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LITERATURE REVIEW

Neurodivergence among healthcare professionals and implications for midwifery: A literature review

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ABSTRACT

Background: Societal awareness of neurodivergence is increasing and diagnostic pathways are becoming more accurate; more people are therefore pursuing assessments, often later in life. Health professionals, including midwives, may also be traversing this journey of self-discovery. Overseas estimates suggest that neurominorities may account for as much as 20% of the general population; this is a significant minority group. The healthcare professions require empathy and social skills, and neurodivergent (ND) people may be seen as unsuitable due to deficits in diagnostic, cognitive and communication skills. Research bias in favour of white males, alongside pervasive stereotypes, has contributed to the underdiagnosis of ND women and gender-diverse people. As a predominately female workforce, including ND colleagues will inevitably become more relevant to the midwifery workforce in the future.

Aim: This integrative literature review asks: what is known about the workplace experiences of ND healthcare professionals? The intention is to reflect on the possible ramifications for midwives in Aotearoa New Zealand, and to establish a rationale for future research.

Method: Google Scholar, PubMed, CINAHL and ProQuest databases were searched using combinations of key terms. Following the Critical Appraisals Skills Programme (CASP) evaluation, only ethics-approved, peer-reviewed papers in English were included.

Findings: Nine studies investigating the workplace experiences of ND healthcare professionals were evaluated. The findings coalesced around two main concepts: (1) **The internal experience**, with sub-topics **Diagnosis and disclosure**, **Strengths associated with neurodivergence**, **Sensory processing** and **Executive functioning**; and (2) **Navigating a neurotypical world**, with sub-topics **Social dynamics**, **Self-management strategies** and **Workplace accommodations**.

Conclusion: Ableist barriers to equitable employment experiences were pervasive throughout healthcare workplace settings. All nine studies highlighted workplace challenges for ND healthcare professionals, relating to social, sensory and executive function differences. The absence of literature specific to the unique contextual experiences of ND midwives in Aotearoa New Zealand signifies the scope for future research.

Keywords: health professionals, neurodivergent, midwives

INTRODUCTION

Underdiagnosis of neurodivergent (ND) conditions for people assigned female at birth, plus non-disclosure due to stigma, obscure the true incidence of neurodivergence within our society (Drysdale & van der Meer, 2020; Grove et al., 2023; Radulski, 2022; Young et al., 2020). Aotearoa New Zealand has no national register on the adult incidence of ND conditions (Drysdale & van der Meer, 2020). Estimates from overseas suggest that neurominorities may account for around 20% of the general population; this is a significant minority group (Doyle, 2020; Hewlett et al., 2018; Moore, 2021). A report recently published by the Ministry for the Environment highlighted that ND people are an "untapped talent" within Aotearoa's workforce (Hammond, 2022). As awareness and diagnosis of ND conditions increase, more health professionals, including midwives, may be discovering their ND identity (Shaw, Doherty et al., 2023). Currently, there is a dearth of research exploring the experiences of ND midwives; this literature review therefore casts a wider net and asks: what is known about the workplace experiences of ND healthcare professionals?

Positioning

Identity-first language has been used throughout this paper ("autistic person" instead of "person with autism") in light of evidence demonstrating ND people's preference for identity-first language (Bottema-Beutal et al., 2021). The lead author (AT) is a Pākehā (New Zealander of European decent) midwife and Master

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of Midwifery candidate. They are an autistic, ADHD, dyslexic person, diagnosed in their new-graduate year. Including ND academics in ND research has been associated with reducing ableist constructions and improving the scope and quality of the published findings (Botha & Cage, 2022; Urbanowicz et al., 2019). The co-authors (LD and SM) are Pākehā midwifery academics who are both neurotypical, supporting AT as research supervisors.

BACKGROUND/RATIONALE

Understanding the experiences of ND health professionals could be a step in the right direction towards a more inclusive and equitable health service. As noted by the General Medical Council: a diverse population is better served by a diverse workforce that has had similar experiences and understands their needs (General Medical Council, 2024, para. 5). This paper positions itself within the relatively new critical paradigm known as Neurodiversity Studies (Yergeau, 2018). Just as there is no one "correct" gender, sexuality or ethnicity, intrinsic neurotype variations can be seen in cognitive, social and sensory functioning (Rosqvist et al., 2020). The neurodiversity paradigm opposes the notion of an ideal rational person; ontologically, it asks us to reconsider what it means to be human (Yergeau, 2018). The concept of neurodiversity emerged online during the 1990s; the growth of the internet provided a platform for the ND community to connect and establish a self-advocacy movement (Silverman, 2015). An autistic Australian sociologist, Judy Singer, further championed the understanding of neurodiversity in 1998 to challenge the prevailing paradigm that certain neurodevelopmental conditions were pathological and required a cure (Singer, 2002). "Neurodivergent" is an umbrella term that describes individuals with a brain that diverges from what is typical; this may include autism, Attention Deficit Hyperactivity Disorder (ADHD), dyslexia and dyspraxia, among others (see glossary). Neurodivergent symptoms or features are understood to overlap between various conditions (Doyle, 2020). An individual whose neurotype conforms to normative cognitive, sensory and social functioning standards is described as neurotypical (NT).

Instead of employing the medical model and its focus on disorder and deficit, neurodiversity scholarship is rooted in the human rights model of disability, where ableist barriers within society create inequities for ND people (Rosqvist et al., 2020; Te Whatu Ora, 2023). Neurodivergent people therefore have agency to choose whether they consider their neurodivergence as a disability or not. Ableism is a system of discrimination experienced by the disabled community, fuelled by socially constructed beliefs around "normalcy, productivity, desirability, intelligence and fitness" (Lewis, 2022, para 4). An example of ableism in action is the pervasive idea that ND people may be unsuitable for healthcare occupations due to deficits in cognitive and communication skills (Bury et al., 2021; Hedlund, 2023). However, recent research highlights that interpersonal misunderstandings between neurotypes are instead a two-way problem (Morrison et al., 2019); challenges occur due to differing cognitive and communication styles, known as the "double empathy problem" (DEP; Milton, 2012).

Research bias in favour of white males, alongside pervasive stereotypes, has contributed to the underdiagnosis of ND women and gender-diverse people. These so-called "lost generations" (McDonald, 2020; Young et al., 2020) tend to internalise ND features (Galea, 2021), camouflage or mask traits as a social survival strategy (Nussbaum, 2012; Young et al., 2020), and display higher verbal and social skills and partake in gender normative special interests such as care activities with people and animals (McDonald, 2020; Young et al., 2020). As the understanding of neurodivergence shifts towards a neuro-affirming world, more people are pursuing ND assessments later in life (McDonald, 2020; Young et al., 2020), and, as midwifery is a predominantly female profession, there may be midwives traversing this journey of self-discovery.

Intersectionality

Neurodivergent people, as part of the disabled community, are often reduced to their condition, with other facets of their identity, such as sexual orientation, gender identity and ethnicity, being neglected (Cascio et al., 2020). For example, the term "neuroqueer", coined by the autistic academic and advocate Nick Walker (2023), speaks to the significant intersection between the LGBTQIA+ and ND communities. Navigating a neurotypical world, including the workplace, likely adds additional layers of burden to the lived experience of ND people with intersecting identities (Cascio et al., 2020).

Māori perspectives on neurodivergence

The combination of being Māori, female, ND and a midwife presents a unique intersection of identities that likely brings its own unparalleled experiences. According to Simpson (2021, p. 417): *…factors such as ethnicity, disability and gender can, separately, pose difficulties* [and] *…when combined…can develop into insurmountable difficulties.* Neurodivergent Māori experience systemic inequity in access to neurocognitive assessments despite many international studies confirming that neurodivergence spans equally across all ethnicities. Research into neuro-developmental conditions lacks ethnic diversity, and diagnostic tools have consequently failed to incorporate the unique constructs of Indigenous peoples (Simpson, 2021); this compounds underdiagnosis for ND wāhine (females) Māori. Interestingly, te Reo (the language) Māori can be seen to align with the neurodiversity paradigm. The kupu (word) Māori for neurodiversity is kanorau ā-roro and it translates to "the many faces of the mind" (Riwai-Couch, 2021). Autism is known as takiwātanga, meaning "in my/his/her own time and space"; ADHD is called arororeretini or "mind/attention on many things" (Opai, 2020). In addition, research within the educational sector highlights that, for Māori, tāngata whaikaha, meaning "differently abled people", are seen as "special and precious with their own personal mana" (Bevan-Brown, 2013, p. 576). Simpson (2021) highlights that Māori culture is integral to the way kanorau ā-roro is experienced, defined and managed; autistic whānau (family) members are considered a variation of normal with their own strengths and challenges. Understanding the unique experiences of an ND Māori midwife is a vital research kaupapa (topic) that currently does not exist in the literature.

METHOD

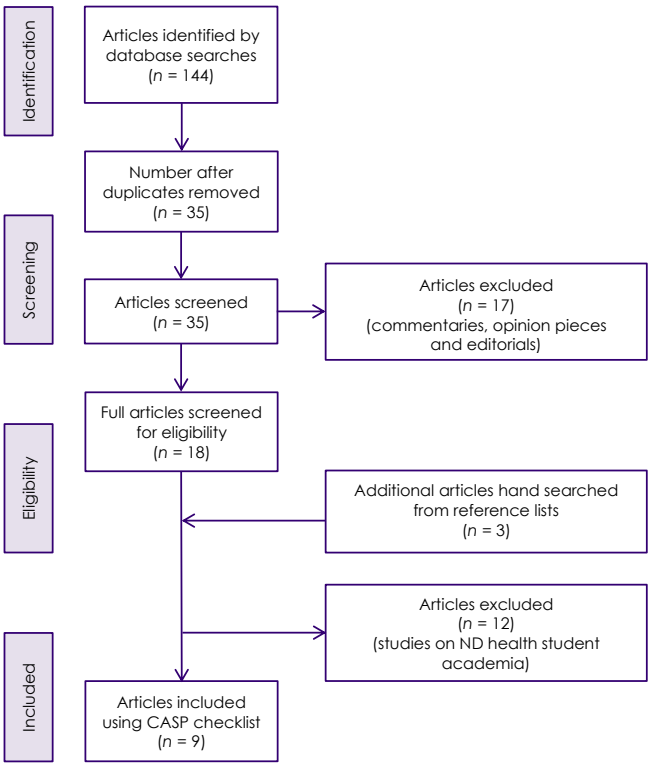
This integrative review aimed to explore current knowledge of the workplace experiences of ND healthcare professionals. The intention was to provide a descriptive mapping of the existing data and identify areas for future research (Grant & Booth, 2009). Four databases were explored for this literature review, including Google Scholar, PubMed, CINAHL and ProQuest. The initial search was conducted in June 2023 and then repeated in September 2023. Search terms included (midwi* OR nurs* OR doctor* OR healthcare professional) AND (employment OR experiences OR perceptions) AND (neurodiver* OR autis* OR aspergers OR ADHD OR dyslexia OR dyspraxia OR disability). Boolean operators were utilised to find publications across the full scope of ND identities and various healthcare professions.

Inclusion criteria

The inclusion criteria were peer-reviewed qualitative and quantitative primary studies published in English from 2015 to

2023, reporting on workplace experiences of ND healthcare professionals. Commentaries, opinion pieces and editorials were excluded, as were papers focusing on the academic trajectory of ND healthcare students. Reference lists from garnered studies were hand-searched, and more relevant papers were found. The final nine studies were assessed and regarded as satisfactory for eligibility using a number of different checklists from the Critical Appraisals Skills Programme (CASP), i.e., chosen appropriate to the methodology of each study (CASP UK, n.d.). A PRISMA flow chart provides a visual reference to the integrative review process (Figure 1).

Figure 1. PRISMA diagram



FINDINGS

Overview

Nine studies (Table 1) have been included that investigate the experiences of a variety of ND healthcare workers (Anderson & Shaw, 2020; Crouch, 2019; Godfrey-Harris & Shaw, 2023; Hughes et al., 2021; Locke et al., 2016; Price et al., 2017; Rowe et al., 2021; Shaw, Fossi et al., 2023; Walker et al., 2021). The ND identities explored within these studies included dyslexia (n = 3), autism (n = 2), ADHD (n = 2), dyspraxia (n = 1) and disability with the inclusion of a range of ND conditions (n = 1). The range of health professions included doctors (n = 6), nurses (n = 2), unspecified healthcare workers within the United Kingdom's National Health Service (NHS; n = 1), and nursing and midwifery students in clinical placement (n = 1).

Within the included studies, the findings coalesced around two main concepts, each with associated sub-topics: (1) The internal experience, with sub-topics Diagnosis and disclosure, Strengths associated with neurodivergence, Sensory processing and Executive functioning; and (2) Navigating a neurotypical world, with sub-topics Social dynamics, Self-management strategies and Accommodation in the workplace.

The internal experience

Diagnosis and the disclosure dilemma

Autistic doctors in Price et al.'s study (2017) experienced their adult diagnosis as a "double-edged sword"; it provided much-needed validation and insight into personal challenges but generated fear over potential stigma upon workplace disclosure. Until their diagnosis, ADHD doctors spoke of not realising how much their daily lived experience differed from their NT colleagues; participants were hesitant about disclosure to their peers but not to people outside the medical profession (Godfrey-Harris & Shaw, 2023). In a New Zealand-based study, almost all the nurses included chose not to disclose their disability at work due to concerns about confidentiality and doubts about receiving fair treatment (Hughes et al., 2021). Dyspraxic doctors wanted to disclose their diagnosis to access support and accommodations; they also described feeling vulnerable and worried they would be seen as constituting a weakness within the team (Walker et al., 2021). Doctors in Godfrey-Harris and Shaw's study (2023) described a fear of "weaponised professionalism", where inherent features of ADHD, such as fidgeting and reduced eye contact, would be perceived as unprofessional or improper (Godfrey-Harris & Shaw, 2023).

Price et al. (2017) reported that disclosure positively impacted communication and feedback channels, but overall responses were mixed, with some participants describing the experience as distressing. Neurodivergent healthcare workers across all nine studies expressed having to face widespread misconceptions regarding ND features and reported workplace discrimination in response to their disclosure (Anderson & Shaw, 2020; Crouch, 2019; Godfrey-Harris & Shaw, 2023; Hughes et al., 2021; Locke et al., 2016; Price et al., 2017; Rowe et al., 2021; Shaw, Fossi et al., 2023; Walker et al., 2021). Nurse participants in Hughes et al.'s study (2021) also highlighted the extra stigma associated with an invisible disability. In preference to disclosure, many ND workers concealed or masked their ND features. The ADHD doctors in Godfrey-Harris and Shaw's study (2023) described masking as a strategy to reduce potential discrimination and balance the inequity they experienced compared to their NT colleagues. However, participants felt that maintaining this "protective shield" consumed vast amounts of energy, negatively impacting their daily lives, such as their mental health, eating and relationships.

Strengths associated with neurodivergence

Neurodivergent healthcare workers across all the studies expressed confidence in creating a strong therapeutic relationship with clients. Participants in Rowe et al.'s research (2021) described deep satisfaction with their ability to build person-centred, collaborative relationships, motivated by their passion for working in healthcare. Midwifery and nursing students believed they had strong interpersonal skills with patients; clinical supervisors validated this with additional comments made about exemplary care provision (Crouch, 2019). Dyspraxic doctors positioned themselves within the social model of disability; they felt determined to achieve and viewed their dyspraxia with associated strengths rather than deficits (Walker et al., 2021). Disabled nurses from New Zealand expressed a similar stance; the only factor that impacted their ability to work was co-workers' attitudes towards their condition (Hughes et al., 2021). An internalised normalisation of difference was also evident in ADHD healthcare workers who described strengths such as creative thinking, hyperfocus, working well under pressure and being highly motivated on a project (Godfrey-Harris & Shaw, 2023; Rowe et al., 2021). Autistic doctors in Shaw, Fossi et al.'s study (2023) reported that the medical professions may even self-

Table 1. Findings of literature review

Author (year), country	Aim	Demographics	Research design and method/s	Summary of findings	Inclusion of ND researchers
Anderson & Shaw (2020), UK	To explore the experiences of junior doctors with dyslexia	75 dyslexic junior doctors	Mixed methods online survey	72% reported feeling stupid, 66% a sense of inadequacy, 25% reported bullying, 92% had no workplace supports; females experienced greater levels of discrimination ($p < 0.05$); request for pastoral support	Yes
Crouch (2019), UK	To understand the impact of dyslexia on nursing and midwifery students	12 dyslexic nursing and midwifery students, 22 clinical mentors	Qualitative, semi-structured interviews; plus analysis of student portfolios and evaluative comments from mentors collected; Glasarian grounded theory data analysis	Perceived difficulties with multi-tasking (especially during labour care provision), slow task speed (e.g., documentation), poor organising skills; fear/hypervigilance regarding safety (e.g., drug administration) but no reported errors; described by mentors as *reliable*, *caring* and *exceptional*	No
Godfrey-Harris & Shaw (2023), UK	To investigate the experiences of junior doctors with ADHD	6 junior doctors with ADHD (4 female, 1 male, 1 non-binary)	Qualitative, interpretative, phenomenological; semi-structured interviews; thematic analysis	Diagnosis provided professional validation; strengths included hyperfocus and working well under pressure; different communication style to neurotypical colleagues; workplace bullying; fears of weaponised professionalism; masking as a protective shield; mental health deteriorated in the absence of workplace support; request for ND peer support	Yes
Hughes et al. (2021), NZ	To uncover the experiences of nurses practising with a disability	10 nurses (9 female, 1 male); 5 out of 10 participants with various ND conditions	Qualitative, descriptive; semi-structured interviews; thematic analysis	Disclosure anxiety due to fear of workplace discrimination; feeling unseen with invisible disability; lack of overall organisation-wide support; no pathway to request workplace support; reliance on self-management strategies	No
Locke et al. (2016), UK	To explore the experiences of dyslexic doctors and how they perceive the impact of dyslexia on their clinical practice	8 dyslexic doctors, 5 professional support mentors	Qualitative; 3 data collection methods (semi-structured interviews on 6 doctors, 2 interviewed 'in situ', and semi-structured interviews with 5 members of professional support team); thematic analysis	Disclosure often avoided; embarrassed to seek help; difficulties with written work (e.g., documentation), reading, verbal processing, poor short-term memory, organisational skills; each doctor developed unique self-management strategies	No
Price et al. (2017), UK	To understand the impact of an autism diagnosis on doctors	3 autistic junior doctors, 3 case managers, 4 specialist support staff	Qualitative; case study methodology; semi-structured interviews; thematic analysis	Diagnosis helped develop insight into life-long challenges but also a double-edged sword; responses to disclosure often negative and distressing; widespread misconceptions about autism; positive qualities include high intelligence and attention to detail	No
Rowe at al. (2021), UK	To identify the professional challenges and benefits of living with ADHD as a healthcare professional	7 health professionals with ADHD	Qualitative; interpretative phenomenological inquiry; funnelled semi-structured interviews; thematic analysis	Professional-professional social dyad challenging/confusing vs. professional-patient dyad rewarding/satisfying; sensory overload in hospital environments; fatigue from masking; ADHD brain is wired for adventure/ excitement and challenged by tasks of a sedentary/repetitive nature	No
Shaw, Fossi et al. (2023), UK	To understand the experiences of autistic doctors	225 autistic doctors (81.3% female, 11.9% male, 6.8% gender diverse); respondents mostly from UK, Australia, USA, Canada	Quantitative; cross-sectional online survey; pilot group utilised to refine questions; statistical analysis	76% experienced challenging communication with colleagues vs. 21% with patients; 50% worked part-time; 46% requested workplace adjustments, half of which were implemented; 77% had considered suicide; 29% attempted suicide; 49% had self-harmed; membership to a peer support group improved overall mental health ($p = 0.017$)	Yes
Walker et al. (2021), UK	To explore the experiences of junior doctors with dyspraxia	3 dyspraxic junior doctors (all male)	Qualitative; interpretive phenomenological inquiry; semi-structured telephone interviews; thematic analysis	Determination to suceed and model success in order to prove misconceptions wrong; normalisation of dyspraxia as difference, not disorder; pride in highly tuned coping mechanisms; concerns regarding clumsiness, ensuring safety, disorganisation and needing extra time for most tasks	Yes

select for common ND features such as pattern recognition and attention to detail. However, scepticism about the "superpower rhetoric" was expressed by ADHD doctors; they felt like it idealised and glamourised ND features that they personally struggled with, which paradoxically minimised rather than increased their sense of agency (Godfrey-Harris & Shaw, 2023).

Sensory processing

Healthcare environments are bustling, dynamic places where ND professionals manage innumerable sensory inputs. The ADHD health workers in Rowe et al.'s research (2021) described processing and filtering external stimuli as a daily onslaught for the senses; the noise was overwhelming. Seventy-five per cent of autistic doctors in Shaw, Fossi et al.'s research (2023) reported experiencing sensory challenges in their workplace environments. Dyslexic junior doctors highlighted being distracted from their work by noises (Anderson & Shaw, 2020); while dyslexic nursing and midwifery students found it challenging to document in loud environments (Crouch, 2019). Many ND healthcare workers highlighted that their sensory sensitivities impacted concentration and organisation, and contributed to anxiety and being overwhelmed in general (Anderson & Shaw, 2020; Rowe et al., 2021; Walker et al., 2021). Rowe et al. (2021) found that some ADHD health workers sought acoustic isolation to manage noise sensitivity; participants adapted to their environment by wearing headphones or seeking separate spaces to minimise sensory stimulation. However, such strategies created additional anxiety for participants due to feeling socially isolated from colleagues (Rowe et al., 2021).

Executive functioning

Impairments in executive functioning at work were reported in all the workplace studies. For example, dyslexic midwifery and nursing students experienced difficulties with multi-tasking; labour attendance was incredibly challenging when juggling care provision and documentation requirements (Crouch, 2019). Most (77%) of the autistic doctors in Shaw, Fossi et al.'s study (2023) reported executive functioning challenges at work. Multi-tasking has cascading effects on concentration and cognitive processing speeds, feeding into anxiety and reducing confidence levels (Crouch, 2019; Price et al., 2017; Rowe et al., 2021; Walker et al., 2021). Dyslexic doctors reported challenges in structuring written documentation such as referrals, prioritising tasks, keeping time during appointments and organising handover information to pass on to colleagues (Locke et al., 2016). In addition, dyslexic junior doctors experienced difficulties processing verbal information, especially over the phone (Anderson & Shaw, 2020). Dyspraxic doctors felt disorganised and self-conscious due to their need to take extra time with tasks such as completing ward rounds (Walker et al., 2021). In most studies, ND participants expressed that time pressure worsened their executive functioning (Crouch, 2019; Locke et al., 2016; Walker et al., 2021). Dyspraxic doctors (Walker et al., 2021), ADHD healthcare workers (Rowe et al., 2021) and dyslexic junior doctors (Anderson & Shaw, 2020) all utilised their time outside of work to complete professional obligations such as completing documentation.

Navigating a neurotypical world

Social dynamics

Multiple studies outlined workplace challenges for ND people, particularly in communication and social interaction; the most common difficulties included verbal processing and understanding implicit/explicit meanings (Anderson & Shaw, 2020; Crouch, 2019; Godfrey-Harris & Shaw, 2023; Price et al., 2017; Rowe et al., 2021; Walker et al., 2021). Junior doctors with ADHD described struggling to read the unspoken social map of workplace dynamics. In addition, participants commented that low self-esteem, combined with affective and functional difficulties, negatively impacted professional interactions (Godfrey-Harris & Shaw, 2023). For ADHD health professionals working within the UK's NHS, collegial relationships were described as difficult and often disempowering; participants felt misunderstood, with unequal power dynamics impacting self-esteem and confidence at work (Rowe et al., 2021). Dyslexic junior doctors reported workplace bullying from peers (25%) and clinical supervisors (23%); female doctors were more likely to feel the brunt of this (Anderson & Shaw, 2020). Godfrey-Harris and Shaw (2023) reported that ADHD doctors experienced daily microaggressions in interactions with colleagues, leading to feelings of shame and internalised ableism. Seventy-six per cent of the autistic doctors in Shaw, Fossi et al.'s study (2023) reported communication struggles with peers, 74% with clinical supervisors and 75% with hospital management but only 21% with patients.

Self-management strategies

Participants in all the included studies described various self-management strategies developed over time to suit their precise needs. Healthcare workers took it upon themselves to manage this using various cognitive, organisational, pharmacological and physical coping strategies. Hughes et al. (2021) mentioned that most of the tools utilised cost little or nothing. For example, dyslexic doctors created writing templates and colour codes to identify priorities and checklists; assistive technologies were also utilised, including medical apps for drug checking and speech recognition software (Locke et al., 2016). Dyslexic nursing and midwifery students orchestrated elaborate colour-coding systems to assist with drug administration (Crouch, 2019). Most ADHD health workers in Rowe et al.'s study (2021) took stimulant medication; this improved organisation, concentration and self-esteem, although participants needed to collaborate with their health team to plan medication dosage when working night shifts. Dyspraxic doctors expressed pride regarding their self-developed strategies (Walker et al., 2021); a standard driver for ND healthcare workers across all the studies was the determination to ensure patient safety (Anderson & Shaw, 2020; Crouch, 2019; Godfrey-Harris & Shaw, 2023; Hughes et al., 2021; Locke et al., 2016; Price et al., 2017; Rowe et al., 2021; Shaw, Fossi et al., 2023; Walker et al., 2021).

Registered nurses spoke of needing to be "double-double" safe or "triple safe" in clinical settings (Hughes et al., 2021). Dyslexic doctors described spending much time checking and re-checking to avoid making mistakes (Locke et al., 2016). ADHD healthcare workers experienced constant cognitive hyperactivity with a tendency to analyse and ruminate on possible mistakes (Rowe et al., 2021). The ADHD doctors in Godfrey-Harris and Shaw's study (2023) explained that internalised shame regarding their ND identity led to perfectionist behaviours at work. Dyslexic midwifery students experienced hypervigilance behaviours driven by fears around safety consciousness; however, none of their interviewed clinical supervisors reported drug errors; students were described as exceptional and reliable (Crouch, 2019). Dyspraxic doctors noticed a tendency to overcompensate for their perceived impairments: many reported feeling stupid (72%) and inadequate (66%). One doctor described starting his shift earlier to complete a pre-ward round; he did this to improve his confidence and efficiency for the official round later (Walker et al., 2021). Constant overcompensating and hypervigilance, however, comes at a price, with many ND healthcare workers reporting increased

mental fatigue due to excessive cognitive demands; job burnout was a common fear expressed (Anderson & Shaw, 2020; Crouch, 2019; Godfrey-Harris & Shaw, 2023; Locke et al., 2016; Rowe et al., 2021; Shaw, Fossi et al., 2023; Walker et al., 2021).

Accommodation in the workplace

Neurodivergent healthcare professionals highlighted a variety of potential workplace accommodations they felt they could benefit from, including increased awareness and acceptance of neurodivergence, condition-specific adjustments and flexible work arrangements such as part-time work options (Anderson & Shaw, 2020; Crouch, 2019; Godfrey-Harris & Shaw, 2023; Hughes et al., 2021; Rowe et al., 2021; Shaw, Fossi et al., 2023; Walker et al., 2021). For example, 50% of the autistic doctors in Shaw, Fossi et al.'s research (2023) had opted to work part-time. Social supports were beneficial (OR 1.34, 95% CI 1.06, 1.69, p = 0.015) and included reduced social expectations and a preference for communication via email. Disabled nurses in New Zealand reported a dearth of organisational disability support; participants had no idea who or where to go to ask for help and commented on missed opportunities to provide accommodations (Hughes et al., 2021). Dyspraxic doctors reported receiving no workplace support (92%); they wanted psychological and pastoral support, and a peer support group (Walker et al., 2021). Autistic doctors in Shaw, Fossi et al.'s study (2023) wanted to share their experiences with others like them; 84% reported improved mental health after joining an international peer support group known as Autistic Doctors International. The participants from Shaw, Fossi et al.'s research (2023) also wished for access to positive ND role models, to help boost self-esteem and provide examples of neuro-affirming practice.

Multiple studies found that organisations often fail to implement equality policies for ND workers. For example, nurse participants in Hughes et al.'s study (2021) noted an absence of antidiscrimination and inclusion policies; they reported that this resulted in the concealment of difficulties and subsequent mistrust of the organisation. Of those who disclosed their ND identity, none of the ADHD doctors in Godfrey-Harris and Shaw's research (2023) was offered workplace accommodations; after multiple support requests, participants stopped asking. Godfrey-Harris and Shaw (2023) described a "learnt helplessness" experienced by the ADHD doctors in the absence of workplace support; this led to a significant deterioration in their mental health. When workplace adjustments were offered, they tended to be below par and focused on the individual rather than tackling systemic barriers (Hughes et al., 2021). Shaw, Fossi et al. (2023) also demonstrated an association between workplace challenges and poor mental health outcomes. When mental health statistics among their participants were compared alongside the general autistic population and the medical profession, Shaw, Fossi et al. (2023) found autistic doctors reported a significantly higher prevalence of suicidal ideation (77%) and self-harming behaviours (49%). Concerningly, female and gender-diverse participants reported a significantly higher level of self-harm (between 51% and 73%) than their male counterparts (17%, p <.001).

However, some of the literature demonstrated examples of workplace adjustments. For example, ADHD healthcare workers experienced improved productivity, self-esteem and confidence when their managers embodied acceptance and understanding; helpful strategies were co-planned and included allocation of shifts within various clinical settings to improve motivation and the minimising of low stimulation tasks like attendance at long meetings (Rowe et al., 2021). Dyslexic doctors valued extra time and space to complete documentation (Locke et al., 2016). Dyslexic midwifery students were assisted by visual poster guidelines developed at an organisational level; these were especially helpful during clinical placements (Crouch, 2019). Future investigation into the benefit of assistive technology, such as the use of drug calculation apps, was also recommended within much of the literature (Crouch, 2019; Locke et al., 2016). New graduate preceptorship was highlighted as an essential source of support by dyslexic students and their mentors; recommendations were made to investigate the value of extending this beyond the first year of practice (Crouch, 2019). Price et al. (2017) investigated a one-of-a-kind pilot programme developed for supporting autistic doctors in the UK. This programme involved assigning a specific mentor to each doctor plus access to a specialist team, including a psychologist and occupational therapist. Participants benefited from the tailored support, utilising it to build on their strengths (such as attention to detail) and to work on strategies for managing social and executive functioning challenges. Multiple studies emphasised the limitation of workplace accommodations without simultaneous disability training for all mentors, educators and colleagues across levels of the professional hierarchy (Anderson & Shaw, 2020; Crouch, 2019; Godfrey-Harris & Shaw, 2023; Hughes et al., 2021; Rowe et al., 2021; Shaw, Fossi et al., 2023; Walker et al., 2021).

DISCUSSION

All nine studies included in this review highlighted workplace challenges for ND healthcare workers related to social, sensory and executive function behaviours; such findings are in keeping with current diagnostic profiles of ND conditions (American Psychiatric Association, 2013). Neurodivergent health professionals also commented on strengths they associated with their ND identity; these included attention to detail (Shaw, Fossi et al., 2023), cognitive dynamism (Godfrey-Harris & Shaw, 2023; Rowe et al., 2021) and the ability to create collaborative, empathetic partnerships with clients (Crouch, 2019; Rowe et al., 2021). Diagnosis provided some ND health professionals with validation of their strengths as well as insight into their struggles at work. However, this personal experience of internal affirmation was often in contrast to the external and often detrimental experience around disclosure (Godfrey-Harris & Shaw, 2023; Price et al., 2017). All nine studies demonstrated widespread workplace discrimination; this was fuelled by misconceptions and ignorance amongst colleagues and employers (Anderson & Shaw, 2020; Crouch, 2019; Godfrey-Harris & Shaw, 2023; Hughes et al., 2021; Locke et al., 2016; Price et al., 2017; Rowe et al., 2021; Shaw, Fossi et al., 2023; Walker et al., 2021). A UK public sector study by Hewlett et al. (2018) surveyed over 600 neurodivergent respondents on their workplace experiences; only 27% of the ND participants chose to disclose their diagnosis; 49% regretted this decision. Workplace discrimination following disclosure was further compounded for ethnic minority groups (66%, p < 0.04), demonstrating the existence of additional layers of burden across intersecting identities among participants.

Many participants concealed or masked their ND features at work; this negatively impacted their mental health (Anderson & Shaw, 2020; Crouch, 2019; Godfrey-Harris & Shaw, 2023; Hughes et al., 2021; Locke et al., 2016; Rowe et al., 2021; Shaw, Fossi et al., 2023) and generated fears regarding job burnout (Godfrey-Harris & Shaw, 2023; Rowe et al., 2021). Outside the employment literature, masking or concealment of ND traits has also been associated with poor mental health, as well as higher rates of burnout and suicide. However, the strength of the association between these factors needs more empirical investigation before causation can be determined (Cassidy et al., 2018; Hull et al., 2021).

Instead of disclosure, ND healthcare workers developed nuanced self-management strategies to ensure success and safety. Examples of workplace accommodations from employers were limited but, when utilised, they assisted ND workers in not only managing their challenges but also playing to their strengths (Crouch, 2019; Price et al., 2017; Rowe et al., 2021). A general workplace study by Harvery et al. (2021) also highlighted the importance of workplace adjustments; the autistic participants in this study were significantly more likely to be appropriately utilised (rather than under or unemployed) when receiving accommodations. Harvery et al. (2021) recommended potential workplace supports, including increased collegial awareness and acceptance of neurodivergence, condition-specific adjustments and flexible work arrangements such as part-time work options.

A recently published scoping review, looking into the workplace experiences of nurses and midwives practising with a wide range of disabilities, reported similar themes of employment discrimination, disclosure issues and hypervigilance regarding patient safety (Baker et al., 2023). Furthermore, when workplace environments failed to provide adequate accommodations, the impacts of these unsupported environments led to job burnout and a decision to leave the healthcare profession entirely. How might ND midwives in Aotearoa be coping, given the current climate of high professional attrition and burnout?

Within the healthcare worker literature, most participants received their diagnosis in adulthood, generally during a crisis when workplace and personal life demands overwhelmed their coping mechanisms (Anderson & Shaw, 2020; Crouch, 2019; Godfrey-Harris & Shaw, 2023; Hughes et al., 2021; Locke et al., 2016; Price et al., 2017; Rowe et al., 2021; Shaw, Fossi et al., 2023; Walker et al., 2021). With the exception of the studies carried out by Shaw, Fossi et al. (2023) and Godfrey-Harris & Shaw (2023), all the research participants were in the early stages of their work in a healthcare profession, so a further opportunity exists to research whether midwives would report different workplace experiences as they advanced through their careers.

Neurodivergent scholars must become the drivers of research to facilitate a shift of epistemic norms that connect perspectives between the internal experience and observations of what ND looks like from the outside (Kourti, 2021). Within the literature, four studies included ND researchers (Anderson & Shaw, 2020; Godfrey-Harris & Shaw, 2023; Shaw, Fossi et al., 2023; Walker et al., 2021); the remaining did not, although their study designs were positioned within the social model of disability.

LIMITATIONS

The neurodiversity paradigm equally values evidence from the lived experience of ND people and the quantitative medical sciences (Rosqvist et al., 2020). Within the current literature, qualitative work is predominant (Crouch, 2019; Godfrey-Harris & Shaw, 2023; Hughes et al., 2021; Locke et al., 2016; Price et al., 2017; Rowe et al., 2021; Shaw, Fossi et al., 2023; Walker et al., 2021): such small cohorts provide valuable findings, but they are not generalisable. However, themes uncovered through these initial subjective lenses can drive future empirical inquiry.

Despite an extensive search strategy, this integrative review did not include the full breadth of ND identities. This was in part due to the innate limitations of needing to choose a sustainable number of search terms. As the research community shifts toward study designs that incorporate the neurodiversity paradigm, it is likely that the recruitment of participants will become increasingly more representative of the entire ND umbrella (Hewlett et al., 2018).

Finally, eight out of the nine ND healthcare worker research articles were published in the UK (Anderson & Shaw, 2020; Crouch, 2019; Godfrey-Harris & Shaw, 2023; Locke et al., 2016; Price et al., 2017; Rowe et al., 2021; Shaw, Fossi et al., 2023; Walker et al., 2021) and just one being a New Zealand-based study by Hughes et al. (2021). Interpretations will, therefore, lack the context of Aotearoa's unique midwifery model of care and our bicultural identity.

CONCLUSION

This integrative review highlights that ableist barriers to equitable employment experiences can be pervasive throughout healthcare workplace settings. How these experiences relate or differ for ND midwives in Aotearoa is yet to be investigated. We do not yet know how the hospital-based midwife might navigate inclusion within an employed setting or where a self-employed lead maternity carer (LMC) midwife might seek advice about the provision of workplace accommodations. The results of this review highlight the need for future research. Furthermore, expanding our knowledge of neurodivergence within our midwifery profession may also pave the way towards improved understanding of perinatal care provision for ND birthing people and whānau.

DECLARATION OF INTEREST

The authors declare that the lead author is the co-presenter and researcher of the Neurobirth Podcast which is funded by Te Whatu Ora.

KEY POINTS

- Neurodivergent health professionals bring strengths associated with their ND identity, including attention to detail, cognitive dynamism and building empathetic partnerships with clients.
- Neurodivergent health professionals experience workplace challenges related to social, sensory and executive functioning behaviours.
- Diagnosis is a "double-edged sword", providing validation of personal challenges but also widespread workplace discrimation, fuelled by misconceptions amongst colleagues and employers.

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GLOSSARY

Ableism	A system of discrimination experienced by the disabled community, fuelled by socially constructed beliefs on "normalcy, productivity, desirability, intelligence and fitness" (Lewis, 2022)
Accommodation	Strategies and tools utilised to create an equitable environment for a disabled person (Hewlett et al., 2018)
ADHD/ADHDer	Attention Deficit Hyperactivity Disorder, a neurodevelopmental condition with inattention, impulsivity and overactivity as the central features; these persist over time and result in significant impairment (American Psychiatric Association, 2013) / a person who has ADHD
Autism	A neurodevelopmental condition characterised by challenges with social interaction and communication, and by restricted or repetitive patterns of thought and behaviour (American Psychiatric Association, 2013)
Dyslexia	A specific learning disability of neurodevelopmental origin; it impacts a person's ability with reading, writing and numeracy; verbal and visual processing skills can also be impacted (Hewlett et al., 2018)
Dyspraxia	A neurodevelopmental condition that affects gross and fine motor skills, coordination and cognitive function (Walker et al., 2021)
Executive functioning	Daily behaviours such as time management, organisation, motivation, concentration, memory, regulating emotions and self discipline (Nussbaum, 2012)
Neuro-affirming	Active rejection of the medical model and its focus on "fixing" deficits in neurocognitive functioning; neuro-affirming practice embraces difference, recognises strengths and co-creates accommodations that serve to increase participation and inclusion (Walker et al., 2021)
Neurodevelopmental disorder	A range of lifelong conditions characterised by impairments in cognition, communication, behaviour and/or motor skills (American Psychiatric Association, 2013)
Neurodivergent	An umbrella term that describes individuals with a brain that diverges from what is typical; this may include having autism, ADHD, dyslexia and dyspraxia, among others (Doyle, 2020)
Neurodiversity	The diversity in human minds, the inexhaustible variation in neurocognitive functioning within the human species (Walker et al., 2021)
Neurominority	A collective term for people that identify beneath the neurodivergent umbrella (Singer, 2002)
Neurotype	A type of brain wiring, in relation to how a person processes cognitive, sensory and social information; for example, ND people are more likely to share the same neurotype (Silverman, 2015)
Neurotypical	Describes an individual whose cognitive, sensory and social functioning conforms within normative standards (Doyle, 2020)

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