WILEY

| SPECIAL ISSUE ARTICLE   OPEN ACCESS

# Should I Stay or Should I Go? A Relational Biopsychosocial Perspective on Neurodivergent Talent, Career Satisfaction and Turnover Intention

Almuth McDowall[1] [ID]  |  Nancy Doyle[1]  |  Meg Kiseleva[2]

[1]School of Psychological Sciences, Birkbeck University of London, London, UK  |  [2]Specialist Unit for Review Evidence, Cardiff University, Cardiff, UK

**Correspondence:** Almuth McDowall (a.mcdowall@bbk.ac.uk)

### ABSTRACT

Neuroinclusion in human resources management (HRM) research and practice should go beyond the business case argument for neurodiversity (ND) to move to a nuanced understanding of harnessing neurodivergent talent. We argue for a biopsychosocial HRM perspective from an explicit non-ableist stance, to illuminate in-work experience to inform employer positions as proactive carers. We conceptualize a model of relational biopsychosocial neurodivergent talent inclusion informed by Organizational Support Theory, comprising employee (person), environment, and people characteristics, to guide a realist and co-creational investigation into (a) neurodivergent conditions and wellbeing, (b) the role of tailored adjustment, and (c) the influence of psychosocial support on what makes people stay (career satisfaction) and makes them go (turnover intention). We collected data from 985 ND employees across a range of UK-based organizations with existing interests in neuroinclusion. Neurodivergent condition co-occurrence was common (complex neurotypes), yet experience varied by condition across the study measures. The number of neurodivergent conditions, wellbeing, knowledge of neurodivergence, support from staff and the manager, and psychological safety predicted career satisfaction. Support from the manager, psychological safety, and career satisfaction predicted turnover intention. Tailored adjustment (to neurotype) became non-significant in each regression equation once other measures were added. We finally found support for a serial mediation where the association between psychological safety and turnover intention was sequentially mediated by wellbeing and career satisfaction. We discuss the need for a more holistic, ecological understanding of potentially vulnerable neurodivergent talent which considers wellbeing, the importance of the psychosocial environment, and the opportunity to realize career ambition in equal measures. We call for future research to develop our understanding of the role of the psychosocial environment in neuroinclusive HRM practices including domain-specific psychological safety.

## 1 | Introduction

Neurodivergent diagnoses are increasing fast, particularly for attention deficit hyperactivity disorder (ADHD; Abdelnour et al. 2022) and autism[1] (Russell et al. 2022). Growing awareness of neurodiversity and the number of people with neurodivergent conditions in the organizational context is evidenced by the increasing number of practitioner guidance reports (e.g., CIPD 2018, 2024) and growth in research (Silver et al. 2023). The neurodiversity approach, which we define as a neutral framing where both strengths and challenges are possible (Dwyer 2022), is becoming widely adopted in business and government policy, particularly in the anglosphere (Australian Government 2023; CJJI 2021; Rephun 2024).

However, increased attention has not yet translated into equal labor force participation. In the UK, the disability employment gap for disabled people was 27.9% points in the last quarter of 2023; fewer than a third of autistic people were in employment and about a third with severe or specific learning difficulties (Office for National Statistics (ONS) 2024). In Australia, the employment gap was similar at 32%, and disabled workers were more likely to work part-time (Australian Institute of Health and Welfare 2022). In the US, there have been some cautiously optimistic trends with a 2% increase in labor-force participation for disabled people (Bureau of Labor Statistics 2023).

Neurodivergent conditions are neither well differentiated nor well defined in national UK data. For example, the ONS references outdated umbrella terms such as "severe or specific learning difficulties" (Doyle 2020). We cannot ascertain from this phrase whether ADHD, dyslexia, dyspraxia and/or developmental disabilities were included. As such, labor force participation is hard to establish precisely. From previous population studies, we can, however, confidently infer that it is lower than for neurotypical counterparts (Jensen et al. 2000; National Autistic Society 2016; Snowling et al. 2000; Palmer and Stern 2015; Weinberg and Doyle 2017; Young et al. 2018).

To increase participation, some organizations continue to implement specific programs by condition, mainly for autistic people (Doyle, Hough, et al. 2022; Doyle, McDowall, et al. 2022). Yet there is no indication that such programs affect long-term career success and inclusion, carrying a risk of tokenism and stigmatization (Bernick 2021; Silver et al. 2023). Other policy-driven recommendations include employee disability adjustment passports (documents which detail individual requirements for the benefit of employer and employee), but their effectiveness has not yet been evaluated. Human resource management (HRM) practitioners seeking to respond to government calls for disability inclusion thus lack data and evidence-informed recommendations at the organizational level.

Research on neurodivergence is playing catch-up with practice (Hennekam and Follmer 2024). Hence it is not surprising that UK organizations report lack of robust processes in place to support neurodivergent talent while workers report becoming unwell and withdrawing from work because of neurodivergent challenges, such as sensory overwhelm (City and Guilds 2024). Such observations are mirrored in the US where a report concluded that the population prevalence of neurodivergent conditions, estimated at 15%–20%, is at odds with documented unemployment and underemployment as a "waste of human potential that costs the US economy and taxpayers billions in lost productivity" (American Enterprise Institute 2024, 1). While gaps in labor force participation are well established, neurodivergent employee experience of HRM practices remains a firm gap in research (Branicki et al. 2024).

Scholars have problematized the prevalence of neurotypical norms permeating HRM practices and organizational climate to shift to a more critical examination of the entire employment lifecycle to harness the contribution of all employees–including those who identify as neurodivergent (Volpone et al. 2022).

In the following, we operationally define neurodiversity, reaffirm the urgent need to consider neurodivergent in-work experience, summarize extant research relevant to HRM theory and practice across several categories and articulate a conceptual neurodiversity talent management model to frame our investigation. Throughout, we affirm a neuro-inclusive and non-ableist stance, which we have achieved through several intentional activities. Firstly, we co-created research aims and survey design with people who have lived experience and those who are employing neurodivergent people through focus groups, interviews and by employing neurodivergent researchers. Secondly, we align ourselves to neuro-inclusive language (Walker 2021; Botha et al. 2023), taking our steer from marginalized communities at the heart of our research regarding preferences for language and definitions with the critical disability studies assertion that there should be "nothing about us, without us" (Charlton 1998). Lastly, through a series of focus groups and open forums, we discussed the results of the study with participant stakeholders before public release. We note that to date such an approach is rare in neurodiversity research, compared to more established diversity and discrimination research, for example on gender or race (Triana et al. 2021).

## 1.1 | The Neurodiversity Approach

We position our operational definition of neurodiversity as an approach as opposed to a movement or paradigm following Dwyer (2022). In line with Doyle (2020), we adopt a biopsychosocial lens to make it explicit that neurominorities experience differentiated neurobiology impacting psychological experience as well as social interaction and relationships in a wider context. Neurodivergent people have functional neurocognitive similarities, for example, difficulties regarding executive function (memory, self-organization), self-regulation, and language processing (Astle and Fletcher-Watson 2020; Astle et al. 2022). There are common neuropsychological strengths such as creativity (Boot et al. 2020; Majeed et al. 2021) and divergent thinking (Heasman and Gillespie 2018), though these are less well understood academically, as research remains fragmented and condition-specific.

We subscribe to a social model of disability (e.g., Stone and Colella 1996; Riddick 2001), which purports that work (and wider) environments are disabling, rather than individuals being inherently disabled. For in work experience, the social model suggests that the more organizations reduce barriers for neurodivergent people, the more likely the individual will be able to perform well. The setting for our research was the UK where neurodivergent conditions, if difficulties are prolonged and affect day-to-day activities, offer legal protection in law, as employers must make "reasonable adjustments" for protected characteristics such as disability (Equality Act 2010).[2] Such adjustments should be tailored to neurodivergent need, including the adapting of environments and remote working policies so that neurodivergent people can avoid sensory overwhelm (Weber et al. 2022), as well as the provision of technological adaptations, coaching, mentoring and tailored communication expectations (Hutson and Hutson 2023). Thus, the UK is more advanced in neuro-inclusion practices compared to other less

supportive and more neuronormative national contexts (Erbil et al. 2024).

## 1.2 | Neuroinclusive Human Resource Talent Management: A Biopsychosocial Approach

Advancing HRM research concerning neurodiversity is complicated by disparate knowledge silos. Doyle and McDowall's (2021) empty review[3] observed that neurodiversity at work research is splintered across neuroscientific, medical, condition-specific, management and social science, and critical disability journals. More recently, a study on employment outcomes for neurodivergent and neurotypical workers using UK-wide survey data surmised that research has developed in three distinct strands, namely (a) reframing neurodivergent strengths through destigmatization, (b) arguments for neuroinclusive approaches through HRM practices such as recruitment and (c) the in-work experience of workers from employer and employee perspectives, which they purported as less developed (Branicki et al. 2024). Our current research addresses the third priority. While comparatively more attention has been paid to understanding recruitment barriers (e.g., Comer et al. 2023; Goldberg and Willham 2024; Lup and Canonico 2024), there is a parallel need to refine understanding of the neurodivergent talent experience to promote job retention and career progression. Understanding what is keeping neurodivergent people from getting jobs is only one side of the coin; the other is documenting how to enable neurodivergent talent to thrive.

Prior HRM research documents that the meso-level context of the individual interaction with their immediate colleagues and environment as psychosocial communication and relationships is key for the careers of vulnerable employees to progress (Audenaert et al. 2020). We further took note of propositions for organizations to position themselves as proactive carers (Prouska et al. 2024). Proactive care is an existing concept in healthcare which refers to tailored and multi-professional care (NHS 2024). Prouska et al. (2024) argued that there is an increasing need for employers and HRM practices to enact proactive care by foreseeing and ameliorating the impact of global macro-level turbulence due to global geopolitical and financial trends. Alongside, employers face meso-level turbulence regarding the psychosocial impact of rapid socio-technological change, such as increased use of artificial intelligence, hybrid and flexible work structures while also catering to a diverse, aging workforce. With specific reference to neurodivergence, this involves caring for the potentially more vulnerable talent of the future by understanding their barriers to ambition in organizations.

There is increasing self-advocacy from employees with lived experience, who seek recognition of strengths and the basic provision of accommodations and flexibilities (Praslova 2024). Neurodivergent employees are increasingly vocal in expressing their needs yet are also vulnerable to low well-being (Raymaker et al. 2020; Wissell et al. 2022). This requires a sophisticated research agenda to examine employee experience through a nuanced lens. We now describe our preliminary relational model, before turning to each of its aspects to develop our hypotheses and argue for a biopsychosocial lens on neurodivergent talent.

## 1.3 | A Preliminary Relational Model for Neurodivergent Talent Retention

HRM is "fundamentally about the relationship between employer and employee and the management of this relationship" (Hutchings et al. 2024, 5). We formulated a relational conceptual model to investigate (micro) individual person factors and (meso) relational and environmental factors. In doing so we focus on two aspects of Stone and Colella's (1996) multidimensional model: attributes of individuals and attributes of observers (co-workers and supervisors) and combine this with an inclusive perspective on inclusive talent development (ITD; Kaliannan et al. 2023). The model of social disability (Stone and Colella 1996) placed "norms and values" in the category of organizational attributes, however, we advance that norms and values are not solely the feature of organizational design but depend heavily on the interpretation of managers who enact them daily. In line with IDT, which sets out the respective influence of the person (the employee), the environment and the people on talent motivation. We thus rename observers as people, to signal the relational, social nature of interactions. We selected measures to represent employee, environment, and people influences to investigate the biopsychosocial influences on in-work experience, namely career satisfaction and turnover intention. Thus, the outcome measures were two sides of the coin as shown in Figure 1–"should I stay?" (what contributes to satisfaction in neurodivergent careers), or "should I go?" (turnover intention). We propose that this framework incorporates a more comprehensive, multi-level HRM conceptualization of neurodivergent talent experience.

This research advances research on neuroinclusive HRM experience in three ways. First, we provide granular documentation of individual neurotypes and wellbeing which previous research has insufficiently addressed through a biopsychosocial perspective. Doing so is vital for employers to be enabled to act as "proactive carers"—support or caring can only take place if the need is understood. Secondly, we take an employee-centered lens on a motivational diversity and inclusion perspective for the development and retention of talent (Kaliannan et al. 2023). To complement existing research on labor force participation, we focus on in-work experience to investigate motivational-volitional outcomes, namely turnover intention and career satisfaction, which we argue are crucial to understanding what drives neurodivergent retention and wellbeing at work. Thus, we offer recommendations for HRM practice based on empirical data capturing employee perspectives rather than conceptual models (e.g., Hennekam and Follmer 2024) or small-scale qualitative research (Szulc et al. 2021). Thirdly, by combining these lenses, we explicitly position neurodivergent employees as capable yet potentially vulnerable specialist talent, negating ableist stereotypes.

Because of our co-creational design and collaborative data-gathering strategy, we considered the sample to be disproportionately exposed to neurodiversity affirming practices compared with organizations in general, either in the UK or globally as opposed to a baseline experience of neurodivergence where the overall climate is neuronormative (Erbil et al. 2024). We now outline our research aims and develop hypotheses relating to each component in our model.

**FIGURE 1** | Overview of the biopsychosocial inclusive talent development model.

## 1.4 | Rationale and Hypotheses Development

We situated our research in the critical realist paradigm (Bhaskar and Danermark 2006) as we set out to uncover underresearched in-work experiences for a minority group with a pragmatic framing (Simpson 2018).

### 1.4.1 | The Employee—A Biopsychosocial Perspective on Neurodivergent Talent

While it is debatable whether actual prevalence rates of neurodiversity at work will increase, the number of people presenting at work with a relevant diagnosis is likely to go up; Branicki et al. (2024) estimate a 30% rise in the UK. Grassroots collectives formed by neurodivergent employees are often aligned to the neurodiversity approach, arguing in and outside work for their right to be valued for their differences. This quest is aligned with a political movement for neurodiversity human rights (Ne'eman and Pellicano 2022). Lived experience narratives add an urgent, moral component to the imperative for change and improvement in HRM-led inclusion and a need to focus developed through the lens of the stakeholders to address, for example, wellbeing at work. There is persistent evidence that neurodivergent people have adverse experiences at work regarding wellbeing, for example, burnout (Raymaker et al. 2020; Wissell et al. 2022) and heightened risk of ill health and even death by suicide (Brown et al. 2024). We assert that labor force exclusion is not solely about barriers to entry but about unsustainable conditions that necessitate premature exits from work and long periods of recovery and that inclusive talent management needs a vulnerability-sensitive biopsychosocial perspective.

First, we investigate the nature of co-occurrence and its impact on our conceptualization of strengths and wellbeing. Much research remains condition-specific. For example, the typecasting of autistic people is in line with the assertion that neurodivergent leadership will be task-orientated rather than relational (e.g., Roberson et al. 2021), though this does not represent dyslexic or dyspraxic people. Occupational typecasting is likely to lead to exclusion on disclosure (Praslova et al. 2023) and confirmation bias in apprising the abilities of openly neurodivergent employees (Colella et al. 1998). While there are some studies across wider neurodivergent populations, these are either small-scale or qualitative (e.g., Szulc et al. 2023), limited in their operationalization of neurodivergence because of issues with data capture (Branicki et al. 2024), thus potentially excluding many relevant voices, or use a general label of neurodivergence without specifying further information (Iqbal et al. 2024).

Underneath the general label of neurodivergent, most studies retain a disproportionate balance of autistic people compared to dyslexic, dyspraxic, and those with Tourette's (e.g., Szulc et al. 2023), which affects the conceptualization of how neurodivergent strengths manifest at work. Yet a biopsychosocial model of neurodivergence advocates a nuanced view on respective strengths and challenges (Doyle 2020). Indeed, the co-occurrence of several neurodivergent conditions is widely reported (Brimo et al. 2021; Lai et al. 2019; Rong et al. 2021) and may even be the norm rather than the exception in work contexts sensitized to neurodiversity (McDowall et al. 2023, 2024). We frame the presence of multiple or underserved diagnoses as a proxy for vulnerability in workplace talent. Thus, we determined that before investigating complex relationships, an exploratory and foundational research question needed to be addressed, which focuses on the influence of person (Individual, micro level) factors on neurodivergent careers:

**RQ1.** *To what extent does employee experience regarding wellbeing and other study measures vary across neurotypes?*

Specifically, we expected that more complex multiply neurodivergent neurotypes would experience lower levels of wellbeing because co-occurrence increases the risk of individual vulnerability:

**H1.** *The number of employee neurodivergent conditions will be negatively associated with wellbeing (H1A) and career satisfaction (H1B) and positively associated with turnover intention (H1C).*

Given the likelihood of misunderstandings in social interactions and the additional mental health risks concordant with neurodivergence, we posited neurodivergent levels of wellbeing as crucial for in-work talent motivation experience, namely:

**H2.** *Wellbeing will be positively associated with career satisfaction (H2A) and negatively associated with turnover intention (H2B).*

### 1.4.2 | The Environment: Reasonable Adjustment Tailoring to Need

Providing disability adjustments and tailoring them to individual need is not straightforward as all neurodivergent conditions range on a spectrum with varied individual experience of strengths and challenges. Current research is more focused on structural adjustments such as environmental design, although the evidence is not strong (Weber et al. 2022). Regarding temporal adjustments such as flexible, remote, and home working (Branicki et al. 2024) subtle differences between neurotypes have been reported. For example, flexible work practices were linked to longer employment tenure for autistic people but not for specific learning difficulties [sic, ibid]. Conversely, flexible term-time hours reduced underemployment for this group; however, they made underemployment much worse for autistic people.

Neurominorities often struggle with sensory overwhelm, in particular heightened reactions to external stimuli, in busy neuronormative work environments, and remote work can be a way of addressing these issues (Szulc et al. 2023). But on the flipside, there can be unintended negative consequences of flexible working on communication and understanding at work. In short, structural and temporal adjustments may only work if they are tailored to need, which brings the role of inclusive HRM practices to the forefront. These are potentially complex within-person experiences, such as an autistic preference for order versus an ADHD preference for spontaneity, which means that when an employee identifies as both, disability adjustments are harder to specify and subject to change.

Given the variability in what supports work for different neurotypes, we focused on tailored adjustments (rather than a long list of potential adjustments), and how provision thereof links to in-work experiences of intention to leave and career satisfaction. While the former is oftentimes referred to as an avoidance behavior (Iqbal et al. 2024), we contend that deciding to leave can be an entirely rational choice—neurodivergent employees may choose to withdraw if employer supply of adjustments does not fully meet their needs. There are differences in perception of neurodivergent supports and the effectiveness of adjustments (McDowall et al. 2023, 2024), so a "tailored" package of adjustments signifies a positive psychosocial environment. Thus, we investigated:

**RQ2.** *To what extent does employee experience of wellbeing and motivation vary according to environmental factors such as tailored adjustment?*

Specifically, we expected that:

**H3.** *Tailored adjustment will be positively associated with wellbeing (H3A) and career satisfaction (H3B) and negatively associated with turnover intention (H3C).*

### 1.4.3 | The People—Psychosocial Environment for Neurodivergent Talent

A dynamic relational perspective on potentially vulnerable neurodivergent talent HRM is "fundamentally about the relationship between employer and employee and the management of this relationship" (Hutchings et al. 2024, 5). The psychosocial environment has long been recognized as a vital resource for supporting people in Industrial/Organizational Psychology and Occupational Health research (Niedhammer et al. 2021). Organizational Support Theory (OST) proposes that employees form a generalized impression of how the organization and its representatives value them and care about their wellbeing; meta-analytic research confirms that such perceptions of the psychosocial environment are important for understanding a range of outcomes including performance and wellbeing (Kurtessis et al. 2017). However, comparatively less is known about domain-specific knowledge and support compared to any generalized support. For example, workplace social support is more effective for addressing work–family conflict (WFC) if it is specific to WFC rather than general (Kossek et al. 2011). Therefore, we investigate perceptions of organizational knowledge and support to establish whether previous research applies to this sample of neurodivergent employees.

In-depth qualitative research has elicited that managers may not always volunteer support to neurodivergent workers because they find doing so difficult and "draining" (Richards et al. 2019). A potential explanation for this is the persistence of the double empathy problem with relational misunderstandings on both sides, for neurotypical workers and neurominorities (Szechy et al. 2024). Empathy and understanding do not happen in a vacuum; an inclusive shared belief about understanding, acceptance, and learning is a necessary premise. Vogus and Taylor (2018) argued for a threefold interlinked lens on studying autism at work to encompass consideration of the respective diversity climate, fostering psychological safety, and leader inclusiveness. We, therefore, asked participants explicitly about their perceptions of line manager support and their psychological safety at work.

Thus, the final research question addressed the comprehensiveness of the biopsychosocial model, investigating the complex influences on neurodivergent talent motivation.

**RQ3.** *Should I stay, or should I go? Which person, environmental and people factors are associated with career satisfaction and turnover intentions for neurodivergent talent?*

Psychological safety refers to a shared belief that it is safe to take risks without having to fear punishment or reprisal, and both aspects are linked to how leaders actively support diversity and inclusion (Edmondson 1999). Psychological safety is a foundation for any diversity climate conceptualized as a shared perception of fair policies and processes (e.g., Mor Barak et al. 1998). Such perceptions are crucial for neurodivergent talent, many of whom mask and camouflage neurodivergent traits at work in an endeavor to fit into neuronormative contemporary environments (e.g., Pryke-Hobbes et al. 2023).

Specifically, the fourth hypothesis was:

**H4.** *Perceptions of neurodiversity knowledge, staff support, line manager support and psychological safety will be positively associated with career satisfaction (H4A); Perceptions of neurodiversity knowledge, staff support, line manager support, psychological safety and career satisfaction will be positively associated with turnover intention (H4B).*

Finally, we examined a hypothesized sequential relationship between psychological safety and turnover intention mediated by wellbeing and career satisfaction to elucidate on the biopsychosocial experience of neurodivergent talent. Psychological safety is paramount for making neurodivergent workers feel included and valued and thus it influences levels of wellbeing. In turn, wellbeing will influence career satisfaction as a baseline condition for neurodivergent career experience. Little research has concerned itself with neurodivergent careers or talent specifically. However, neurodivergent talent has ambition and recognizes strengths, even where they are paradoxical, and wants to be valued (Crook and McDowall 2023).

We conceptualized psychological safety as a foundational premise for wellbeing, which in turn would associate first with career motivation (should I stay?) and then finally turnover intention (should I go?). Thus, the final hypothesis considered sequential mediation:

**H5.** *The relationship between psychological safety and turnover intention will be sequentially mediated by wellbeing and career satisfaction.*

## 2 | Method

We outline our methodological approach, starting with the survey co-design.

### 2.1 | Co-Design, Survey Development and Distribution

Following ethical approval from our institution, the first and second authors recruited a mixed reference group of 23 HR inclusion practitioners and employees with lived experience, as well as two academic colleagues, to co-design a comprehensive web-based survey as part of a wider research project[4]. We constructed a pilot blueprint of our survey, using a combination of existing measures and bespoke items to encompass the layered concepts of people, person, and environmental factors outlined above. We invited our reference group to complete the pilot survey and provide comments and suggestions for refinement. This iterative process involved online meetings and email consultations to accommodate communication preferences. Discussions focused on: (a) the relevance of existing measures mapping onto our conceptual framework, including to what extent we should/could adapt from neuronormative to neuroinclusive context, (b) wording and language to ensure accessibility and readability, and (c) usability and design concerns regarding layout and sequencing. Considering feedback received, we amended survey instructions for clarity, adding guidance on how to access the survey with text recognition software. We created further bespoke items where existing measures were not accessible or

sufficiently specific to our sample population (see measures)—for example, we opted for shorter measures or one-item measures where possible to reduce the risk of cognitive fatigue.

All three authors then conducted an open invitation online community information session, following which we made further clarifications to completion instructions, item wording (although we took care not to change standardized scales unduly) and the intended beneficiaries of our research. The survey was held open for 8 weeks and originated from the UK (51.5% of participants reported that their organization operated nationally and 47.6% internationally) with invitations to participate distributed through social media promoted through a partnership with a charity focused on neuroinclusion for business. We continuously monitored response rates and supplemented voluntary convenience sampling with purposive invitations to underrepresented groups through online communities and charities. For example, the dyslexic community was underrepresented, so we approached leading dyslexic influencers to share the survey. We targeted representation from trans communities, given the documented overlap, for example, between autism and transgender identification (Warrier et al. 2020) and engaged with influencers from Black and Asian neurodiversity advocacy groups to ensure that the sample matched the representation within the UK population.

### 2.2 | Sample

The survey was distributed in partnership with a charity membership organization for businesses with an interest in neuro-inclusion, based in the UK, where there are strong legislative frameworks and case laws to support neurodivergent employees.

In total, 990 people completed the survey as employees[5]; we deleted five responses due to too much missing data, resulting in a final sample of 985. We had an overrepresentation of people identifying as cisgender women (67.2%; compared to 24.4% cisgender men); 5.7% identified as non-binary and nine as other (0.9%). Of the overall sample, 92.1% reported the same gender identification as the sex registered at birth and 5.6% that this was not the case. In comparison to the general UK population (0.5%, ONS, 2023) this is considerably higher but expected in a neurodivergent cohort. Regarding sexual orientation, 62.3% reported being heterosexual (compared to 93.4% in UK household population; ONS, 2021) and 32.5% reported a differing sexual orientation 19.8% as bi or pansexual, 5% as gay or lesbian, 4.9% asexual, 4.8% preferred not to say, and 2.8% as other. Most participants were in the 30–49 age group (64.4%). The majority, 83.9%, identified as white, as is typical for the UK, with 6.8% as having a mixed or multiple ethnic background, 3.0% as Asian or Asian British, 2.7% as Black or Black British, 0.9% as Latinx, 0.2% as Middle Eastern North African, 0.2% as Indigenous American, 0.9% as other, and 1.2% preferred not to indicate ethnicity.

There was over-representation from certain industry sectors as the online data collection strategy favored those working in office environments. For example, 17.3% of participants were from professional services including the Civil Service, 15.6% from health and social care, 13.7% from technology yet only 1.5%

**TABLE 1** | Self-identification with neurodivergent conditions.

| | Overall (N = 985) |
|---|---|
| Type of neurodiversity | |
| Attention Deficit Hyperactivity Disorder (ADHD) | 611 (62.0%) |
| Autism | 499 (50.7%) |
| Dyscalculia | 75 (7.6%) |
| Dysgraphia | 18 (1.8%) |
| Dyslexia | 224 (22.7%) |
| Dyspraxia | 151 (15.3%) |
| Mental health condition | 318 (32.3%) |
| Tic conditions (incl. Tourette's) | 31 (3.1%) |
| Other | 80 (8.1%) |
| Prefer not to say | 8 (0.8%) |

from retail, or 0.9% from transport, 0.6% from policing. The majority (58.0%) worked for large employers with more than 1,000 people. Regarding work structures, 77.2% were in full-time employment, 10.3% in part-time employment, 9.1% worked as contractors or were self-employed (4.6% of these full-time and 4.5% part-time), 3.6% worked in some other way (e.g., as an apprentice or on a zero hour contract) or were temporarily not working, for example, due to short-term sickness absence. About a third (31.2%) had line management responsibilities (coded 1 for yes and 0 for no) which we included as a proxy measure for power and status in Table 8. Tenure was relatively short for the majority, as 32.1% had been with their employer for less than a year, 25.7% for 1–2 years, 22.3% for 3–5 years, 11.3% for 6–10 years, and 8.6% for 11 years or more.

## 2.3 | Measures

### 2.3.1 | The Employee: Neurodivergent Conditions and Wellbeing

On average, participants self-identified with 2.04 neurodivergent conditions (SD = 1.11) was reported by 370 participants (37.6%), two types by 328 participants (33.3%), three by 190 (19.3%), four by 66 (6.7%), five by 16 (1.6%), six by 5 (0.5%), seven by 3 (0.3%), and eight types of neurodivergence were reported by 2 participants (0.2%). As outlined in Table 1, ADHD and autism were the most common self-identified conditions, followed by mental health conditions.

Out of the 985 participants, 741 (75.2%) had declared their neurodivergence to their employer, reflecting the representation of neuro-inclusive organizations as employers for this sample. An additional disability or special requirement was declared to the employer by 263 participants (26.7%).

We measured wellbeing with the widely used World Health Organization (WHO) checklist (Topp et al. 2015). Participants indicated on a 6-point scale how they had felt over the last

**TABLE 2** | Wellbeing by neurodivergent condition.

| | Whole sample (N=973–982) | ADHD (N=603–609) | Autism (N=494–498) | Dyscalculia (N=73–75) | Dysgraphia (N=18) | Dyslexia (N=220–224) | Dyspraxia (N=149–151) | MH condition (N=314–317) | Tic conditions (N=31) |
|---|---|---|---|---|---|---|---|---|---|
| Scale total M (SD) | 2.02 (1.06) | 1.92 (1.02) | 1.94 (1.06) | 1.82 (1.20) | 2.17 (1.33) | 2.15 (1.11) | 2.02 (1.06) | 1.79 (1.00) | 1.77 (1.12) |
| Q1. I have felt cheerful and in good spirits | 2.35 (1.27) | 2.26 (1.25) | 2.25 (1.29) | 2.12 (1.43) | 2.44 (1.38) | 2.47 (1.32) | 2.32 (1.35) | 2.11 (1.27) | 2.19 (1.45) |
| Q2. I have felt calm and relaxed | 1.98 (1.26) | 1.82 (1.22) | 1.91 (1.26) | 1.75 (1.28) | 2.17 (1.54) | 2.12 (1.27) | 1.91 (1.23) | 1.73 (1.22) | 1.71 (1.35) |
| Q3. I have felt active and vigorous | 1.94 (1.30) | 1.91 (1.29) | 1.83 (1.28) | 1.75 (1.53) | 2.11 (1.60) | 1.98 (1.35) | 1.86 (1.33) | 1.70 (1.28) | 1.74 (1.34) |
| Q4. I woke up feeling fresh and rested | 1.41 (1.31) | 1.29 (1.25) | 1.32 (1.30) | 1.28 (1.32) | 1.56 (1.50) | 1.54 (1.29) | 1.44 (1.29) | 1.17 (1.21) | 0.97 (1.25) |
| Q5. My daily life has been filled with things that interest me | 2.41 (1.38) | 2.34 (1.37) | 2.39 (1.40) | 2.13 (1.46) | 2.56 (1.46) | 2.54 (1.40) | 2.52 (1.34) | 2.20 (1.36) | 2.26 (1.39) |

Abbreviation: MH, mental health.

2 weeks regarding five statements as detailed in Table 2 where 1 corresponded to "at no time" and 6 to "all the time." Their mean response across the five statements was 2.02 (SD = 1.06, Cronbach's $\alpha = 0.87$) indicating low levels of wellbeing.

### 2.3.2 | The Environment: Tailored Adjustment

First, we asked participants if they had any formal adjustments in place—this was the case for 29.9% of participants. Next, we asked participants to what extent the support received had been tailored to individual needs, to which responses were: not applicable (no support received) (17.2%), not at all (34.1%), to some extent (37.0%), to a large extent (11.7%); we had missing data for one participant.

### 2.3.3 | The People: Neurodivergence Knowledge and Support and Psychological Safety

We asked participants with one item each to indicate: (a) the general level of knowledge about neurodiversity in their organizations, (b) how supportive staff around them were and (c) how supportive their line manager was regarding neurodiversity, using a 5-point scale. An example item was "how supportive is your line manager about neurodiversity". The questions about supportiveness only applied to those participants who had disclosed their neurodivergence to their organizations.

We asked participants to indicate their level of agreement on a 5-point scale with three statements to measure psychological safety (May et al. 2004, original coefficient $\alpha = 0.73$). Their mean response across the three statements was 3.42 (SD = 0.97, Cronbach's $\alpha = 0.59$), a sample item was "I'm not afraid to be myself at work" (negative items coded in reverse). The relatively low internal consistency compared to the other study measures (and compared to the original scale development) was likely due to the different content for each item which encompassed expressing authenticity, verbalizing opinions and the level of threat in the organizational environment (which had the lowest mean rating) respectively.

### 2.3.4 | Talent Motivation: Career Satisfaction and Turnover Intention

We reviewed existing measures of career satisfaction (e.g., Seibert et al. 2013; Beehr et al. 1980) but found that measures were either too long, too outdated regarding wording, or both. We consulted with our lived experience reference group, who responded that issues about opportunities for training and development, promotion, and working at a level that reflected their skills were of key concern. We wrote items and refined these through our review process. Thus, the final measure asked participants five bespoke statements about their career satisfaction rated from five (strong agreement) to one (strong disagreement) with a mean of 3.34 (SD = 1.02, Cronbach's $\alpha = 0.81$.), see Table 6.

This survey item asked about the likelihood of leaving their current organization for a job in another organization or a different type of work in the next 12 months; 251 (25.5%) responded it was very unlikely, 174 (17.7%) somewhat unlikely, 141 (14.3%) were not sure, 186 (18.9%) said it was somewhat likely, and 233 (23.7%) very likely. Participant responses clustered on either end of the scale; see Table 7.

### 2.3.5 | Control Variable

We included line management ("Do you have current line management responsibilities?" recorded categorically; coded as 0 for no, and 1 for yes) as a proxy for occupational status.

The data were analyzed using R v.4.2.2 by the third author.

## 3 | Results

The first section reports descriptive statistics to outline nuances in experience addressing RQ1 and RQ2. Table 2 summarizes the breakdown of mean responses for overall wellbeing and by item. Levels of wellbeing were lowest for mental health and tic conditions.

Table 3 details responses for tailored adjustments by ND condition, which indicated some variation within each category and between self-reported conditions—with the caveat that there were high levels of co-occurrence and small sample sizes in some cells. Concerningly, 34.1% of the overall sample had adjustments that were not tailored at all, and 17.2% did not receive any support. As an example of within-category variation, participants who identified with tic conditions 22.6%; agreed that adjustments had been tailored to a larger extent than yet 25.8% said that no support had been received at all.

Experience of ND knowledge and support is detailed by ND condition in Table 4. Overall, levels of knowledge were rated lower than levels of support. There were differences between conditions but no consistent pattern. People who identified with dyscalculia rated knowledge about neurodivergent and support from colleagues the lowest, while those with tic conditions rated support from the manager the lowest.

Table 5 details psychological safety by ND condition where perceptions were lowest among people who reported having dyscalculia and highest among dyslexic people.

Regarding career satisfaction, while participants agreed that they worked in a job that reflected their abilities, they were least positive about promotion opportunities and being passed over for development opportunities, as shown in Table 6. Participants identifying with dyslexia, dyscalculia, dysgraphia, dyspraxia, and tic conditions reported low career satisfaction.

Regarding turnover intention patterns in each condition varied as shown in Table 7. For example, more than 40% of people with dyscalculia and dysgraphia each agreed that they were very likely to leave.

We computed first-order correlations, which are shown in Table 8. Broadly, associations were in the expected direction.

**TABLE 3** | Tailored adjustments by neurodivergent condition.

| | Whole sample (N = 984) | ADHD (N = 610) | Autism (N = 498) | Dyscalculia (N = 75) | Dysgraphia (N = 18) | Dyslexia (N = 224) | Dyspraxia (N = 151) | MH condition (N = 318) | Tic conditions (N = 31) |
|---|---|---|---|---|---|---|---|---|---|
| Tailored to a large extent | 115 (11.7%) | 64 (10.5%) | 63 (12.6%) | 8 (10.7%) | 3 (16.7%) | 24 (10.7%) | 18 (11.9%) | 34 (10.7%) | 7 (22.6%) |
| Tailored to some extent | 364 (37.0%) | 214 (35.1%) | 193 (38.8%) | 27 (36.0%) | 10 (55.6%) | 92 (41.1%) | 66 (43.7%) | 120 (37.7%) | 10 (32.3%) |
| Not tailored at all | 336 (34.1%) | 222 (36.4%) | 157 (31.5%) | 27 (36.0%) | 4 (22.2%) | 82 (36.6%) | 49 (32.5%) | 107 (33.6%) | 6 (19.4%) |
| N/A (no support received) | 169 (17.2%) | 110 (18.0%) | 85 (17.1%) | 13 (17.3%) | 1 (5.6%) | 26 (11.6%) | 18 (11.9%) | 57 (17.9%) | 8 (25.8%) |

Abbreviations: MH, mental health; N/A, not applicable.

**TABLE 4** | Knowledge about and support for neurodiversity by neurodivergent condition.

| | Whole sample (N = 858–985) | ADHD (N = 527–611) | Autism (N = 440–499) | Dyscalculia (N = 70–75) | Dysgraphia (N = 16–18) | Dyslexia (N = 211–224) | Dyspraxia (N = 144–151) | MH condition (N = 274–318) | Tic conditions (N = 27–31) |
|---|---|---|---|---|---|---|---|---|---|
| Knowledge M (SD) | 2.56 (1.14) | 2.45 (1.15) | 2.54 (1.13) | 2.32 (1.22) | 2.89 (1.13) | 2.60 (1.21) | 2.62 (1.12) | 2.62 (1.12) | 2.68 (1.30) |
| Support from colleagues | 3.34 (1.12) | 3.23 (1.14) | 3.33 (1.13) | 3.04 (1.22) | 3.18 (1.13) | 3.32 (1.23) | 3.40 (1.13) | 3.31 (1.12) | 3.43 (1.26) |
| Support from manager | 3.61 (1.26) | 3.49 (1.34) | 3.65 (1.29) | 3.49 (1.20) | 3.50 (1.15) | 3.60 (1.28) | 3.72 (1.27) | 3.61 (1.28) | 3.44 (1.45) |

*Note:* Note that frequencies across conditions varied depending on how participants identified.
Abbreviation: MH, mental health.

**TABLE 5** | Psychological safety by neurodivergent condition.

| | Whole sample (N=972–983) | ADHD (N=604–609) | Autism (N=492–498) | Dyscalculia (N=74–75) | Dysgraphia (N=18) | Dyslexia (N=220–224) | Dyspraxia (N=150–151) | MH condition (N=313–317) | Tic conditions (N=31) |
|---|---|---|---|---|---|---|---|---|---|
| Scale total M (SD) | 3.42 (0.97) | 3.35 (1.01) | 3.30 (0.97) | 3.09 (0.94) | 3.44 (1.00) | 3.45 (0.95) | 3.38 (0.91) | 3.31 (0.99) | 3.43 (1.11) |
| Q1. I'm not afraid to be myself at work | 3.28 (1.30) | 3.25 (1.29) | 3.15 (1.31) | 3.09 (1.37) | 3.33 (1.41) | 3.44 (1.35) | 3.40 (1.23) | 3.20 (1.27) | 3.32 (1.28) |
| Q2. I am afraid to express my opinions at work | 2.81 (1.27) | 2.87 (1.28) | 2.97 (1.26) | 3.16 (1.13) | 2.28 (1.18) | 2.73 (1.28) | 2.89 (1.26) | 2.99 (1.27) | 2.87 (1.34) |
| Q3. There is a threatening environment at work | 2.22 (1.36) | 2.33 (1.42) | 2.28 (1.36) | 2.65 (1.52) | 2.72 (1.64) | 2.38 (1.40) | 2.37 (1.41) | 2.29 (1.45) | 2.16 (1.44) |

Abbreviation: MH, Mental health.

**TABLE 6** | Career satisfaction by neurodivergent condition.

| | Whole sample (N=964–984) | ADHD (N=595–610) | Autism (N=491–499) | Dyscalculia (N=73–75) | Dysgraphia (N=18) | Dyslexia (N=220–224) | Dyspraxia (N=145–151) | MH condition (N=315–318) | Tic conditions (N=31) |
|---|---|---|---|---|---|---|---|---|---|
| Scale total M (SD) | 3.34 (1.02) | 3.27 (1.01) | 3.26 (1.07) | 3.02 (1.09) | 2.96 (0.99) | 3.27 (1.02) | 3.07 (1.01) | 3.20 (1.04) | 3.15 (1.11) |
| Q1. I believe that I can advance my career in this company. | 3.39 (1.36) | 3.31 (1.40) | 3.31 (1.39) | 2.95 (1.53) | 3.11 (1.32) | 3.34 (1.35) | 3.06 (1.36) | 3.29 (1.39) | 3.00 (1.51) |
| Q2. There is a good chance of being promoted from my team. | 2.99 (1.33) | 2.91 (1.34) | 2.92 (1.38) | 2.55 (1.36) | 2.67 (1.19) | 2.99 (1.35) | 2.65 (1.35) | 2.78 (1.33) | 2.77 (1.50) |
| Q3. I am employed in a job which reflects my ability. | 3.61 (1.36) | 3.54 (1.36) | 3.57 (1.40) | 3.27 (1.45) | 2.83 (1.42) | 3.56 (1.38) | 3.41 (1.38) | 3.45 (1.41) | 3.68 (1.25) |
| Q4. I am employed in a job which reflects my qualifications. | 3.67 (1.33) | 3.68 (1.31) | 3.58 (1.37) | 3.39 (1.43) | 3.56 (1.25) | 3.61 (1.41) | 3.55 (1.33) | 3.52 (1.35) | 3.23 (1.38) |
| Q5. I have been passed over for development opportunities. | 3.00 (1.36) | 3.08 (1.35) | 3.06 (1.39) | 3.20 (1.32) | 3.39 (1.20) | 3.24 (1.35) | 3.36 (1.29) | 3.06 (1.37) | 2.90 (1.47) |

Abbreviation: MH, mental health.

**TABLE 7** | Turnover intention by neurodivergent condition.

| | ADHD (N=611) | Autism (N=499) | Dyscalculia (N=75) | Dysgraphia (N=18) | Dyslexia (N=224) | Dyspraxia (N=151) | MH condition (N=318) | Tic conditions (N=31) |
|---|---|---|---|---|---|---|---|---|
| Very unlikely | 147 (24.1%) | 133 (26.7%) | 13 (17.3%) | 2 (11.1%) | 64 (28.6%) | 31 (20.5%) | 71 (22.3%) | 7 (22.6%) |
| Somewhat unlikely | 97 (15.9%) | 88 (17.6%) | 13 (17.3%) | 5 (27.8%) | 37 (16.5%) | 31 (20.5%) | 61 (19.2%) | 8 (25.8%) |
| Neutral | 84 (13.7%) | 75 (15.0%) | 12 (16.0%) | 2 (11.1%) | 33 (14.7%) | 23 (15.2%) | 45 (14.2%) | 3 (9.7%) |
| Somewhat likely | 114 (18.7%) | 83 (16.6%) | 7 (9.3%) | 1 (5.6%) | 37 (16.5%) | 24 (15.9%) | 57 (17.9%) | 3 (9.7%) |
| Very likely | 169 (27.7%) | 120 (24.0%) | 30 (40.0%) | 8 (44.4%) | 53 (23.7%) | 42 (27.8%) | 84 (26.4%) | 10 (32.3%) |

Abbreviation: MH, mental health.

In indicative support for H1, the number of ND conditions was negatively associated with wellbeing ($r = -0.15$) and career satisfaction ($r = -0.19$) and positively with turnover intention ($r = 0.08$).

In support of H2, wellbeing was positively associated with career satisfaction ($r = 0.41$) negatively with turnover intention ($r = -0.30$).

In indicative support for H3, tailored adjustment was associated positively with wellbeing ($r = 0.23$) and career satisfaction ($r = 0.27$) and negatively with turnover intention ($r = -0.29$).

In preliminary support of H4, neurodiversity knowledge was positively associated with wellbeing ($r = 0.27$) and career satisfaction ($r = 0.37$) and negatively with turnover intention ($r = -0.35$); staff support was positively associated with wellbeing ($r = 0.34$) and career satisfaction ($r = 0.48$) and negatively with turnover intention ($r = -0.41$); line manager support was positively associated with wellbeing ($r = 0.30$) and career satisfaction ($r = 0.44$) and negatively with turnover intention ($r = -0.45$); and psychological safety was positively associated with wellbeing ($r = 0.36$) and career satisfaction ($r = 0.52$) and negatively with turnover intention ($r = -0.43$).

To further investigate H4A focused on career satisfaction, we tested a hierarchical regression model, entering the number of ND conditions and wellbeing in the first step, then tailored adjustment, then knowledge of ND and support from staff and the manager, and finally psychological safety in Model 4, $R^2 = 0.40$, $F(7,690) = 67.12$, $p < 0.001$, as shown in Table 9. The number of ND conditions and wellbeing remained significant predictors in all models. Tailored adjustment was significant when controlling for the number of ND conditions and wellbeing, but not when other variables were added. In Model 4, all of the predictors apart from tailored adjustment were significant.

To further investigate H4B (turnover intention), we applied a hierarchical regression, entering the number of ND conditions and wellbeing in the first step, then tailored adjustment, followed by knowledge of ND, support from staff and manager, and finally psychological safety and career satisfaction, as shown in Table 10. While the number of ND conditions was not significant in any of the models, levels of wellbeing remained significant until career satisfaction was added. Although tailored adjustment was significant in Model 2, this became statistically non-significant once other variables were added to the model. Support from the line manager, psychological safety, and career satisfaction predicted turnover intention in Model 5, $R^2 = 0.39$, $F(8,689) = 54.79$, $p < 0.001$.

To examine whether the relationship between psychological safety and turnover intention was mediated by wellbeing and career satisfaction (H5), a serial mediation model was tested using the R package lavaan 0.6–19. All of the direct paths were significant, as illustrated in Figure 2. The total effect on turnover intentions was also significant ($\beta = -0.44$, $p < 0.001$), as were all the indirect paths to turnover intentions, including through wellbeing ($\beta = -0.03$, $p = 0.02$), career satisfaction ($\beta = -0.17$, $p < 0.001$), and both wellbeing and career satisfaction ($\beta = -0.04$,

**TABLE 8** | First order correlations.

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. ADHD | | | | | | | | | | | | | | | | | |
| 2. Autism | −0.15*** | | | | | | | | | | | | | | | | |
| 3. Dyscalculia | 0.07* | 0.02 | | | | | | | | | | | | | | | |
| 4. Dysgraphia | 0.01 | 0 | 0.19*** | | | | | | | | | | | | | | |
| 5. Dyslexia | −0.08** | −0.20*** | 0.13*** | 0.16*** | | | | | | | | | | | | | |
| 6. Dyspraxia | −0.07* | −0.03 | 0.13*** | 0.15*** | 0.21*** | | | | | | | | | | | | |
| 7. MH condition | 0.10** | 0.06* | 0.06 | 0.07* | −0.06* | 0.04 | | | | | | | | | | | |
| 8. Tic condition | −0.01 | 0 | 0.04 | −0.02 | −0.06 | 0.05 | 0.01 | | | | | | | | | | |
| 9. No. ND cond. | 0.36*** | 0.31*** | 0.44*** | 0.31*** | 0.33*** | 0.45*** | 0.50*** | 0.16*** | | | | | | | | | |
| 10. Wellbeing | −0.12*** | −0.08* | −0.06 | 0.02 | 0.06 | 0 | −0.16*** | −0.04 | −0.15*** | | | | | | | | |
| 11. Line mgmt. | 0.02 | −0.02 | 0.02 | 0.01 | 0.09** | 0.01 | −0.10** | −0.07* | 0 | 0.03 | | | | | | | |
| 12. Tailored adj. | −0.08* | 0.06 | −0.01 | 0.04 | −0.02 | 0.02 | −0.01 | 0.08* | 0.01 | 0.23*** | 0.02 | | | | | | |
| 13. Support/staff | −0.12*** | −0.01 | −0.08* | −0.02 | −0.01 | 0.02 | −0.02 | 0.01 | −0.09* | 0.34*** | −0.03 | 0.44*** | | | | | |
| 14. Support/mng. | −0.12*** | 0.03 | −0.03 | −0.01 | 0 | 0.04 | 0 | −0.02 | −0.04 | 0.30*** | −0.06 | 0.45*** | 0.68*** | | | | |
| 15. Knowl. ND | −0.13*** | −0.03 | −0.06 | 0.04 | 0.02 | 0.02 | 0.03 | 0.02 | −0.05 | 0.27*** | −0.08** | 0.40*** | 0.59*** | 0.46*** | | | |
| 16. Psych. safety | −0.09** | −0.13*** | −0.10** | 0 | 0.02 | −0.01 | −0.08* | 0 | −0.16*** | 0.36*** | 0.04 | 0.28*** | 0.54*** | 0.50*** | 0.39*** | | |
| 17. Career satisf. | −0.08* | −0.07* | −0.09** | −0.05 | −0.04 | −0.11*** | −0.09** | −0.03 | −0.19*** | 0.41*** | 0.11*** | 0.27*** | 0.48*** | 0.44*** | 0.37*** | 0.52*** | |
| 18. Turn. intent. | 0.10** | −0.03 | 0.07* | 0.04 | −0.03 | 0.03 | 0.04 | 0.01 | 0.08* | −0.30*** | −0.01 | −0.29*** | −0.41*** | −0.45*** | −0.35*** | −0.43*** | −0.52*** |

*Note:* $*p < 0.05$, $**p < 0.01$, $***p < 0.001$. For binary variables, yes = 1, no = 0.

Abbreviations: Career satisf., career satisfaction; Line mgmt., line management responsibility; MH condition, mental health condition; ND, Knowledge of neurodiversity in the organization; No. ND cond., number of ND conditions; Psych. safety, psychological safety; Support/mng., support from the manager Know!; Support/staff, support from other staff; Tailored adj., extent to which adjustments are tailored; Turn. intent., turnover intentions.

$p < 0.001$). The overall model explained 31% of the variance in turnover intentions ($R^2 = 0.31$).

## 4 | Discussion

We formulated and investigated a biopsychosocial relational model of neurodivergent talent motivation at work, with nuanced attention to different neurotypes and well-being.

Regarding the first research question, co-occurrence was the norm, not the exception. Only one-third of participants reported one neurodivergent condition, whereas two-thirds reported two or more, which aligns with contemporary neuroscience research (Astle and Fletcher-Watson 2020; Jones et al. 2021; Lai et al. 2019).

Wellbeing levels were low for the entire neurodivergent sample, and participants with mental health and tic conditions reported the lowest levels of wellbeing. Thus, we affirmed our proposition that neurodivergent talent is potentially vulnerable.

Further, employee experience varied by condition. Regarding knowledge and support for neurodivergence, people with dyscalculia reported the lowest ratings, and ratings of knowledge of ND were lower than ratings for support from colleagues or the manager. Employees with dyslexia, dyscalculia, dysgraphia, dyspraxia, and tic conditions reported overall low career satisfaction. Regarding psychological safety, people with dyscalculia reported the lowest levels. For turnover intention, the dyscalculia and dysgraphia communities indicated the highest intention to leave, and the autistic and dyslexic communities indicated the highest intention to stay. Such variations document that neurodivergent experiences of work are heterogeneous. Given the levels of co-occurrence, we caution that overinterpreting difference by self-identified diagnostic label is unlikely to be predictive in and of itself; hence, the need for tailored adjustment rather than one-size-fits-all neurodivergent approaches. We established support for the first and second hypotheses, which held that the number of ND conditions would be negatively associated with well-being and well-being with career satisfaction and turnover intention. Thus, attention to neurodivergent health at work is a vital premise for facilitating talent motivation.

We now turn to our second research question concerning the organizational environment. Despite our sampling being weighted towards employees in organizations that were already engaged in neuro-inclusion, a third reported adjustments received were not tailored at all, and one in five reported that no support was received at all; for people with tic conditions, this was one in four. Such perceived lack of support indicates insufficient enacting of OST. Yet in support of our third hypothesis, tailored adjustment was associated with wellbeing as well as career satisfaction and turnover intention. Legally, this begs the question of whether mandates of the UK Equality Act (2010) are enacted by employers to a compliance level and problematizes how practical support for neurodivergent employees needs to be progressed.

Regarding our third research question and fourth hypothesis, we found partial support, as ND knowledge, support from staff, support from management, and psychological safety all predicted career satisfaction. For turnover intention, management support, psychological safety, and career satisfaction were the strongest influences.

There was full support for the fifth sequential mediation hypothesis as wellbeing and career satisfaction mediated the relationship between psychological safety and turnover intention (there was also a direct negative link between wellbeing and turnover intention).

We summarize that the complexity of neurotype, paired with the centrality of psychological safety and wellbeing, provides nuanced insight into neurodivergent talent motivations.

These observations strengthen a call for HRM theory and praxis to put increased emphasis on relational and psychosocial elements of ND employee experience to harness career motivation and support potential vulnerability.

### 4.1 | Theoretical Implications for HRM

We affirm our call for developing a nuanced understanding of neurodiversity at work in HRM through a biopsychosocial relational perspective and thus develop in a proactively caring and neuroinclusive way. We draw our readers back to the fundamental goals of HRM, which are to harness and make the best of human resources in a strategic way (Hutchings et al. 2024). Considerable HRM research into neurodiversity has been condition specific or captured neurodivergence as a singular category. We need to better understand context and boundary conditions for the neurodivergent employee experience, with clear reference to individual vulnerabilities, then learn how these could be supported and talent managed in an inclusive way. Our findings indicate that the psychosocial environment, including support from the line manager and other staff support (for neurodiversity specifically) and psychological safety, are more important than environmental support, even when tailored.

We propose that such adjustments are best considered a "baseline" condition—in other words, they are a necessary and essential human resource provision, and their absence could compromise the performance of a role, but to facilitate positive outcomes organizations need a relational, not transactional, approach to neuroinclusion. Nash conceptualized negative capability (2024) as a lens for tolerating and living with ambiguity and paradox regarding shared [physical] spaces. We would reframe this notion as "vulnerable capability" to signal that liminal spaces are not only spatial and temporal but also psychological and internal.

Wellbeing and psychological safety were particularly important for explaining career satisfaction, which suggests that vulnerable neurodivergent talent can only mobilize and self-actualize with a reasonable baseline of individual functioning. Functioning for neurodivergent talent is more complex than that for neurotypicals and is dependent on an inclusive environment that responds positively to risks and concerns. In turn, career satisfaction was more important in explaining turnover intention than any other aspect of our model. There are subtle implications to this finding, namely that to adapt and contextualize organizational

**TABLE 9** | Hierarchical regression for career satisfaction.

| Variable | Model 1 B | SE | Model 2 B | SE | Model 3 B | SE | Model 4 B | SE |
|---|---|---|---|---|---|---|---|---|
| No. ND cond. | −0.12*** | 0.03 | −0.11*** | 0.03 | −0.10*** | 0.03 | −0.08** | 0.03 |
| Wellbeing | 0.37*** | 0.03 | 0.33*** | 0.03 | 0.24*** | 0.03 | 0.20*** | 0.03 |
| Tailored adj. | | | 0.29*** | 0.05 | 0.05 | 0.05 | 0.04 | 0.05 |
| Knowl. ND | | | | | 0.10** | 0.04 | 0.07* | 0.03 |
| Support/staff | | | | | 0.19*** | 0.04 | 0.11* | 0.04 |
| Support/mng. | | | | | 0.13*** | 0.03 | 0.08* | 0.03 |
| Psych. safety | | | | | | | 0.32*** | 0.04 |
| $R^2$ | 0.18 | | 0.22 | | 0.35 | | 0.40 | |
| Adj. $R^2$ | 0.18 | | 0.21 | | 0.34 | | 0.40 | |
| $F$ | 106.8*** | | 71.9*** | | 61.72*** | | 67.12*** | |
| $Df$ | 2, 950 | | 3, 786 | | 6, 697 | | 7, 690 | |

*Note:* $*p < 0.05$, $**p < 0.01$, $***p < 0.001$.

Abbreviations: Knowl. ND, knowledge of neurodiversity in the organization; No. ND cond., number of ND conditions; Psych. safety, psychological safety; Support/boss, support from the manager; Support/staff, support from other staff; Tailored adj., extent to which adjustments are tailored.

**TABLE 10** | Hierarchical regression for turnover intention.

| Variable | Model 1 B | SE | Model 2 B | SE | Model 3 B | SE | Model 4 B | SE | Model 5 B | SE |
|---|---|---|---|---|---|---|---|---|---|---|
| No. ND cond. | 0.04 | 0.04 | 0.05 | 0.04 | 0.03 | 0.04 | 0 | 0.04 | −0.02 | 0.04 |
| Wellbeing | −0.43*** | 0.04 | −0.36*** | 0.05 | −0.24*** | 0.05 | −0.19*** | 0.05 | −0.09 | 0.05 |
| Tailored adj. | | | −0.51*** | 0.07 | −0.15 | 0.08 | −0.13 | 0.08 | −0.13 | 0.08 |
| Knowl. ND | | | | | −0.13* | 0.05 | −0.10 | 0.05 | −0.05 | 0.05 |
| Support/staff | | | | | −0.19** | 0.06 | −0.08 | 0.06 | −0.02 | 0.06 |
| Support/mng. | | | | | −0.29*** | 0.05 | −0.24*** | 0.05 | −0.21*** | 0.05 |
| Psych. safety | | | | | | | −0.39*** | 0.06 | −0.23*** | 0.06 |
| Career satisf. | | | | | | | | | −0.49*** | 0.06 |
| $R^2$ | 0.09 | | 0.14 | | 0.29 | | 0.32 | | 0.39 | |
| Adj. $R^2$ | 0.09 | | 0.14 | | 0.28 | | 0.32 | | 0.38 | |
| $F$ | 48.99*** | | 45.33*** | | 47.68*** | | 48.33*** | | 54.79*** | |
| $Df$ | 2, 970 | | 3, 800 | | 6, 709 | | 7, 702 | | 8, 689 | |

*Note:* $*p < 0.05$, $**p < 0.01$, $***p < 0.001$.

Abbreviations: Knowl. ND, knowledge of neurodiversity in the organization; No. ND cond., number of ND conditions; Psych. safety, psychological safety; Support/boss, support from the manager; Support/staff, support from other staff; Tailored adj., extent to which adjustments are tailored.

support theory in a neurodiversity context, we need to consider a dual approach of both remediation and inspiration. On the one hand, neurodivergent workers are vulnerable and may need tailored adjustments; on the other, they bring unique talent and merit support for ambitious career progression. One is unlikely to happen without the other.

While other minoritized identities have vulnerabilities, too, the core issue for neurodivergent talent is their differences in neurocognition and likely mental health challenges. Organizations can thus only enact proactive support if they take a pre-emptive and affirming perspective, that is, not reactionary. Future research should consider both perspectives—how purported HRM neuroinclusion is meeting actual neurodivergent needs. That said, there are jobs to be done and targets to be achieved. Proactive support must thus reconcile a non-ableist affirmative stance with a clear focus on harnessing talent to foster organizational effectiveness.
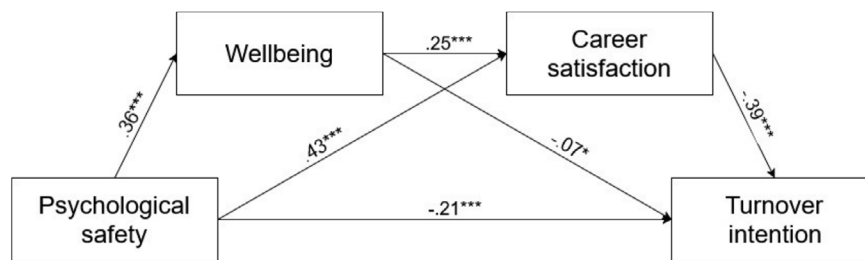
**FIGURE 2** | A mediation model examining the relationships between psychological safety, wellbeing, career satisfaction, and turnover intentions. *$p < 0.05$, ***$p < 0.001$. Coefficients are standardized.

## 4.2 | Implications for Future Research

As alluded to above, we encourage future research to consider both the employer and employee perspectives to develop HRM research. Given that line managers struggle to manage neurodiversity (Richards et al. 2019), future research should unpack such perceptions through the lens of the double empathy problem, which is relevant beyond an autism context (Szechy et al. 2024). Different neurotypes have differentiated experiences and behavior preferences regarding frequency and tailoring of communication; for example, indicating a need for neurodiversity research in general to include a wider range of neurotypes and ensure that evidence is not overly weighted towards autism stereotypes, as is currently the case. It may be a precarious balancing act in practice—to accommodate individual needs to ensure wellbeing while maintaining performance standards and helping people realize their ambitions.

Direct supervisors are often gatekeepers to employees' career progressionand have a strong influence on both psychological safety and wellbeing. They have direct and constant contact, conduct relevant processes such as annual reviews, and triage and refer as necessary (CIPD 2022). Our results suggest their central role in managing ND careers and talent chime with research on the importance of workplace communication for autistic employees (Tomczak et al. 2021). Future research should investigate how supervisors can best be resourced to fulfill such roles, given likely complex co-occurrence. On the one hand, supervisors will need training and resources to fulfill their role; they need routes to refer to other specialist support. The caveat is that training also needs to openly address prejudice and potential bias, which is difficult given the embeddedness of neuronormativity in society (Chapman and Carel 2022).

How and when to best support neurodivergent wellbeing is a gap in research, as traditional initiatives including employee assistance programs may not be sufficiently neuro-sensitive and deployed at a secondary not primary stress intervention level. Meaningful job design, which allows neurodivergent workers to play to their strengths, is likely to support ambition and pre-empt negative wellbeing. Self-actualized career experience has been overlooked and under-researched as a means of facilitating wellbeing for neurodivergent employees, particularly for neurotypes such as tic disorders (Averns et al. 2012).

Further, clashing communication styles in teamwork are not well explored by the HRM literature yet have been referenced as a common cause of occupational burnout for neurodivergent people (Raymaker et al. 2020; Wissell et al. 2022). A potential suggestion to address this is listening training (Itzchakov et al. 2022) to boost empathic and relational communication.

Extant research has consistently linked psychological safety to a range of universally beneficial outcomes, including enhanced task and extra-role performance (Frazier et al. 2017). Yet the antecedents, particularly at an organizational level of analysis, are less well understood (Newman et al. 2017) and certainly not from a neuroinclusive perspective to accommodate differing communication styles. We concur that increased research focus on HR and people practices that encourage "Direct Voice" (Newman et al. 2017) is a necessary baseline to integrate the concerns of all, including neurodivergent employees. Consultative approaches are key to developing and embedding neuroinclusion given the likelihood of prior experiences of marginalization and othering as features of a medical, deficit-based approach to neurodiversity. Future research should unpack the features of neuroinclusive talent management and consider objective, as well as subjective, career outcomes.

## 4.3 | Implications for Practice

Much is to be gained from a biopsychosocial HRM perspective as set out in Table 11.

Firstly, organizations need to increase knowledge across the organization and, in particular, with direct supervisors regarding the prevalence of neurodivergent co-occurrence and the plethora of neurotypes, including possible functional workplace challenges and strengths, as well as on neuroinclusive communication and understanding for different communication styles, including non-verbal aspects. This is to develop enhanced understanding for how varied neurotypes may express themselves at work and prevent, or at least minimize, the need for neurodivergent masking and camouflaging, which may have long-term negative well-being consequences from a position of psychological safety. This is so that jobs are designed with specialist yet potentially vulnerable talent in mind, and tailored adjustments are targeted from onboarding to support individual need. Talent management, career support, and the management of performance should entail regular review of adjustments as a baseline and, importantly, foster and promote specialist career pathways to enable neurodivergent employees to thrive.

Workers who are well in themselves are more likely to fulfill their potential and give their best in a role and under conditions

**TABLE 11** | Summary of practical implications from a biopsychosocial HRM perspective by function.

| HRM function | Recommendations |
|---|---|
| Educate and train all stakeholders | Ensure rigorous and evidence-based training on neurodiversity which integrates insight from fast advancing neuroscience research, as well as communication styles, masking and camouflaging. Prioritizing management training in understanding how to make tailored adjustments to support performance for a wide range of employees, including those who may be neurodivergent. Include the principles of psychological safety in management training to foster good practices regarding listening and conflict resolution |
| Job design | Review composition of job families at task level to harness differential talent—enable specialist career and talent development pathways |
| Onboarding | Consider tailored adjustment for neurodivergent talent as part of regular and generic onboarding to be completed by personnel with commensurate training |
| Talent Management and Career Support | Enable neurodivergent specialists to progress in their area rather than assume a generic talent management framework |
| Managing performance | Consider adjustments during performance management to optimize performance, rather than a remedial approach |
| Wellbeing | Acknowledge the link between wellbeing, career satisfaction and turnover intention proactively by reviewing all wellbeing initiatives through a neuroinclusive lens. Monitor relevant data regularly, including turnover intention and actual turnover, and learn from findings to optimize support |
| Comprehensive neuroinclusion | HRM practitioners should build neuroinclusion from a position as pro-active carers and supporters into all strategy, policies and policies, in particular existing equality, diversity and inclusion and wellbeing policies, rather than 'tag on' given prevalence rates and co-occurrence in any population of employees. Consider a collaborative and co-creational approach and involve specialist input as appropriate |

which motivate them to do so; thus, it is vital that any wellbeing initiatives meet actual need, including for neurodivergent workers.

Finally, organizations should align (a) wellbeing functions, (b) talent management, progression policies and practices and (c) equality, diversity, and inclusion through integrated strategy and policy through a neuroinclusive lens. In other words, we suggest that neuroinclusion is "built in" rather than "tagged on" and not seen as either a wellbeing or talent or EDI issue but permeates organizational strategy, policy and processes. A collaborative and consultative process is needed to build psychological safety to consult the voices of neurodivergent workers soliciting skilled professional advice and input, for example from psychologists and occupational health professionals. This is so that organizations can position proactive caring by design, rather than through reactive remedy Strategies and processes should be regularly reviewed to ensure they reflect best practice and meet current demand. Clear evaluation metrics are vital; based on the findings here we suggest closely monitored wellbeing and career satisfaction through employee surveys combined with analysis of sickness absence rates and employee turnover. Qualitative evaluation through focus or reference groups would complement process focused insight and could have the additional benefit of fostering mutual understanding if neurodivergent employees, line managers and senior leaders work collaboratively, with some expert and sensitive facilitation.

We reiterate the concept of "relational retention contracts" (Herbold and Schumacher 2020) as a potential avenue of exploration for this minority group and position our results as

supportive of this approach. We caution against over-reliance on single diagnoses to facilitate inclusion (e.g., as a premise for accessing autism-specific hiring programs) given the level of co-occurrence and diagnosis disparities for certain demographics. We note the multi-level influences on the key metric of turnover intention and advise a comprehensive approach rather than tagging neurodiversity on as an extra topic.

## 4.4 | Limitations

The cross-sectional design does not allow causal inferences, and results may have been influenced by common method variance. Further, this study cannot claim the representativeness of the broader UK working population, as the survey promotion and data collection strategies reached certain sectors, such as IT, finance, technical, and knowledge work, more than others, pointing to a certain level of relative privilege in the sample. We also cannot claim representation of neurotype commensurate with population prevalence, as ADHD and autism were overrepresented. Although we made concerted efforts to reach out to potentially underrepresented groups during the data collection, tic conditions and dyslexia, for example, remained low compared to population prevalence, and we recognize that some communities struggle with word-based data collection methods. The measure of neurotype complexity was somewhat crude, as the tally of self-reported conditions. This is unlikely to have captured the full complexity of co-occurring conditions in varied neurotypes. Future research may wish to build on this by including measures of functioning for common neurodivergent challenges,

such as working memory and self-regulation, but also neurodivergent strengths, including innovative and divergent thinking (McDowall et al. 2023) and authenticity (McDowall et al. 2024). The overrepresentation of cisgender women, who are less likely to have been diagnosed with neurodivergent conditions than cisgender men early in life, is likely to have influenced results, and, for example, the low levels of wellbeing (lower still for cisgender women) may reflect this. In future research, we would endeavor to unpack intersectional influences in more detail.

It was challenging to balance the use of previously validated measures with the need to keep the survey as simple and short as possible, thus using one-item or few-item measures where possible. This may have contributed to low internal consistency; for example, the measurement of psychological safety, which we contend may also be interpreted slightly differently by neurodivergent participants, given their desire for authentic expression at work, which may not always be welcome. We learned from our pilot phase that many neurodivergent respondents struggle with commonly used scales and items, finding them vague and hard to interpret. This is a valid criticism and one we hope the academic community can address in due course.

## 5 | Conclusion

In work and career experiences of neurodivergent employees the complexity varies considerably between neurotypes and is highly dependent on the psychosocial experience at micro levels of workplace ecology. We made the case for a co-creational research approach and encourage others to pursue this route to understand and unpick neuronormative bias across research questions, data collection, and interpretation. The neurodiversity talent narrative has promised much in terms of talent but shifted little in terms of labor force participation. Our data concur with previous research that the neurodivergent employee experience is varied, with low well-being levels that need to be understood and supported to foster neuroinclusive talent development. We affirm our call for a biopsychosocial model to refine OST with multiple domain-specific sensitivity as a lens through which to develop HRM knowledge and for organizations to position themselves as proactive supporters and carers. Neurodivergent talent needs to be nurtured, supported, and heard to thrive in organizations and realize ambition. Joined-up and co-creational HRM initiatives can achieve this aim.

### Ethics Statement

IRB statement (ethics number): OPEA-21/22–15, with the amendment approved in November 2022.

### Conflicts of Interest

The authors declare no conflicts of interest.

### Data Availability Statement

Research data are not shared because participants did not provide informed consent for this because of concerns regarding anonymity and confidentiality the raw data cannot be made available-the first author can provide an overview of additional extensive descriptive demographic data on request.

### Endnotes

[1] For readability, we did not capitalize relevant terms in this paper but recognize different community preferences.

[2] While we acknowledge the term accommodation is used in other jurisdictions and interchangeably in the literature, we have used adjustment consistently throughout for consistency.

[3] An empty review occurs when a systematic review protocol is followed but no studies are identified which meet the inclusion criteria. An empty review thus documents an absence of evidence (see e.g. Gray 2021; Yaffe et al. 2012).

[4] Additional results to be reported in separate papers in due course.

[5] We further had 127 employer representative responses, which are not included in the current paper, but will be reported in separate publications.

### References

Abdelnour, E., M. O. Jansen, and J. A. Gold. 2022. "ADHD Diagnostic Trends: Increased Recognition or Overdiagnosis?" *Missouri Medicine* 119, no. 5: 467–473.

American Enterprise Institute. 2024. "Embracing Neurodiversity at Work." https://aei.org/wp-content/uploads/2024/04/Embracing-Neurodiversity-at-Work-Unleashing-Americas-Largest-Untapped-Talent-Pool.pdf.

Astle, D. E., and S. Fletcher-Watson. 2020. "Beyond the 'Core Deficit Hypothesis' in Developmental Disorders." *Current Directions in Psychological Science* 29, no. 5: 1–13. https://doi.org/10.17863/CAM.52138.

Astle, D. E., J. Holmes, J. Kievit, and S. E. Gathercole. 2022. "Annual Research Review: The Transdiagnostic Revolution in Neurodevelopmental Disorders." *Journal of Child Psychology and Psychiatry* 63, no. 4: 397–417.

Audenaert, M., B. Van der Heijden, N. Conway, S. Crucke, and A. Decramer. 2020. "Vulnerable Workers' Employability Competences: The Role of Establishing Clear Expectations, Developmental Inducements, and Social Organizational Goals." *Journal of Business Ethics* 166, no. 3: 627–641.

Australian Government. 2023. "Public Sector Neurodiversity Community of Practice." https://www.apsc.gov.au/working-aps/diversity-and-inclusion/diversity-inclusion-news/public-sector-neurodiversity-community-practice.

Australian Institute of Health and Welfare. 2022. "People With Disability in Australia." https://www.aihw.gov.au/reports/disability/people-with-disability-in-australia/contents/employment/employment-rate-and-type.

Averns, D., S. L. Jakubec, R. Thomas, and A. Link. 2012. "Working With Uniqueness: Optimizing Vocational Strengths for People With Tourette Syndrome and Co-Morbidities." *Procedia-Social and Behavioral Sciences* 47: 1426–1435. https://doi.org/10.1016/j.sbspro.2012.06.837.

Beehr, T. A., T. D. Taber, and J. T. Walsh. 1980. "Career Satisfaction Measure," [Database Record]. Retrieved From PsycTESTS.

Bernick, M. 2021. "The State of Autism Employment in 2021, Forbes." https://www.forbes.com/sites/michaelbernick/2021/01/12/the-state-of-autism-employment-in-2021/?sh=55c8dcd359a4.

Bhaskar, R., and B. Danermark. 2006. "Metatheory, Interdisciplinarity and Disability Research: A Critical Realist Perspective." *Scandinavian Journal of Disability Research* 8, no. 4: 278–297. https://doi.org/10.1080/15017410600914329.

Boot, N., B. Nevicka, and M. Baas. 2020. "Creativity in ADHD: Goal-Directed Motivation and Domain Specificity." *Journal of Attention Disorders* 24, no. 13: 1857–1866. https://doi.org/10.1177/1087054717727352.

Botha, M., J. Hanlon, and G. L. Williams. 2023. "Does Language Matter? Identity-First Versus Person-First Language Use in Autism Research: A Response to Vivanti." *Journal of Autism and Developmental Disorders* 53, no. 2: 870–878. https://doi.org/10.1007/s10803-020-04858-w.

Branicki, L. J., S. Brammer, M. Brosnan, A. G. Lazaro, S. Lattanzio, and L. Newnes. 2024. "Factors Shaping the Employment Outcomes of Neurodivergent and Neurotypical People: Exploring the Role of Flexible and Homeworking Practices." *Human Resource Management* 63: 1001–1023. https://doi.org/10.1002/hrm.22243.

Brimo, K., L. Dinkler, C. Gillberg, P. Lichtenstein, S. Lundström, and J. Åsberg Johnels. 2021. "The Co-Occurrence of Neurodevelopmental Problems in Dyslexia." *Dyslexia* 27, no. 3: 277–293. https://doi.org/10.1002/dys.1717.

Brown, C. M., V. Newell, E. Sahin, and D. Hedley. 2024. "Updated Systematic Review of Suicide in Autism: 2018–2024." *Current Developmental Disorders Reports* 11: 225–256. https://doi.org/10.1007/s40474-024-00308-9.

Bureau of Labor Statistics. 2023. "Persons With a Disability: Labor Force Characteristics–2022." https://www.bls.gov/news.release/pdf/disabl.pdf.

Chapman, R., and H. Carel. 2022. "Neurodiversity, Epistemic Injustice, and the Good Human Life." *Journal of Social Philosophy* 53, no. 4: 1–18. https://doi.org/10.1111/josp.12456.

Charlton, J. 1998. *Nothing About Us Without Us: Disability Oppression and Empowerment*. University of California Press.

CIPD. 2018. *Neurodiversity at Work*, 1–48. Chartered Institute of Personnel Development.

CIPD. 2022. *Health and Wellbeing at Work 2022: Survey Report*, 1–39. Chartered Institute of Personnel Development.

CIPD. 2024. *Neuroinclusion at Work Report 2024*. Chartered Institute of Personnel and Development.

City and Guilds. 2024. "Championing and Supporting Neurodiversity in the Workplace: City and Guilds Neurodiversity Index 2024." https://77f20764.flowpaper.com/CityandGuildsNeurodiversityIndexReport2024/#page=22.

CJJI. 2021. *Neurodiversity in the Criminal Justice System: A Review of Evidence*, 1–77. Criminal Justice Joint Inspection.

Colella, A. J., A. S. DeNisi, and A. Varma. 1998. "The Impact of Ratee's Disability on Performance Judgments and Choice as Partner: The Role of Disability–Job Fit Stereotypes and Interdependence of Rewards." *Journal of Applied Psychology* 83, no. 1: 102–111. https://doi.org/10.1037/0021-9010.83.1.102.

Comer, D. R., J. A. Lenaghan, and D. Motro. 2023. "Seeing Past Different Signals in the Job Interview: Information Improves Ratings of Candidates on the Autism Spectrum." *Equality, Diversity and Inclusion: An International Journal* 42, no. 7: 872–888.

Crook, T., and A. McDowall. 2023. "Paradoxical Career Strengths and Successes of ADHD Adults: An Evolving Narrative." *Journal of Work-Applied Management* 16, no. 1: 112–126. https://doi.org/10.1108/JWAM-05-2023-0048.

Doyle, N. 2020. "Neurodiversity at Work: A Biopsychosocial Model and the Impact on Working Adults." *British Medical Bulletin* 135: 1–18. https://doi.org/10.1093/bmb/ldaa021.

Doyle, N., L. Hough, K. Thorne, and T. Banfield. 2022. "Neurodiversity Assessment in Forensic Contexts." In *Challenging Bias in Forensic Psychological Assessment*, edited by G. Liell, M. Fisher, and L. Jones, 329–357. Taylor and Francis.

Doyle, N., and A. McDowall. 2021. "Diamond in the Rough? An "Empty Review" of Research Into "Neurodiversity" and a Road Map for Developing the Inclusion Agenda." *Equality, Diversity and Inclusion: An International Journal* 41, no. 3: 352–382. https://doi.org/10.1108/EDI-06-2020-0172.

Doyle, N., A. McDowall, and U. Waseem. 2022. "Intersectional Stigma for Autistic People at Work: A Compound Adverse Impact Effect on Labor Force Participation and Experiences of Belonging." *Autism in Adulthood* 4, no. 4: 340–356.

Dwyer, D. 2022. "The Neurodiversity Approach(Es): What Are They and What Do They Mean for Researchers?" *Human Development* 66, no. 2: 73–92. https://doi.org/10.1159/000523723.

Edmondson, A. C. 1999. "Psychological Safety and Learning Behavior in Work Teams." *Administrative Science Quarterly* 44, no. 2: 350–383. https://doi.org/10.2307/2666999.

Equality Act. 2010. "UK Legislation." http://www.legislation.gov.uk/ukpga/2010/15/introduction.

Erbil, C., M. F. Özbilgin, and N. Gündoğdu. 2024. "Neuronormativity as Ignorant Design in Human Resource Management: The Case of an Unsupportive National Context." *Human Resource Management Journal* 35, no. 2: 454–475.

Frazier, M. L., S. Fainshmidt, R. L. Klinger, A. Pezeshkan, and V. Vracheva. 2017. "Psychological Safety: A Meta-Analytic Review and Extension." *Personnel Psychology* 70, no. 1: 113–165. https://doi.org/10.1111/peps.12184.

Goldberg, C., and E. Willham. 2024. "When Words Are Not Enough: The Combined Effects of Autism Meta-Stereotypes and Recruitment Practices Aimed at Attracting Autistic Job-Seekers." *Human Resource Management* 63: 639–651.

Gray, R. 2021. "Empty Systematic Reviews: Identifying Gaps in Knowledge or a Waste of Time and Effort?" *Nurse Author & Editor* 31, no. 2: 42–44.

Heasman, B., and A. Gillespie. 2018. "Neurodivergent Intersubjectivity: Distinctive Features of How Autistic People Create Shared Understanding." *Autism* 23, no. 4: 910–921. https://doi.org/10.1177/1362361318785172.

Hennekam, S., and K. Follmer. 2024. "Neurodiversity and HRM: A Practice-Based Review and Research Agenda." *Equality, Diversity and Inclusion* 43, no. 7: 1119–1129. https://doi.org/10.1108/EDI-12-2023-0424.

Herbold, D., and H. Schumacher. 2020. "Relational Retention." *Managerial and Decision Economics* 41, no. 4: 490–502.

Hutchings, K., A. Wilkinson, and S. Michailova. 2024. "Theory for the HR Discipline: Where Have We Been and Where Are We Going." In *A Guide to Key Theories for Human Resource Management Research*. Edward Elgar.

Hutson, P., and J. Hutson. 2023. "Neurodiversity and Inclusivity in the Workplace: Biopsychosocial Interventions for Promoting Competitive Advantage." *Journal of Organizational Psychology* 23, no. 2: 1–16. https://doi.org/10.33423/jop.v23i2.6159.

Iqbal, Q., S. D. Volpone, and K. Piwowar-Sulej. 2024. "Workforce Neurodiversity and Workplace Avoidance Behavior: The Role of Inclusive Leadership, Relational Energy, and Self-Control Demands." *Human Resource Management* 64, no. 1: 37–57. https://doi.org/10.1002/hrm.22249.

Itzchakov, G., N. Weinstein, and A. Cheshin. 2022. "Learning to Listen: Downstream Effects of Listening Training on Employees' Relatedness,

Burnout, and Turnover Intentions." *Human Resource Management* 62, no. 4: 565–580. https://doi.org/10.1002/hrm.22038.

Jensen, J., M. Lindgren, K. Andersson, D. H. Ingvar, and S. Levander. 2000. "Cognitive Intervention in Unemployed Individuals With Reading and Writing Disabilities." *Applied Neuropsychology* 7, no. 4: 223–236. https://doi.org/10.1207/S15324826AN0704_4.

Jones, J. S., the CALM Team, and D. E. Astle. 2021. "A Transdiagnostic Data-Driven Study of Children's Behaviour and the Functional Connectome." *Developmental Cognitive Neuroscience* 52: 101027. https://doi.org/10.1016/j.dcn.2021.

Kaliannan, M., D. Darmalinggam, M. Dorasamy, and M. Abraham. 2023. "Inclusive Talent Development as a Key Talent Management Approach: A Systematic Literature Review." *Human Resource Management Review* 33, no. 1: 1–23. https://doi.org/10.1016/j.hrmr.2022.100926.

Kossek, E. E., S. Pichler, T. Bodner, and L. B. Hammer. 2011. "Workplace Social Support and Work–Family Conflict: A Meta-Analysis Clarifying the Influence of General and Work–Family-Specific Supervisor and Organizational Support." *Personnel Psychology* 64, no. 2: 289–313. https://doi.org/10.1111/j.1744-6570.2011.01211.x.

Kurtessis, J. N., R. Eisenberger, M. T. Ford, L. C. Buffardi, K. A. Stewart, and C. S. Adis. 2017. "Perceived Organizational Support: A Meta-Analytic Evaluation of Organizational Support Theory." *Journal of Management* 43, no. 6: 1854–1884. https://doi.org/10.1177/0149206316665460.

Lai, M. C., C. Kassee, R. Besney, et al. 2019. "Prevalence of Co-Occurring Mental Health Diagnoses in the Autism Population: A Systematic Review and Meta-Analysis." *Lancet Psychiatry* 6, no. 10: 819–829. https://doi.org/10.1016/S2215-0366(19)30200-6.

Lup, D., and E. Canonico. 2024. "Bridges and Gatekeepers: Employees' Willingness to Refer Qualified Candidates on the Autism Spectrum." *Human Resource Management* 63: 1025–1043. https://doi.org/10.1002/hrm.22247.

Majeed, N. M., A. Hartanto, and J. J. X. Tan. 2021. "Developmental Dyslexia and Creativity: A Meta-Analysis." *Dyslexia* 27, no. 2: 187–203. https://doi.org/10.1002/dys.1677.

May, D. R., R. L. Gilson, and L. M. Harter. 2004. "The Psychological Conditions of Meaningfulness, Safety, and Availability and the Engagement of the Human Spirit at Work." *Journal of Occupational and Organizational Psychology* 77, no. 1: 11–37. https://doi.org/10.1348/096317904322915892.

McDowall, A., N. Doyle, and A. Kiseleva. 2023. *Neurodiversity at Work 2023*. Neurodiversity in Business.

McDowall, A., N. Doyle, and A. Srinivasan. 2024. *Neurodiversity at Work and in Business*. Neurodiversity in Business.

Mor Barak, M. E., D. A. Cherin, and S. Berkman. 1998. "Organizational and Personal Dimensions in Diversity Climate." *Journal of Applied Behavioral Science* 34, no. 1: 82–104.

National Autistic Society. 2016. "The Autism Employment Gap: Too Much Information in the Workplace." The National Autistic Society. http://www.autism.org.uk/about/what-is/myths-facts-stats.aspx.

Ne'eman, A., and E. Pellicano. 2022. "Neurodiversity as Politics." *Human Development* 66, no. 2: 149–157. https://doi.org/10.1159/000524277.

Newman, A., R. Donohue, and N. Eva. 2017. "Psychological Safety: A Systematic Review of the Literature." *Human Resource Management Review* 27, no. 3: 521–535. https://doi.org/10.1016/j.hrmr.2017.01.001.

NHS. 2024. "Proactive Care. Community Health Services." https://www.england.nhs.uk/community-health-services/proactive-care/#:~:text=Proactive%20care%20is%20personalised%20and%20co-ordinated%20multi-professional%20support%20and%20interventions.

Niedhammer, I., S. Bertrais, and K. Witt. 2021. "Psychosocial Work Exposures and Health Outcomes: A Meta-Review of 72 Literature Reviews With Meta-Analysis." *Scandinavian Journal of Work, Environment & Health* 47, no. 7: 489. https://doi.org/10.5271/sjweh.3988.

Office for National Statistics. 2024. "Disability pay gaps in the UK." Ons.gov.uk. https://cy.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/disability/articles/disabilitypaygapsintheuk/2014to2023.

Palmer, E., and J. Stern. 2015. "Employment in Tourette Syndrome." *Journal of Neurology, Neurosurgery & Psychiatry* 86, no. 9: 16–24. https://doi.org/10.1136/jnnp-2015-311750.41.

Praslova, L., L. Bernard, S. Fox, and A. Legatt. 2023. "Don't Tell Me What to Do: Neurodiversity Inclusion Beyond the Occupational Typecasting." *Industrial and Organizational Psychology* 16, no. 1: 66–69.

Praslova, L. N. 2024. *The Canary Code: A Guide to Neurodiversity, Dignity, and Intersectional Belonging at Work*. Berrett-Koehler Publishers.

Prouska, R., U. Chatrakul Na Ayudhya, A. Beauregard, A. Psychogios, and M. Nyfoudi. 2024. "Conceptualising the Nexus Between Macro-Level 'Turbulence' and the Worker Experience." *Human Resource Management Journal* 34, no. 3: 781–791.

Pryke-Hobbes, A., J. Davies, B. Heasman, et al. 2023. "The Workplace Masking Experiences of Autistic, Non-Autistic Neurodivergent, and Neurotypical Adults in the UK." *PLoS One* 18, no. 9: e0290001. https://doi.org/10.1371/journal.pone.0290001.

Raymaker, D. M., A. R. Teo, N. A. Steckler, et al. 2020. ""Having all of Your Internal Resources Exhausted Beyond Measure and Being Left With no Clean-Up Crew": Defining Autistic Burnout." *Autism in Adulthood* 2, no. 2: 132–143. https://doi.org/10.1089/aut.2019.0079.

Rephun, M. 2024. "A Year of Growth and Possibility: Where Neurodiverse Policy and Legislation Stands in 2024." Creative Spirit. https://www.creativespirit-us.org/a-year-of-growth-and-possibility-where-neurodiverse-policy-and-legislation-stands-in-2024/?cn-reloaded=1.

Richards, J., K. Sang, A. Marks, and S. Gill. 2019. ""I've Found It Extremely Draining": Emotional Labour and the Lived Experience of Line Managing Neurodiversity." *Personnel Review* 48, no. 7: 1903–1923. https://doi.org/10.1108/PR-03-2018-0090.

Riddick, B. 2001. "Dyslexia and Inclusion: Time for a Social Model of Disability Perspective?" *International Studies in Sociology of Education* 11, no. 3: 37–41. https://doi.org/10.1080/09620210100200078.

Roberson, Q., N. R. Quigley, K. Vickers, and I. Bruck. 2021. "Reconceptualizing Leadership From a Neurodiverse Perspective." *Group & Organization Management* 46, no. 2: 399–423.

Rong, Y., C. J. Yang, Y. Jin, and Y. Wang. 2021. "Prevalence of Attention-Deficit/Hyperactivity Disorder in Individuals With Autism Spectrum Disorder: A Meta-Analysis." *Research in Autism Spectrum Disorders* 83: 101759. https://doi.org/10.1016/j.rasd.2021.101759.

Russell, G., R. O'Connor, and G. M. Khandaker. 2022. "Time Trends in Autism Diagnosis Over 20 Years: A UK Population-Based Cohort Study." *Journal of Child Psychology and Psychiatry* 63, no. 6: 674–682. https://doi.org/10.1111/jcpp.13505.

Seibert, S. E., M. L. Kraimer, B. C. Holtom, and A. J. Pierotti. 2013. "Career Satisfaction Scale. [Database record]. Retrieved from PsycTESTS".

Silver, E. R., C. L. Nittrouer, and M. R. Hebl. 2023. "Beyond the Business Case: Universally Designing the Workplace for Neurodiversity and Inclusion." *Industrial and Organizational Psychology* 16, no. 1: 45–49.

Simpson, B. 2018. "Pragmatism: A Philosophy of Practice." In *SAGE Handbook of Qualitative Business and Management Research Methods*, edited by C. Cassell, A. L. Cunliffe, and G. Grandy, 54–68. Sage Publications Ltd.

Snowling, M. J., J. W. Adams, C. Bowyer-Crane, and V. A. Tobin. 2000. "Levels of Literacy Among Juvenile Offenders: The Incidence of Specific

Reading Difficulties." *Criminal Behaviour and Mental Health* 10, no. 4: 229–241. https://doi.org/10.1002/cbm.362.

Stone, D. L., and A. Colella. 1996. "A Model of Factors Affecting the Treatment of Disabled Individuals in Organizations." *Academy of Management Review* 21, no. 2: 352–401.

Szechy, K. A., P. D. Turk, and L. A. O'Donnell. 2024. "Autism and Employment Challenges: The Double Empathy Problem and Perceptions of an Autistic Employee in the Workplace." *Autism in Adulthood* 6, no. 2: 205–217. https://doi.org/10.1089/aut.2023.0038.

Szulc, J. M., J. Davies, M. T. Tomczak, and F. L. McGregor. 2021. "AMO Perspectives on the Well-Being of Neurodivergent Human Capital." *Employee Relations* 43, no. 4: 858–872. https://doi.org/10.1108/ER-09-2020-0446.

Szulc, J. M., F. L. McGregor, and E. Cakir. 2023. "Neurodiversity and Remote Work in Times of Crisis: Lessons for HR." *Personnel Review* 52, no. 6: 1677–1692.

Tomczak, M. T., J. M. Szulc, and M. Szczerska. 2021. "Inclusive Communication Model Supporting the Employment Cycle of Individuals With Autism Spectrum Disorders." *International Journal of Environmental Research and Public Health* 18, no. 9: 1–12. https://doi.org/10.3390/ijerph18094696.

Topp, C. W., S. D. Østergaard, S. Søndergaard, and P. Bech. 2015. "The WHO-5 Well-Being Index: A Systematic Review of the Literature." *Psychotherapy and Psychosomatics* 84, no. 3: 167–176. https://doi.org/10.1159/000376585.

Triana, M. D. C., P. Gu, O. Chapa, O. Richard, and A. Colella. 2021. "Sixty Years of Discrimination and Diversity Research in Human Resource Management: A Review With Suggestions for Future Research Directions." *Human Resource Management* 60, no. 1: 145–204. https://doi.org/10.1002/hrm.22087.

Vogus, T. J., and J. L. Taylor. 2018. "Flipping the Script: Bringing an Organizational Perspective to the Study of Autism at Work." *Autism* 22, no. 5: 514–516. https://doi.org/10.1177/1362361318776103.

Volpone, S., D. R. Avery, and J. H. Wayne. 2022. "Shaping Organizational Climates to Develop and Leverage Workforce Diversity." In *Neurodiversity in the Workplace*, edited by S. Bruyere and A. Colela. Routledge.

Walker, N. 2021. *Neuroqueer Heresies: Notes on the Neurodiversity Paradigm, Autistic Empowerment, and Postnormal Possibilities.* Autonomous Press.

Warrier, V., D. M. Greenberg, E. Weir, et al. 2020. "Elevated Rates of Autism, Other Neurodevelopmental and Psychiatric Diagnoses, and Autistic Traits in Transgender and Gender-Diverse Individuals." *Nature Communications* 11, no. 1: 3959. https://doi.org/10.1038/s41467-020-17794-1.

Weber, C., B. Krieger, E. Häne, J. Yarker, and A. McDowall. 2022. "Physical Workplace Adjustments to Support Neurodivergent Workers: A Systematic Review." *Applied Psychology* 73, no. 3: 1–53. https://doi.org/10.1111/apps.12431.

Weinberg, A., and N. Doyle. 2017. *Psychology at Work: Improving Wellbeing and Productivity in the Workplace.* British Psychological Society.

Wissell, S., L. Karimi, T. Serry, L. Furlong, and J. Hudson. 2022. ""You Don't Look Dyslexic": Using the Job Demands—Resource Model of Burnout to Explore Employment Experiences of Australian Adults With Dyslexia." *International Journal of Environmental Research and Public Health* 19, no. 17: 10719. https://doi.org/10.3390/ijerph191710719.

Yaffe, J., P. Montgomery, S. Hopewell, and L. D. Shepard. 2012. "Empty Reviews: A Description and Consideration of Cochrane Systematic Reviews With no Included Studies." *PLoS One* 7, no. 5: e36626.

Young, S., R. A. González, M. Fridman, P. Hodgkins, K. Kim, and G. H. Gudjonsson. 2018. "The Economic Consequences of Attention-Deficit Hyperactivity Disorder in the Scottish Prison System." *BMC Psychiatry* 18: 1–11. https://doi.org/10.1186/s12888-018-1792-x.