ADHD AND THE WORKPLACE ENVIRONMENT
a qualitative study on ADHD individuals'
experiences in the workplace

by

Christina Fjæren Neteland

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Abstract

Author: Christina Fjæren Neteland

Title: ADHD and the workplace environment, a qualitative study on ADHD individuals's experiences in the workplace

Internal supervisor: Åshild Lappegard Hauge

External supervisor: Merete Glenne Øie

ADHD individuals often have problems with unemployment and, when in the workforce, have a higher risk of experiencing burnout and going on sick leave. Earlier research suggests that the workplace's environment, social or physical, could be two of the factors behind these challenges. The study aimed to explore the meaning of the physical and social environment on ADHD individuals' well-being and perceived work performance and the strategies they develop to address challenges in the workplace. Five participants were interviewed and reflexive thematic analysis was used to interpret the results. Four themes were constructed from this analysis: (1) *Feeling inadequate at work exacerbates low self-esteem*, (2) *'Having room for' ADHD individuals helps them contribute to the workforce*, (3) *Social environment affects how the physical environment is experienced,* (4) *Hiding the diagnosis because of stigma.* The findings found that the combination of the P&S environment is important in the well-being and work performance of ADHD individuals through how they facilitate for themselves. The fear of stigma was found to be particularly prevalent in ADHD individuals and it affected their decision to disclose their diagnosis, which in turn affected the facilitation they received. To hide their diagnosis, they used a series of strategies to cope such as 'masking', calling in sick and working from home, and these strategies have implications for how the P&S environment may be modified to improve well-being and work performance. The presence of social support played a crucial role in supporting the participants' ability to remain employed. Furthermore, the social environment had a significant influence on how these individuals utilized the physical environment and their ability to maximize the opportunities presented to them in their workplaces.

This is only a small interview survey, but it gives insight into how the every-day work life may be experienced for someone with ADHD, and there's a high likelihood that many in similar situations will feel similarly. The results show that it could be important for employers to shape the work environment with the employees' capabilities and challenges in mind. This, in turn, could make it easier for ADHD individuals and individuals with other mental disorders to be a true resource in the workplace.

Preface

To introduce this thesis, I wanted to briefly explain the motivation behind my choice. I chose this topic because I felt it was something that was both socially and personally relevant to me. As a person with ADHD who would soon enter the workforce, I was nervous. I was worried how I would fare in a world that didn't always cater to my particular challenges. I was worried if I would even manage to get to the point of starting a full-time job, because going through the process of higher education was as difficult as it was invigorating. But I realized I, through the development and writing of this thesis, could contribute knowledge that might contribute to more understanding and facilitation for ADHD individuals in the workplace. A drop of nuance, however small, to the pool of knowledge in the world. This is my attempt at that.

The focus of the thesis was originally on the physical environment in the workplace, but in speaking with my participants, I quickly realized this was too narrow an approach and that the social and physical environment could not be easily disentangled from each other, as they influence each other in turn. My participants also described social support as something of utmost importance to them, so I wanted to make sure I remained loyal to their words. Therefore, I altered my research question to include the social environment as well.

Several people have helped me in the process of writing this thesis. First, I would like to thank my supervisors, Åshild Lappegard Hauge and Merete Glenne Øie, for providing helpful feedback and advice and for inspiring and supporting me along the way. I'm beyond grateful to have such intelligent, kind people helping me.

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Introduction

In the 21st century, awareness around mental health has grown steadily through the years and there has been increasing acceptance and understanding of mental disorders as a whole. Many mental disorders continue to be stigmatized in society, however, often preventing individuals from seeking the support they require. In an article from Tv2, a Norwegian news outlet, they interviewed a woman with ADHD, 'Ingrid', about her diagnosis. She kept quiet about her diagnosis at work, because she feared that being open about it would only hurt her chances in the workforce (Bu & Setten, 2023). Particularly since, as she works in insurance, people like her are routinely denied private health insurance because of their diagnosis, as ADHD individuals are seen as 'too risky' and 'too expensive.'

ADHD, or Attention- Deficit/ Hyperactivity Disorder, is characterized by excessive amounts of inattention, hyperactivity, and impulsivity that are pervasive, impairing in multiple contexts, and otherwise age-inappropriate (American Psychiatric Association, 2013). It is the most prevalent neurodevelopmental disorder in children. Earlier, it was believed that most children continued to have the diagnosis as an adult, but now we know that more and more children can outgrow the disorder (Abdelnour et al., 2022). Several studies have found great variability in the percentage of children who continue to reach the criteria for diagnosis as adults, ranging from 4% to 78% (Lorenzo et al., 2021; Sibley et al., 2022; Skogli et al., 2022). Those whose diagnosis does last to adulthood however, experience many difficulties.

'Ingrid' is only one example of this, and she's not the only one keeping quiet about her diagnosis. A study on ADHD by Bjørnshagen (2022) found that 25% of the participants, out of the 59% who were employed, hadn't told their workplace about their diagnosis. 1 out of 10 participants also responded that they had been discriminated against for their ADHD in the workplace.

It's understandable then that one should choose to keep quiet, but this decision is often to the ADHD individuals' detriment. The study found that adults with ADHD are 'less content with life' and have a harder time compared to the general population in areas of living conditions such as health, education and working life (Bjørnshagen, 2022).

Additionally, other research has shown adults with ADHD often suffer both in social and work contexts and have been found to change employment frequently, obtain fewer full time occupations and have a higher likelihood of being fired (Barkley et al., 2010; Fuermaier et al., 2021). They were also more likely to be unemployed, living on a disability pension and having a lower income (Halmøy et al., 2009; Jangmo et al., 2021; Jennum et al., 2020). When at the workplace, another study found that ADHD was associated with a 4-5% reduction in

work performance and a higher risk of sickness absence (Kessler et al., 2009). They were also found to be more at risk for job-burnout (Turjeman-Levi et al., 2024).

It's apparent from this research that ADHD individuals struggle with being a part of the workforce and have a higher likelihood of being unemployed and that, when they are employed, they may struggle delivering the same quality of work as neurotypical individuals. Given these potential negative outcomes, it's imperative that individuals with the diagnosis receive the support they need.

A way for them to get this support, particularly in the workplace, is through the physical and social environment, henceforth referred to when together as the P&S environment. Physical environment refers to the conditions and surroundings in which the employees perform their work. It includes factors such as the layout of the workspace, noise levels, and the availability of tools and equipment (Lemma et al., 2022). The social environment refers to the relationships with colleagues and bosses as well as the overall social acceptance and behavior of the individuals in the employees' workplace (Donley, 2021).

Research has found that factors like the lay-out of the workplace, availability of tools and equipment, temperature, lighting and noise can have an effect on employees' well-being and work performance (Erro-Garcés & Ferreira, 2019; Kaarlela-Tuomaala et al., 2009; Nadia & Fathurahman, 2018). Well-being refers to "how people feel and how they function both on a personal and social level, and how they evaluate their lives as a whole" (Michaelson et al., 2012). Work performance is defined as "the result of work in quality and quantity achieved by an employee in carrying out [their] duties in accordance with the responsibilities given to [them]" (Robbins & Judge, 2010). Social environment has also been found, like physical environment, to play a part in employees' well-being and work performance. Studies show that a 'supportive' social environment where employees received guidance from their bosses and colleagues and had good relationships with them both improved job satisfaction and work performance (Sigursteinsdottir & Karlsdottir, 2022; Zhenjing et al., 2022).

Not only does their individual effect on employees matter for the ADHD individuals' well-being and work performance, but the combination of the P&S environment, how they interact to affect the opportunities employees have for facilitation and support, are especially important. One study compared social, physical or a combined P&S interventions' effectiveness on employees' need for recovery, meaning the need to recuperate and unwind from work-induced efforts (Sonnentag & Zijlstra, 2006). They found the combined P&S intervention to be significantly more effective at reducing the employees' need for recovery,

while the other interventions did not reach significance (van Dongen et al., 2017). Otherwise, there is very little research on this topic, particularly in the context of ADHD individuals. This suggests that exploring this further could be of relevance.

This thesis will therefore explore how workplaces' P&S environments affect ADHD individuals and how they could potentially be modified in order to support ADHD individuals' well-being and improve their work performance. It will also consider the strategies ADHD individuals employ to keep their diagnosis from impeding their well-being and work performance.

The following text will describe ADHD and outline its symptoms and occupational outcomes. Then, it will review previous literature on the meaning of the P&S environment in the workplace. That section will be split into research on the P&S environment with ADHD individuals as participants, and then research about the P&S environment in general. The final section will be the theoretical framework, which will describe the theories on person-environment fit and universal design. These theories will be used to discuss what universal changes can be made to the work environment to better include ADHD individuals.

Background

ADHD and its occupational outcomes

Adults with ADHD often have comorbid disorders such as substance use disorder, mood disorders, anxiety disorders, and personality disorders (Choi et al., 2022). They also tend to have learning disabilities, in general and in specific areas such as language, reading, writing, motor and non-verbal skills (ADHD Norge, 2021; DuPaul et al., 2013). Both ADHD and many of these comorbid disorders are associated with impaired executive functions (Chang et al., 2020; Silverstein et al., 2020). Executive functions refer to a collection of top-down mental processes applied when relying on instinct, intuition or automatic processes such as heuristics is ill-advised, insufficient or impossible (Diamond, 2013). They are needed when you have to concentrate and pay attention and take more energy and effort than automatic processes. There are many theories around executive functions and how they work and are structured but, for the sake of briefness, I will mainly focus on Miyake et al. (2000)'s, as it is one of the most cited and used theories.

There are three, generally agreed upon, core executive functions: Inhibition and interference control, working memory, and cognitive flexibility (Miyake et al., 2000; Niendam et al., 2012). These three components are theorized to include a variety of tasks and

processes in everyday life, such as multitasking, problem solving, reasoning, task switching and planning (Diamond, 2013; Karbach & Kray, 2016; King et al., 2007). The executive functions work together to support goal-directed behavior, decision-making, and self-regulation. Impairments in executive functions can impact various aspects of daily life and work functioning for ADHD individuals, such as task organization, focus, time management, completing complex projects, and following through on plans. Difficulties with impulse control and emotional regulation may also arise (Barnhart & Buelow, 2017; Hirsch et al., 2018; Sjöwall et al., 2013).

Several studies have found executive dysfunction to affect one's quality of life and one's job success, as well as increasing the risk of job-burnout (Barkley & Murphy, 2010; Pihlaja et al., 2022; Stern & Maeir, 2014; Turjeman-Levi et al., 2024).

Executive dysfunction is also not the only part of ADHD that affects ADHD individuals' daily life. As mentioned, ADHD individuals often have additional diagnoses such as anxiety and depression, which makes it difficult to function not just in general, but also makes staying employed challenging (Choi et al., 2022). One study found that ADHD, substance abuse and a reported history of depression or anxiety were associated with being out of work (Halmøy et al., 2009).

Being unemployed has negative consequences on several factors of well-being, but one prominent aspect of those factors is the negative effect on self-esteem (Paul & Moser, 2009). Several studies have found unemployment to be associated with lower self-esteem (Álvaro et al., 2019; Hiswåls et al., 2017; McIntyre et al., 2014; von Soest et al., 2018). This has consequences for occupational outcomes, as self-esteem in itself has been found to predict different facets of psychological well-being at work, such as job satisfaction, psychological symptoms and emotional exhaustion (Lo Presti et al., 2020). This is especially troublesome for ADHD individuals, as they often already struggle with low self-esteem (Kita & Inoue, 2017; Mazzone et al., 2013). Receiving a late diagnosis in particular was correlated with low self-esteem. One study found that the participants with higher levels of self-esteem and life satisfaction were much less likely to experience unemployment (Reitz et al., 2022). These results indicate why ADHD individuals may be more at risk for unemployment, as a potential byproduct of their tendency for low self-esteem and life satisfaction.

ADHD individuals may also be at a higher risk for unemployment because of structures in the workplace that conflict with their ADHD symptoms. For example, ADHD individuals are often sensitive to light and noise (Little et al., 2018; Panagiotidi et al., 2020; Pfeiffer et al., 2015). The frequency of reported sensitivity to noise and other stimuli has been

found to be significantly positively correlated with ADHD symptoms reported (Panagiotidi et al., 2018). Noise has also been found to affect people with ADHD's short term memory as well as make them more easily distracted compared to neurotypical controls (Pelletier et al., 2016).

Because of their challenges, ADHD individuals may struggle with an unstable job history and keeping their motivation up when faced with less than ideal work conditions. To cope with this, they often develop strategies to help themselves remember their tasks, finish tasks and turn projects in on time (Adamou et al., 2021). A study by Canela et al. (2017) explored adults with ADHD's strategies for dealing with their mental disorder. The strategies included things like using checklists and electronic devices to remind them of appointments and work tasks, diligently planning their week to keep themselves organized, and even working at odd hours of the day and in quiet places like basements. The latter strategies were done to reduce their chances of getting distracted, as there were less stimuli for them to be affected by (Canela et al., 2017).

Despite the development of these different strategies, ADHD individuals still struggle in the workplace (Fuermaier et al., 2021; Gordon & Fabiano, 2019; Sarkis, 2014). Working in an environment that takes into account their particular challenges and allows for an open and supportive social environment seems to be the best choice for workplaces to ensure that ADHD individuals stay employed. It may also allow them to thrive (Robbins, 2017; Sarkis, 2014). Taking into consideration the strategies they use and finding ways to intertwine these into the workplace, such as having consistent reminders for meetings and deadlines so they don't forget or having dedicated quiet spaces where one can work without getting distracted by noise, may also provide a lot of benefit for the workplace as a whole (Narenthiran et al., 2022).

The physical environment's effect on ADHD individuals

Studies have found that receiving support and facilitation in the workplace both in the terms of the P&S environment can play a part in ADHD individuals staying employed (Narenthiran et al., 2022; Oscarsson et al., 2022; Rowe et al., 2021; Weber et al., 2022). Some studies have, for example, suggested how changing the physical work environment can alleviate ADHD symptoms and help ADHD individuals function better. In a thesis written by Lasky (2015), she interviewed 125 people with ADHD about their perspectives on the role of work in the manifestation of adult ADHD. Half of the participants described some aspect of

their ADHD as contextual. Many noticed that, while certain environments such as open-plan office spaces amplified some of their symptoms, like restlessness and attention shifts, others seemed to make them disappear.

Other research has found that ADHD individuals have problems processing sensory stimuli, often experiencing hypersensitivity to stimuli compared to neurotypical controls, such as reacting to bright lights and noise (Panagiotidi et al., 2018).

A literature review looked at the research on physical workplace adjustments to support neurodivergent workers and found little research, particularly when it came to qualitative research (Weber et al., 2022). Out of the 319 studies initially identified, only 20 studies actually identified and explored the usefulness of various physical workplace adjustments. Most of the studies were also centered mainly around Autism Spectrum Disorder and focused on adjustments to the environment when it came to sensory stimuli.

Other than this research, there is little else specifically on physical workplace adjustments and little concerning ADHD individuals. One study, however, explored the experience of ADHD individuals working for the National Health Service (NHS), as previous findings had shown their ADHD employees had a higher average employment tenure than ADHD employees in other professions, 12.4 years compared to 6.41. (Halbesleben et al., 2013; Rowe et al., 2021). When investigating why this was, they found that, while the physical environment did prove a challenge for them because of the at times overwhelming stimuli, they found that the supportive social environment seemed to make up for it in part. The participants felt that positive workplace cultures were pivotal in reducing their anxiety and that it 'empowered' and 'enabled' the participants to improve their productivity and engagement.

How the physical environment works in relation to and in combination with the social environment is therefore of particular interest, but there's a paucity of research delving into this subject. Both in terms of neurodivergent individuals and ADHD specifically.

The social environment's effect on ADHD individuals at work

There is some research on the social environment in the workplace's effect on ADHD individuals, but much of it is quantitative. One quantitative study explored how stigma affects ADHD individuals and their decision to disclose their diagnosis. The study found that stigma consciousness was negatively related to proactive disclosure (McIntosh et al., 2022). A feeling of psychological safety, however, was positively related to proactive disclosure,

meaning that, when the participants felt secure in their social work environment they were more likely to disclose their ADHD to the workplace. When the participants disclosed their diagnosis before they started experiencing issues at work, they fared better and felt better in the workplace (McIntosh et al., 2022).

The fear of stigma is a prevalent concern for ADHD individuals. This fear frequently keeps them from disclosing their diagnosis, for fear of judgment. One study found that adults with ADHD frequently experience stigma about their diagnosis, and because of this as many as 89% reported anticipating discrimination in their daily lives (Masuch et al., 2019). Another study found that they also placed greater emphasis on social problems that arose from living with ADHD, rather than the core symptoms of ADHD themselves, citing that they felt a lack of acceptance by their social environment, which subsequently led to feelings of powerlessness and poor self-image (Schrevel et al., 2016). Because of the lack of acceptance, they frequently 'masked', or hid, their ADHD symptoms. 'Masking' involves trying to hide their symptoms by imitating neurotypical individuals. It prevents others from knowing the extent of their symptoms, but also hinders the facilitation they can expect to receive (Ginapp et al., 2023). This is especially unfortunate as one study shows that, when employees experienced increased job strain, they were more likely to use maladaptive self-regulation strategies like self-undermining, which ADHD individuals already struggle with (Bakker & de Vries, 2021). This finding of psychological safety being related to proactive disclosure of their diagnosis therefore suggests that cultivating an accepting environment in the workplace could help these problems and thereby potentially improve their well-being at work as well (McIntosh et al., 2022).

One qualitative study, which explored ADHD individuals's need for occupational assistance in the workforce, seemed to support the idea that cultivating an accepting environment could improve well-being. They found that occupational activities fulfilled a need for being a part of a social context for ADHD individuals and that it produced 'feelings of being valuable to others' (Lyhne et al., 2021). This sense of value, and their subsequent sense of duty and loyalty to their colleagues and superiors, seemed to motivate them and even overrule difficulties getting started on tasks. This was especially apparent when ADHD individuals disclosed their diagnosis, as they experienced support and understanding from their workplace.

These findings focused mainly on the social environment's effect on well-being, and otherwise there is little research on the social environment's effect on work performance when it comes to ADHD individuals. One study found that psychosocial interventions were

effective for reducing psychological distress associated with ADHD symptoms, but that there was no interaction between psychosocial interventions and work engagement (Nagata et al., 2019). In a recent literature review exploring interventions to support ADHD individuals at work, they went through 143 studies across 10 databases. Most of these studies were on pharmacological interventions or pharmacological combined with psychosocial interventions. One of these studies did find that the psychosocial combined intervention had a positive impact on work outcomes improving functioning at work, while the studies that were only pharmacological did not (Lauder et al., 2022). While ADHD medication is used by many, and 70 percent do experience short term positive effects on their impulsivity and hyperactivity, other symptoms of the diagnosis such as feelings of stigma, problems finishing tasks or staying focused on the task at hand will not disappear entirely through the use of medication (Øie, 2021). Facilitation for these cognitive challenges is therefore also important in order to ensure good work functioning. This may also suggest that the psychosocial aspect of the intervention is a key part in good work functioning. Other factors, such as the physical environment and the opportunities it creates for facilitation and social interaction, may also play a part, but this topic is lacking in research.

Body doubling, loosely defined as using the presence of others to stay focused on or accomplish tasks, has also been considered as a way to improve focus and decrease distraction in ADHD individuals (Eagle et al., 2023). This term is however a community driven phenomenon and little research exists on its effectiveness, despite the fact that many ADHD individuals describe it as something helpful to finishing tasks at their workplace. One master's thesis did find that the presence of another person was described as helpful to the ADHD participants in finishing a task, though there was no clear statistical significance (Annavarapu, 2024).

The effect of the physical environment

The studies based on a primarily neurotypical sample have found the work environment to be significantly correlated with employees' well-being, as well as job satisfaction (Erro-Garcés & Ferreira, 2019; Nadia & Fathurahman, 2018; Naharuddin & Sadegi, 2013). Poor environmental work conditions were negatively associated with job satisfaction. Studies have also found that factors like noise level and office-layout such as amount of windows/light and the type of office affect the employees' well-being (Colenberg et al., 2021; Kaarlela-Tuomaala et al., 2009).

In particular, open-plan offices were found to be a source of stress, as they often came with a lack of privacy, distracting noise, as well as, in some cases, cluttered or disorganized environments (Schlittmeier & Liebl, 2015; Shafiee Motlagh et al., 2018; Thayer et al., 2010). One study compared the noise level and effect of the acoustic environment on the employees as they transitioned from one work environment to another: from private office rooms occupied only by one person to open-plan offices occupied by more than 20 people. The findings showed that the average noise level didn't change, but the variability of the noise did. This, in turn, increased distraction, concentration difficulties, feelings of reduced privacy and the increased use of coping strategies. The employees also rated their work performance as lower (Kaarlela-Tuomaala et al., 2009). This was further supported by a more recent study, which found noise to lead to decreased work performance as well as increased mental health related symptoms (Di Blasio et al., 2019). Another study found that factors like temperature, noise, furniture & aesthetics strongly predicted work performance (Srivastava et al., 2024).

From the research presented, it's apparent that there's some correlation between the physical work environment and the work performance and well-being of employees. One study by Shaari et al. (2022), however, found this correlation to be small. They found that, while employees can work more comfortably in a work environment better suited to their needs, there are also other factors that need to be taken into account. For example, improving communication between colleagues and providing them with a supervisor who's able to help them complete their tasks. Such support is especially imperative in careers where the physical environment is mostly out of the employees' control, such as in hospitals or restaurants.

However, it's important to keep in mind that much of this research is done in the West, in large countries with more hierarchical work settings and larger scale cubicle offices. It may be difficult to apply these findings to small countries like Norway or the North in general, who's work culture tends to lean more egalitarian and who have businesses and workplaces that are a much smaller scale.

There are also difficulties in ensuring the samples used in these studies are truly neurotypical, so one cannot directly compare these studies with studies specifically on ADHD individuals without taking this into account.

The effect of the social environment

Social support, defined as 'psychological or material resources that are provided to a focal individual by partners in some form of social relationship' (Jolly et al., 2020), has been found to have a positive, moderately strong correlation with employee job satisfaction

(Sigursteinsdottir & Karlsdottir, 2022). Another study found that a positive social work environment could improve employee performance, as well as affect how committed and achievement-striving the employees were (Zhenjing et al., 2022).

The absence of social support in itself was related to a higher risk of developing a stress-related disorder (Nieuwenhuijsen et al., 2010) as well as depressive symptoms/poorer mental health in general and increased risk of burnout (Hämmig, 2017; Peters et al., 2018; Saade et al., 2022).

While social support is important to improve well-being and work-performance (Kuriakose et al., 2019; Zhenjing et al., 2022), social interaction in itself has also been found to improve work performance, as the connections formed between employees can increase productivity by improving the way employees work together to finish tasks (Gittell et al., 2020). Social interaction and feeling a sense of belonging in the workplace also has been found to lead to happier, healthier employees who are less likely to call out sick, go on sick leave or quit their job (Berkman et al., 2014; Mastroianni & Storberg-Walker, 2014).

Additionally, one study discussed person-environment interaction, and that 'how the individual behaves in the environment and the reactions to that behavior then determines how the environment supports continued actions within that environment' (Donley, 2021). When applying that to a health care environment, they found that the work environment and the experience one has at work not only impacts employee health, but also well-being and satisfaction. Managers were also found to play a key role in creating and supporting the social environment (Donley, 2021).

The research then seems to suggest that the social environment can consist of several factors such as positive social interaction between colleagues, supportive managers/bosses and how helpful the social support actually is to the employee. The person-environment interaction does also suggest how the social environment may play a part in the experience of the physical environment and that they may interact to potentially affect the employee's well-being and job performance, but, as mentioned, little research has been done on this topic so this can't necessarily be confirmed.

Summary of the previous research and research gaps

The previous research presents how the P&S environment in the workplace can affect both neurotypical and ADHD individuals in varying ways, affecting both their well-being and work performance through factors like social interaction, support and understanding from bosses and colleagues, the lay-out of the office and the availability of equipment and tools

(Colenberg et al., 2021; Erro-Garcés & Ferreira, 2019; Weber et al., 2022). ADHD individuals are more sensitive to these factors (Panagiotidi et al., 2018; Pelletier et al., 2016) and seem to need more support in the form of physical modifications and social considerations in order to help them stay employed and to thrive in their environment (McIntosh et al., 2022; Robbins, 2017). There is little research, however, concerning the combined effects of the physical and the social environment and how they interact to create or take away opportunities for facilitation and support for ADHD individuals (Lauder et al., 2022). There is also a lack of qualitative research on the topic, which removes some of the nuance that may be needed to understand ADHD individuals and what they need, as the diagnosis is experienced differently for each person. Exploring the topic of ADHD in the workplace without predetermined questionnaires could allow for more reflection from ADHD individuals on how they experience their work life and what strategies they employ to address their challenges. Additionally, there is a lack of research on adults with ADHD specifically and this is particularly important to remedy.

Aims of the study and definitions

Aims

The research questions for this master thesis are:

1) 'What is the meaning of the physical and social environment in the workplace for young adults with ADHD's well-being and work performance?'

2) 'What strategies do they employ to cope with challenges to their well-being and work performance in the workplace?'

Physical environment

Physical environment refers in this instance to the conditions and surroundings in which the employees perform their work, both inside and outside spaces. It includes factors such as the layout of the workspace, noise levels, and the availability of tools and equipment (Lemma et al., 2022).

Social environment

Social environment refers to the relationships with colleagues and bosses as well as the overall social acceptance and behavior of the individuals in the employees' workplace (Donley, 2021).

Workplace

When using the term 'workplace' I refer not to an office specifically, but workplaces in general, also such as kindergartens, hospitals, workshops etcetera. This choice was made in order to potentially get more insight into how different physical environments can affect different professions.

Well-being

One of the most widely cited definitions of well-being is this: "How people feel and how they function both on a personal and social level, and how they evaluate their lives as a whole" (Michaelson et al., 2012). The meaning behind 'well-being' in this instance will be comprised of the participants' personal understanding of it in relation to their job satisfaction.

Work performance

Its definition is 'the result of work in quality and quantity achieved by an employee in carrying out [their] duties in accordance with the responsibilities given to [them]' (Robbins & Judge, 2010). In this context, it refers to the employees' (the participants)' perception of their own work performance.

Theoretical framework

This section will introduce two theories, person-environment fit and universal design, which will form the lens the results will be viewed through. These theories were chosen as they emphasize the importance of the environment, both physical and social, for well-being and work performance in the workplace. They describe what adjustments could be made to benefit, for example, ADHD individuals and make it easier for them to stay employed.

Theory of person-environment fit

The theory of person-environment fit (PE fit) has long maintained an important position within industrial and occupational psychology because of its implications on the workplace. PE fit refers to 'the relationship of compatibility or incompatibility that may exist

between a person and the environment' (Pasca, 2014). The 'environment' in this instance refers to P&S environments. In the context of the workplace, there have been theories suggesting that people choose a workplace environment that is congruent with their personality or interest (Armitage & Amar, 2021). The fundamental idea is that some individuals are better suited for certain environments than others and that the way a workplace 'fits' can have an effect on the employees' mental and physical health, as well as their motivation and overall behavior (De Cooman & Vleugels, 2022). If the environment is unsuitable, it could lead to negative outcomes both for the workplace and for the employee. The employee might experience job dissatisfaction and stress, leading to an increased absence from work and reduced work performance (De Cooman & Vleugels, 2022; Williamson & Perumal, 2021). If the person and the environment match, however, they experience greater job satisfaction, as well as a reduced likelihood for burnout and a lower turnover intention at their job (Andela & Doef, 2018). This shows that ensuring a good PE fit is also positive for the workplaces and businesses themselves, as the employees are more likely to stay, as well as perform better.

There are different ways the workplace can create a better PE fit and they're mainly based around three different aspects of the environment: The social, the physical and the digital, a subtheme of the physical environment. Digital environment refers to 'the collection of all of the digital tools provided by an organization to allow its employees to do their jobs' (Lee & Sirgy, 2019, p. 3). Digital environment is a recent development of the literature on PE fit compared to physical and social attributes, but no less important. It's been found to increase job satisfaction and decrease psychological distress (Moen et al., 2016). This was found in relation to the digital environment allowing more flexibility in when tasks are performed, as well as allowing for telecommuting, which affects *where* tasks are performed. Being able to work from home or in other spaces than the workplace had a positive association with increased performance outcomes (Lee & Sirgy, 2019). This seemed to be due to more effective time allocation when factors like commuting were taken out.

Physical environment has also been correlated with job performance and well-being (Nadia & Fathurahman, 2018; Srivastava et al., 2024). The same can be said for the social environment, though the way it interacts with person-environment fit has been found to have a larger impact on the *continued* PE fit in the workplace. Socialization, the process of adapting one's behavior to fit the surrounding culture/environment, has been found to be one of the factors needed to further develop, maintain and/or reestablish fit (Vleugels et al., 2022). This is further supported by other research, which has found that one's personal

attributes are in some way molded by the social environment, through the socializing pressure of norm demands (Denissen et al., 2014). This shows how the P&S environments may interact to affect occupational outcomes. In ADHD individuals, these factors can affect how they facilitate for themselves; social factors influencing how they make use of the physical environment. It's important to note that not every ADHD individual struggle with the same challenges and there is large variety in the types of challenges they have. That idea of variety is the focus of person-environment fit theory, and so cultivating an environment that takes into account every individual in the workplace's challenges and capabilities is important, though difficult.

Universal design

Universal design is defined, according to Moderniseringsdepartementet (2021), as "The design of products, environments, programs and services in such a way that they can be used by all people, to the greatest extent possible, without the need for adaptation or custom design." The Working Environment Act (Arbeidsmiljøloven, 2005) emphasizes the importance of such design in the context of the workplace, describing the act's purpose as 'to secure a working environment that provides a basis for a healthy and meaningful working situation,' as well as 'to facilitate adaptations of the individual employee's working situation in relation to his or her capabilities and circumstances of life.'

The field of universal design has mainly dealt with individuals with physical disabilities, but in recent years there has been more attention given towards invisible disabilities such as mental or neurodevelopmental disorders. They have, however, long been included as a part of the definition of disability. Some national documents have included mental health as part of the definition for 'reduced functioning' as loss of, injury or a deviation in one of the body's *psychological*, physiological or biological functions as far back as 2001 (NOU 2001: 22., 2001). Within the field of environmental psychology, several studies have also been done on how city planners and designers can build areas with mental health in mind, such as the inclusion of more green spaces and pro-social environments (McCay, 2017). Universal design regarding specific mental disorders, however, is still a growing field.

There have been a few studies about universal design and anxiety and/or depression, particularly focused on office spaces, and one report found that functional, aesthetic and/or technical qualities in the office work environment can have a preventive effect on stress and mental health problems (Denizou et al., 2021). Their findings also mention how a large part

of the studies about work environments were focused on people who did not struggle with mental or neurodevelopmental disorders. They also mention how the field is still lacking in knowledge about how to best accommodate people with such disorders in the workplace.

With the recent inclusion of potential workplace adjustments for individuals with mental disorders like ADHD in the field of universal design, one problem has become apparent. One of the challenges within universal design is that, in society, people will have different needs. What is a useful workplace adjustment for one person, may be a hindrance to another. It could then be difficult to justify that mental disorders should be specifically accounted for in universal design. For example, dimming the lights in a place of work to benefit an ADHD individual sensitive to light may create problems for those who are visually impaired and thereby affect their work. Even then, ADHD symptoms are not clear cut and people can experience challenges with something that another person with ADHD may not. While many ADHD individuals are hypersensitive, some are also hyposensitive to certain things, meaning they show a lack or less of an intense response to stimuli compared to the norm (Panagiotidi et al., 2018)

However, studies have found that 'active and practical' support for integration into work-life can reduce the treatment need of individuals with severe mental disorders, even more so than 'traditional' outpatient treatment (Øverland et al., 2011). This suggests that workplace adjustments can play an important role in keeping individuals with mental disorders such as ADHD in the workforce.

Ryhl (2003) also suggests the idea that, as the needs of people may conflict, it's up to the architect to prioritize one group of people before others and justify this choice through arguments of sound reason. One such argument then, for the inclusion of ADHD in universal design in workplaces, is that the adjustments may also benefit, not only ADHD individuals, but other neurodivergent people and neurotypicals. This is because ADHD symptoms are symptoms neurotypical individuals also struggle with, except that for people with ADHD it's experienced more severely. As mentioned before, research has found that neurotypical individuals also get distracted and stressed by noise in the workplace and other factors like a lack of windows/light and a disorganized environment, which has an effect on their work performance and well-being (Erro-Garcés & Ferreira, 2019; Kaarlela-Tuomaala et al., 2009; Nadia & Fathurahman, 2018; Thayer et al., 2010). Therefore, making adjustments to the workplace environment could potentially help neurotypicals just like it would help ADHD individuals. When it comes to other neurodevelopmental disorders such as Autism Spectrum Disorder (ASD), they tend to have similar challenges as they, too, struggle with executive

dysfunction (Xie et al., 2020). For mental illnesses such as depression and anxiety, they may be helped in tandem with ADHD because ADHD individuals often develop anxiety or depression (Choi et al., 2022). Making adjustments to the workplace could therefore be useful to all the employees in various ways, and not just ADHD workers.

Though adjusting the workplace to ADHD individuals can be helpful, one cannot expect to entirely skew the work environment towards this one particular group. However, research postulates there are ways to adjust the environment that isn't too intrusive and which may benefit all. One study suggested that establishing dedicated quiet spaces and limiting strong smells in the workplace could mitigate some of the sensitivities experienced by many neurodivergent individuals, while also benefiting neurotypicals who might not enjoy that either (Narenthiran et al., 2022). Communicating information using multiple modalities such as through both written and spoken messages or through a combination of images and text can also ensure that ADHD and neurodivergent employees can easily understand key information. This then also has the added benefit of making sure everyone in the workplace gets the message and therefore stops any potential confusion (Narenthiran et al., 2022).

Most importantly, however, it's important to stay close to one of the focuses of universal design in the workplace: Taking into account each person's abilities and challenges (Arbeidsmiljøloven, 2005). One study on ADHD individuals and ASD found that accumulated stress made their work situation unsustainable over time. The study suggested that such individuals need long-term interventions that flexibly adapt to their particular needs, especially as these needs were found to vary over time (Högstedt et al., 2023). It's therefore important to show consideration for every employee in the workplace, but particularly for ADHD individuals and other neurodivergent individuals. Universal design may be part of the solution for this.

Method

Research design, Epistemologi and Reflexivity

This is a qualitative interview study because, as mentioned in the introduction, there is little qualitative research surrounding the topic of ADHD individuals and their challenges in the workplace. A qualitative approach is a way to gain deeper insight and nuance that might otherwise get lost in a quantitative design. It's considered to be better at providing in-depth understanding of people's experiences, as well as providing insight into their motivations, attitudes and behavior (Agius, 2013; Tenny et al., 2024). The approach for this study is based

on Reflexive thematic analysis, which is a flexible analytic approach where the epistemological stand has to be chosen, explained and actively used in the interpretation of the results (Braun & Clarke, 2021).

This study is based on a contextualist epistemology that seeks to develop knowledge about a specific reality that is experienced differently for different people depending on social and cultural conditions (Braun & Clarke, 2019). Through the participants' descriptions, one gains access to their interpretations of their own experiences. In the analysis, I leaned towards a more inductive and semantic approach, trying to stay as close as possible to the participants' statements while also examining potentially latent themes (Braun & Clarke, 2006, 2019).

I recognize that the researcher has a key role in knowledge production, where the researcher's subjectivity and active participation in the research process is central and seen as a resource (Braun & Clarke, 2019). The results are therefore considered to have been produced in accordance with the author's interpretations and influenced by the author's' social and theoretical standpoint. I, the author of this master thesis, am diagnosed with ADHD. On the positive side, this could mean I was able to validate the participants' experiences and have a deeper understanding of the participants' words and meanings as an 'insider.' It could also have made it easier for the participants to open up, as the participants and I were part of the same 'in-group' (Tajfel et al., 1971). However, it could also have affected the analysis, that my personal opinion of the work environment being important in managing my ADHD skewing the results in favor of that. To address this, I kept a reflexivity diary in the days leading up to the interviews, as recommended by (Braun & Clarke, 2021), during the interviews and after, to reflect further on my interpretations of the material and whether or not it was skewed in favor of a personal opinion rather than produced from the participants' words.

Participants

There were five participants in total, with four women and one man. The participants were between the ages of 27 and 32. Participants were recruited through social media, from either specific ADHD Facebook groups or from posts on my personal social media. I made a post describing what the project was about with the inclusion criteria for participating in the project, shown below. I ended up acquiring my five participants entirely through one ADHD facebook group and they all contacted me on Messenger. I received some interest from other individuals in the comments of my social media posts, as well as one person who sent me an

e-mail, but they didn't fit the criteria so they were not picked as participants. The inclusion criteria for the participants were as follows:

- Has been diagnosed with ADHD by a professional
- Is between the ages of 22-34
- Has a full time job

There were no restrictions on the type of job the participants have. This was to get more variety in the results, as a diverse sample highlights individual uniqueness as well as captures shared experiences (Gomez et al., 2001; Noonan et al., 2004). This could bring more insight into how different physical environments can affect different professions. There was some variance in professions within the participant group, see Table 1. The target group 'young adults' was chosen because, as they're at the beginning of their career life, they might have more insight into what approaches have worked for them in adjusting to their new every-day life. Additionally, it's important to support those at the beginning of their career, to keep them as part of the workforce from the very beginning.

Table 1: List of participants' pseudonyms, their professions and time since diagnosis.

Participant Pseudonym	Profession	Time since diagnosis*
Ingrid	Office job + working from home, previously worked as a nurse	Less than one year
Jakob	Seller, + manual labor	Since childhood
Maria	Kindergarten teacher	Less than one year
Kristine	Social media manager, on-site	5 years
Thea	Office job + working from home	Since childhood

*Based on the time of the interviews, October and November of 2023.

Procedure

Interviews and transcription

Individual interviews were conducted in October and November of 2023. The interviews took place primarily on Zoom, as the participants were from different parts of the country and/or had busy schedules which made it difficult for them to meet me in person.

One person was interviewed in person in a small classroom at the University of Oslo. The interviews lasted between 50 minutes to 1 hour and 36 minutes and were conducted based on a semi-structured interview guide structured as a 'lifestyle interview'. Lifestyle interviews are based on, according to Haaland (2019), the assumption that subjective experiences are rooted in a life story. The life story is shaped by the everyday life, the way of life, of the participants. Everyday life is thought of as something that 'unfolds in the present as a cyclical movement from day to day' to the participant on an unconscious and deep level (Haaland, 2019, p. 35).

Haaland also believes that lifestyle interviews are suitable for eliciting experiences from 'people in some special circumstances, who therefore also have some special developmental challenges' (Haaland, 2019, p. 50). This method was therefore chosen because, as the thesis seeks to investigate how the P&S environment affects everyday working life, the 'lifestyle interview' is a way to get larger insight into the participants' experiences. It could contribute to the study as it might be able to capture certain experiences that the participants may not be consciously aware of. The interviews were structured around questions about the participant's everyday working life, with a focus on the physical environment as that was the original focus of my thesis. There were however also some questions about ADHD's effect in general that highlighted the social environment as well, see Appendix E for the interview guide.

Analytical Procedure

The analytic approach chosen was thematic analysis, as the content from lifestyle interviews are, according to Haaland (2019), descriptive and thus invites such analysis. Thematic analysis is a method intended to systematically identify, organize and provide insight into significant patterns in a data set (Braun & Clarke, 2021). The purpose of the method is that it allows researchers to see and create meaning around the participants' experiences. It's also appropriate in this case, because it's flexible, consistent with lifestyle interviews, and is also open to interpretation.

Thematic analysis' focus is on the analysis being created from the data material, not the research questions. The analysis should not be based on trying to answer the research questions, but should instead attempt to view the data as a whole and produce an analysis from that (Braun & Clarke, 2021). Because of this, after interviewing my participants and getting to the analysis of the data, I realized the main focus in my research question, the physical environment in the workplace, was not the only factor at play, according to my participants. The social environment also had a large impact on their well-being and work

performance, and how the social and physical environment interacted to affect this was an additionally interesting finding. To reflect these findings and to discuss them further in the scope of the master's thesis, I decided to change my research question. Previously the research question was: "What is the meaning of the physical environment in the workplace for young adults with ADHD's well-being and work performance?" It was changed to include the social environment's impact. I also added 'well-being' and 'job performance' in order to specify what aspects were being focused on. The second research question was also altered to include social environment, well-being and job performance, but was otherwise the same.

The analytical procedure has six steps (Braun & Clarke, 2021). First, I familiarized myself with the data by reading through the transcripts and listening to the voice recordings. As I was the one both interviewing and transcribing the interviews, I did not spend much time in this stage, as I already felt familiar with the content. But I did make sure to read through each transcript twice and listened to the voice recordings once each to ensure I knew the data well enough to continue to the next step. As I read through the transcripts and listened to the recordings, I took notes on parts of the interviews I found interesting and noted down specific quotes I thought I might have use for later. As I progressed to the next step, which was coding, I kept these notes in mind. With my initial thoughts on the data, I began to make codes through NVIVO as I made my way through the transcripts. I found creating codes a bit challenging, as it was at times difficult to decide whether a code was too broad or too narrow. After the initial code generation, I went through the transcripts again. Through that process, some codes were merged together, and a very small amount were removed entirely as I found their contents to be more accurately explained by a different code. I went through the data again after this to make sure everything was coded correctly. Then I moved on to stage three, searching for themes. I did this through mind maps and made several ones before eventually coming up with three to four potential themes, which I reviewed by examining how the themes fit with the codes I'd already created. I did this by printing out all my codes and attempting to put them together into groups of meaning, and further seeing if I could fit those groups into the themes I'd created. Then I moved to stage five and six, defining themes and writing the results, which were done simultaneously. This was the most challenging part for me, as I struggled with creating theme names that were meaningful and descriptive without turning them into a summary of its contents (Braun & Clarke, 2021). I also spent a fair amount of time deciding on sub-themes and how many there should be. Throughout the whole process, I wrote entries in my reflexivity diary. I also read through my older entries to ensure I was not losing track of the early analysis, as it's easy to get lost when one starts

following one particular path of analysis.

Concerning the write-up of the results, I had some difficulty translating the participants' words from Norwegian to English for the quotes without losing the initial meaning. In one instance, I mention in the results a specific Norwegian word where I found its English counterpart to be lacking the same context of the word. Because of that, I decided to use the directly translated version of the word rather than the 'correct' translation, to better convey the potential meaning of the participants' words. So, while keeping in mind that translation is not perfect and might therefore affect the way the reader perceives the participants' words, I did my best as someone fluent in English, with my native language being Norwegian, to convey the participants' voices in the most accurate way.

Quality

As qualitative methods differ so much from each other in their approaches compared to quantitative, finding ways to assess the quality of a qualitative study can be challenging. Tracy (2010) developed 8 criteria for 'excellent qualitative research' and recommended one pick a few of the criteria of personal importance to apply rather than discussing all of them. In following this idea, I picked three criteria I found of particular importance to this study and to myself: Worthy rigor, sincerity and meaningful coherence.

Worthy rigor refers to the topic of research being 'relevant, timely, significant and interesting' (Tracy, 2010). The topic of this master's thesis is personally worthy and relevant to me, as someone with ADHD, but it's clear from the research presented in the introduction that it's also relevant to society as a whole. It comes at a time when universal design has begun to include mental health and mental disorders in particular as part of the potential accommodations in the design process (McCay, 2017; NOU 2001: 22., 2001). Exploring more qualitatively how these adjustments can be made is therefore of significant importance.

When it comes to sincerity, Tracy (2010) described it to be 'self-reflexivity about subjective values, biases, and inclinations of the researcher(s) [and] transparency about the methods and challenges.' As this topic is personally relevant to me, I've placed a heavy emphasis on self-reflection and transparency around the data collection and analysis, both through writing a reflexivity diary as Braun & Clarke recommends (Braun & Clarke, 2021) in order to reflect on my own biases, and through being open about my limitations as a researcher in the method's section here, as well as in the discussion. As someone inexperienced with research, there is more room for error than with an experienced researcher. As I'm aware of this, however, I've tried my best to make sure no errors occur,

through the help of my supervisors and through reading literature on, for example, thematic analysis and qualitative methods (Braun & Clarke, 2021; Smith, 2015).

Lastly, meaningful coherence concerns if the study 'achieves what it purports to be about, uses methods and procedures that fit its stated goals, meaningfully interconnects literature, research questions/foci, findings, and interpretations with each other.' (Tracy, 2010). The purpose of the study was to explore the meaning of the P&S environment in the workplace on ADHD individuals's well-being and work performance. To get the nuance and insight desired for this purpose, a qualitative approach was used with reflexive thematic analysis, focusing on the researcher's role in the analysis, fitting with my goal of sincerity and transparency around the findings and methods. In the discussion I also make use of the literature and theories presented and interconnect them with the findings in a meaningful way.

Ethical Considerations

The research project deals with ADHD, which is a health-related topic and can therefore be particularly sensitive, both in terms of personal data and as personally vulnerable for the participants. It may possibly trigger bad memories in the participants, although it is probably unlikely that the interview will affect them negatively, as the interviews are rooted in their everyday life. Nevertheless, it is possible that a participant will be upset and so, to address this, the consent form details where the participants can reach out, see Appendix A. They were referred to Kirken SOS, a help phone line, where they can get the help and support they may need. They were also given the email of the supervisor of this project, if they had any questions about the project.

The interviews were recorded on the University of Oslo's Diktafon app, stored and processed in Services for Sensitive Data (TSD), automatically transcribed through the AI service Whisper, and reviewed manually afterwards where personally identifiable information was deleted/anonymized. To protect the participants' anonymity, they were assigned a pseudonym. The names were chosen through looking at lists of the most common first names in Norway.

The personal data collected were primarily in the form of a voice recording, which was deleted once the interview was transcribed. Other personal details included in the interview were anonymised. The project sought approval from SIKT, regarding the handling of personal data, and an ethical evaluation from Intern Etisk Komite before data collection and was approved in all instances, see Appendix B and C. The project also pre-applied to

REK to see if the project was processing sensitive health information or not and it was decided it did not and didn't need to apply for further approval, see Appendix D.

Results

The findings are split into four themes. They are connected by an overarching theme: "It means so much to feel seen and… be allowed to try." Each theme illustrates the way different factors like physical environment, work productivity, self-esteem and well-being may be mediated by social support, the overarching theme.

Through the exploration and analysis of the five participants' interviews, the following four main themes were developed: (*1) Feeling inadequate at work exacerbates low self-esteem in ADHD individuals,* describing how the participants' self-esteem is tied up in their performance at work. When this work performance doesn't meet their or their work's standards, it affects how they view their own capabilities and the decisions they make for themselves. *(2) 'Having room for' ADHD individuals helps them contribute to the workforce,* outlining how taking into consideration ADHD needs and challenges in the workplace through the P&S environment is imperative for them to be a part of the workforce. *(3) Social environment affects how the physical environment is experienced,* which describes how the physical environment like the availability of quiet rooms and other tools of facilitation are affected by how the social environment views such facilitators. *(4) Hiding the diagnosis because of stigma,* which focuses on how experiences with ADHD stigma affects their decision to disclose their diagnosis in the workplace and the strategies they develop to conceal their ADHD from their colleagues and bosses.

Some of the themes also have subthemes, see Table 1 below. A full overview of the themes and how they're connected is also found below, see Figure 1. The themes colored in purple respond to the first research question, while the themes colored in blue primarily respond to the second research question.

Table 1: List of Themes and Sub-themes.

Main themes	Sub-themes
Feeling inadequate at work exacerbates low self-esteem in ADHD individuals	
'Having room for' ADHD individuals helps them contribute to the workforce	ADHD as a resource in the right physical and social work environment

	A friend in need: "Very often, I've managed things I didn't want to, if I had someone around me. Someone to hold me accountable."
social environment affects how the physical environment is experienced	
Hiding the diagnosis because of stigma	Fear of stigma: They don't ask for facilitation so they don't receive it.
	Masking to hide struggles at work
	Overcompensating for diagnosis
	Calls in sick to cope with stress
	Home office to cope with stress

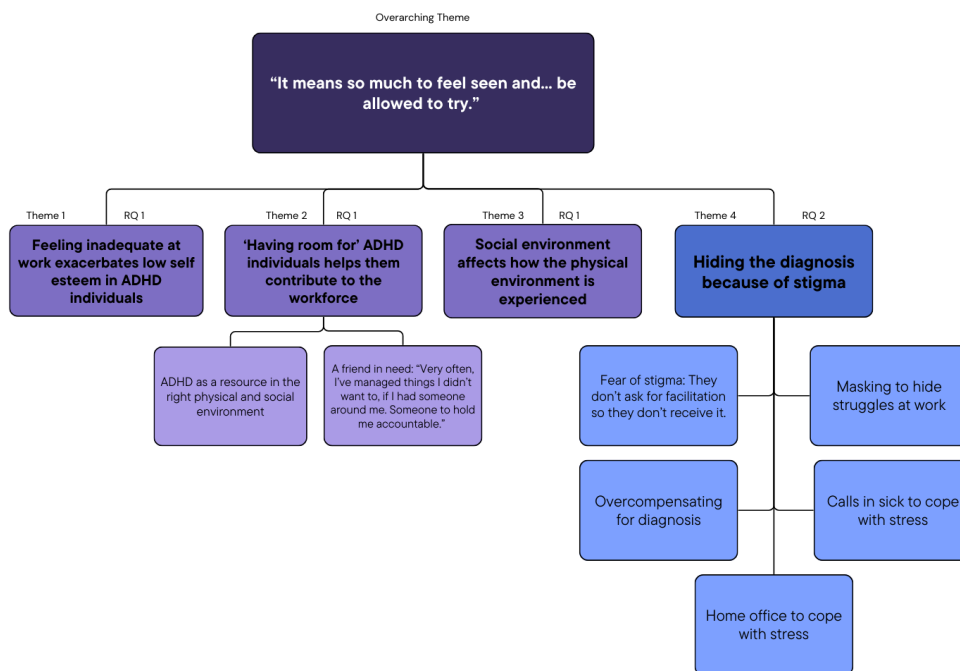*Figure 1: Overview of the themes and how they are connected.*

Theme 1: Feeling inadequate at work exacerbates low self-esteem in ADHD individuals

When the participants struggled at doing their job because of their diagnosis and lack of facilitation, they blamed themselves and their self-esteem often took a hit. One participant, Kristine, grappled for months with her self-esteem after she'd been dismissed from her job.

Even though she'd been laid off for reasons unrelated to herself, she took it personally. It affected her to the point where, when she started a new job sometime later, her and her supervisor came to a joint decision to end her employment there only a few months in. This choice, though made for her own mental health as she struggled with burnout, affected her self-esteem even more:

> Kristine: "When I present [my project] to others and they say 'Oh it's so good,' I think: 'Oh, was it?' I think negatively of myself, and then it wasn't as bad as I thought. [...] But after I lost my job and ['cracked'], it made it worse. It was like… I always knew I was bad at this."

As she explains in the extract, Kristine already struggled with low self-esteem before she lost her job in marketing. However, when she lost her job, it seemed like it might have exacerbated those feelings of never being 'good enough', despite the fact that her being dismissed had nothing to do with her personal performance. This might be because, as she mentioned in the extract, it aligned with how she viewed herself. So losing her job only confirmed what she already 'knew', even though she herself admitted to knowing that perception isn't accurate.

In circumstances where personal performance was a factor, it too affected the participants' self-esteem and belief in their own capabilities:

> Jakob: "I'm kind of the complete opposite of the family dynamic. So I've kind of, like, felt [different]. Why- like, am I the one ruining the vibe here? And I think the same thing at [my] job at times too. [...] If there's a bad vibe at work because I've done something, right? [I: 'Because you think it's more your fault?'] Yes. I might let a sharp reply slip to a customer, right? Then it's like, something [bad] has happened because of that."

Jakob described feeling like the odd-one out in his family, as his mother and sister both had higher education and 'high-up' jobs, while he didn't. He struggled in school, being thrown back and forth between schools that did offer support for his diagnosis and played on his strengths, and schools that, according to him, "tried to throw him in with the normal people". These negative experiences seemed to have affected his self-image and created a

perception of being a 'problem-child'. It's particularly difficult to divorce that view when ADHD individuals do often create problems in the workplace because of their diagnosis. Like Jakob described, it could be something as simple as snapping on a customer, arriving to work late or forgetting meetings and deadlines. For a neurotypical individual, this sort of behavior also happens, but to a lesser extent and the reasoning is often tied up in problems at home or having a bad day. For ADHD individuals, this happens more frequently and can be easily misunderstood as a part of their character. This in turn may affect how ADHD individuals are viewed at work and how they view themselves.

Theme 2: 'Having room for' ADHD individuals helps them contribute to the workforce

Because of ADHD individuals' challenges with the symptoms of their diagnosis, it can be difficult for them to keep a job or to do well in their profession, as well as to feel good about themselves. There does seem to be, however, things workplaces can do to support ADHD individuals on the career path, both in the physical and the social environment. Subtheme one: *ADHD as a resource in the right physical and social environment,* outlines in particular how the type of job and physical environment affects ADHD individuals' well-being and work performance, while subtheme two: *A friend in need: "Very often, I've managed things I didn't want to, if I had someone around me. Someone to hold me accountable,"* considers the effect of the social environment in the form of body-doubling and social support.

ADHD as a resource in the right physical and social work environment

For the participants to feel like a resource in the workplace, both social and physical factors seem to play a part. The type of job and the physical job environment seemed to matter in that case. It seemed that feeling passionate about their job was important to the participants in order for them to excel, shown in this extract below:

> Kristine: "I've never lost a job [before], but I haven't had a job for long. I jump around from job to job. [...] I've worked with marketing and bars. [...] But I'm not sure I'm passionate about marketing. I feel like it's something you do when you don't really know what you want. [...] I'll never be the best at it,

because I'm not passionate about it. [...] If I'd found something I was really passionate about, I could be truly good at something."

In the extract, I've translated the verb 'å brenne for', into the english equivalent of 'to be passionate about'. I mention this in order to discuss this Norwegian verb, because the original wording is more descriptive and reveals more in this context than the English word 'passionate' does. 'Å brenne for' means, directly translated, 'to burn for.' Kristine uses the verb several times in the extract and it seems to illustrate a mind set I found common in the participants' interviews.

Kristine mentions in the extract how she believes, if she was *truly* passionate about something, she could be truly good at it. This is a mindset shared by the other participants as well. Several of them described themselves as working in a field they were passionate about and that, because of their genuine interest and passion, they excelled. One participant, Maria, was swiftly appointed as a team leader when she worked with the pedagogical psychological service (PPT) at her kindergarten, despite not having any pedagogical education. She felt like the role came natural to her and that her experiences with ADHD as a child was a strength that made it easier for her to understand and relate to children.

This mindset is in one way positive, as, according to the participants' statements, it allows them to see parts of their ADHD as strengths instead of weaknesses or faults. But, and here is where the Norwegian translation becomes fitting, it also means they have a tendency to leave limits 'at the door.'

The participants all had a tendency of overworking themselves to the point of burnout and exhaustion. There were several reasons for this, but when the participants were passionate about their job, this exhaustion was in part because they had a tendency to expel all their energy and attention on their job, figuratively 'burning' for their profession. Maria's colleagues often didn't mind the times she was a few minutes late for work, because they knew that she worked overtime constantly and 'never got home' anyway.

Ingrid also often struggled with leaving work on time and frequently brought work home with her, both during the week and on the weekend. What helped her in this instance, was having a boss and colleagues who helped her prioritize and, if she'd given herself too heavy a workload, helped lighten it by dispersing the tasks between themselves. This despite the fact that she hadn't disclosed her diagnosis to her workplace. Ingrid actually emphasized how she appreciated that her boss and her colleagues never singled her out in their facilitation, but that they had this attitude with each other as well.

Additionally, there were other factors beyond social support that made working there easier for her. Several of the workplaces mentioned in the participant interviews had 'quiet rooms' in place that you could make use of if you needed a moment to decompress or just relax. Many also had other avenues for relaxation, like long, quiet hallways which one participant, Ingrid, liked to wander. Big windows to look out into nature, which Maria marked as important for her well-being as well as a way for her to 'drift off' and allow herself a moment of distraction. There were also other amenities like easy access to water, good food, etcetera.

These types of amenities and opportunities to facilitate for themselves seemed to contribute to the participants doing well at work, because they were able to work *with* their ADHD rather than against it. This in turn seemed to influence the perception of their ADHD, as well as seemingly improving their perceived well-being.

Thea described the physical work environment at her workplace as less than ideal, citing too much noise and bad air quality as some of the reasons. However, because of the other opportunities implemented by her company enabling her to work from home and work more flexible hours, she ultimately doesn't mind as much as she doesn't have to be in that environment constantly.

In work places where these opportunities aren't available, however, the participants did describe having troubles concentrating, working efficiently and a perceived decrease in well-being. A 'messy' workplace was mentioned as the top negative aspect, as it, according to the participants, distracted them from their work, because they could only focus on the mess. Sometimes, they would even forgo their work tasks in order to try to clean it up.

In those kinds of environments, the participants often tried hard to mask their discomfort in an attempt to 'tough it out'. This was often to the detriment of their own mental health, as Kristine describes: "At my last job, I just pretended everything was fine. I was new [to the job] and everything, and, in reality [my] whole body tensed and I was doing awfully." This, unfortunately, led to her experiencing severe burnout. And this, in turn, affected her self-esteem and her perception of her own capabilities, because she was constantly having to fight off her own mind in order to get work done and therefore struggled much more than maybe she otherwise would've. At her new job, the environment is much more favorable and she describes herself as doing well, feeling like her self-esteem is returning to the level it was before.

The examples outlined in this theme demonstrate the role of the P&S environment in young adults with ADHD's perception of their diagnosis and their own capabilities. They also

illustrate how important feeling passionate about their profession is to people with ADHD, a passion that keeps them going, though often to the extreme.

A friend in need: "Very often, I've managed things I didn't want to, if I had someone around me. Someone to hold me accountable."

As briefly mentioned in the last subtheme, social support is one of the factors involved in the well-being of ADHD individuals, as they have a tendency to overwork themselves if they're not given a framework of support to stick to. This framework doesn't need to be extensive. The participants described how simply feeling seen was invaluably helpful, like Maria in this extract:

> Maria: "The [diagnostic process] went really well and I've actually been at work throughout the entirety of it. I think I went home once because of the side effects of the [ADHD] medication, but otherwise it's [enough for me] to know that 'if you need anything, then I see you' kind of, and know what you're going through, which made it possible for me to show up to work, only to say that this isn't going to work and go home. Which meant that I never needed to be absent from work. It means so much to feel seen and… be allowed to try."

Maria was one of the participants who told her workplace about her ADHD, and she viewed doing so as a positive thing, because, as she said in the extract, it *allowed* her to try and potentially fail. Because she was allowed to leave and wasn't expected to go through an entire work day if she didn't feel up for it, it made it easier for her to show up to work instead of calling in sick. Feeling understood and feeling seen was very important to the participants and they frequently spoke of it. This desire seemed to be contrasted with their negative experiences of stigma, feeling misunderstood and misrepresented in the eyes of their diagnosis, further outlined in theme four.

Ingrid described how, at her new workplace, there was an "understanding of each other and [each other's] different needs." And that she felt like there was 'room' for her, that she felt she could get in touch with her boss and her colleagues, who could help her contribute. This sentiment highlights an important facet of the ADHD individuals represented in this thesis: they want to contribute, they want to be part of the workforce. Sometimes they just need guidance in how they can do it without getting burnt out.

Another aspect many of the participants described as helpful to their work performance, was body doubling. The term refers to when another person works alongside you as you complete a task (Eagle et al., 2023). While the participants were often distracted when in structures like open-plan offices because of factors like the noise level and air quality, when asked whether they would exchange it for private offices, they were hesitant:

> Ingrid: "I would get FOMO if I had an office where I couldn't see the others. [...] It's obviously this thing about body-doubling [...] As a main rule, everyone's in their offices and sitting focused and working. [...] When I go into my office, I'm kind of in that context. [...] I feel like there's nothing I'm missing out on socially [...] And then I get that reinforcement into me."

Ingrid cites reasons such as getting 'FOMO' (a fear of missing out) if she were to switch to a completely enclosed office. The glass walls in her office provide some separation, but one can still hear and see each other. The other participants also agreed with this, stating that being near their colleagues not only allowed them to concentrate better, but also ensured that they felt 'part of the team' in the workplace, as Thea mentioned in an earlier extract. Kristine also said how switching from an open-plan office with 25-30 people in one room to an office room with 4-5 people was beneficial and helped her get the benefits of body doubling while not becoming another source of distraction and frustration.

Positive social contact between colleagues that didn't revolve around support or help but simply conversation was also a big factor in the participants' well-being. Ingrid even mentions in the extract that she 'gets reinforcement' from being able to see and potentially interact with her colleagues.

In making adjustments to the physical environment in the workplace, it seems that how this environment facilitates the social environment through opportunities for both social interaction and social distance may be important to keep in mind.

Theme 3: Social environment affects how the physical environment is experienced

While the previous sub theme detailed how important and positive social support is on the well-being of young adults with ADHD and their ability to contribute to the workforce, social factors can also affect how they facilitate for themselves. If the social environment doesn't 'allow' for them to adjust the physical environment to their liking, people with ADHD often

have a much harder time at work. In the extract below, Ingrid details the differences between her working in home care, where she had more freedom to facilitate for herself as she was on her own most of the time, to working at a hospital:

> Ingrid: "That's probably what I felt was nice about the car. That it functioned as a little private office in home care. [...] And then I could just have peace and be left alone and [...] Yes, take a break when I needed to, and be distracted [...] But at the hospital, it was challenging to be allowed to go and sit down [away from people]. [...] We had a room we could sit down in [away from people], but it was a little awkward sitting there. Like: 'Are you hiding away? Why?'"

In the extract, Ingrid describes having access to quiet rooms where she could sit down in peace, but that she didn't tend to use them because of the response of her colleagues. The word 'allowed' has shown up frequently in the interviews and it shows up here too. It paints a picture of the importance of the social environment, but in this context also how the social environment affects how young adults with ADHD make use of the physical environment and how they facilitate for themselves in that environment. A majority of the participants are hesitant to do things for themselves if no one else does it, especially if it's 'frowned upon', as Ingrid described later on in the interview. Particularly sitting down, taking a break and listening to one's needs in any way was regarded in some way as selfish in health care in particular.

Some of the participants, like Jakob, described himself as doing whatever he needed to in order to work well, regardless of how his boss or colleagues felt about it, but did also admit to holding back. Not calling in sick unless he was truly mentally exhausted. They all held back in some way and tried to follow the workplace's unspoken social rules, to their detriment. Masking seems to play a key part in this decision, as it involves copying the behavior of someone who isn't neurodivergent (Ginapp et al., 2023). Ingrid described how everyone else took their breaks in the office with the doors open, where they were susceptible to patients interrupting and asking questions. In order to fit in with the rest, it would then be natural to do the same, despite the potential consequences.

This decision to forfeit one's own comfort in favor of pandering to the social culture of the workplace, illustrates how deeply connected the P&S environment is. Physical environment is important, but how it interacts with the social environment is especially so. For example, many of the participants seemed to dislike the open-plan office, citing reasons

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such as high noise level and mess that distracted and overstimulated them. There is research on the negative effects of open-plan offices for those without a diagnosis too (Schlittmeier & Liebl, 2015; Shafiee Motlagh et al., 2018; Thayer et al., 2010), but the effects are often more severe on ADHD individuals, as they struggle with staying on task and are often more sensitive to, for example, noise (Panagiotidi et al., 2017; Pelletier et al., 2016). But, Thea, who had experienced many different kinds of office layouts because of her job, had this to say:

> Thea: "Those times I had a [private] room, I feel like it wasn't all that nice after all. It was kind of nice to hear [my colleagues], to be close to the team. It's positive to be allowed to feel like they're saying something and then I can kind of snap it up enough to feel like I'm in the loop and delivering a good- So there's something to be said about open-plan [offices], [that it's] actually positive."

Here, she describes open-plan offices as a positive thing, allowing her to be in close contact with her colleagues even when she isn't actively participating in the conversation. This is positive, open-plan offices were created with this hope in mind (Bernheimer, 2022) but it also highlights another commonality the participants seemed to have: They all have the same desire for positive social interaction. It seems like they enjoy feeling like they're a part of the workplace by interacting with their colleagues.

Thea frequently worked from home though and therefore didn't usually have to deal much with the open-plan office environment. Kristine, who didn't work from home though she had the opportunity, didn't enjoy open-plan at all, even though she, too, liked her colleagues and being a part of the conversation. But in her new environment, she worked in a smaller room with 4-5 other people and this, she said, was wonderful for her. It was helpful for her productivity to see other people work, akin to body doubling, and because she liked being with other people instead of being 'shut up' in a room somewhere. So it's apparent that there might be ways to achieve the same collaborative environment without the issues of noise level, mess and lack of privacy and peace.

The social environment also might alter how people view the physical environment over time. When Ingrid first started at her job, she was intimidated by the glass walls that separated each office. She felt anxious about her colleagues watching her and she worried they'd think she wasn't working efficiently enough. To combat this, she often found other rooms she could work in unseen. But, when she'd been at her job for a while and gotten to

know her colleagues and her boss, the glass walls didn't bother her anymore. They didn't bother her because she no longer worried about her colleagues thinking she didn't work hard enough, since she'd realized none of them had that 'attitude'. She said: "Everyone trusts that everyone works."

So, while both P&S environments are important to the well-being and work performance of young adults with ADHD in the workplace, how they interact also seems to be an important factor in how facilitating implementations like quiet rooms, the structure of the workplace and other amenities will be used.

Theme 4: Hiding the diagnosis because of stigma

During the interviews, the participants often related their own behavior and insecurities in the workplace to experiences in their past. Stigma towards their diagnosis was keenly felt and it seems to have led them to develop a number of strategies in order to hide their ADHD and their struggles from the workplace. The first sub theme focuses on their experiences with this stigma, and the consequences of this in their professional life, while the other four go into the detail surrounding the strategies and coping mechanisms they developed and how it affects their well-being and job performance at work.

Fear of stigma: "They don't ask for facilitation, and so they don't receive it"

When the participants spoke of ADHD, the stigma surrounding it often followed. Many felt that ADHD, because of its stereotype pertaining to 'violent and destructive school-boys' and a misunderstanding around what ADHD actually entails beyond that description, was difficult to talk to others about, particularly at work. None of the participants, except for one, had told anyone at their current workplace about their diagnosis, and when asked why that was, one participant said the following:

> Thea: "I think maybe it's like a general skepticism, but I feel like I got burnt [when it came to] elementary school and teachers in general, and doctors, so I feel like I've kind of had unfortunate meetings with people which makes it so I think that they might treat- Maybe I have a kind of fear that they'll treat me different, or have their stigmas around what it actually means to 'be' ADHD. [...] For example other parents at work who have children with ADHD [...] The way they explained it was kind of trivializing what [the child] experienced."

As the extract shows, Thea describes how the ADHD stigma she experienced not only in childhood, but in the workplace, made her less inclined to share her diagnosis, in fear that she'd be treated differently. Particularly as several people in her office already showed her their flawed perception of ADHD through the descriptions of their own children.

This fear of stigma is also prevalent in the other participants' interviews. Most interestingly, the stigma seems to be present not only in third or second hand accounts, but also in the participants themselves. One participant, Maria, did not get diagnosed until she was in her late twenties. The delay in diagnosis was not only because of external influences. As her view of ADHD was negative and misconstrued by the stigma surrounding it, it took some time for her to come around to the diagnosis. Thus, her fear of stigma was realized by her own old perception of ADHD, and made her more reluctant to disclose her diagnosis to the workplace as she feared they would view her the same as she had viewed others before.

Particularly, receiving a late diagnosis seemed to have an effect on the participants' self-esteem and how they viewed their capabilities. Three out of five participants were diagnosed later in life, in their mid or late twenties, and therefore often struggled through education and work without any facilitation. This often affected their self-esteem severely. One participant, Maria, dreamed of studying a particular subject, but couldn't get into school because she'd failed a math subject. Later on, as she received her ADHD diagnosis, she also found out she had dyscalculia. But, unknowing of this at that time, she relented and ended up applying for something else that had less requirements because "I thought it was the only thing I could manage."

The two participants who'd been diagnosed earlier in life had a more positive outlook on ADHD than the other participants, assigning their creativity and outgoing demeanor to it, but the stigma was still a major challenge for them. All the participants, whether they received the diagnosis late or early in life, seemed to share the same viewpoint: ADHD was something they must deal with on their own. The stigma around their diagnosis was too profound for them to choose to inform their supervisors and colleagues about it. They seemed to think it would do more harm than good, fearing their colleagues and bosses would view them as 'helpless' and 'lazy'. Even then, they expressed wanting help, wanting facilitation, but never expressed this need to the workplace. This was the case even when they described the social environment at their workplace as supportive.

Throughout the interviews, this fear of being perceived negatively because of stigma showed up consistently, either through the participants' own descriptions of it or as an undercurrent of meaning. It shows how living with ADHD and ADHD stigma affects, not

only their own perception of themselves and their capabilities, but how they interact with the world around them. Often, to their detriment. Because of their fear of stigma, they don't ask for facilitation, and so they don't receive it.

Masking to hide struggles at work

       In response to these experiences of stigma and putting themselves in charge of their own facilitation, the participants developed a number of strategies in order to appear neurotypical. A major one was 'masking' The participants in this thesis seemed to all engage in masking, and several of them had done so since childhood, as shown in this example:

> Maria: "[As a child] I had a kind of need to test the limits and go beyond, yeah, beyond the limit kind of. [...] But when elementary school started, I very much got 'good girl [syndrome]'… [...] It turned out that I acted out as a child up until third grade. And after that I didn't act out at school, only at home. Because [at school] I was supposed to perform well and be quiet and calm, and that was what was expected of me. And I remember [feeling] such pressure, that I couldn't be myself, very early on, I thought that I couldn't let myself be who I really wanted to be, because it didn't fit. And I kind of brought that thought with me into my adult life."

       The part of the extract that is the most prominent here is the perception of freedom, how the participant describes feeling like she lacked the 'freedom' to be herself. While social norms and rules exist in all parts of society and limit behavior in many ways, the school environment, for example, is particularly restrictive for ADHD individuals. This is because it entails having to sit still, be quiet and stay attentive for a long period of time, which can be challenging for those with ADHD. In failing to do so, the negative responses from the people around them, such as punishment or yelling, could potentially affect their self-esteem and therefore their well-being, as they are held to a standard that doesn't take into account their particular challenges.

       The workplace is a similarly restrictive environment, though there is more variance here according to the type of work, as well as the P&S environment the workplace creates. The participants' work environments differed from each other in several aspects, some allowing for more freedom to facilitate for oneself and others more restrictive. Regardless, it seemed they all engaged in 'masking' and frequently expressed how doing so exhausted

them, especially when the workplace was ill suited to them. One participant, Kristine, when asked whether her boss had offered her any sort of facilitation, said:

> Kristine: "No, because my boss didn't know. I talked about it with a colleague once, because I was having a really tough time at work. She said I had to go to the boss and say you have ADHD [...] I didn't want that, but that's when I was still trying to hold everything together. To be the best, and all that."

Fearing the stigma and the potential negative reactions of her boss, she chose not to tell him, and instead tried to pretend everything was fine, even though she struggled with how disorganized the workplace was. Despite the fact that she was good friends with her colleagues, the mess and noise of the office, which was open-plan, affected her concentration and her energy because she was spending so much of her time trying to keep her impulses and concentration in check. This took its toll and was one of the factors involved in her experiencing burnout, which took her months to recover from.

Another aspect of this is her trying to, not just measure up to neurotypical standards, but also to 'be the best', in order to overcompensate for the limits of her ADHD. This mindset was shared between all the participants and the further consequences of this on their well-being and work performance will be delved into in the next subtheme.

Overcompensating for diagnosis

Where 'masking' can be seen as a reaction to the ADHD stigma and a way for them to hide their struggles, overcompensating by trying to excel and surpass their peers seemed a way to prove both the stigma and their own, usually low, perception of themselves 'wrong'. Where the four female participants viewed this through the lens of 'good girl syndrome,' as Maria mentioned in an earlier extract, the male participant, Jakob, had a different perspective. Good girl syndrome refers to feeling the need to do well, be kind, be smart, be perfect, and is perceived by many to be an underlying expectation put on women, though this term is not used in research but instead popularized through various media like news articles (Sundquist, 2019).

Jakob, however, seemed to overcompensate out of spite, as a way to show everyone who doubted him that he could thrive. He frequently mentioned his accomplishments at work, where he worked as a seller and did manual labor, and his salary, and related that a salary of that size is difficult for someone with ADHD to achieve, but that he had done it on

his own. "No one's had faith in me in my life," he said. The potentially gendered differences in expectations when it came to the male versus the female participants still had the same effect: Overcompensating and burnout. They all still ended up in the same pitfall: working themselves to exhaustion in an attempt to overcompensate for their ADHD, in an attempt to not just appear neurotypical, but masterly.

Several of the participants mentioned feeling the need to 'be the best' in anything they did, as mentioned in an extract in the previous subtheme. Maria even mentioned, when asked specifically about the physical environment in the workplace, that it wasn't the physical environment at work that exhausted her as much as it was the social factors. Trying to be the best colleague, the best employee, never letting on that she was struggling.

That doesn't necessarily mean the physical environment didn't play a role in their exhaustion. The physical environment also affects the social environment, in the way it sets up the framework for what parts of the social environment one is exposed to and a part of and this seemed to be a factor here too. Maria works in a kindergarten, which is mainly outdoors. A few times a week they do however spend time in indoor environments, where the groups of children and employees are closer together rather than separated by different activities. Maria described those days as her least favorite, because she felt the pressure to be more aware of her colleagues and what they needed and keeping herself in check, rather than being able to focus fully on the children. It seems then, that both social and physical environments may play a part in shaping the participants' behavior by, for example, exposing them to more scrutiny. In experiencing a lack of space and time to destress by themselves, it might exacerbate the need to 'mask' and overcompensate. This in turn only exhausts them further.

Calls in sick to cope with stress

As the participants often exhausted a lot of their energy masking and overcompensating, another coping mechanism became apparent. Every one of the participants revealed they periodically called in sick to work despite not being ill. Rather, they felt such mental exhaustion that they physically couldn't get out of bed. This way of coping was surrounded by a lot of shame, one participant, Ingrid, even going as far as describing herself as a 'bad person', because she felt like she was lying to her superiors about being sick. Maria also felt similarly, especially since she often lied to her family and friends about being sick, too. She described having difficulties explaining the mental exhaustion and sickness she felt to those around her, because she didn't really understand it herself.

Jakob, however, viewed it more as a simple necessity, something he 'needed' to do in order to continue working at the same intensity. He even encouraged his colleagues and subordinates to do the same. Thea was of similar mind and it seems like having an early diagnosis like they had could've allowed for more time to come to terms with ADHD and figuring out what worked best for themselves. The other participants hadn't been diagnosed for more than a couple of years and the difference in reflection was notable. The coping mechanisms were the same, however. And it seems the participants may be driven by the fear of stigma in the name of 'professionalism', as Thea describes in this extract:

Thea: "[My colleagues] don't necessarily see those times I'm asleep in the middle of the day or relaxing or crying after the meeting and getting really overwhelmed. They don't see those sides [of me], so I feel like I mask it [well]. So I seem professional. And then I need to have a few extra home days, work from home days, if I'm too tired mentally and exhausting myself."

Thea describes calling in sick, as well as working from home, as a way for her to keep from getting too exhausted. It's clear from the extract that 'masking' takes its toll on her and that she feels the need to call in sick or work from home on those days where she can't bring herself to do it anymore. This is a sentiment shared by the other participants and it seems that they view their impairments and their challenges as something terrible that needs to be hidden away, probably because of their fear of stigma from past experiences. This, however, isn't sustainable to their mental health. Kristine experienced burnout after a long period of trying to 'mask' and overcompensate for her diagnosis at her workplace. It was only once she eventually started another job where she could be honest about her diagnosis, and her burnout, that her mental health began to improve. Ingrid also found another job that was better suited to her in terms of support, as well as the opportunity to work from home, which wasn't possible at her previous nursing job. She explained that, since she'd started her new job, she hadn't called in sick, when she wasn't, at all.

Therefore, while calling in sick is viewed in the lens of a strategy, it seems to be more of a symptom of ADHD struggles and doesn't necessarily fix the overarching problem: the need for support and facilitation in the workplace.

Home office to cope with stress

Another strategy the participants made use of, at least for those where this option was available, was working from home. It seemed to be very helpful for the participants, particularly if the physical environment at their workplace was less than ideal. Thea describes the pitfalls in her workplace, a workplace she otherwise enjoys and believes does a lot of things 'right' by their workers, in the extract below:

Thea: "[In the office] there's a lot of noise around me. Like for me, those times I'm at the office is mostly because I need to physically be in meetings with people, or show my face and talk to people and, like, maintain relations and the social [aspect]. But if- In an ideal world, I would just stay home, really, if I didn't have a spot, because I'm not able to work, that is, very concentrated there."

In the example, Thea describes her experience working at the office in a decidedly negative fashion where the physical environment is concerned. She not only struggled with the noise level, but also criticized the workplace earlier in the interview for bad air quality as well as not being allowed to have a 'spot' that was truly hers, as the office space didn't have assigned seating. Because of these factors, Thea most often works from home, where she has more control over her environment, as well as the ability to recover her energy on days where she is too depleted to be able to physically go to work.

The other participants who were able to work from home also frequently used this as a strategy, so they could still work and not have to call in sick because of mental exhaustion. This shows how the physical environment could potentially affect how young adults with ADHD function in the workplace and how well they can facilitate for themselves, which in turn would have ripple effects on their well-being and their work performance.

But working from home doesn't seem to be a cure to the problem either. Kristine, who has the ability to work from home, chooses not to, because she doesn't feel like she can be as productive as she is when she's at work. Ingrid also admitted to not being as productive when she worked from home, but viewed it as a positive thing, because working those occasional days at home were supposed to be less intensive for her.

Thea, who mainly works from home, additionally expressed that she liked to work at the office a few times a week, in order to keep in touch with her colleagues and feel 'a part of the team.' Social contact, as well as body doubling, seemed to be important factors for the

participants' well-being and perceived job performance. This is good news for the professions where working from home isn't possible. But in workplaces where it is, it seems a balance of working from home and at the workplace may be a way for ADHD individuals to better pace themselves, by removing the need for them to 'mask'.

Discussion

The purpose of this study was to investigate the meaning of the P&S environment in the workplace on ADHD individuals' well-being and work performance. It also explored what strategies ADHD individuals employ to cope with these challenges. The thematic analysis of the interviews resulted in four main themes, which found that the P&S environment had meaning for how ADHD individuals facilitated for themselves in the workplace, and that this in turn affected their well-being and work performance. The usefulness of facilitators such as quiet rooms, being able to work from home and the availability of outdoor spaces heavily depended on whether or not it was socially acceptable to make use of them. The strategies they thus developed for themselves were affected by the opportunities given to them at their workplace. For example, by calling in sick when they weren't, as they felt too burnt out to come to work. This could potentially be because they weren't given opportunities to recharge during work hours by the social environment.

There are, however, other factors related to ADHD individuals themselves such as low self esteem and fear of stigma that also affect the facilitation they receive through proactive disclosure of their diagnosis and their belief in their own capabilities. The findings are discussed in greater detail below, through the lens of person-environment fit and universal design. Person-environment fit theory will mainly discuss the impact of the social environment, while universal design will focus on the physical environment and discuss what adjustments can be made in the design of workplaces to better include ADHD individuals.

Person-environment fit

The fundamental idea of person-environment fit is that some individuals are better suited for certain environments and that the way a workplace 'fits' can have an effect on the employees' mental and physical health (De Cooman & Vleugels, 2022). This refers both to the P&S environment, which have been found to have an effect on employees' well-being and work performance (Nadia & Fathurahman, 2018; Sigursteinsdottir & Karlsdottir, 2022; Srivastava et al., 2024; Zhenjing et al., 2022).

In terms of social environment, studies on person-environment fit have found it to have a large impact on the *continued* PE fit in the workplace, through socialization (Vleugels et al., 2022). These studies are based on primarily neurotypical individuals and so this is not only a potential challenge for ADHD individuals, as poor fit leads to worse occupational outcomes for neurotypical samples as well (Williamson & Perumal, 2021). However, research does indicate that ADHD individuals may struggle more socially because of their diagnosis, and this has implications for the severity of the consequences of poor person-environment fit.

One study found that there were three interrelated categories of problems that the ADHD participants perceived to be particularly detrimental, namely the inability to control their thoughts, emotions and behaviors, the lack of understanding of their social environment and the combination of high self-expectations and poor self-image (Schrevel et al., 2016). The researchers hypothesized that it's the repeated and reinforcing interaction between problems with self-image and typical ADHD symptoms and the negative reactions of the environment *because* of these symptoms that affects the impact ADHD has. This study was qualitative and only had an ADHD sample so there is no way to compare the findings with a neurotypical sample. Other research does suggest ADHD individuals have a tendency for low self-esteem though, compared to controls (Kita & Inoue, 2017; Mazzone et al., 2013). This was further supported by the findings of the present study. The results also found that perceived low work performance exacerbated already low self-esteem. The theory of person-environment fit may be able to explain why this was.

As the social environment sets the precedent for how all the employees should behave in the workplace, it would stand to reason that, if the standards are particularly unachievable for the ADHD individual, it would negatively affect person-environment fit. Poor person-environment fit would then lead to job dissatisfaction and stress, subsequently leading to an increased absence from work and reduced work performance (De Cooman & Vleugels, 2022; Williamson & Perumal, 2021). This research is, however, based on mainly neurotypical samples and there is little research comparing the actual impact of poor person-environment fit on ADHD individuals. A quantitative study by Halbesleben et al. (2013) did find that, compared to controls, ADHD was associated with lower work performance. One could argue that the lower work performance is because they tend to hold themselves to high standards and therefore perceive their work performance as lower because of that (Schrevel et al., 2016), but the work performance was rated via self, coworker and supervisor ratings. The work performance was therefore notably different for neurotypical versus ADHD individuals

in the ratings from coworkers and supervisors as well. This therefore indicates that ADHD individuals do struggle more with lower work performance compared to neurotypicals. This would then suggest that their diagnosis and how it interacts with the social environment in the workplace may be a factor in their well-being and work performance.

Because of their executive dysfunction, ADHD individuals struggle with a number of things related to task organization, focus, time management and completing complex projects (Barnhart & Buelow, 2017; Sjöwall et al., 2013). They also experience problems with regulating their emotions and their impulse control (Hirsch et al., 2018). These symptoms may explain why ADHD individuals might have a harder time with the elements of the social environment in the workplace, as the standards set tend to be neurotypical and do not often take into account ADHD challenges. In setting up these environments, they make it so that ADHD individuals, who have grown up 'masking' their signs of struggle for fear of negative reactions (Ginapp et al., 2023), exhaust themselves trying to mold their behavior to this expectation. This, in turn, could also affect how they facilitate for themselves, how they make use of the physical environment in the workplace. This is in line with previous research mentioned on work performance, where they found that the relationship between lower work performance and ADHD was strongest for in-role performance, suggesting that employees with ADHD may be diverting attention away from task-relevant behaviors (Schrevel et al., 2016). The findings of the present study support this. The participants described having a harder time getting their work done in less than ideal physical environments. A 'messy' workplace was mentioned as the top negative aspect, as it, according to the participants, distracted them from their work, because they could only focus on the mess. Sometimes, they would even forgo their work tasks in order to try to clean it up. Noise and bad air quality was also mentioned as distracting and bothersome aspects. This could explain some of the deviation in in-role work performance, as the attention on their work tasks is constantly drawn towards the mess and noise of the physical environment.

As ADHD individuals are aware of their symptoms and the subsequent challenges in the workplace, they have developed a number of strategies to address this. Earlier research has explored this and one qualitative study found that the strategies ADHD individuals used included things like using checklists and electronic devices to remind them of appointments and work tasks, and even working at odd hours of the day and in quiet places like basements, in order to reduce potential distractions (Canela et al., 2017). Some of these strategies were also found in the findings of the present study but the main strategies found seemed heavily dependent on the workplace environment and the facilitators 'allowed' there. For example,

concerning the two strategies of calling in sick or working from home. The participants who called in sick to work when they weren't sick, explained they did so because they were too mentally exhausted to go into work. However, there was a definite trend in the work environments they were a part of and whether or not they called in sick. In the workplaces where they were able to work from home occasionally, which were all various office jobs, those participants tended to use working from home as a strategy rather than calling in sick. Ingrid, for example, called in sick frequently when she worked at a hospital, but didn't do this when working at her new office job. It suggests that, when better strategies for coping are available, ADHD individuals will make use of them more readily.

It also bears mentioning that the social environment in her new job was described as more supportive of her needs compared to the hospital, despite the fact that she hadn't disclosed her diagnosis. Instead there was a more general attitude of support and understanding for all of the employees' needs. That her new workplace allowed her to facilitate for herself, and not only through being able to work from home but through social acceptance for facilitation, may therefore also be a reason for her experiencing a better person-environment fit than at the hospital. The findings therefore seem to indicate that the social and physical environment do play a major role in how ADHD individuals facilitate for themselves and what strategies they make use of in the workplace. This has consequences to their well-being and work performance through the way the work environment 'fits' them, how much adjusting they have to do to achieve a good person-environment fit.

In general, workplaces where different tools for facilitation were provided in the physical environment, such as quiet rooms, the participants were reluctant to make use of them if they weren't 'accepted' by the social environment. This was the case for Ingrid too, particularly in the hospital, where taking a break was often frowned upon. She explained the reasoning behind this social attitude in the workplace as being because the employees on shift were often short-staffed and overworked. It meant that taking a break was seen as much more of an inconvenience on the rest of the employees than abstaining. In attempting to adjust to this, it led to Ingrid calling in sick when she wasn't, because she wasn't able to recharge in any way at work. Because of being short staffed, it seemed to shape the social environment and culture of the workplace into an environment that not only makes it challenging for ADHD individuals to achieve good person-environment fit, but neurotypicals. In the end, it's the ADHD individuals who suffer the most and end up unemployed or on sick leave (Halmøy et al., 2009; Jangmo et al., 2021).

A study on ADHD employees working for the National Health Service found that the overwhelming physical environment and demands they experience in the workplace may be reduced by the presence of a supportive social environment (Rowe et al., 2021). The participants felt that the positive workplace culture was pivotal in reducing their anxiety and that it 'empowered' and 'enabled' the participants to improve their productivity and engagement. It may therefore explain why Ingrid struggled more in the hospital environment than at the office, reasons that didn't include only the demands of the physical environment but rather the lack of social support she received there.

Social support and facilitation were found to be important for better occupational outcomes in previous research on ADHD individuals (Lyhne et al., 2021; Rowe et al., 2021), but disclosing their diagnosis also seemed to play an important part in this. One study found that proactive disclosure of their diagnosis led to better occupational outcomes (McIntosh et al., 2022), as this enabled the social environment to be more understanding and able to offer facilitation. The findings of the present study indicate this somewhat too, though only one participant, Maria, had disclosed their diagnosis. Maria described that knowing she could leave work if she realized she couldn't get through the day after all meant that she was never absent from work. The threshold for showing up was lowered by knowing she didn't have to work through the entire day if she didn't have the mental energy. This is positive for both the workplace and for her, as it decreases absence from work. It shows how important facilitation and understanding is in general for employees but also for ADHD employees.

To receive facilitation and understanding in the workplace, ADHD individuals might need to disclose their diagnosis. This is something they're not often willing to do because of fear of stigma. Previous research and the findings of the present study both illustrate this (Bjørnshagen, 2022; Masuch et al., 2019). The findings of the present study may however explain *why* they're worried about this and what it is they fear. The fear of stigma seems to be heavily connected to their past experiences. They told stories about how ADHD was often misunderstood as only a sign of laziness and incompetence and wasn't taken seriously by people around them. Because of these experiences, they feared that, even if they disclosed their diagnosis in hope of facilitation, people at work would misunderstand and instead attach those negative labels to them and their capabilities. It doesn't help that, with ADHD, impulsive behavior is often difficult to avoid. Because of their executive dysfunction, they often struggle with impulse control and self-regulation Diamond, 2013; Miyake et al., 2000; Sjöwall et al., 2013). This means it may be more difficult for them to regulate their emotions and responses, as well as keeping organized (Barnhart & Buelow, 2017; Hirsch et al., 2018).

They have the same skills as neurotypical individuals, but because of their symptoms they struggle with making use of them. And while their symptoms don't excuse negative behavior such as missing out on deadlines or coming to work late, it should factor in when it comes to the reactions and follow-up they receive from their bosses and colleagues. When the workplace is not aware of the diagnosis however, which is the case for many of the participants in the present study, it could form the impression that the ADHD employees are incompetent or inadequate. This could then lead to them potentially getting passed over for promotions or being let go, which only serves to make them feel worse about themselves and make it more challenging mentally for them to keep and do well at a job. As they experience burnout and stress, it might lead to unemployment or sick leave, which exacerbates their already low self-esteem and how they view their own capabilities. This may affect their behavior in a potential new workplace, as experienced by Kristine in the findings, when she and her supervisor came to an agreement about her quitting the job she'd gotten directly after the one that had contributed to her burnout, because of the state of her mental health.

McIntosh et al. (2022)'s study did find that psychological safety was positively related to proactive disclosure. And when ADHD individuals disclosed their diagnosis before they started struggling at work, they fared better in the workplace. This is however a questionnaire study, so it didn't have the opportunity to examine whether the participants experienced stigma after disclosing their ADHD. Previous research, as well as the findings of the present study, do however suggest that disclosing their diagnosis is to their benefit, as it allows them to receive proper facilitation (Lyhne et al., 2021; McIntosh et al., 2022; Rowe et al., 2021). The findings of the present study also found that disclosing their diagnosis is not necessarily imperative to their well-being in the workplace and that ADHD individuals can do very well in workplaces with a supportive social environment. This refers to both social support from colleagues and bosses, but also the general acceptance of making use of facilitating tools such as quiet rooms and green spaces, as well as working from home where this was available. These factors are important to ensure good person-environment fit, which lead to better outcomes overall for the well-being and work performance of employees (Andela & Doef, 2018).

Universal design

Exploring how the concept of universal design can be applied to accommodate ADHD individuals in the workplace is important, as the physical environment can create or limit the opportunities they have to facilitate for themselves. Open-plan offices, for example,

were often described as less than ideal by the participants, but the severity seemed to vary. This could be because of differences in work environments, but it can also have something to do with differences between participants. As mentioned in the introduction, ADHD individuals can experience both hypersensitivity and hyposensitivity, so some people may be unaffected by some things and severely affected by others (Panagiotidi et al., 2018). Jakob, for example, did not express any sensitivities to noise or light in his work environment. This may also be because he isn't there much, as his job involves driving around to clients' houses and working there. Thea similarly expressed not being too bothered by the noise in her office space, only the air quality, but she also mostly worked from home and so didn't spend as much time in the workplace compared to other participants. Additionally, the findings indicate that there may be some difference in ADHD individuals who were diagnosed at an early age and those who were diagnosed late. These differences were mainly in self-esteem and how they viewed their capabilities, but it's notable nonetheless as it shows the differences within ADHD. What these findings illustrate in terms of universal design is that finding all-inclusive design choices to accommodate ADHD individuals in the workplace is challenging because of the variety in how the diagnosis is experienced. The findings discussed in the previous section do however also show how important it is, as physical environment plays a part in ADHD employees' well-being and work performance (Halbesleben et al., 2013).

While the previous section described how social environment affects how the physical environment is used in the way ADHD individuals facilitate for themselves, the effect can also be the opposite. Physical environment can create or limit the opportunities for things such as social interaction, work performance and rest. The findings of the present study supports this. Social interaction, as well as body doubling, were mentioned as particularly important for the participants. Not only did it enable them to feel a part of the group and strengthen their motivation through positive social contact, body doubling also helped them finish their work tasks more easily. Previous research supports these findings (Annavarapu, 2024; Eagle et al., 2023; Lyhne et al., 2021). These interactions are in part dictated by access, by the way the physical environment is shaped and the structure of the workplace itself. For example, one of the companies in the findings had specific days one was supposed to be in the workplace instead of working from home. This creates a structure for social contact for employees who otherwise wouldn't get it if they only worked from home. Thea described how she went to the office 2-3 times a week even though she preferred working at home, because staying in touch with her colleagues was beneficial for her and made her feel 'a part

of the team.' This goes back to the overarching theme of feeling seen, which aligns with previous research that found that occupational activities fulfilled a need for being a part of a social context for ADHD individuals and that it produced 'feelings of being valuable to others' (Lyhne et al., 2021). This sense of value, and their subsequent sense of duty and loyalty to their colleagues and superiors, seemed to motivate them and even overrule difficulties getting started on tasks. This study also found that routines and structure were important for ADHD individuals in order to engage in occupational activities.

In light of these findings, one can discuss if ADHD individuals should have additional rights to things that may help their work performance, such as the right to work from home where that is possible or having their own office in order to minimize distractions. This however may have consequences for their employment, as employers' desire to employ ADHD individuals may be reduced in light of these added 'difficulties'. It may also put a spotlight on these individuals, as they may be the only ones in the workplace receiving these facilitators. From the findings of the present study this does seem to be something the participants would not enjoy. Many of them also expressly didn't want their own offices, because they enjoyed the social interaction aspect of working in an open-plan office space despite the distractions. Additionally, having the ability to work from home or having their own office would not be useful for ADHD individuals working in environments such as kindergartens, construction sites, restaurants or hospitals as their work is done on-site and not in a cubicle.

Other ways to provide structure and implementations for ADHD individuals is through the enforcement of breaks, though this may be difficult to generalize. ADHD individuals need breaks like everyone else, but often get too caught up in their work to make use of them. Some of the participants also mentioned not wanting to take breaks, as they often struggle with transitioning from one task to another due to executive dysfunction (King et al., 2007). The effort of 'turning off' and 'turning on' again in such a short span of time wasn't seen as worth it. Breaks also come with break rooms and, through that, forced social contact. This finding suggests how the implementation of quiet rooms as multi-purpose spaces where one can both work in silence, wind down or eat lunch in private may be useful in this regard rather than implementing private offices or working from home. This could also benefit neurotypical employees and employees with other mental disorders.

It could also be suggested that break times be longer, to give ADHD individuals time to 'turn off' properly, but while this may be positive for well-being, it is uncertain how this would affect work performance. The same could be said for social interaction in the

workplace. One of the participants mentioned becoming so engrossed in the conversation they went past their allotted break time. This, too, could then be thought of as negative to work performance, which would be counterintuitive to the overall goal.

However, research has found that social interaction was found to improve work performance, as the connections formed between employees can increase productivity by improving the way employees work together to finish tasks (Gittell et al., 2020). These employees were also found to be happier and healthier overall and therefore less likely to go on sick leave or quit their job (Berkman et al., 2014; Mastroianni & Storberg-Walker, 2014). These results were, however, based on mainly neurotypical samples. The findings of the present study do seem to suggest that, at least when it comes to *perceived* work performance, the participants felt they worked better when interacting or being close to their coworkers. This suggests that, overall, social interaction can affect ADHD individuals' work performance positively, even if they get distracted at times. Implementing quiet rooms and designing the space to either facilitate or discourage social interaction is also possible and the findings do suggest that being given the ability to choose between the two is a good way to job satisfaction and well-being.

Achieving a balance of structure and freedom of choice seems then to be the best option. This will also allow neurotypical individuals and people with other mental or neurodevelopmental disorders to benefit from this thoughtful design. Using thoughtful design in ways such as communicating information through multiple modalities such as both written and spoken messages or a combination of images and text can also be useful to ensure that ADHD and neurodivergent employees can easily understand key information. This then also has the added benefit of making sure everyone in the workplace gets the message and therefore stops any potential confusion (Narenthiran et al., 2022).

These findings have implications for how the P&S environment can be shaped to better include ADHD individuals in the workforce. It's clear that taking into consideration both environments and how they affect each other and the opportunities they create for ADHD individuals to facilitate for themselves. More research is needed on how these two factors interact, as it is imperative for the success of modifications either on the physical or social environment. Delving further into how universal design can include individuals with disorders like ADHD without alienating other groups is also of great interest. Environmental psychologists and architects should potentially explore the facets of this design, as it has the potential to improve the well-being and work performance of not just ADHD individuals but potentially neurotypicals and people with other disorders.

Limitations

This study had several limitations. It had a small sample of five participants, four women and one man, between the ages of 27-32. This final sample leans heavily to one side of the age spectrum. While they're still young adults, they are all either in their late twenties or early thirties and so their experiences may not be representative of the young adult population as a whole. In a way, however, it could still represent groups within the ADHD working population. In the process of acquiring participants, many reached out to me who were in their early twenties and who wished to participate in the study but didn't currently have a full time job. Many of the participants themselves also struggled with school and finishing their studies, which could explain why the age boundary was higher than expected, because ADHD individuals take more time finishing their higher education, and often struggle to find work (Fuermaier et al., 2021; Halmøy et al., 2009).

There was also only one man in the study, which limits how much one could analytically generalize these findings to include the male population. However, the male and the female experiences in this instance seemed to be very similar, only that the expression of these experiences may be a bit different.

Qualitative studies involve the researcher heavily in the research process (Braun & Clarke, 2019). As the researcher in this master's thesis and someone diagnosed with ADHD, my personal experiences and biases can easily influence the study design, data collection, and interpretation of results. While I wrote a reflexivity diary to address this, discussing the potential impact of my role as an 'insider' researcher in the analysis is still important. Some things may get lost in the lens of 'normalcy.' I might not view a particular subject as important, because it isn't particularly important to me and my ADHD. Another researcher may have interpreted the results differently. However, as I have more insight into the disorder, I may also be able to draw connections another researcher might not see.

My novelty to thematic analysis and the research process in general is also a concern. Since I'm not as experienced as others, it may have affected the quality of the analysis. However, with these two potential limitations, awareness of my own position and reflecting on the way I could potentially affect the results was my way of attempting to strengthen the reliability of this study. Being aware of my inexperience, I read carefully through Braun & Clarke's book on Thematic Analysis and received guidance and support from my supervisor in strengthening the names of my themes. In the method's section, I also described how I

worked on the quality of this master's thesis through the use of Tracy (2010)'s criteria for 'excellent qualitative research'.

Future research

Taking into consideration P&S environments and how they affect each other, and the opportunities they create for ADHD individuals to thrive in their workplace, is important. More research is needed on how these two environments interact, as it has implications for the success of modifications of either one. Delving further into how universal design can include individuals with disorders like ADHD without alienating other groups is also of great interest. Exploring the success rate of adjustments mentioned here such as multi-purposeful break rooms and availability of green spaces for ADHD individuals in particular is also important. Environmental psychologists and architects should further explore the facets of inclusive design, as it has the potential to improve the well-being and work performance of not just ADHD individuals but potentially neurotypicals and people with other disorders. In light of the limitations of this study, looking at gender and cultural differences, as well as differences in work cultures and professions, may be of special interest to get more insight into how to best cultivate inclusive workplace design that isn't based on mainly Western findings.

Conclusion

The study aimed to explore the meaning of P&S environment on ADHD individuals' well-being and perceived work performance and the strategies ADHD individuals developed to address potential challenges in the workplace. It found that the combination of the P&S environment is important in the well-being and work performance of ADHD individuals through how they facilitate for themselves. These findings have implications for how the P&S environment can be shaped by employers to better include ADHD individuals in the workforce. Employers should keep in mind design that creates opportunities for breaks, social interaction and areas for quiet, concentrated work. They should also allow for other opportunities like working from home, distributing key messages on multiple channels to ensure understanding and providing a supportive social work environment to help ADHD individuals contribute to the workforce. Because, if there's anything this study highlights, it's that ADHD individuals can be a resource and want to contribute and be a part of the workforce. They just need guidance and support in how to do it.

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Appendix A: Consent Form

Vil du delta i forskningsprosjektet

"Unge voksne med ADHDs opplevelse av arbeidsmiljø i arbeidslivet"?

Dette er et spørsmål til deg om å delta i et forskningsprosjekt hvor formålet er å undersøke unge voksne med ADHD (22-34 år) sin opplevelse av det fysiske arbeidsmiljøet i arbeidslivet og hvordan dette påvirker hverdagen. I dette skrivet gir vi deg informasjon om målene for prosjektet og hva deltakelse vil innebære for deg.

Formål

Forskningsprosjektet ønsker å få mer forståelse av unge voksne med ADHD sin opplevelse av arbeidsplassen i hverdagen. Undersøkelsen vil fokusere på hvordan det fysiske miljøet på arbeidsplassen, slik som måten kontorer er plassert, om det er kontorlandskap eller private kontorer, og tilgangen til stille områder, påvirker unge voksne med ADHD i arbeidshverdagen. Prosjektet gjennomføres av en masterstudent i psykologi ved UiO som en del av masteroppgaven.

Hvem er ansvarlig for forskningsprosjektet?
Universitetet i Oslo er behandlingsansvarlig for prosjektet. Forskningsprosjektet overses av to veiledere: Åshild Lappegard Hauge, hovedveileder, og Merete Glenne Øie, biveileder.

Hvorfor får du spørsmål om å delta?
Du får spørsmål om å delta på bakgrunn av at du er en ung voksen mellom 22-34 år som har blitt stilt diagnosen ADHD. Vi ønsker å intervjue mellom 5 og 10 personer og du har blitt kontaktet siden du har diagnosen ADHD og passer de andre kriteriene.

Hva innebærer det for deg å delta?
Hvis du velger å delta i prosjektet, innebærer det å delta på et intervju på ca. 60 minutter med en masterstudent. Intervjuet inneholder for eksempel spørsmål om opplevelser i arbeidshverdagen og eventuelle tidligere jobberfaringer. Vi tar lydopptak som lagres sikkert i en kryptert tjeneste. Erfaringene dine er til stor verdi og du får, gjennom å delta i dette prosjektet, muligheten til å dele dine meninger og kunnskap om hvordan det er å ha ADHD på en arbeidsplass og gjennom dette bidra til å kunne påvirke hvordan arbeidsplasser blir utformet. Likevel, er det ofte en del vonde minner og tanker for mange når det kommer til livet med ADHD, og dette kan eventuelt dukke opp i løpet av intervjuet. Hvis dette oppstår, ber vi deg kontakte Kirken SOS på 22 40 00 40, Åshild Lappegard Hauge, a.l.hauge@psykologi.uio.no, i tilfelle du har spørsmål om prosjektet.

Det er frivillig å delta
Det er frivillig å delta i prosjektet. Hvis du velger å delta, kan du når som helst trekke samtykket tilbake uten å oppgi noen grunn. Alle dine personopplysninger vil da bli slettet. Det vil ikke ha noen negative konsekvenser for deg hvis du ikke vil delta eller senere velger å trekke deg.

Ditt personvern – hvordan vi oppbevarer og bruker dine opplysninger
Vi vil bare bruke opplysningene om deg til formålene vi har fortalt om i dette skrivet. Vi behandler opplysningene konfidensielt og i samsvar med personvernregelverket. Opplysningene lagres kryptert ved tjeneste for datasikkerhet ved UIO (TSD), der kun masterstudenten og veiledere har tilgang ved to-faktor-autentisering. Navnet og kontaktopplysningene dine vil erstattes med en kode som lagres på egen navneliste adskilt fra øvrige data.
Relevante deler av intervjuet vil transkriberes av masterstudenten og brukes for å skrive masteroppgaven. Du vil ikke kunne gjenkjennes ved eventuelle publikasjoner av dette prosjektet.

Hva skjer med personopplysningene dine når forskningsprosjektet avsluttes?
Prosjektet vil etter planen avsluttes i juni 2024. Etter prosjektslutt vil datamaterialet med dine personopplysninger anonymiseres ved å slette personidentifiserende datamateriale. Anonymiserte opplysninger vil ikke slettes, og skal kunne gjenbrukes til videre forskning.

Hva gir oss rett til å behandle personopplysninger om deg?
Vi behandler opplysninger om deg basert på ditt samtykke.

På oppdrag fra Universitetet i Oslo har SIKT - kunnskapssektorens tjenesteleverandør, vurdert at behandlingen av personopplysninger i dette prosjektet er i samsvar med personvernregelverket. SIKT ref# (998338).

Dine rettigheter
Så lenge du kan identifiseres i datamaterialet, har du rett til:
● innsyn i hvilke opplysninger vi behandler om deg, og å få utlevert en kopi av opplysningene
● å få rettet opplysninger om deg som er feil eller misvisende
● å få slettet personopplysninger om deg
● å sende klage til Datatilsynet om behandlingen av dine personopplysninger

Hvis du har spørsmål til studien, eller ønsker å vite mer om eller benytte deg av dine rettigheter, ta kontakt med:
● Universitetet i Oslo ved Åshild Lappegard Hauge på e-post *a.l.hauge@psykologi.uio.no*
● Vårt personvernombud ved Universitetet i Oslo: personvernombud@uio.no
● Hvis du har spørsmål knyttet til SIKT sin vurdering av prosjektet, kan du ta kontakt med: SIKT på telefon: 73 98 40 40.

Med vennlig hilsen

Christina Fjæren Neteland
Master student ved Universitetet i Oslo

Samtykkeerklæring

Jeg har mottatt og forstått informasjon om prosjektet *"Unge voksne med ADHDs opplevelse av arbeidsmiljø i arbeidslivet"*, og har fått anledning til å stille spørsmål. Jeg samtykker til:

□   å delta i intervju som tas opp på UiO sitt opptakssystem Diktafon.

Jeg samtykker til at mine opplysninger behandles frem til prosjektet er avsluttet

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(Signert av prosjektdeltaker, dato)

Appendix B: Sikt Approval

Vurdering av behandling av personopplysninger

Referansenummer
998338

Vurderingstype
Standard

Dato
07.07.2023

Tittel
ADHD og arbeidslivet

Behandlingsansvarlig institusjon
Universitetet i Oslo / Det samfunnsvitenskapelige fakultet / Psykologisk institutt

Prosjektansvarlig
Åshild Lappegard Hauge

Student
Christina Fjæren Neteland

Prosjektperiode
21.08.2023 - 01.06.2024

Kategorier personopplysninger
Alminnelige
Særlige

Lovlig grunnlag
Samtykke (Personvernforordningen art. 6 nr. 1 bokstav a)
Uttrykkelig samtykke (Personvernforordningen art. 9 nr. 2 bokstav a)

Behandlingen av personopplysningene er lovlig så fremt den gjennomføres som oppgitt i meldeskjemaet. Det lovlige grunnlaget gjelder til 01.06.2024.

Meldeskjema ⎘

Kommentar
OM VURDERINGEN
Sikt har en avtale med institusjonen du forsker eller studerer ved. Denne avtalen innebærer at vi skal gi deg råd slik at behandlingen av personopplysninger i prosjektet ditt er lovlig etter personvernregelverket. Vi har nå vurdert at du har lovlig grunnlag til å behandle personopplysningene.

TYPE PERSONOPPLYSNINGER
Prosjektet vil behandle særlige kategorier av personopplysninger om helseforhold.

FØLG DIN INSTITUSJONS RETNINGSLINJER
Det er institusjonen du er ansatt/student ved som avgjør hvordan du må lagre og sikre data i ditt prosjekt og hvilke databehandlere du kan bruke. Husk å bruke leverandører som din institusjon har avtale med (f.eks. ved skylagring, nettspørreskjema, videosamtale el.).

Personverntjenester legger til grunn at behandlingen oppfyller kravene i personvernforordningen om riktighet (art. 5.1 d), integritet og konfidensialitet (art. 5.1. f) og sikkerhet (art. 32).

MELD VESENTLIGE ENDRINGER
Dersom det skjer vesentlige endringer i behandlingen av personopplysninger, kan det være nødvendig å melde dette til oss ved å oppdatere meldeskjemaet. Se våre nettsider om hvilke endringer du må melde: https://sikt.no/melde-endringar-i-meldeskjema

OPPFØLGING AV PROSJEKTET
Vi vil følge opp ved planlagt avslutning for å avklare om behandlingen av personopplysningene er avsluttet.

Lykke til med prosjektet!

Appendix C: Internal Research Committee Approval

Christina Fjæren Neteland
Åshild Lappegard Hauge

Ref.number: **27922622**
Date: 5 October 2023

Ethical evaluation of research project

Your project, "ADHD & Work Environment" has been ethically evaluated by the Department of Psychology's internal research ethics committee.

After the evaluation The Department of Psychology's internal research ethics committee recommend the project.

Sincerely yours, on behalf of the Committee,

Professor Silje Endresen Reme, Head of Committee

Members of the Department of Psychology's Research Ethics Committee
https://www.uio.no/for-ansatte/enhetssider/sv/psi/psi-eng/internal-ethics-committee/index.html

Appendix D: REK Assessment

Region:	Saksbehandler:	E-post:	Telefon:	Vår dato:	Vår referanse:
REK sør-øst A	Tove Irene Klokk	rek-sorost@medisin.uio.no	22845522	20.06.2023	636862

Åshild Lappegard Hauge

Fremleggingsvurdering: ADHD OG ARBEIDSLIVET
Søknadsnummer: 636862
Forskningsansvarlig institusjon: Universitetet i Oslo

Prosjektet vurderes som ikke fremleggingspliktig

Søkers beskrivelse

Dette er et masteroppgaveprosjekt med mål om å undersøke hvordan det fysiske miljøet på arbeidsplassen påvirker unge voksne med ADHD sin arbeidshverdag, og hvilke eventuelle strategier de bruker for å tilrettelegge for seg selv.

Undersøkelsen baseres på kvalitative intervju av 10 informanter med ADHD (22-34 år og i fast jobb), der halvparten er kvinner og halvparten er menn. Rekrutteringen vil foregå gjennom ADHD-foreningen. Prosjektet vil annonseres i deres grupper på sosial medier, og de som har lyst til å være med, bes kontakte masterstudent. Data skal lagres på sikkert i UiO sin løsning for sensitive data; TSD. De skal transkriberes automatisk gjennom Whisper inne i TSD.

Prosjektet vil kunne føre til ny kunnskap om hvordan personer med ADHD håndterer arbeidslivet.

Vi viser til innsendt fremleggingsvurderingsskjema datert 12.06.2023. Henvendelsen er behandlet av leder i Regional komité for medisinsk og helsefaglig forskningsetikk (REK sør-øst A) på fullmakt.

REKs vurdering

Formålet med prosjektet er å undersøke hvordan det fysiske miljøet på arbeidsplassen påvirker unge voksne med ADHD sin arbeidshverdag. Data skal samles inn ved kvalitative intervjuer med 10 informanter som er unge voksne (22-34 år) med ADHD og som er i fast jobb. Resultatene fra studien vil kunne gi ny kunnskap om hvordan unge med ADHD håndterer arbeidslivet.

Komiteens leder har vurdert fremleggingsvurderingen, og anser prosjektets formål å være økt kunnskap om hvordan personer med ADHD håndterer arbeidslivet og hvilke strategier de velger for å tilrettelegge for seg selv. Slik prosjektet er beskrevet, så anses det ikke å ha som formål å gi ny kunnskap om helse og sykdom. Prosjektet faller derfor utenfor helseforskningslovens virkeområde.

Konklusjon

Prosjektet anses ikke som søknadspliktig til REK.

Helseforskningsloven gjelder for medisinsk og helsefaglig forskning, i loven definert som forskning på mennesker, humant biologisk materiale og helseopplysninger, som har som formål å frambringe ny kunnskap om helse og sykdom, jf. helseforskningsloven §§ 2 og 4a. Formålet er avgjørende, ikke om forskningen utføres av helsepersonell eller på pasienter/sårbare grupper eller benytter helseopplysninger.

Prosjekter som faller utenfor helseforskningslovens virkeområde kan gjennomføres uten godkjenning av REK. Det er institusjonens ansvar å sørge for at prosjektet gjennomføres på en forsvarlig måte med hensyn til for eksempel regler for taushetsplikt og personvern.

Vi gjør oppmerksom på at vurderingen og konklusjonen er å anse som veiledende jf. forvaltningsloven § 11. Dersom dere likevel ønsker å søke REK vil søknaden bli behandlet i komitémøte, og det vil bli fattet et enkeltvedtak etter forvaltningsloven.

Med vennlig hilsen

Kristian Bjøro
Professor dr. med.
Leder REK sør-øst A

Tove Irene Klokk
Seniorrådgiver REK sør-øst

Kopi til:
Universitetet i Oslo

Appendix E: Interview Guide

Intervjuguide
Unge voksne med ADHD sin opplevelse av arbeidsmiljø i arbeidslivet

Forskningsspørsmål:
- Hvordan opplever unge voksne med ADHD at det fysiske miljøet påvirker arbeidshverdagen deres?'
- Hvilke strategier bruker de for å tilrettelegge for at det fysiske miljøet ikke virker negativt inn på arbeidshverdagen?

Før oppstart:

- Teste mikrofoner.

Forklare om informert samtykke (informasjonsbrev) Dette er en kort tekst om hva som skal foregå i løpet av dette intervjuet, og hva som skjer med datamaterialet videre.

- I intervjuet skal intervjueren stille åpne spørsmål om hverdagen og spisse spørsmålene inn mot opplevelsen av det fysiske miljøet på arbeidsplassen.
- Datamaterialet blir tatt opp og transkribert i anonymisert form slik at personlig informasjon ikke er gjenkjennelig for andre.
- Datamaterialet oppbevares sikkert.
- Resultatene (anonymisert) kan brukes til å skrive forskningsartikler, rapporter, samt i forskningsformidling og undervisning.
- Deltakeren har rett til å trekke seg når som helst uten konsekvenser.

Deltakerne får anledning til å stille spørsmål. Eventuelle uklarheter oppklares.

Etter at deltaker har signert samtykkeskjema og intervjuer har spurt om det er greit å starte opptaket, går jeg over på intervjuet, der jeg begynner med en kort introduksjon.

Introduksjon:

- Kan du fortelle litt om deg selv?
    - Hva driver du med i fritiden?
    - Hva liker du å gjøre?
    - Hva slags arbeid? Hvordan fikk informanten denne jobben? Hvor lenge har informanten vært i jobben? Hva tenker informanten om jobben? Hjemmekontor?
- Når ble du diagnostisert med ADHD?
- Hvordan føler du ADHD har påvirket livet ditt?

Livsformsintervju rammeverk

Livsformsintervju har fokus på hverdagen og grunnspørsmålet vil derfor være:

- Kunne du fortelle meg alt du gjorde i går (eller sist dag de var på jobb) fra du sto opp til du la deg og hvordan det fysiske miljøet påvirket deg?
    - Andre spørsmål innenfor dette vil være
        - Beskriv omgivelsene for de ulike gjøremålene dine gjennom dagen,

og hvordan de påvirker deg. Hvordan kontoret eventuelt ser ut.

Om dagen i går:

Var dette en vanlig dag? Hvis ikke, hva var det som var annerledes denne dagen?

Miljø:

- Hvordan er din personlige arbeidsplass?

    - Rotete?

    - Privat kontor, kontorlandskap, ingen kontor?

- Føler du du får jobbet effektivt på arbeidsplassen?

    - Hvorfor det/hvorfor ikke?

- Tror du måten arbeidsplassen er organisert på påvirker hvordan du gjør jobben din?

- Hva gjør du hvis du er ekstra sliten på jobb – hvilke omgivelser oppsøker du?

Pre-avslutning

- Er det noe viktig du føler vi ikke har vært gjennom?

- Noe annet du ønsker å ta opp?

- I denne delen vil det være mulig å stille oppfølgingsspørsmål og utvide der det trengs.

Avslutning

(Mot slutten - åpne for en debriefing rundt intervjuet.)

- Hva tenker du om dette intervjuet?

- Hva kunne bli gjort bedre?

- Er det noen andre temaer som vi kunne diskutert?