



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 to 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.

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Introduction

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 number 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

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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 preregistration 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 (supplementary Table A) [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 postgraduate 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

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