RAIS Journal for Social Sciences | VOL. 9, No. 2, 2025
ISSN 2574-0245 (Print) | ISSN 2574-1179 (Online) | DOI: 10.5281/zenodo.17649304

Teaching Organizations about the Complex Social Challenges of Workers with Attention-Deficit/Hyperactivity Disorder (ADHD) in the Workplace

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Abstract: Adults with Attention Deficit/Hyperactivity Disorder (ADHD) are underserved in organizational cultures that lack the competence to provide equitable social and organizational support. Within organizational cultures there is a misunderstanding of invisible disabilities like ADHD that are stigmatized, lack inclusion and support to thrive in the workplace. The purpose of this study is to discover equitable practices in the workplace by exploring lived experiences of employees with ADHD in order to address the gap between inclusion and psychological safety. An inquiry narrative study explores the lived experiences of adults with ADHD through storytelling. The study is composed of 10 participants (5 men, 5 women) who were interviewed with open-ended questions that brought deeper understanding of how they perceive themselves in relation to the world within the workplace. A cross-case analysis approach identified common themes among the participants' shared experiences. Additionally, the qualitative data collected was further studied with a constant comparative method for an in-depth understanding of the common themes collected from the interviews. As an invisible disability, ADHD is often misunderstood, impacting employees' sense of inclusivity, psychological security and support, posing barriers of stigmatization, social and organizational support, as well as disclosure. This study emphasizes the impact on underserved employees with ADHD whose psychological security is impacted; therefore, costing them consistency and productivity in the workplace. Organizations should consider reframing benefits, communication methods, equitable training models, and policies that support invisible disabilities like ADHD, restoring employees' dignity and improving productivity.

Keywords: Attention-Deficit/Hyperactivity Disorder (ADHD), Invisible Disabilities, Neurodiversity, Inclusion, Reasonable Accommodation, Employee Engagement, Workplace Culture, Under-Served Populations Theory

JEL Codes: I14, J5, J14, J71, J24, L2, M1

Introduction

Employees with invisible disabilities, particularly those with Attention-Deficit/Hyperactivity Disorder (ADHD), continue to encounter profound socioeconomic and systemic barriers to inclusion within contemporary organizational contexts. Individuals with disabilities remain approximately 65% less likely to be employed than their non-disabled counterparts (U.S. Census Bureau, 2016), a disparity that reflects enduring inequities in access, representation, and structural support. Despite the increasing societal discourse on neurodiversity, ADHD, though both prevalent and clinically well-defined, frequently remains unrecognized, misunderstood, or undisclosed due to persistent stigma and misconceptions in professional settings.

Invisible disabilities, such as ADHD, present unique cognitive, social, and behavioral challenges that demand institutional awareness, empathy, and structured accommodation (Oscarsson et al., 2022). Individuals with ADHD may struggle with executive functioning, attentional regulation, and emotion management, difficulties that often manifest in disrupted routines, strained interpersonal interactions, and inconsistent occupational performance (Ginapp et al., 2022). However, when adequately supported, such individuals contribute distinct cognitive strengths, creativity, and problem-solving capacities that enhance innovation and organizational adaptability. Consequently, inclusive employment of individuals with invisible disabilities has been linked to improved workplace performance, enhanced organizational climate, and reputational benefits for employers committed to equity (Rollnik-Sadowska et al., 2024).

Despite these potential benefits, organizational discourse and policy frameworks have yet to adequately address the lived experiences of employees with ADHD. The Americans with Disabilities Act (ADA) defines disability as an impairment that substantially limits one or more major life activities (Berkowitz, 2017; Coton, 2019). Within this legal and conceptual framework, invisible disabilities are characterized by the absence of visible physiological markers, yet they can profoundly impair cognitive processing, focus, and emotional regulation (Invisible Disabilities Association, 2023). The limited institutional acknowledgment of these conditions underscores a broader failure to embrace neurodiversity; the natural variation in human neurological functioning (Rosqvist et al., 2020). When workplace cultures are organized around neurotypical norms of concentration, communication, and performance consistency, they reproduce structural ableism and marginalize employees with divergent cognitive styles (Dunn, 2021; Burrell et al., 2025).

Empirical evidence highlights the psychological and organizational cost of this exclusion. Approximately 88% of employees with invisible disabilities choose not to disclose their condition at work, often to avoid bias, diminished credibility, or career penalties (Tillotson, 2023). For employees with ADHD, such non-disclosure serves as both a defense mechanism and a barrier, protecting against stigma while simultaneously restricting access to legal accommodations, managerial understanding, and authentic workplace participation. This concealment entails substantial emotional labor: the continuous effort to mask distractibility, impulsivity, and executive-function difficulties to meet neurotypical performance standards. Over time, this masking behavior generates anxiety, exhaustion, and diminished self-esteem (Santuzzi et al., 2014; Alvarez, 2021). The internalization of negative feedback as personal inadequacy perpetuates cycles of overcompensation and burnout, further entrenching exclusion and alienation among neurodiverse employees (Burrell et al., 2025).

This study advances the discourse by addressing a critical research gap. While the concept of neurodiversity has gained traction in organizational psychology, the intersection of ADHD, workplace inclusion, and psychological safety remains underexplored. The paper aims to enhance understanding of ADHD's impact on employment experiences by integrating qualitative insights and a conceptual model that illuminate the relational

dynamics of disclosure, stigma, and support. By doing so, it contributes to the growing call for organizational frameworks that recognize invisible disabilities as central, creating welcoming organizational cultures that support belonging and workplace psychological safety, rather than peripheral to them.

Problem statement

Neurodiverse, also referred to as neurotypical, individuals continue to face significant barriers in the workplace, despite the growing recognition of neurodiversity as a valuable dimension of organizational and social diversity (Lefevre Levy et al., 2023). Evidence shows these social barriers manifest as stigmatization, underrepresentation, and challenges in disclosure, often stemming from societal misconceptions and workplace practices rooted in the medical model of disability (Matheiken et al., 2024). There is a critical need to understand and address the factors influencing the acceptance, support, and effective management of neurodiverse employees. This understanding is essential to foster truly inclusive, innovative, competitive organizational environments, according to Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD) (2025).

Historically, the literature suggests that because invisible disabilities are not immediately visible, coworkers and employers may doubt their legitimacy or lack understanding of the symptoms and the need for accommodations (Syma, 2019). Initially, ADHD was predominantly diagnosed in childhood, with limited acknowledgment of its persistence into adulthood. However, since 1994, when the American Psychiatric Association included adult ADHD, there has been increasing awareness and acceptance that ADHD symptoms can continue across the lifespan (London et al., 2024). The ADHD Association reported that 1 in 20 adults (over 12 million) in the United States has ADHD; 85 percent have not been formally diagnosed or treated (Attention Deficit Disorder Association, 2025; American Psychiatric Association, 2025; Staley et al., 2024). Understanding the historical shift in the perception of adult ADHD is crucial for developing appropriate modern workplace strategies to support this growing population.

Purpose of the Study

The purpose of this qualitative *narrative inquiry* study is to explore the lived experiences, challenges, and struggles of employees diagnosed with Attention-Deficit/Hyperactivity Disorder (ADHD) within contemporary workplace environments, with particular attention to the emotional, social, and structural barriers that arise from ableist organizational cultures. The study seeks to understand how employees with ADHD make sense of their experiences of inclusion, exclusion, and accommodation, or the lack thereof, in professional contexts that often privilege neurotypical modes of thinking and working.

Approximately 42 million Americans live with disabilities, and an estimated 96% of these disabilities are classified as invisible (Morgan, 2020). Within this group, individuals with ADHD constitute a significant and often misunderstood segment of the workforce. Despite growing awareness of neurodiversity, ADHD remains stigmatized and frequently misinterpreted as a matter of personal discipline or character rather than a neurocognitive difference. This study aims to document and interpret the narratives of employees with ADHD to illuminate how they navigate misunderstanding, invisibility, and stigma while striving to meaningfully contribute within their professional settings.

The inquiry will further explore how organizational policies, managerial practices, and workplace cultures either perpetuate or challenge ableist assumptions. By collecting and analyzing stories from adults with ADHD, this research seeks to uncover both the overt and subtle ways in which ableism manifests in daily workplace interactions, communication, and expectations. Through the narrative accounts of ten adult participants,

this study aims to generate nuanced insights that inform equitable organizational practices, guide leadership training, and support systemic inclusion of neurodiverse employees.

Significance and Originality of the Study

This study addresses a critical gap in both scholarly literature and organizational practice concerning invisible disabilities and neurodiversity in the workplace. In recent decades, the Employee Assistance Program (EAP) has expanded its discourse surrounding diversity and inclusion to invisible disabilities. Included are ADHD, affective disorders, and other neurodevelopmental conditions which remain marginalized within corporate and institutional frameworks. The absence of visible indicators often results in misunderstanding, skepticism, and minimization of lived experiences (Morgan, 2020; Dunn, 2021; Ginapp et al., 2022). This lack of recognition not only erodes psychological safety but also reinforces structural and cultural ableism, a system of discrimination that privileges the neurotypical and physically normative body and mind (Dunn, 2021).

The originality of this research lies in its narrative focus and its attention to emotional, relational, and systemic dimensions of workplace life as experienced by employees with ADHD. Rather than quantifying barriers, this study seeks to humanize them by eliciting first-person stories that reveal the moral, affective, and existential complexities of working with an invisible disability in professional environments. Such stories provide an interpretive lens into how individuals negotiate identity, manage stigma, and construct meaning within contexts that often fail to accommodate cognitive diversity. Moreover, this inquiry contributes to the ongoing reframing of ADHD not merely as a clinical diagnosis but as a dimension of neurodiversity that encompasses both strengths and struggles. By contextualizing participants' experiences within broader societal structures of ableism and organizational conformity, the study extends current understanding of inclusion from one of compliance to one of cultural transformation.

Globally, the significance of such inquiry is underscored by data from the World Health Organization (2020), which estimates that one in four individuals will experience a mental health condition during their lifetime, and by the National Institute of Mental Health (2018), which reports that one in five American adults faces mental health challenges annually. These statistics highlight the urgent need for organizations to confront implicit biases, dismantle structural barriers, and develop policies that affirm neurodiverse identities as integral, not peripheral, to the modern workforce (Burrell et al., 2025).

Finally, this research contributes practical and theoretical originality by integrating narrative methodology within the context of management consulting intervention. By focusing on a medical school and university health center environment, settings committed to equity yet embedded in hierarchies of expertise, this study offers insights transferable to other knowledge-based workplaces. The goal is to illuminate actionable pathways toward inclusion that value neurodiversity as an organizational asset rather than an accommodation burden.

Nature of the Study

This study employs *narrative inquiry* as its primary research methodology. Narrative inquiry, as conceptualized by Clandinin and Connelly (2006), is grounded in the belief that human beings make sense of their experiences through storytelling. It is both phenomenological and interpretive, privileging participants' voices and emphasizing the temporal, social, and contextual dimensions of lived experience. In this framework, stories are not merely data; they are dynamic reconstructions of meaning that reveal how individuals understand themselves and their worlds within evolving contexts. The narrative approach is particularly well-suited to the study of ADHD in the workplace because it

captures the complexity and emotional depth of experiences that are often minimized in quantitative accounts. Employees with ADHD frequently describe their workplace journeys as oscillating between moments of empowerment and marginalization, confidence and self-doubt, belonging, and alienation. Narrative inquiry allows these contrasts to coexist without reduction, foregrounding the texture of lived experience. As a constructivist approach, narrative inquiry also recognizes the co-construction of meaning between researchers and participants. The researcher's interpretive presence is not minimized but reflexively acknowledged as part of the meaning-making process. This epistemological stance underscores that the stories told are both personal and social, reflecting not only individual experience but also the cultural scripts of neurodiversity, productivity, and worth that shape contemporary workplaces.

Through this methodological lens, a deeper empathic awareness of what it means to live and work with ADHD within systems that often privilege linearity, speed, and conformity are emphasized without generalizing findings. The resulting narratives aim to inform organizational leaders, human resource professionals, and policymakers seeking to transform environments where neurodiverse employees can thrive with authenticity, dignity, and purpose.

Disability Stigma Theory

Disability Stigma Theory views stigma as a pervasive social process that shapes how individuals with disabilities are perceived and treated within society (Röhm et al., 2022; Visser et al., 2024; Nguyen & Hinshaw, 2020). This theory emphasizes that stigma is not merely a personal attitude but a systemic dynamic involving labeling, stereotyping, separation, status loss, and discrimination (Röhm et al., 2022; Visser et al., 2024; Nguyen & Hinshaw, 2020). Labeling begins when society identifies a person as "different" based on an observed or disclosed trait. Stereotyping follows, attaching negative attributes, such as incompetence, laziness, or instability, to that label. Separation reinforces the notion of "us" versus "them," creating psychological and social distance between those considered "normal" and those deemed "other." The final stages, status loss and discrimination, occur when these judgments translate into diminished respect, unequal opportunities, and exclusionary practices.

For employees with ADHD, these processes unfold in subtle but consequential ways. Because ADHD is an invisible disability, others may interpret ADHD-related behaviors, such as restlessness, forgetfulness, or hyperfocus, as personal failings rather than neurological differences. For instance, a manager might perceive an employee's difficulty with administrative tasks as a lack of discipline while overlooking their exceptional creativity, problem-solving agility, or capacity for innovation. These interpretations can culminate in biased performance reviews, missed promotions, or exclusion from high-visibility projects. The stigma persists precisely because ADHD's strengths and challenges coexist: the same mind that struggles with monotony may excel in dynamic, fast-paced, or crisis work environments. Nevertheless, organizational cultures that prioritize uniform productivity and "professional decorum" often fail to accommodate this variability.

Reducing disability stigma in the workplace requires both structural and cultural interventions. Structural interventions involve transparent policies that normalize accommodations, such as flexible workflows, alternate communication channels, and assistive technologies, without forcing employees to disclose medical details. Cultural interventions involve education and empathy training to reshape the collective understanding of ADHD from a deficit model to a difference model. For example, an employee named Lena excels at brainstorming and crisis management but falters during administrative reporting cycles. When her team leader reframes her variability as part of her cognitive profile rather than as inconsistency, and reallocates reporting tasks while

leveraging her creative strengths, stigma gives way to inclusion. Disability Stigma Theory thus illuminates the invisible social forces that sustain inequality and points the way toward workplaces where neurodiversity is recognized as a form of human variation rather than deficiency.

Human Relations Theory

Human Relations Theory emphasizes that employees are not merely units of production but individuals motivated by recognition, belonging, and interpersonal connections, and that they need to be engaged by stakeholders in the organization (John-Eke & Akintokunbo, 2021). The theory's central principles include attention to human needs, open communication, empathy, and the cultivation of trust within informal social networks. In this view, management's role is not limited to directing work but extends to fostering the conditions that allow individuals to feel valued and psychologically secure (Burrell et al., 2025). For employees with ADHD, Human Relations Theory offers a profoundly relevant framework because it highlights the relational foundations of inclusion. The daily experience of ADHD in the workplace often involves not only task-related struggles but also emotional labor, the effort to mask symptoms, to appear "together," and to interpret ambiguous feedback in environments that may not understand neurodiverse communication styles. When supervisors approach employees through a relational lens, they listen actively, inquire about preferred work patterns, and validate the legitimacy of neurodivergent needs, signaling respect and empathy. By reducing the internalized stigma many ADHD employees carry, this approach enhances motivation, engagement, and performance.

Consider Renee, a marketing specialist whose manager notices that she tends to miss project updates delivered during long, fast-paced meetings. Instead of reprimanding her, the manager schedules a brief one-on-one follow-up afterward to clarify priorities and invites Renee to share her preferred communication method. They agree to use short written summaries after each meeting, allowing her to stay aligned without added stress. Over time, this practice deepens mutual trust: Renee feels safe disclosing challenges, and the manager gains a more reliable team member. This example illustrates the principle of human relations that empathy and communication are not mere niceties; they are strategic levers of organizational success.

By valuing authentic connection and recognizing the emotional dimension of work, Human Relations Theory challenges organizations to redefine productivity as both relational and technical. When applied to employees with ADHD, it encourages leaders to see support not as accommodation but as relationship-building. Through genuine understanding, clear communication, and consistent recognition, workplaces can transform from environments of quiet struggle into communities of shared humanity and mutual growth (Burrell et al., 2025).

Perceived Organizational Support (POS) Theory

Perceived Organizational Support (POS) Theory proposes that employees form general beliefs about the extent to which their organization values their contributions and genuinely cares about their well-being (Coll & Mignonac, 2023; Alcover et al., 2018). This sense of support is cultivated through consistent organizational practices, supervisor behaviors, and communication patterns that signal appreciation, fairness, and care. When employees perceive that their organization truly values them, they feel an emotional obligation to reciprocate loyalty, engagement, and discretionary effort (Odazie, 2024). Inconsistent or superficial expressions of support, on the other hand, lead to mistrust and disengagement (Odazie, 2024).

For employees with ADHD, POS takes on profound importance because ADHD is an invisible disability; its challenges are often misunderstood, minimized, or misinterpreted as laziness or carelessness. When leaders communicate an understanding of neurodiverse experiences, normalize flexible work practices, and provide clear accommodations, such as flexible deadlines, structured communication channels, or the use of task management tools, employees perceive genuine organizational care (Burrell et al., 2025). This sense of care reduces anxiety about disclosure and helps employees invest more energy and creativity in their roles. Conversely, inconsistent or conditional accommodations can erode trust and reinforce the fear that requesting help will be seen as a weakness (Odazie, 2024).

Imagine an employee named Maya, a data analyst with ADHD who works best when expectations are clearly defined and communication is structured. Her first manager sends shifting priorities through chat messages at random times, leaving her constantly unsure of what to prioritize. Her requests for written instructions are dismissed as unnecessary. Later, a new supervisor introduces standardized project briefs and weekly planning sessions for everyone, reducing ambiguity and increasing predictability. Maya begins to feel seen and supported, realizing that the organization values her needs and contributions. This shift exemplifies how strong POS can transform a potentially alienating environment into one where an employee with ADHD thrives.

Social Support Theory

Social Support Theory emphasizes that people's well-being and functioning improve when they experience meaningful support from others (Murphy & O'Hare, 2016). This theory identifies four primary types of support: emotional, instrumental, informational, and appraisal (Murphy & O'Hare, 2016). Emotional support involves empathy, understanding, and encouragement; instrumental support refers to tangible assistance, such as tools or flexible scheduling; informational support provides clear guidance and feedback; and appraisal support helps individuals evaluate their progress constructively. The theory's core insight is that not all support is equal; the correct type of support must match the specific stressor or challenge a person is facing (Murphy & O'Hare, 2016).

For employees with ADHD, the value of this theory lies in recognizing that their workplace needs are both diverse and context-dependent. Emotional support helps combat the feelings of shame or rejection sensitivity that often accompany ADHD. Instrumental support might involve the provision of productivity software, quiet workspaces, or time-blocking allowances that help employees manage attention and working memory limitations. Informational support ensures that instructions are concrete and delivered in multiple formats, reducing misunderstandings that can arise from ambiguous communication. Finally, appraisal support helps maintain motivation through specific and forward-looking feedback, focusing on effort and progress rather than mistakes (Burrell et al., 2025).

Consider Jamal, a sales operations coordinator who struggles to process vague instructions. His team introduces structured request forms, more precise task documentation, and a routine feedback meeting. Colleagues also check in regularly to acknowledge his progress and offer emotional support when he feels overwhelmed. Over time, Jamal begins to feel competent, trusted, and included. What changed was not Jamal's cognitive profile but the match between the type of support he received and the specific challenges ADHD posed. This illustrates how tailored, consistent social support can convert frustration into engagement.

Equity Theory

Equity Theory, a foundational concept in organizational psychology, posits that individuals evaluate fairness in the workplace by comparing the ratio of their inputs (such as effort, skill, and time) to their outputs (such as rewards, recognition, and advancement opportunities) relative to others (Cade, 2021). This process of social comparison shapes the perceptions of justice and satisfaction. When employees perceive a balance between what they contribute and what they receive, they experience equity and motivation (Burrell et al., 2025). However, when they perceive a discrepancy, believing that their efforts are undervalued or that others receive disproportionate rewards, feelings of inequity, frustration, and disengagement can emerge (Burrell, 2022; Burrell & Morin, 2025). For workers with disabilities, particularly those in environments that lack sufficient support and resources, this theory becomes especially salient. They often navigate additional cognitive, emotional, and structural barriers, yet these added efforts are rarely recognized to the level needed to provide full support (Pant, 2025). As a result, the perception of inequity becomes both a psychological and structural reality that undermines inclusion.

One of the central elements of Equity Theory relevant to employees with disabilities is the perception of unfairness. This perception often arises when workers observe that their contributions are either overlooked or undervalued compared to those of their non-disabled peers (Harpur, 2014). For example, an employee with ADHD may invest significant energy in managing focus, organization, and communication demands, tasks that require constant self-regulation and adaptive effort, yet receive the same recognition as colleagues for whom such regulation requires less energy. When this additional "invisible labor" goes unacknowledged, the sense of imbalance deepens. In environments where accommodations are inconsistently provided or where disability-related challenges are misunderstood, the employee's effort-to-reward ratio skews sharply toward inequity. This perceived inequity not only reduces motivation; it also intensifies the emotional cost of participation in organizational life, fostering feelings of alienation and diminished belonging (Harpur, 2014; Burrell, 2022; Burrell & Morin, 2025).

The comparison process, central to Equity Theory, also plays a critical role for workers with disabilities in under-supported workplaces. Individuals naturally compare their treatment, recognition, and advancement opportunities to those of their peers. When workers with disabilities notice that their colleagues enjoy easier access to resources, professional development, or promotions, they may interpret this disparity as organizational disregard for their needs (Cade, 2021). The resulting perception of inequity can create a cycle of disengagement and reduced morale, where employees invest less effort not due to unwillingness, but because they are demotivated by the awareness that their efforts are undervalued. For instance, consider Jordan, an employee with ADHD who consistently produces creative, high-impact ideas but struggles with rigid reporting deadlines. His peers, whose work habits align more naturally with the organization's structure, are praised for consistency, while Jordan's innovative contributions receive little acknowledgment. Over time, the perceived imbalance erodes his motivation and reinforces the belief that the system rewards conformity over contribution. Therefore, Equity Theory underscores the organizational responsibility to create structures that correct, not perpetuate, these disparities. When organizations provide adequate accommodations, such as flexible deadlines, structured feedback mechanisms, and supportive technology, they signal to employees with disabilities that their effort is recognized and valued. This recalibration restores the sense of fairness that Equity Theory identifies as essential for motivation and engagement (Coll & Mignonac, 2023). Moreover, fair treatment extends beyond policy; it requires cultivating a workplace culture that explicitly acknowledges different forms of labor and effort (Burrell, 2022; Burrell & Morin, 2025). Training supervisors to recognize

the "hidden work" that neurodiverse employees perform to meet conventional standards can help bridge the perception gap between effort and reward.

Therefore, Equity Theory provides a valuable lens for understanding how perceived fairness, or the lack thereof, shapes the experiences of employees with disabilities in the workplace. It reminds organizations that equity is not achieved through identical treatment but through proportional recognition of differential effort and structural disadvantage. When employers align their support systems with these principles, employees with ADHD and other disabilities can experience the psychological balance necessary for authentic engagement, commitment, and organizational trust. Conversely, neglecting these dynamics perpetuates inequity, leaving workers feeling unseen and undervalued, and ultimately diminishing both individual well-being and organizational performance (Cade, 2021; Harpur, 2014; Coll & Mignonac, 2023).

Workplace Psychological Contract Theory

Workplace Psychological Contract Theory explains that the employment relationship extends far beyond the formal, written contract of pay and performance obligations. It encompasses an unwritten set of mutual expectations between employees and their employers, expectations that shape perceptions of fairness, loyalty, and trust within the workplace (Cleveland et al., 1997). This implicit agreement includes assumptions about support, respect, career development, and the organization's moral obligation to treat employees equitably. When employees believe that their employer values their contributions and will act in good faith, a strong psychological contract develops, characterized by trust and commitment. Conversely, when employees perceive that the organization has failed to meet its implied promises, they may experience a psychological contract breach, resulting in feelings of betrayal, disappointment, and disengagement (Burrell, 2022; Burrell & Morin, 2025).

For workers with disabilities, particularly those in environments marked by bias, marginalization, or insufficient organizational support, this theory holds special relevance. These individuals often enter the workplace expecting that their employer will provide equitable treatment and necessary accommodations, as implied by diversity and inclusion commitments. When the organization neglects to fulfill these expectations, whether through inadequate accessibility measures, inconsistent accommodation processes, or unaddressed discriminatory behavior, the psychological contract is violated. This breach can erode trust and diminish both job satisfaction and organizational commitment, leading employees to question the integrity of their employer's professed values (Cleveland et al., 1997). For example, an employee with ADHD who is promised flexibility and understanding during onboarding may later face criticism for time management challenges when accommodations are inconsistently applied. The discrepancy between the organization's words and actions represents not just a policy failure but a fundamental violation of relational trust.

A central concept within Workplace Psychological Contract Theory, perceived breach, is particularly relevant for understanding the experiences of workers with disabilities. Perceived breach occurs when employees recognize a gap between what was implicitly promised and what is delivered (Cleveland et al., 1997). For disabled employees, this breach often manifests when promised inclusivity is contradicted by subtle exclusion or when reasonable accommodations are delayed, denied, or treated as burdensome. Such experiences may provoke feelings of betrayal and disillusionment, as employees realize that their organization's stated commitment to equality does not extend to practical support. Over time, this dissonance contributes to emotional exhaustion, withdrawal, and decreased motivation. For instance, an employee with ADHD who requests written meeting notes as an accommodation but consistently receives none may feel both disregarded and

invalidated. What was once enthusiasm for contributing meaningfully may give way to quiet disengagement, reflecting the deep personal impact of organizational inconsistency.

Equally vital to understanding the theory's application is the principle of reciprocity, the mutual exchange of effort, loyalty, and recognition that underpins the psychological contract (Cleveland et al., 1997). In healthy employment relationships, employees invest their energy and commitment with the expectation that the organization will reciprocate through fairness, respect, and support (Burrell, 2022; Burrell & Morin, 2025). When workers with disabilities perceive that their contributions are undervalued or that the organization fails to reciprocate their efforts through reasonable adjustments and an inclusive culture, they may justifiably reduce their engagement. This imbalance weakens the psychological contract and fosters feelings of alienation. For example, when a neurodivergent employee consistently exceeds performance goals but receives no acknowledgment of the extra self-management effort required to meet neurotypical standards, the absence of reciprocity amplifies their sense of marginalization. In this context, performance is not the only measure of equity; organizational empathy becomes equally important.

To repair and sustain a healthy psychological contract, organizations must act intentionally to meet both explicit and implicit obligations (Burrell, 2022; Burrell & Morin, 2025). This involves ensuring that commitments to diversity and inclusion are reflected in daily practice, not merely policy rhetoric. Employers can uphold the psychological contract by providing timely accommodations, creating transparent communication channels for disclosure, and demonstrating consistent responsiveness to employee needs. Training managers to recognize unconscious bias and to engage in empathetic dialogue about disability and neurodiversity also reinforces the perception of fairness and trust. In doing so, the organization signals that its relationship with employees is grounded in mutual respect rather than transactional compliance.

Ultimately, Workplace Psychological Contract Theory provides a valuable framework for understanding the complex emotional and relational dynamics that shape the experiences of employees with disabilities. When organizations uphold their unwritten promises of inclusion, support, and fairness, they cultivate trust, engagement, and organizational loyalty. When they fail to do so, employees experience not only disappointment but a deeper sense of relational betrayal that undermines both morale and performance (Cleveland et al., 1997). The theory thus underscores a vital truth: for workers with disabilities, particularly those navigating invisible challenges like ADHD, the strength of the psychological contract depends less on grand policies and more on everyday actions that communicate reliability, respect, and genuine inclusion.

Methods and Research Design

This study employs a narrative inquiry methodology to explore the lived workplace experiences of adults diagnosed with Attention-Deficit/Hyperactivity Disorder (ADHD). Narrative inquiry centers on the interpretation of participants' stories as windows into meaning-making, identity construction, and contextualized experience (Clandinin & Connelly, 2006). Given the study's focus on how adults with ADHD perceive and negotiate their work environments, narrative inquiry provides the interpretive flexibility necessary to capture the complexity, temporality, and emotion embedded in participants' lived realities. The research design adheres to principles of rigor and transparency by maintaining systematic procedures for recruitment, data collection, transcription, thematic analysis, and verification. The study also employs protocols to ensure reliability, validity, and trustworthiness, including triangulation with secondary data, member checking, and an audit trail of analytic decisions.

Participants

Ten adult participants (five males, five females) were recruited via purposive sampling from online ADHD support communities affiliated with the Attention Deficit Disorder Association (ADDA), Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD), American Professional Society of ADHD and Related Disorders (APSARD), the ADHD Coaches Organization, and the World Federation of ADHD. Eligibility required participants to (a) have a formal ADHD diagnosis, (b) be currently employed full- or part-time, and (c) be engaged in ongoing treatment or support. Participants ranged in age from 27 to 49 years (M = 36.4). They represented diverse occupational fields, including logistics, information technology, healthcare, sales, editing, and marketing. Pseudonyms were used to preserve anonymity.

Data Collection

Data were collected through semi-structured narrative interviews, each lasting approximately 60–90 minutes, conducted via secure video conferencing. Interviews followed a set of four guiding questions designed to elicit autobiographical narratives:

1. Before your diagnosis, what symptoms did you experience that created challenges in the workplace?
2. What concerns, worries, or apprehensions, if any, did you have about getting tested and learning your results?
3. In what ways should managers support employees with ADHD in the workplace?
4. What resources or reasonable accommodations can organizations provide to support employees with ADHD?

The interviewer used open-ended prompts to encourage detailed storytelling and reflection. Interviews were audio-recorded, transcribed verbatim, and anonymized. Supplementary contextual data were reviewed from Attention Deficit Disorder Association (ADDA), Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD), American Professional Society of ADHD and Related Disorders (APSARD), the ADHD Coaches Organization, and the World Federation of ADHD after the interviews to triangulate participant narratives with contemporary discourse on workplace ADHD.

Data Analysis

Data was analyzed using a thematic narrative approach. Initial readings focused on constructing individual narrative summaries. Subsequently, cross-case analysis identified recurring plotlines, metaphors, and tensions that illuminated shared experiences. Themes were iteratively refined using constant comparative methods until conceptual saturation was reached.

To ensure credibility and dependability, three strategies were employed:

- Member checking: Participants reviewed their narrative summaries to confirm interpretive accuracy.
- Peer debriefing: A second coder with qualitative research experience reviewed emerging themes.
- Audit trail: Analytic memos documented coding decisions and researcher reflections throughout.

Limitations of the Study

Despite the methodological rigor and transparency embedded in this study, several limitations warrant consideration when interpreting its findings.

1. **Potential Self-Selection and Disclosure Bias:**
   Individuals who volunteered for participation may have been more motivated to share emotionally charged or meaning-rich stories, potentially skewing the dataset toward more articulate or introspective accounts. Furthermore, interviews conducted via video conferencing may have influenced participants' comfort in disclosure, either inhibiting vulnerability or, conversely, encouraging over-sharing due to perceived anonymity.
2. **Temporal and Contextual Constraints:**
   Because narrative inquiry captures experiences as told in the present, participants' recollections of pre-diagnosis experiences are subject to retrospective interpretation. Memory reconstruction and emotional reframing, particularly following diagnosis, may shape how individuals understand and articulate their past struggles. As a result, the narratives, while authentic in affective truth, may not always represent factual linearity or objective sequence.
3. **Cultural and Contextual Specificity:**
   The sample comprised participants based primarily in Western, English-speaking contexts, and findings may not translate across cultures with different workplace norms, healthcare systems, or conceptions of neurodiversity. The sociocultural meanings of ADHD, including stigma, diagnosis, and accommodation, are contextually bound and thus limit transferability beyond similar settings.

In sum, while this study's interpretive scope, small sample, and contextual specificity constrain broad generalization, its methodological design provides profound value in uncovering the complex interplay of cognition, emotion, and organizational culture that defines the workplace experiences of adults with ADHD. The narrative inquiry method not only captured the voices of an often-misunderstood population but also transformed those voices into a framework for empathy, policy innovation, and inclusive leadership. Its limitations thus coexist with its greatest strength: the capacity to make visible the invisible dimensions of neurodiversity through the power of human story.

Findings

This section presents the lived experiences of ten adults (five females, five males) diagnosed with ADHD, each reflecting on their workplace journeys before, during, and after diagnosis. The findings are organized by the four guiding interview questions. Within each, recurring themes are defined and illustrated through expanded, emotionally grounded narratives that align with the interpretive aims of narrative inquiry: to understand how individuals construct meaning through story.

Question 1: Before your diagnosis, what symptoms did you experience that created challenges in the workplace?

Theme 1: Chronic Distractibility and Task Drift

Definition and Context:

Participants described living in a constant state of mental fragmentation, an inability to hold attention steadily despite strong motivation. This "drift" was not experienced as disinterest but as an internal tug-of-war between intention and neurological interference. The emotional tenor of these narratives oscillated between frustration, guilt, and silent despair.

Narrative Illustrations:

Jasmine (34) recounted: "I'd start an email that should've taken five minutes, and an hour later I'd be organizing my desktop folders or googling how to 'stay focused at work.' My

brain just slipped away from me. I would just drift off. It wasn't that I didn't care, it's that I cared *too much*. I'd feel this rising panic in my chest when I realized time had vanished, like waking up from a trance. I'd sit there with tears building up because I knew people thought I was lazy, but they didn't see the battle happening inside my head."

Mike (37) echoed this tension, explaining: "Meetings were torture. Ten minutes in, I'd be nodding along but mentally somewhere else, thinking about the sound of the air conditioner, the color of someone's pen, or how my own leg wouldn't stop bouncing. By the end, I'd realize I hadn't processed a word. Then came the shame, smiling like I understood, hoping no one would ask me a question. It's humiliating to look attentive while feeling like your brain's skipping stations."

Theme 2: Time Blindness and Crisis-Driven Productivity

Definition and Context:

Time blindness, described as an altered perception of urgency, led participants to oscillate between inaction and hyperfocus. Emotional patterns ranged from denial to panic, often culminating in self-loathing once the crisis passed.

Narrative Illustrations:

Tara (29) described the emotional crescendo of her work cycles: "Deadlines were like ghosts; I knew they were there, but they didn't *feel* real until I was already drowning. I'd stay calm, maybe even detached, until suddenly it was midnight, and my heart was pounding like I'd run a marathon. My chest would tighten, hands shaking as I tried to make up for lost time. I'd pull off miracles and feel proud for five minutes, then the guilt would hit. I'd think, 'Why can't I just do this normally?' That guilt eats away at your confidence."

Evan (31) added: "I only seemed to work when I was terrified. It's like fear was the only switch that turned my focus on. I'd sit there in this weird mix of adrenaline and dread; wired, sweating, telling myself I'd change next time. But the cycle never stopped. Afterward, I'd crash and feel empty. It's not just exhausting. It's soul-crushing."

Theme 3: Misinterpretation as Carelessness and Character Flaws

Definition and Context:

Participants internalized external judgments that equated inattention or forgetfulness with moral failure. This misattribution reinforced feelings of inadequacy and shame, perpetuating a hidden emotional labor of constant self-correction.

Narrative Illustrations:

Renee (41) shared: "When my supervisor said, 'You're smart but inconsistent,' I smiled politely, but inside, it felt like a knife. I was staying late every night trying to fix the mistakes I missed during the day. My heart would race every time an email popped up from her; half fear, half determination to prove I wasn't careless. But no matter how hard I worked, I could never seem to erase that label. The anxiety became part of me."

Carlos (45) recalled: "People think ADHD is about being distracted. It's about being misunderstood. Every time someone rolled their eyes because I lost track of something, I felt smaller. I'd go home angry at myself, replaying the day, trying to figure out why my brain betrayed me again. Over time, that anger turns into quiet sadness."

Theme 4: Emotional Exhaustion and the Internalization of Deficit

Definition and Context:

Participants depicted an emotional weariness beyond typical burnout. They described a chronic sense of depletion stemming from overcompensation, masking symptoms, and the unrelenting effort to appear "normal." The affective undertone was one of hopelessness mixed with longing for validation.

Narrative Illustrations:

Lauren (38) shared: "Every day felt like an uphill sprint that never ended. I'd get home and collapse on the couch, my brain still buzzing from pretending to be someone who had it all together. The exhaustion wasn't just physical; it was emotional, spiritual even. You start to feel like you're performing competence rather than living it."

Sam (33) reflected quietly: "I thought I was broken. I'd look around the office and wonder why everyone else could just *do it*. I'd tell myself to try harder, be better, focus more. The sadness came in waves, like realizing repeatedly that something invisible was holding me back. I just didn't know it had a name."

Question 2: What concerns, worries, or apprehensions, if any, did you have about getting tested and learning your results?

Theme 1: Fear of Stigma and Labeling

Definition and Context:

Participants feared that an official diagnosis would shift how others, and they themselves, defined their identity. The emotional register was dominated by anxiety, defensiveness, and a yearning for belonging without judgment.

Narrative Illustrations:

Leo (35) confessed: "The hardest part wasn't taking the test; it was what it meant if it came back positive. I didn't want to be that guy with a 'condition.' I'd worked so hard to be taken seriously, to be seen as reliable. The thought that one label could undo that made my stomach twist. It's like standing on a bridge, knowing the truth could free you, but also fearing the drop.

Maria (42) described a quiet dread: "I sat in the waiting room with this knot in my throat. I was scared of losing who I thought I was. I'd built a whole career on grit. What if this diagnosis meant that grit was just me compensating for being defective? That thought made my chest tighten."

Theme 2: Doubt About Legitimacy

Definition and Context:

Many questioned whether they "deserved" the diagnosis, internalizing cultural skepticism about adult ADHD. The emotional experience combined guilt, confusion, and a fragile sense of self-validation.

Narrative Illustrations:

Nina (30) admitted: "I kept thinking maybe I was overreacting. Maybe everyone feels scattered and I was just weak for not handling it better. I remember crying in the car after the appointment, feeling both validated and ashamed, like I had stolen the diagnosis from someone who really needed it. It's a strange sadness, being right about your own suffering."

Adam (27) added: "The internet made me doubt everything. There's so much talk about ADHD being trendy, and I didn't want people to roll their eyes. So, I kept second-guessing myself, even when my psychologist said, 'This explains so much.' It was relief tangled with disbelief."

Theme 3: Fear of Employment Consequences

Definition and Context:

Participants described fearing subtle discrimination, professional isolation, and the loss of credibility after disclosure. The emotions expressed included anxiety, mistrust, and quiet resignation.

Narrative Illustrations:

Carla (39) recalled: "When I got the diagnosis, I wanted to tell my manager, but my chest would tighten every time I thought about it. I imagined the looks, the whispers, people saying, 'Oh, that explains her mistakes.' I felt trapped between honesty and survival."

Derek (44) described his experience after partial disclosure: "I told one supervisor, hoping for understanding. Instead, I got pity. She stopped assigning me big projects 'so I wouldn't get overwhelmed.' I smiled and said thanks, but inside I was furious. I didn't want protection. I wanted partnership."

Theme 4: Relief and Self-Understanding

Definition and Context:

While fear preceded diagnosis, the aftermath was characterized by deep emotional release, self-compassion, and reclamation of identity.

Narrative Illustrations:

Rita (37) shared through tears: "When the doctor explained it, I just started crying. It wasn't sadness, it was recognition. Every failed attempt, every meltdown suddenly made sense. I wasn't lazy, I wasn't broken. I was wired differently. For the first time in my life, I felt *seen*. It was grief and relief all mixed together."

Ben (40) described: "It felt like my entire life story had been rewritten in a kinder language. I remember sitting in my car afterward, breathing easier than I had in years. There was sadness for all the years I spent hating myself, but also this quiet joy; like I'd just found the missing page of my life."

Question 3: In what ways should managers support employees with ADHD in the workplace?

Theme 1: Clarity and Consistency

Definition and Context:

Participants emphasized that structured communication and predictable workflows reduced cognitive overload and anxiety. The emotional impact was one of relief, safety, and renewed confidence.

Narrative Illustrations:

Sara (33) explained: "When my manager gives me a task list and clear expectations, my anxiety drops instantly. It's like my brain finally has a map instead of fog. But when goals keep changing, I spiral, heart racing, second-guessing everything. Clear expectations aren't just professional courtesy, they're emotional stability."

Tom (29) added: "I'm not asking for hand-holding. I just need consistency. Every time the plan changes mid-project, I feel that wave of panic, like the floor's moving. Stability lets me focus; chaos makes me freeze."

Theme 2: Empathy Over Judgment

Definition and Context:

Supportive managers responded to vulnerability with understanding rather than critique, which participants described as emotionally transformative; shifting shame into motivation.

Narrative Illustrations:

Renee (41) said: "The best manager I ever had didn't roll her eyes when I admitted I was behind. She just said, 'Okay, how can we fix this?' I remember feeling this rush of gratitude so strong I almost cried. It wasn't about leniency. It was about humanity."

Evan (31) elaborated: "A kind tone can change everything. When someone talks to me with patience, I feel calm and capable. When they scold me, my chest tightens, my mind shuts down. Empathy keeps the door open."

Theme 3: Strength-Based Management

Definition and Context:

Harnessing ADHD strengths, hyperfocus, creativity, and innovation, transformed participants' experiences from deficit-based to empowerment narratives.

Narrative Illustrations:

Jasmine (34) described: "When I'm passionate, I disappear into my work. Twelve hours can go by like nothing. But that only happens when I feel trusted and challenged. When managers recognize that and let me run with big ideas, I shine. When they micromanage, I crumble."

Mike (37) echoed this sentiment: "I need variety and excitement. When I get stuck doing repetitive tasks, I feel trapped, like my brain is suffocating. But give me creative freedom, and I come alive. The emotional difference is night and day."

Theme 4: Open Communication and Psychological Safety

Definition and Context:

Participants emphasized that the ability to express difficulties without fear of stigma was essential for wellbeing. Emotional tones ranged from cautious vulnerability to relief and trust.

Narrative Illustrations:

Carlos (45) explained: "I should be able to say, 'Today my focus is off,' without it being a red flag. When I have to hide it, it builds shame. When I can speak openly, it builds trust. That's the difference between surviving and belonging."

Tara (29) added: "When a manager openly acknowledges neurodiversity, it feels like permission to be human. You can breathe again. It's like, finally, I don't have to pretend every day."

Question 4: What resources or reasonable accommodations can organizations provide to support employees with ADHD?

Theme 1: Flexible Scheduling and Task Management Tools

Definition and Context:

Flexibility was framed as empowerment, a way to align work patterns with cognitive rhythms. Emotionally, it evoked autonomy, gratitude, and relief.

Narrative Illustrations:

Leo (35) shared: "If I can start later, I think better, feel better, *am* better. Forcing myself into an early-morning routine felt like failure every day. With flexible hours, I feel in control instead of defective."

Nina (30) described: "I live by reminders and task apps now. It's not just organization, it's emotional safety. Those tools quiet the mental noise and guilt that used to follow me everywhere."

Theme 2: Quiet Workspaces or Remote Options

Definition and Context:

Participants identified environmental control as a key emotional regulator. Noise and overstimulation were experienced not as inconveniences but as anxiety triggers.

Narrative Illustrations:

Sam (33) explained: "An open office is like trying to think inside a blender. Every sound hits me like static. Working from home, I can finally breathe. I can focus without my heart pounding from sensory overload."

Lauren (38) added: "Noise-canceling headphones are more than a tool; they're a shield. Without them, I can feel my stress rising like heat."

Theme 3: ADHD Education and Awareness Across the Organization

Definition and Context:

Education was described as the foundation of inclusion, reducing misinterpretation and fostering empathy.

Narrative Illustrations:

Rita (37) emphasized: "Half of what hurts isn't the ADHD; it's the judgment. If coworkers understood that it's neurological, not behavioral, I wouldn't spend so much emotional energy defending myself."

Ben (40) reflected: "Awareness changes everything. When people get it, they stop asking, 'Why can't you just focus?' and start asking, 'What do you need?' That question alone feels like compassion."

Theme 4: Access to Coaching and Peer Mentorship

Definition and Context:

Participants described coaching and mentorship as emotionally restorative—transforming chaos into strategy, loneliness into belonging.

Narrative Illustrations:

Maria (42) shared: "My ADHD coach helped me rewrite how I see myself. She didn't just give me tricks—she helped me forgive myself. If companies offered that, they'd keep people like me from burning out."

Adam (27) concluded: "Getting the diagnosis was step one. Learning how to live with it, that's the journey. Having a mentor who gets it keeps me from spiraling into shame. It's not about fixing me; it's about helping me thrive."

Summary of Thematic Insights

Across narratives, participants revealed a journey from internal chaos and shame toward understanding and self-advocacy. Emotions ranged widely, fear, guilt, frustration, grief, relief, pride, but the underlying need was consistent. This means to be seen and supported as whole, capable individuals. Workplaces that integrated structure, empathy, and flexibility not only improved productivity but restored dignity. The findings underscore that ADHD in the workplace is not a matter of accommodation alone, it is a matter of recognition, inclusion, and emotional safety.

Practical Recommendations for Leaders and Organizations

The following recommendations translate participants' lived experiences into concrete, actionable strategies for creating ADHD-inclusive workplaces. Each recommendation addresses a key theme from the findings, clarity, empathy, flexibility, and psychological safety.

Comprehensive Recommendations for Leaders and Organizations

I. Communication and Structure

1. **Provide Clear, Written Communication**
   Communicate expectations, priorities, and deadlines in writing. Clear communication reduces anxiety and prevents misunderstanding for employees who experience distractibility or working-memory challenges.
   - *Example:* Send written summaries after meetings or verbal instructions.
   - *Outcome:* Enhances clarity, accountability, and confidence.
2. **Maintain Consistency and Predictability**
   Avoid frequent changes in goals or project directions. Predictable workflows help employees regulate focus and manage time effectively.
   - *Example:* Announce schedule or task changes in regular updates, not ad hoc.
   - *Outcome:* Reduces uncertainty and cognitive stress.
3. **Structure Meetings for Purpose and Focus**
   Keep meetings concise, agenda-driven, and action-oriented. Provide pre-reads and summarize decisions at the end.
   - *Example:* Circulate agendas beforehand and document outcomes.
   - *Outcome:* Improves engagement, retention, and clarity of next steps.
4. **Establish Regular Progress Check-Ins**
   Hold brief, structured one-on-one meetings to review priorities and identify potential challenges early.
   - *Example:* Ten-minute weekly check-ins focused on goals and obstacles.
   - *Outcome:* Prevents last-minute crises and fosters supportive accountability.

5. **Protect Focus Time**
   Designate organization-wide "focus hours" where meetings and digital interruptions are minimized.
   - *Example:* Create no-meeting blocks (e.g., Tuesday and Thursday mornings).
   - *Outcome:* Encourages deep work and sustained concentration.

II. Work Design and Flexibility

1. **Provide Reasonable Accommodations for Employees with ADHD**
   Acknowledge that employees with ADHD may require individualized adjustments to optimize focus, task management, and performance. Reasonable accommodations should be framed as proactive inclusion strategies rather than reactive exceptions.
   - **Example:** Offer options such as noise-reducing tools, structured task aids, additional planning time, or alternative evaluation methods aligned with employees' cognitive strengths.
   - **Outcome:** Enhances equity and retention, supports sustained engagement, and demonstrates organizational commitment to neurodiversity and inclusion.
2. **Offer Flexible Scheduling and Work Arrangements**
   Recognize individual differences in energy and attention patterns by providing flexible start times, hybrid options, or asynchronous workflows.
   - *Example:* Allow later start times or compressed workweeks for eligible roles.
   - *Outcome:* Increases autonomy, reduces stress, and enhances productivity.
3. **Create Low-Stimulation Work Environments**
   Offer quiet spaces, private offices, or remote work options for those sensitive to noise or visual distractions.
   - *Example:* Provide access to quiet zones or noise-canceling headsets.
   - *Outcome:* Reduces sensory overload and fosters calm focus.
4. **Implement Organizational Tools and Systems**
   Adopt user-friendly task management and reminder systems to help employees track deadlines and priorities.
   - *Example:* Introduce a centralized project management platform with automatic notifications.
   - *Outcome:* Supports time management and reduces cognitive load.
5. **Design Workflows That Minimize Cognitive Overload**
   Break large projects into smaller milestones and clarify task ownership.
   - *Example:* Use micro-deadlines and visible progress trackers.
   - *Outcome:* Helps maintain motivation and prevents panic-driven productivity cycles.
6. **Recognize and Utilize Strengths**
   Focus on what ADHD employees do best, creativity, innovation, and problem-solving under pressure, rather than emphasizing deficits.
   - *Example:* Assign high-stimulation projects that align with employee interests.
   - *Outcome:* Increases engagement and harnesses neurodiverse talent.

III. Leadership, Empathy, and Culture

1. **Lead with Empathy and Curiosity**
   Approach challenges with understanding rather than judgment. Replace punitive language with solution-oriented dialogue.
   - *Example:* Ask "What support would help you succeed?" instead of "Why is this late?"
   - *Outcome:* Builds trust and converts anxiety into motivation.
2. **Normalize Open Conversations About Neurodiversity**
   Encourage employees to discuss focus challenges or support needs without stigma.
   - *Example:* Leaders can model vulnerability by sharing their own productivity challenges.
   - *Outcome:* Reduces shame and strengthens psychological safety.
3. **Cultivate Psychological Safety**
   Create a culture where employees feel safe to disclose challenges or request accommodations.
   - *Example:* Explicitly state that seeking support will not negatively impact evaluations.
   - *Outcome:* Encourages early intervention and transparency.
4. **Provide Manager Training on ADHD Awareness**
   Educate supervisors about ADHD symptoms, time blindness, and cognitive fatigue so they can manage compassionately and effectively.
   - *Example:* Include ADHD and neurodiversity modules in leadership development programs.
   - *Outcome:* Enhances empathy and reduces bias in managerial practice.
5. **Evaluate Performance Objectively**
   Use clear, measurable outcomes instead of subjective impressions of focus, energy, or responsiveness.
   - *Example:* Base performance reviews on deliverables and results.
   - *Outcome:* Promotes equity and eliminates bias against neurodiverse employees.

IV. Support Systems and Mental Health Resources

1. **Expand Employee Assistance Programs (EAPs)**
   Update EAP offerings to explicitly include ADHD-related and neurodiversity-focused resources such as coaching referrals, executive functioning workshops, and mental health counseling.
   - *Example:* Partner with providers trained in adult ADHD and workplace wellbeing.
   - *Outcome:* Provides accessible, stigma-free support for employees seeking help.
2. **Include ADHD Coaching as an Employee Benefit**
   Offer ADHD coaching as part of the benefits package. Coaching helps employees develop individualized strategies for time management, prioritization, and emotional regulation.
   - *Example:* Subsidize certified ADHD coaching or integrate it into the EAP.
   - *Outcome:* Improves productivity, self-esteem, and long-term career sustainability.

3. **Strengthen Mental Health and Wellness Programs**
   Integrate mental health awareness into wellness initiatives, ensuring invisible disabilities such as ADHD, anxiety, and depression are recognized.
   - *Example:* Host seminars on stress management, mindfulness, and cognitive regulation.
   - *Outcome:* Normalizes mental health discussions and reduces stigma.
4. **Provide Access to Professional Counseling and Crisis Support**
   Ensure EAP and benefits programs include confidential counseling and therapy options accessible both in-person and remotely.
   - *Example:* Offer virtual therapy sessions or a 24/7 support line.
   - *Outcome:* Increases mental health engagement and prevents burnout.
5. **Establish Peer Mentorship and Neurodiversity Networks**
   Develop peer or affinity groups that provide shared understanding, mentoring, and belonging for neurodiverse employees.
   - *Example:* Create a Neurodiversity Employee Resource Group (ERG).
   - *Outcome:* Reduces isolation and strengthens community support.

V. Education, Training, and Awareness

1. **Implement Organization-Wide ADHD and Neurodiversity Training**
   Educate all staff about neurodiversity and ADHD as neurological differences, not deficits.
   - *Example:* Host interactive workshops facilitated by neurodiversity specialists.
   - *Outcome:* Increases empathy and dismantles stereotypes.
2. **Incorporate ADHD Awareness into Onboarding**
   Include neurodiversity and mental health education in orientation programs to establish inclusive norms early.
   - *Example:* Offer a "Work Style Preferences" survey to new employees.
   - *Outcome:* Normalizes individual differences and encourages early self-advocacy.
3. **Educate Teams on Inclusive Communication Practices**
   Train employees on effective ways to collaborate with neurodiverse colleagues, such as giving written follow-ups and minimizing multitasking pressure.
   - *Outcome:* Enhances team cohesion and respect for cognitive diversity.

VI. Policy, Privacy, and Continuous Improvement

1. **Ensure Confidential and Respectful Disclosure Processes**
   Create secure, confidential pathways for employees to disclose ADHD or other neurodiverse conditions and request accommodations without fear of reprisal.
   - *Example:* Assign a trained HR liaison to handle accommodation requests.
   - *Outcome:* Encourages disclosure while preserving privacy and dignity.
2. **Integrate Neurodiversity into Diversity, Equity, and Inclusion (DEI) Strategies**
   Treat neurodiversity as an essential dimension of diversity. Include ADHD and other cognitive differences in DEI goals, policies, and reporting.
   - *Example:* Add neurodiversity metrics to annual DEI reviews.
   - *Outcome:* Institutionalizes inclusion and accountability.
3. **Collect Data and Continuously Refine Policies**
   Monitor the effectiveness of accommodations, training programs, and EAP engagement.

- *Example:* Conduct regular surveys on inclusion, belonging, and workload balance.
- *Outcome:* Ensures that initiatives remain responsive and evidence-based.

4. **Recognize and Celebrate Neurodiverse Contributions**
   Publicly acknowledge the value that neurodiverse employees bring to innovation and problem-solving.
   - *Example:* Highlight success stories in internal newsletters or DEI reports.
   - *Outcome:* Shifts organizational culture from accommodation to appreciation.

Leadership Implications

There is a call for manager education on how to create a culture that values diversity by involving neurodivergent employees in decision-making processes, providing access to information and resources, and promoting a sense of belonging (Syma, 2017). Leaders should promote organizational cultures that view neurodiversity as a difference rather than an impairment, reducing stigma and fostering acceptance (Lefevre Levy et al, 2023). Leaders should recognize that disability identities and needs may change over time, leaders should adopt elastic, adaptable support practices. This flexibility ensures that support remains relevant and effective, accommodating variability in employees' experiences (Coll & Mignonac, 2023). By increasing their awareness, leaders help reduce stigma, foster inclusive workplaces, and encourage policy reforms to better meet the needs of adults with ADHD (Ginapp et al., 2022; Patton, 2022). Individuals with ADHD excel in areas such as meticulous attention to detail, inventive thinking, and practical problem-solving (Quintero et al, 2025). These are traits that are beneficial to organizational growth.

Workplace Implications

Employees

As ADHD becomes more recognized and common, employees with the condition may feel more confident and less isolated, reducing feelings of depression and hardship. This increased confidence and better communication, coupled with management's sensitivity to their needs, can significantly enhance the likelihood of unlocking their full potential (Robbins, 2017). The research also indicated there is still a stigma associated with ADHD or mental health issues, making employees hesitant to disclose their condition or request support due to fear of judgment or discrimination (Lauder et al., 2022; Vockley, 2022). As such, increasing awareness through education, creating supportive environments, protecting privacy, and fostering community support are key ways to balance awareness and reduce the fear associated with disclosing ADHD (Ginapp et al., 2022). Since employment is a crucial factor for well-being, individuals who are employed tend to experience higher life satisfaction and better overall health (Lefevre Levy et al, 2023).

HR Leaders

Talent acquisition and management adopt recruitment policies that actively seek neurodiverse talent, including partnerships with specialized programs or organizations. This involves creating accessible application processes and reducing biases, recognizing the valuable contributions of neuroatypical workers (Lefevre Levy et al, 2023). Inclusive hiring practices contribute to a more diverse and equitable workplace, fostering employee satisfaction and organizational resilience, which aligns with principles of sustainable and socially responsible HR management (Rollnik-Sadowska et al., 2024). Human resource managers should develop and deploy training that educates managers on invisible disabilities, including ADHD, and how to support employees that disclose their conditions.

They should also create data collection surveys for employees to disclose anonymously their invisible disabilities so that human resources can track and understand potential resource needs.

Supervisors

Supervisors should develop management systems that incorporate inclusive and empathic measures to support employees by obtaining required training and developing skills to form an inclusive environment for employees with invisible disabilities. Compliant training would offer a foundation for understanding invisible disabilities in the workplace and competency at an organizational level. When managers incorporate systems of communications and flexible environments, it demonstrates equity by offering employees with ADHD accommodations and reinforcing inclusivity. Adapting alternate methods of communication can reduce distractions and strengthen rapport. In turn, supervisors should consider performance reviews that evaluate thriving environments supported by the systems and adopt improvements to equitable standards.

Organizations

Organizations can also provide access to Employee Assistance Programs (EAP), which provide employees with counseling and other mental health services (Mental Health America, 2019; Bruno & Routh, 2024). Employee Assistance Programs (EAPs) are workplace support services that provide employees with invisible disabilities, such as anxiety, ADHD, depression, and PTSD, with resources and strategies to help them manage their mental health. Organizations must also create and support policies that offer reasonable accommodations for employees that disclose that they have ADHD.

Public Policy Implications

Extant literature demonstrates a clear link between productivity and disability and the need to modify work standards (Subramanian & Mital, 2009; Solovieva et al., 2010 and 2013). Studies also demonstrate many benefits of hiring people with disabilities for organizational performance (Narayanan, 2020; Nagae, 2015). These studies show that the recommendations provided in this paper can increase employee satisfaction and productivity among people with visible or invisible disabilities (Greef et al., 2004; Solovieva, 2011). The research also advocates for integrating strengths-based frameworks, such as positive psychology and coaching interventions, into organizational practices to better support neurodiverse employees (Crook & McDowell, 2024). These difficulties underscore the importance of organizational and policy-level initiatives to create supportive environments where employees feel safe and empowered to advocate for their needs (Lauder et al., 2022). Over time, there has been increasing recognition of the importance of understanding adults' subjective experiences of ADHD, including diagnosis processes, social perceptions, and coping mechanisms (Ginapp et al., 2022).

From a policy perspective, recognizing the invisible and complex nature of ADHD is essential for creating more inclusive workplaces. Additionally, increased awareness and training for employers and occupational health professionals could foster understanding and acceptance, enabling better support strategies and reducing stigma (Matheiken et al., 2024). Policies should focus on reducing structural barriers to accessing support, such as stigma, lack of awareness, and limited access to diagnosis and support services, ensuring equitable opportunities for intervention and assistance (Lauder et al., 2022). Organizations, such as the American Professional Society of ADHD and Related Disorders, can use these insights to shape future strategic plans and for their advocacy efforts.

Theoretical Implications

The findings from the inquiry process contribute significantly to the theoretical understanding of workplace inclusivity and the management of health disparities. As a result, there is a recommendation of a new theory as an original contribution to knowledge in the field.

Burrell–Prunella Invisible Diversity Under-Served Populations Theory

This model illustrates how systemic neglect, lack of awareness, an absence of understanding, and institutional bias contribute to inequitable access to resources, recognition, and opportunities for certain social groups. The theory identifies three core components, structural barriers, cultural incongruence, and resource maldistribution, that interact to produce systemic exclusion. For employees with ADHD, these forces create environments that disadvantage neurodiverse cognition.

Core Components of the Theory:

Structural Barriers	Cultural Incongruence	Resource Maldistribution
Institutional practices that inadvertently exclude marginalized or neurodiverse employees (e.g., rigid policies, inaccessible systems).	Occurs when dominant workplace norms clash with the lived realities of under-represented individuals (e.g., constant multitasking expectations for ADHD employees).	Happens when resources, support, or investments privilege majority needs while neglecting minority or neurodiverse groups (e.g., lack of sensory-friendly spaces or flexible options).

Systemic Exclusion and Invisibility

The interaction of structural barriers, cultural incongruence, and resource maldistribution results in the exclusion of invisible neurodiversity (e.g., ADHD) from full participation and recognition in the workplace.

Impact on Employees with ADHD

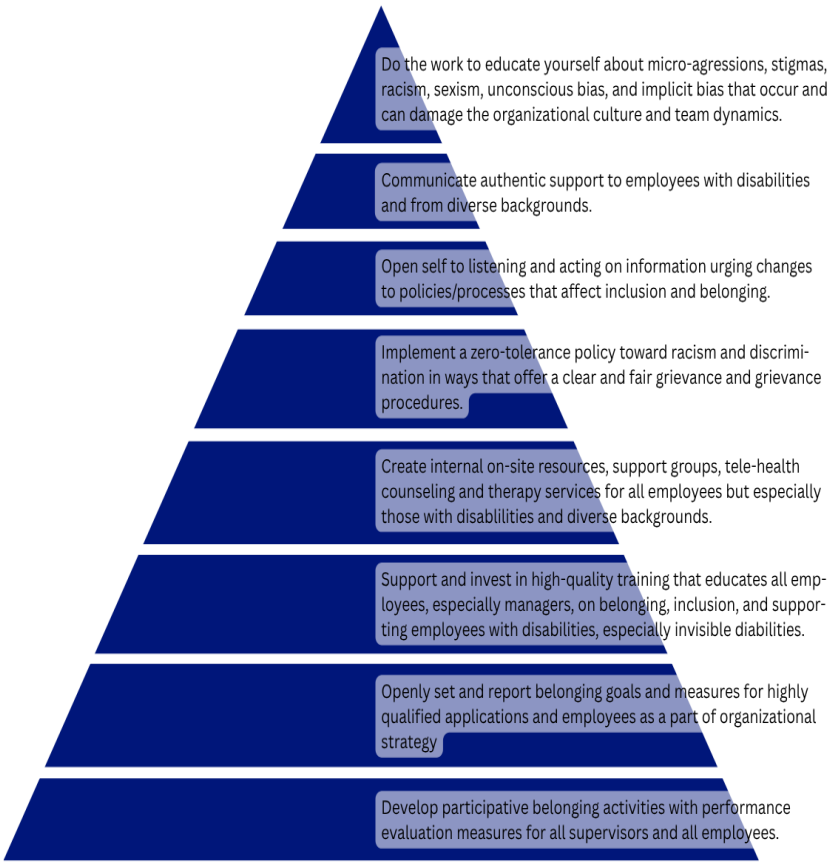
Employees with ADHD are underserved in traditional workplace belonging and inclusion frameworks. Rigid scheduling, rapid-response norms, and a lack of adaptive tools disadvantage them. The absence of flexible or sensory-supportive environments reflects institutional neglect of reasonable accommodation, not personal failure.

The Under-Served Populations Theory explains how systemic neglect, lack of awareness, and an absence of understanding, and institutional bias create inequitable access to resources, recognition, and opportunities for certain social groups. The theory rests on three interrelated components: structural barriers, cultural incongruence, and resource maldistribution. Structural barriers refer to institutional practices that inadvertently exclude marginalized populations; cultural incongruence arises when dominant workplace norms conflict with the lived realities of underrepresented individuals; and resource maldistribution describes how policies and investments privilege the majority while leaving minority needs unaddressed. In organizational life, these forces interact to produce systemic exclusion, often without explicit intent, which stress the importance of awareness and understanding of the impacts of these structures and policies.

Employees with ADHD frequently fall into the category of underserved populations within the workplace. Their needs rarely appear in inclusion and belonging frameworks, which tend to focus on visible dimensions such as gender, race, or sexual orientation. Standard workplace systems, rigid scheduling, constant multitasking, and communication

norms that reward rapid, uninterrupted responsiveness are typically designed for neurotypical cognitive patterns. As a result, ADHD employees are systematically disadvantaged by environments that demand sustained attention without providing compensatory structures for fluctuating focus or sensory sensitivity. The absence of flexible work options, adaptive task management tools, or sensory-friendly spaces illustrates institutional neglect, not individual failure.

The **Darrell Burrell Supervisory Workplace Psychological Safety Model** (Burrell, 2022). provides additional context. This model will provide a visual depiction of the actions that managers should engage in to help create a culture of psychological safety for their employees, especially those with disabilities, including ADHD.



Source: (Burrell, 2022)

Conclusion

There is a lack of equitable resources offered to employees with invisible disabilities, like ADHD, within professional settings that overlook the barriers of inclusion, stigma, and psychological safety. Adults with ADHD are inadequately supported due to the lack of resources to accommodate, leadership training, and limited benefits that notions a lack of competency and equity. Organizational cultures produce barriers that result in employees limiting disclosure, reduced productivity levels, and feeling undervalued. The findings demonstrate that adults with ADHD experience burnout, reduced confidence and inconsistency in performance are a direct result of unequitable support. The qualitative study may be limited by the number of participants and their possible biased interest, as

well as global transfer limits; however, this does not reduce the impact it has on an underserved community in the workplace. Instead, it propels the purpose of future studies in addressing how invisible disabilities performance is a direct reflection of leadership training, human resource support for accommodations and policies that protect the well-being and understanding of employees with ADHD. A study that identifies communication styles, training methods, and flexible environments will result in empathic leaders and valued employees. Transforming organizational cultures requires curiosity in learning and adapting new methods in order to reinstate trust and loyalty among employees whose talents offer value and purpose within the workplace.

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