions of dyslexia as a disability affected their disclosure decisions:

No [I didn't disclose]. I think it was because the way it was written – “disabled student” – and I don't class myself as disabled. P3

Some explained their hesitancy accepting dyslexia as a disability:

Because it's a learning disability and that means you're thick. ...Is there going to be a stigma? Is there going to be that discrimination? P1

Others added:

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. P3

2) Positive about disabled people scheme

The NHS has signed up to the 'Two Ticks' positive about disabled people scheme [18]. Employers in this scheme are committed to interview all disabled applicants who meet the minimum criteria for a job vacancy. All participants were aware of this scheme; some were positive about it:

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

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

I always tick no. ...It was partly a confidence thing to make sure that I felt that I deserved to be there in the interview as opposed to I'd just got it because I'd ticked a box. P2

A further barrier might be the perceived reaction of peers to their successful appointment on taking advantage of the scheme:

Because you put down you have a disability, then people who don't [get an interview] get irritated that you get guaranteed interviews. P2

3) Disclosing in the workplace

Generally, most participants disclosed 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 dyslexia.

P2

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

I suppose because my job is very practical, 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 ... 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 don't tell them what you struggle with then they're going to think that you're not pulling your weight in the team. P4

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

The person with dyslexia has to have the confidence to come forward and disclose it ... it also means the person on the other end, the supervisor, needs to make that junior confident to disclose. P5

For many of the participants, their disclosure decisions were related to the humanistic qualities of their line manager/supervisor:

I felt very comfortable with the supervisor. I felt like I could disclose it. I think it's how open, helpful and friendly they are. P4

However, following disclosure, three participants perceived that they had been bullied by their line manager:

I told them that I was dyslexic. I got really badly bullied. It got used against me quite a lot ... 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

These three participants ultimately resigned from their post. One participant added:

It really affected me. I nearly walked away from physio. P6

Discussion

The aim of this research was to explore the disclosure decisions made in the NHS by physiotherapy staff with SpLD. Factors influencing participants' disclosure decisions included: perception of dyslexia being a disability; perceived stigma; fear of discrimination; the guaranteed interview scheme;

humanistic qualities of who they disclosed to, and previous experience of disclosure/non-disclosure.

There is no requirement for an employee to disclose a disability. Employees are faced with the complex decisions whether to disclose or not. In this research, most participants disclosed in the workplace at some point. However, the decision to disclose was often a selective one. Goffman [21] highlighted that those with a concealable stigmatised identity may have faced difficulties in the past, therefore, may be selective about when disclosure is appropriate. Disclosure decisions of participants in this study appeared to be based on the potential cost and benefits to themselves, which has been echoed by others [8,9,10]. However, where participants had disclosed, most found this to be beneficial in terms of personal and practical support.

Disclosing a concealable stigmatised identity may be a highly complex process because of the potential for both benefit and harm [7]. Whilst there appears to be tangible benefits for students with dyslexia within HEIs, such as extra assessment time, the benefits of disclosure are less evident in the workplace [10]. In this study, where no obvious benefit was apparent, disclosure was less likely.

A cost of disclosing frequently raised by participants was that of discrimination. This was despite knowing that dyslexia is a protected characteristic covered under the Equality Act [22]. This resonates with earlier findings, which found

this a factor in non-disclosure of a person's disability [9,17,18]. Stigma and discrimination is a commonly cited problem faced by employees with dyslexia with claims that their colleagues perceive only negative aspects of dyslexia [23,24]. Despite the NHS and professional bodies adopting the social model of disability [8], some continue to frame disability as a deficit based on the medical model, leading to discrimination. McLaughlin et al. [24] argue that for stigma and discrimination to be tackled, challenging stereotypes must occur. Therefore, all staff should have disability awareness training, using an anti-discriminatory approach based on the social model of disability. Thereby dyslexia is not seen as the problem, rather the environment and workplace practices should be modified to support the person. Moreover, some participants felt that disclosure could lead to increased awareness of dyslexia and thus challenge stereotypes, which in turn, may lessen stigma.

Non-disclosure, for some, was related to their identity as not having a disability. This may relate to historical attitudes, based on the medical model of disability [25]. Morris and Turnbull [9] reported similar findings with participants who chose not to disclose as they did not wish to be formally labelled as disabled under the equality legislation, or informally labelled as 'stupid' or 'lazy'. Thus, the way in which job application forms are worded, requiring the applicant identify themselves as having a disability may not encourage disclosure of dyslexia. As such, a review of wording on NHS job applications may facilitate disclosure.

Some participants did not disclose because they felt their dyslexia had little impact on their ability to do their job in the NHS. For others, they disclosed so that their colleagues did not make erroneous judgements about them. This resonates with the findings of Blankfield [18] who explored disclosure decisions of UK university students on placements in non-health settings. Where disclosure did take place, it was often an attempt to explain variances in work performance.

In this study, the decision to disclose was related to the humanistic qualities of their line manager. Reaction of the confidant is one of the most important factors in determining whether employees' disclosure decisions are beneficial, with a supportive response likely to benefit employees [7]. Line managers who show empathy, and are non-judgemental, knowledgeable and supportive, facilitate the likelihood of disclosure and positive outcomes for employees [8,9]. However, where this is not the case, adverse experiences of disclosing may occur. Some participants in this study perceived they had been bullied by their line manager. A staff survey found that 18% of NHS allied health professionals had been bullied to some degree by other staff in a six-month period, with staff with disabilities experiencing higher levels of negative behaviours [26]. The most common source of bullying was by a line manager [26], therefore bullying policies should ensure staff have access to advice and support from managers outside their work group. Bullying, stress and mental health problems can arise from misunderstanding and poor management of dyslexia at work [27]. Furthermore, the NHS Constitution [28] highlights the rights of staff to an

environment free from discrimination and bullying, as such, this should be tackled as a priority.

The NHS has signed up to the, 'Two Ticks' - positive about disabled people scheme [29]. Employers who have signed up to the scheme guarantee to interview all disabled applicants who meet the minimum criteria for a job vacancy. Evidence shows that these companies are more likely to employ disabled people [30]. In this study, there were mixed feelings about the 'Two Ticks' scheme. Some participants were positive, stating that it levelled opportunity. Others were less positive, relating this to their own lack of confidence in securing the position and their desire to secure the job on merit. Finally, some worried about the perceived reaction of their peers to their successful appointment if they took advantage of this scheme.

Strengths and limitations of the study

A strength of this research was its methodological rigour. To ensure trustworthiness of the research due consideration was given to the following criteria throughout the research process. Credibility was ensured by describing and understanding the phenomena of interest from the participant's perspective. This was facilitated by respondent validation to ensure the participants recognised the validity of their accounts [16]. Transferability was enhanced by describing the research context and the theoretical framework of this research [31]. Reflexivity of how the research process may have influenced the data generated and critical discussions of the analysis was undertaken to ensure confirmability and dependability [31].

There were limitations to this research. All participants were purposively recruited following their successful graduation from two physiotherapy programmes 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, it is possible these findings capture a broader experience.

Recommendations

There are barriers to physiotherapy staff disclosing their dyslexia to NHS employers. To overcome these barriers wording on NHS applications forms about declaring a disability should be reviewed to encourage staff with a dyslexia, who do not consider themselves to have a disability, to disclose. Disability awareness training should be mandatory for NHS staff, including knowledge and understanding of dyslexia in order to provide necessary support and tackle discrimination and bullying due to ignorance and misunderstanding. A policy of line managers confidentially asking new staff if they have any specific support requirements should be introduced. Also, this question should be embedded into employees' annual appraisals, providing an opportunity for disclosure and supporting the notion that the employer is positive, at all levels, about disability and is open to discussion.

How disclosure decisions are dealt with by the employer is of paramount importance. Employers need to be supportive, accepting and non-judgmental

to foster an atmosphere of trust and safety to ensure a positive disclosure experience for staff with dyslexia. We recommend a larger study be undertaken to establish if our findings are reflective of physiotherapists throughout the UK. Additionally, further research is needed to investigate how staff with dyslexia are supported in the NHS.

Conclusion

Disclosure of dyslexia is a selective process and is a central dilemma in the lives of individuals who have a concealable stigmatised identity. As a consequence, physiotherapy staff with dyslexia may choose to conceal their disability and not disclose to their employer. In order for staff with dyslexia to get the support they need in the workplace, disclosure is recommended. A number of recommendations have been made to facilitate the disclosure process.

Conflict of Interest: There are no conflicts of interest.

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Table 1. Disclosure themes and sub-themes

Themes	Subthemes
Disclosing during the workplace application	Stigma at school Potential discrimination Not seeing dyslexia as a disability Change in attitude over time
Positive about disabled people scheme	Guaranteed interview Job on merit Perceptions of others
Disclosing in the workplace	A positive decision Impact on work Depends on specialty Perceptions of others Disclosing requires confidence Humanistic qualities of their manager Perceptions of being bullied