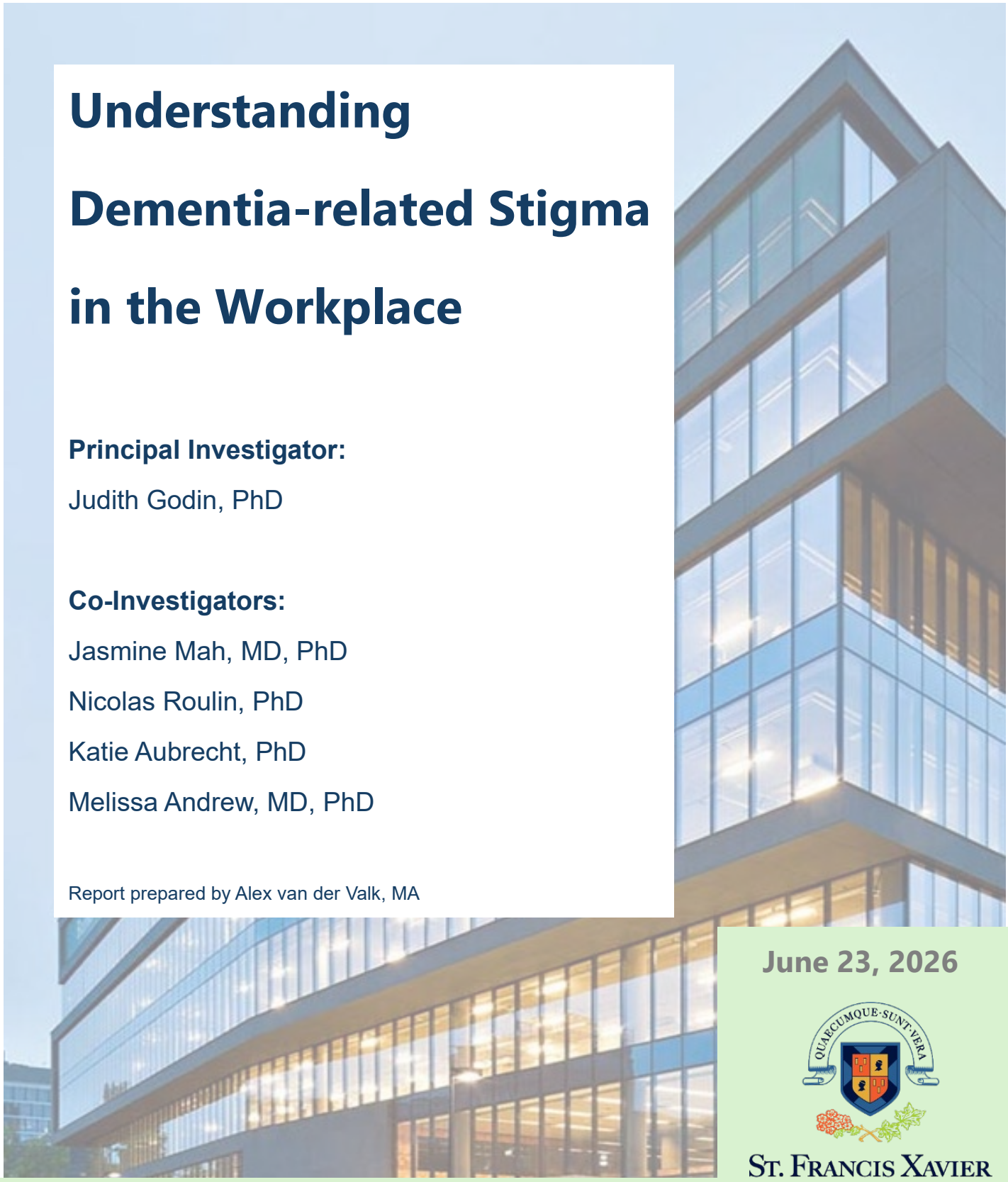

Understanding Dementia-related Stigma in the Workplace

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June 23, 2026

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Geriatric Medicine Research

People living with early-stage and mild dementia are capable of, and value, being engaged with their work and community. Getting a dementia diagnosis early is the best way to slow disease progression. Yet, people at-risk of developing dementia may avoid seeking a timely diagnosis out of fear of facing stigma, particularly in the workplace. We recently conducted two research studies to better understand dementia-related stigma in the workplace.

Study #1 was an online survey of Human Resource (HR) professionals' views of **employees diagnosed with dementia** and their **willingness to provide workplace accommodations** to these employees. HR professionals play a key role in fostering inclusive workplaces and they support employees of all career stages. This support may include navigating health changes that could impact an employee's work, such as a dementia diagnosis.

Study #2 explored whether people's reactions to an employee's **counterproductive workplace behaviour** differ based on the employee's gender or dementia status.

Together, these two studies help us:

(a) Identify opportunities to reduce stigma in the workplace and the types of professionals we could collaborate with on such initiatives.

(b) Understand whether reactions to an employee's counterproductive workplace behaviour vary based on the presence of a dementia diagnosis in employees who are men versus women.

Study #1: Human Resources professionals' views of dementia

In 2023, we recruited 304 Human Resources (HR) professionals working in Nova Scotia. They represented a wide range of ages (18-24 years, 7.3%; 25-34, 26%; 35-44, 39.7%, 45-54, 21%; 55+, 6%). Participants were primarily women (59%) with at least an undergraduate degree (79%) who worked in a variety of small (<100 employees; 26%) to large (>1000; 18%) organizations. Their industries comprised for-profit (53%), government (23%), not-for-profit (14%), or non-profit (8%) organizations. Most HR professionals were established in their role; 22% worked in HR for 12+ years, 55% for 3-11 years, and 23% for <3 years. Interestingly, only one-third of the HR professionals had received general workplace accommodations training, and only 18% were given dementia training.

The HR professionals rated different indicators of an employee's job capability on a scale of 1 to 5, where higher scores indicate they perceive the employee as more capable, and lower scores as incapable. They also indicated whether their organization would provide an employee living with dementia the following accommodations:

(1) Adjust ***work hours***

(2) Allocate ***job duties*** to another person

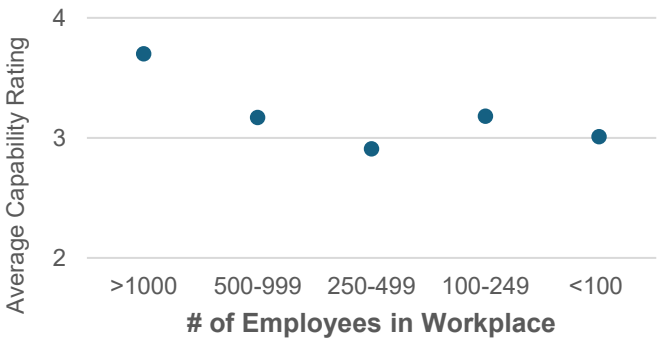
(3) Modify the ***work environment***

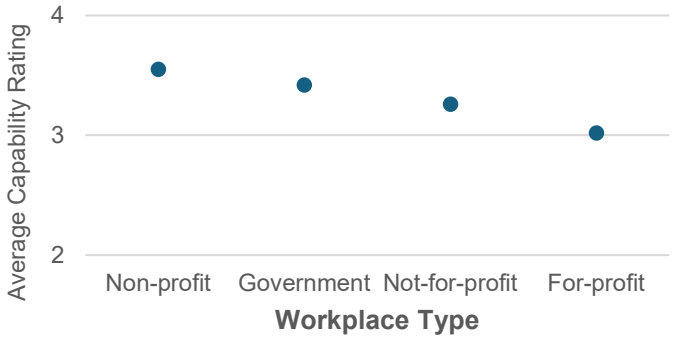
(4) ***Transfer*** the employee to another meaningful role

What did we learn from Study #1?

While few HR professionals received training on dementia in the workplace, a large proportion were willing to make the following accommodations for an employee diagnosed with dementia:

Adjust employee ***work hours***	Allocate ***job duties*** to another person	Modify the ***work environment***	***Transfer*** the employee to another meaningful role
61%	**58%**	**59%**	**57%**





These graphs illustrate HR professionals' views of an employee's capability following a dementia diagnosis.

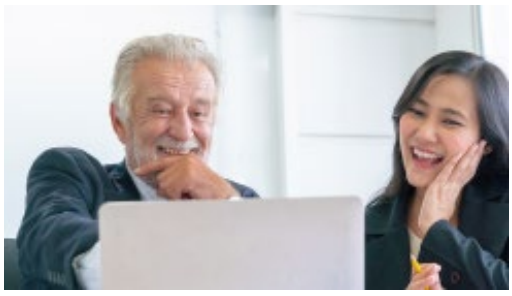
HR professionals who rated the employee as **less capable**:

- Had *fewer years* of HR experience
- Worked in *smaller* organizations
- Worked in *for-profit* organizations

HR professionals who rated the employee as **more capable**:

- Had *12+ years* of HR experience
- Worked in *large* organizations with >1,000 employees
- Worked in *non-profit* or *government* organizations

HR professionals working in smaller and for-profit companies held more stigmatized views of dementia – possibly because they have fewer resources available than those at larger companies and government organizations.



Key Takeaway: *Initiatives that foster dementia-friendly workplaces would be particularly valuable in smaller and for-profit organizations. Human Resources professionals with 12+ years' experience may be helpful collaborators for designing these initiatives.*

Study #2: Do reactions to an employee's counterproductive workplace behaviour differ based on the employee's dementia status or gender?

From 2024-2025, we explored how people respond to **counterproductive workplace behaviour**. Judging negative behaviour through the lens of an employee's dementia diagnosis or gender may shape people's responses to it in ways that exacerbate stigma towards dementia in the workplace.

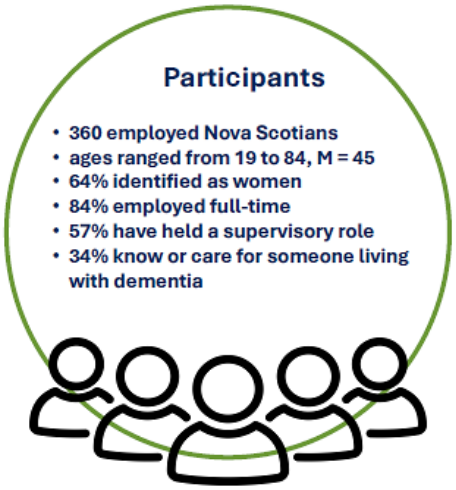
Pilot Study

In a pilot study, our experienced team of researchers, professors, and geriatricians identified workplace behaviours that could be observed in someone living with early-stage dementia. For example, repeating questions, speaking out of turn, and mood changes. We wrote a scenario about a fictional employee engaging in these counterproductive behaviours at work. We created 9 versions of this scenario where we presented the employee's ***gender pronouns*** as a he/him, she/her, or undisclosed, and their ***dementia status*** as diagnosed with early-stage dementia, at-risk for dementia, or no diagnosis.

We recruited 126 university students to read these scenarios and complete a questionnaire to ensure the different scenario versions were clear and easily understood. We made small adjustments to the questionnaire and scenario versions based on their feedback.

Main Study

For the main study, we used an online platform called *Leger* to recruit a representative sample of 360 people currently working in Nova Scotia. Participants read 1 of the 9 versions of the scenario describing an employee's counterproductive workplace behaviour. Then, they rated how they felt about the employee's behaviour, and how they would react to it – also on a scale from 1 to 5.



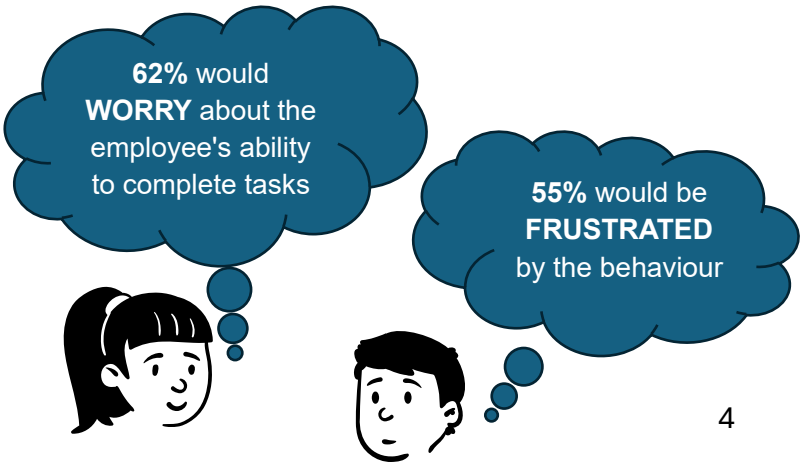
What did we learn from Study #2?

Participants chose which of the following reactions to counterproductive workplace behaviour they agreed with. They could agree with more than one. Below, we present the proportion of respondents who agreed that they would respond to the behaviour in the following ways:

Behavioural Responses

Have an informal chat **87%**	Offer alternate training opportunity **72%**
Develop performance improvement plan **54%**	Organize work accommodation **54%**
Plan exit strategy **21%**	Issue a formal warning **14%**
Terminate employee **2.5%**	Do nothing **3.3%**

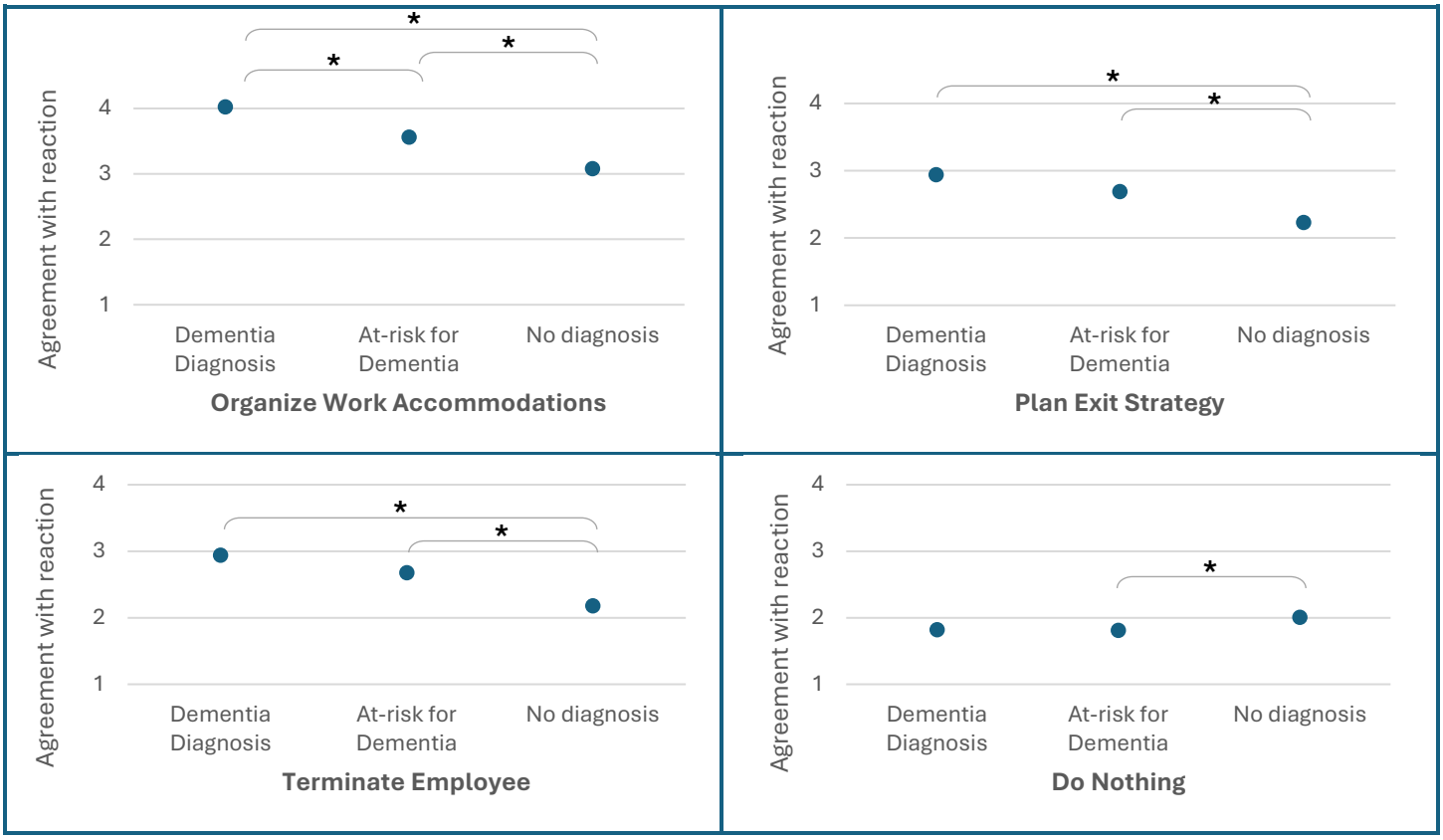
Emotional Responses



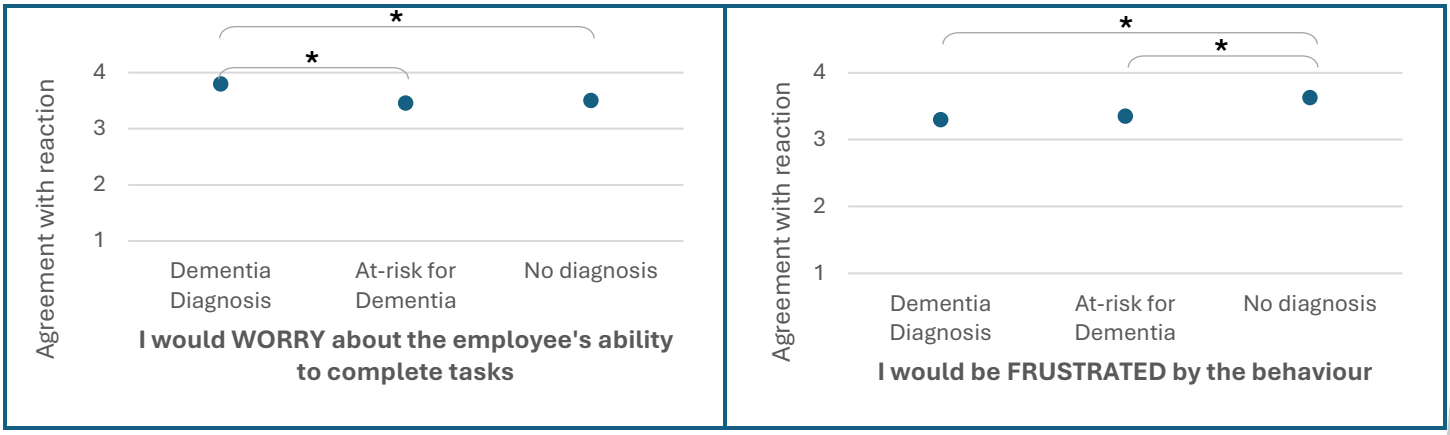
The graphs below show participants' average agreement with each reaction to the counterproductive behaviour on a scale of 1 to 5 (1=strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, 5 = strongly agree). We present only the results where people agreed differently with a reaction depending on the employee's ***dementia status***.

The asterisks (*) show where levels of agreement were statistically different between dementia status groups. Statistically different means that it is highly unlikely (<.05%) that these findings are only due to chance.

Behavioural Responses



Emotional Responses



For the following reactions to counterproductive behaviour, agreement levels were the same regardless of the employee's dementia status: (a) Have an informal chat, (b) Develop a performance improvement plan, (c) Offer an alternate training opportunity, and (d) Issue a formal warning.

Furthermore, while an employee's **gender** did not influence reactions to counterproductive behaviour, people were more likely to issue a formal warning to an employee with she/her pronouns than an employee with he/him pronouns. This finding was strongest in participants who identified as men.

Key Takeaways:

When an employee had a dementia diagnosis, participants were more worried about the employee's ability to complete tasks, but were less frustrated by the employee's behaviour.

While participants generally disagreed with terminating the employee or planning an exit strategy, they disagreed less strongly when the employee had a dementia diagnosis.

In contrast, people were more likely to offer an employee work accommodations in light of a dementia diagnosis.

What did we learn overall?

Study #1 taught us which workplaces are more likely to benefit from initiatives to foster dementia-friendly workplaces, and which professionals could help us develop this programming.

Study #2 taught us that people view workplace behaviour differently when an employee receives a dementia diagnosis, and that the employee's gender may also influence certain responses to it. Also, that reducing stigma may help temper emotional responses to dementia-related behaviour.

What comes next?

Although people may worry about the competency of individuals with early-stage dementia, they also show an empathy and openness to finding appropriate solutions that benefit both the employee living with dementia and the workplace. We are excited to collaborate with people living with dementia as well as HR professionals to design initiatives that reduce dementia-related stigma in the workplace. Reducing this stigma will empower people living with early-stage and mild dementia to seek accommodations that allow them to remain meaningfully engaged in their work for years to come.

Acknowledgements: A huge THANK YOU to the Human Resources professionals, university students, and members of the Leger community who participated in our studies. We are grateful to the Nova Scotia Health Research Fund for their generous grant support. We also thank Noorah Atiyah, Jocelyn Brown, and Sherri Fay for their invaluable contributions to this work. This project was reviewed by the Nova Scotia Health Research Ethics Board (REB# 1028491).

Questions?

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This work was previously presented to the following audiences:

- **Counter-productive workplace behaviours viewed through dementia and gender lenses: A randomized vignette study** – Dalhousie University Department of Medicine Research, Innovation, and Quality Day (April 2026)
- **How a dementia diagnosis and gender influence the interpretation of workplace behaviours: A randomized vignette study** – Geriatric Medicine Research Meeting, Nova Scotia Health (October 2025)
- **Stigma toward dementia in the workplace** – Northwood Research Symposium (June 2025)
- **How a dementia diagnosis and gender influence the interpretation of workplace behaviours: A randomized vignette study** – Our Future is Aging Conference, Mount Saint Vincent University (June 2025)
- **Overview and update on the understanding stigma towards dementia in the workplace project** – Dalhousie University Department of Medicine Research Week (April 2024)
- **Understanding stigma toward dementia in the workplace** – CIHR Café Scientifique, Halifax Public Library (November 2023)
- **Workplace accommodations for people with early-stage dementia: A survey of human resource professionals in Nova Scotia** – 11th Canadian Conference on Dementia, Toronto (November 2023)
- **Working with dementia: How people living with dementia are perceived by human resource professionals in Nova Scotia, Canada** – 52nd Canadian Association on Gerontology Annual Scientific and Educational Meeting, Toronto (October 2023)
- **Perceptions of accommodations across HR professionals in Nova Scotia** – Northwood Research Symposium (June 2023)