Towards Neuro-Inclusive Workplaces: Insights From Neurodivergent Individuals in a Conservation-Based Organization

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This study examines the workplace experiences of neurodivergent individuals in a conservation organization using the biopsychosocial model. Fifteen neurodivergent participants (13 staff and 2 postgraduates), including seven who additionally identified as disabled, shared insights in interviews designed with input from an advisory group. Facilitators of inclusion included empathy, acceptance, and use of strengths. Barriers involved sensory-overwhelming environments, limited mental health support, and cultures prioritizing overwork. Key recommendations for neuro-inclusion are fostering job fit, emphasizing well-being, and promoting flexibility and autonomy. Achieving inclusion necessitates adapting workplace practices to accommodate diverse needs, engaging neurodivergent workers in decision-making, and educating colleagues about neurodiversity.

Keywords: neuro-inclusion, neurodiversity, biopsychosocial model, well-being, job fit

INTRODUCTION

The neurodiversity movement, beginning in the late 1980s, advocates for justice and inclusion for neurodivergent people (Jaarsma & Welin, 2012). Neurodivergence is defined as "having a mind that functions in ways which diverge significantly from the dominant societal standards of "normal" (Walker, 2014). Although the movement has been connected to the autism rights movement, the definition of neurodivergence expands beyond autistic people (Doyle, 2020). For example, neurodivergence includes mental health conditions such as obsessive-compulsive disorder (OCD), neurodevelopmental conditions like attention deficit hyperactivity disorder (ADHD), learning differences including dyslexia, and psychiatric conditions like schizophrenia (CIPD, 2018). Individuals diagnosed with these conditions can also identify as disabled. Here, I refer to people who diverge from societal expectations of normal as neurodivergent (Walker & Raymaker, 2021) while recognizing that some may identify as disabled and/or neurodiverse or other variations of the term. Refer to Table 1 for a list of terms and definitions used throughout this paper.

It is estimated that 15-20% of the global population is likely neurodivergent (Doyle, 2020), and increasingly, more attention is being given to understanding employment for neurodivergent workers (Bruyère & Colella, 2022). Statistics demonstrate that neurodivergent workers experience higher levels of absenteeism and stress compared to non-neurodivergent workers (Küpper et al., 2012; Tomczak & Kulikowski, 2024), and they receive poorer performance evaluations and productivity expectations from their managers and colleagues (Colella et al., 1998; Harper, 2014). Furthermore, they are more likely to experience social exclusion and discrimination in the workplace (Khan et al., 2023). Therefore,

organizations must better understand experiences that facilitate and deter inclusion to support neurodivergent individuals.

TABLE 1
TERMS AND THEIR DEFINITIONS

Term	Definition
Neurodiversity	"the diversity of human minds, the infinite variation in neurocognitive functioning within our species" (Walker, 2014)
Neurodiversity movement	"a social justice movement that seeks civil rights, equality, respect, and full societal inclusion for the neurodivergent" (Walker, 2014)
Neurodivergent	"having a mind that functions in ways which diverge significantly from the dominant societal standards of "normal" "(Walker, 2014)
Neurodivergence	"the state of being neurodivergent" (Walker, 2014)
Neuro-expression	How a person's neurodivergence is expressed
Neuro-differences	Alternate word for neurodivergence or neurodivergent (Doyle & Waseem, 2022, p. 102)
Neuro-inclusion	"a term that refers to creating environments, practices and processes that are inclusive of all people's cognitive processing requirements" (Dark, 2024, p. 2)

Advocates of the neurodiversity movement have argued for a shift in narrative in research and practice from a focus on deficits or pathological paradigms to a neurodiversity paradigm (Walker & Raymaker, 2021). The neurodiversity paradigm understands neurodivergence as difference, not deficit, and recognizes the strengths of neurodivergent individuals. The shift from deficit to difference has led researchers to examine neurodivergent workplace strengths and skills. These include identifying autistic people as excellent at pattern recognition and high in honesty, ADHDers as creative and high in energy, and those with depression as high in empathy and resilience (CIPD, 2018; Sedgwick et al., 2019; Wong et al., 2018). Organizations have also begun matching types of careers to neurodivergent labels, resulting in an increase of autism-specific programs in the technology industry and advice for ADHDers to follow a creative industry career path. There is, however, a limitation to this research: many neurodivergent conditions co-occur. For example, between 25%-40 of ADHDers are likely to be dyslexic (Boada et al., 2012), and 40% have anxiety (Centers for Disease Control and Prevention [CDC], 2024). In addition, there is an argument that compartmentalizing conditions and typecasting perpetuate stereotypes and lead to inaccurate assumptions about neurodivergence (Praslova et al., 2023). All neuroexpressions are different, and grouping strengths, like challenges, using diagnostic labels can be limited.

The neurodiversity movement not only advocates for a shift in understanding how neurodivergence is conceptualized, but it also shapes the types of support available for neurodivergent workers. To understand the support available, it is important to recognize the similarities between the neurodiversity movement and the social model of disability (Lefevre-Levy et al., 2023). The social model of disability argues that barriers in society are disabling rather than the individual being disabled, and the latter is referred to as the medical model of disability (Shakespeare, 2013). For example, in a workplace context, societal barriers can include inaccessible buildings and can extend to common stereotypes about disabled workers' capabilities (Barnes & Mercer, 2005). Therefore, to improve workplace inclusivity using the social model of disability, organizations should remove or reduce these societal barriers. The most common approach to addressing these barriers is accommodations; i.e., changes to the environment that support a disabled worker doing

their job (Schartz et al., 2006). While the social model is important for understanding society's role in creating disabling environments, it has been critiqued for focusing solely on the environment and neglecting to acknowledge medical support's impact improving workplace outcomes (Santuzzi & Waltz, 2016). One example is the positive impact of stimulants on an ADHDers work performance (Lauder et al., 2024).

Thus, the biopsychosocial model is an alternate approach to understanding neurodivergence that recognizes the complexities of neurodivergence within one person (Hutson & Hutson, 2023). The biopsychosocial model (BPS model) has three domains of focus; the 'biological', the 'psychological', and the 'social' or sometimes called 'environment'. It was developed as a model in the medical literature to explain that disability is more than a biological concept because it occurs in a social context and that recognizing medical and social approaches is required when supporting people (Engel, 1977; Macdonald, 2019). Consequently, the model bridges the tension between the social and medical models of disability by recognizing that two people with the same diagnostic label can require differing types of support (Whelpley et al., 2023). One study used the BPS model to illustrate how autistic employee workplace support needs to align with the model to adopt a person-centered approach, rather than a purely social model understanding of neurodivergence (Whelpley et al., 2023). Whelpley et al., (2023) argued that biological markers, such as genetics and brain anatomy, interact with psychological factors like shame and social factors like work environment and co-worker/manager expectations. They recommend that for autistic employees, understanding how these factors interact within a person is important for understanding the type of personalized support required at work. Examples of such interactions include job fit, co-worker training, medication, and accommodations (Whelpley et al., 2023). Doyle (2020) applied the BPS model to all neurodivergence and argues that there are biological markers of neurodivergence that lead to psychological differences, and how these are interpreted by society depends on our culture and environment. Therefore, the BPS model has been applied to understand the impact of neurodivergence in the workplace by shifting the focus from treating disorders to a more holistic and personalized approach of adjusting the fit between the environment and the person (Doyle, 2020). Suggestions of support for neurodivergent workers using the BPS model include resource training for managers on the best ways to communicate with neurodivergent employees and the redesign of hiring practices to be more inclusive (Hutson & Hutson, 2023).

I use the BPS model to understand neurodivergent people's experiences of barriers to and facilitators of workplace inclusion. Thus far, research applying the BPS model has applied it to synthesize findings from intervention literature into biological, psychological, social, or all three compared to using the BPS model as a lens to understand the neurodivergent experience.

Neuro-Inclusion

Practitioners, advocates, and organizations have begun to refer to the term *neuro-inclusion* to describe the practices that improve workplace inclusion for neurodivergent workers. Dark (2024) defined neuro-inclusion as "a term that refers to creating environments, practices and processes that are inclusive of all people's cognitive processing requirements" (p. 2) and Dark (2024) distinguished this from the act of neuro-inclusion being "listening to and valuing the views and support requirements of people whose thinking and behavior significantly diverge from prominent expressions" (p. 2). It is strongly recommended that neuro-inclusion involves co-creating and developing practices centralizing neurodivergent voices and experiences (Burton et al., 2022). However, the literature on evidence-based examples of neuro-inclusive workplace practices created from lived experiences is minimal. Instead, examples of best practices are generated from organizations and based on universal design principles (Praslova et al., 2023; Silver et al., 2023). Examples of recommended practices from the literature include; accommodations, awareness training, flexible working, multiple communication formats, sharing of workplace norms, and designing office environments inclusive of sensory sensitivities (Ali et al., 2024; Dwyer et al., 2022; Silver et al., 2023; Szulc et al., 2021).

In sum, research exploring inclusion for disabled and neurodivergent workers tends to examine the barriers to or top-down organizational practices associated with inclusion. For example, perceived inclusion from leadership perspectives (Heath & Babu, 2017) rather than adopting a bottom-up approach to

understanding inclusion from the perspective of the neurodivergent experience and hence facilitating neuro-inclusion (Beatty et al., 2019; Praslova et al., 2023).

Research Aim and Questions

This study aims to draw from neurodivergent lived experiences using a case study approach to better understand neuro-inclusion. The main research questions are:

- What are the biopsychosocial barriers to and facilitators of inclusion experienced by neurodivergent staff and students in a conservation-based organization?
- What practical insights for creating neuro-inclusive workplaces can be gleaned from these experiences?

METHOD

Case Study

This study adopts a case study approach and is conducted in a non-profit conservation-based organization located in a higher education institution in New York State, USA. Case study methodology is useful when understanding workers' lived experience because it allows for the complexity of experiences in context-specific environments (Marshall et al., 2020). The organization consists of six centers with more than 300 staff members and 100 students. People perform various types of work with roles, including administrative staff, gift officers, media producers, and full-time faculty members. There is a clear hierarchy where a director leads each center. Most staff (around 60%) work in cubicles or private offices, and hybrid work is common, with over 70% of staff having a hybrid work schedule. We adopted Dark's (2024) principles for neuro-inclusive research to accompany the case study approach. We attempted to meet these principles by including an advisory group of neurodivergent individuals in developing research material such as advertisements, interview questions, and language choices (Dark, 2024).

Participants

A total of 15 neurodivergent individuals volunteered to be interviewed as part of the study. They were recruited through an email sent to all employees and students via a listserv where information and a link to a survey were provided. The survey contained information about the interviews, including details about what would happen to their data, confidentiality, and how long the interview would take. Participants expressed interest in participating in the study through the survey and selected an available time slot. The study received ethical approval from the university's institutional review board (#0143763).

We included participants who self-identify as neurodivergent rather than formally diagnosed. Of the 15 participants, seven identified as both disabled and neurodivergent, and their disabilities ranged from autoimmune conditions to physical limitations. Almost half of the participants had been diagnosed with attention deficit hyperactivity disorder (n = 7), two self-identifying as being autistic, and other neurodivergence included anxiety which was often co-occurring (n = 8), post-traumatic stress disorder (n = 3), and obsessive-compulsive disorder (n = 1). We classified late diagnosis as those who identified with or received their formal diagnosis after turning 18 years old; 12 participants were therefore late diagnosed. Participants' ages ranged from early 20s to late 50s, seven identified as women and five as men, and three used non-binary pronouns or did not specify their gender identity. Nearly all participants identified as white and three identified as being part of the LGTBQ+ community.

A total of 13 participants were staff members and two were postgraduate students. Table 2 displays the participant's role, identities, and whether they were diagnosed late. The majority were non-academic staff (n = 10) meaning that their job role did not involve conducting research or working with students. Their job roles varied from working in teams that fundraise to educators that design learning programs. Roles ranged in seniority from two leadership team members to a student employee.

TABLE 2
PARTICIPANT DEMOGRAPHIC INFORMATION

Participant ID	Position	Disabled and/or neurodivergent?	Late diagnosed
P1	Staff	Neurodivergent	Y- self
P2	Staff	Neurodivergent	Y- self
P3	Staff*	Neurodivergent	Y
P4	Student	Disabled and neurodivergent	N
P5	Staff*	Neurodivergent	Y
P6	Staff	Disabled and neurodivergent	Y
P7	Student	Neurodivergent	Y
P8	Staff	Neurodivergent	Y- self
P9	Staff	Neurodivergent	Y
P10	Staff	Disabled and neurodivergent	Y
P11	Staff	Disabled and neurodivergent	Y
P12	Staff	Disabled and neurodivergent	Y
P13	Staff*	Disabled and neurodivergent	N
P14	Staff	Disabled and neurodivergent	Y
P15	Staff	Neurodivergent	N

*indicates academic members of staff
Note: a late diagnosis was defined as someone who was diagnosed or self-diagnosed over the age of 18 and/or acquired their disability after age 18

Interviews

As part of the participatory approach, an advisory working group comprising five staff and students who identify as neurodivergent and/or disabled provided advice and feedback on the interview protocol and questions. Interviews lasted 60 to 120 minutes between January and March 2023. The protocol was designed to be inclusive and based on existing best-practice guidelines. For instance, participants were given the choice of three interview formats; the first was to have the interview take place in person in a private meeting space (n = 2), the second was to have the interview take place on Zoom (n = 11), and the third was to answer interview questions through an email conversation (n = 2). These formats were developed to respect all communication and working preferences (Nicolaidis et al., 2019; Sang et al., 2022). Once participants expressed interest in participating, they were sent the interview questions to support their preparation (Nicolaidis et al., 2019). It also allowed participants to decide whether they would like to change the order of the questions or remove any. At the start of the in-person and online interviews, participants were reminded of the choice to add or remove questions, and filter questions were asked for their preferred identity terms (King & Hugh-Jones, 2019). Interviewees were reminded of the option to take breaks, were invited to self-regulate through movement, known as stimming (Kapp, 2019), and could turn their cameras off if online. Once the interviews were completed, interview debriefs were shared via voice and email, and participants were provided transcripts to confirm the accuracy of their accounts and amend/make changes through member checking (Birt et al., 2016; King & Hugh-Jones, 2019).

The semi-structured interviews contained 11 questions with prompts, adapted from the existing literature. Participants were asked to explain their disability and/or neurodivergence in the context of their work/study, outlining barriers and strengths. They were then asked to describe times in which they felt included and excluded at work/study and explain any environmental adaptations or support that they would like to receive or have received. The final questions asked interviewees what they would like the organization's community to know about neurodiversity and disability and to list any ideas they had on how the organization could be more inclusive. The language of the questions themselves were designed to be contextually clean based on guidance for interviewing neurodivergent people on their lived experience (Doyle & Waseem, 2022) and practice-based guidelines for the inclusion of autistic adults as co-researchers and research participants (Nicolaidis et al., 2019). For example, we avoided ambiguous and negatively worded language, and our prompts were open-ended: "Is there anything else?" and "Can you share an example?". Questions were reviewed for clarity by the research advisory group as part of our participatory approach to research (Levac et al., 2019).

Analysis

All interviews were digitally recorded for audio. The transcriptions were automatically generated from Zoom. To protect participants' confidentiality, only the lead researcher had access to the audio recordings and transcripts. Each transcript was checked for accuracy by listening to the audio recordings before sending transcripts to the interviewee for review. This step formed part of the data familiarization process before beginning to code. Thematic analysis was used to extract themes and codes from the data, following the six steps of the analytical process: 1) familiarization with the data, 2) generating codes, 3) constructing themes, 4) reviewing potential themes, 5) defining and naming themes, 6) producing the report (Clarke & Braun, 2017). An inductive approach was used to generate codes after familiarization (Terry et al., 2017). Once generated, the codes constructed themes and subthemes from the employee experiences. These themes were then revisited and defined.

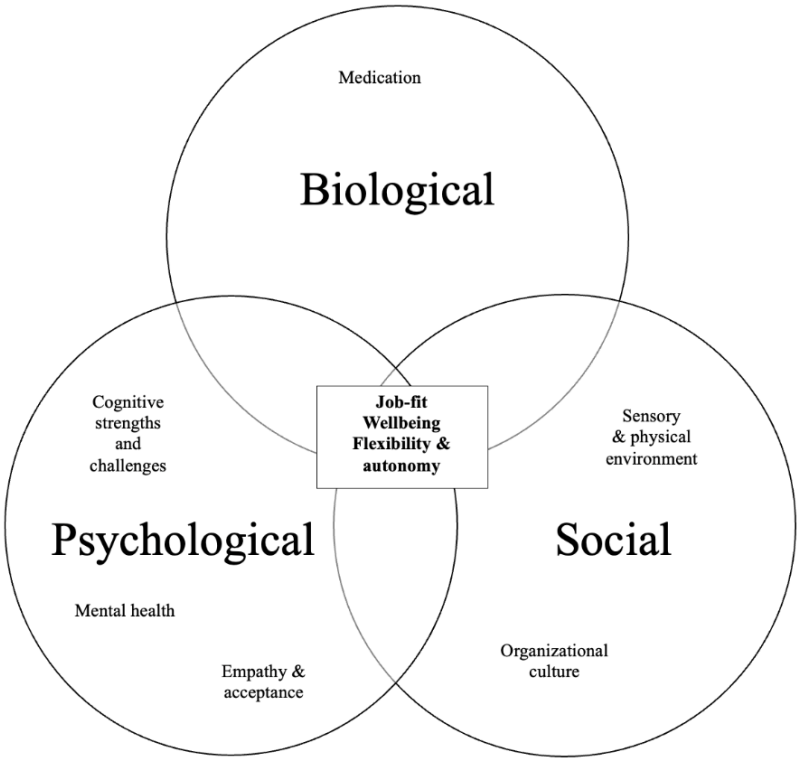
Once defined, the themes were categorized according to their fit in the BPS model domains. Each domain acted as higher-order themes of biological, psychological, and social; biological and psychological, biological and social; and social and psychological. We then generated neuro-inclusive recommendations from themes related to all factors of the BPS model (the center of the Venn diagram). Adopting an inductive approach enabled combining psychological theory to understand lived experiences and acknowledge the context in which the employees' perspectives are situated. Understanding experiences through a social context is in line with critical realism, the philosophical position adopted in this paper (Fletcher, 2017; Williams, 1999).

RESULTS

Findings

The following results outline the facilitators of and barriers to inclusion categorized according to the BPS model. The discussion then builds on these findings by identifying three recommendations for neuro-inclusion. Figure 1 shows the final model.

FIGURE 1
THEMES IDENTIFIED USING THE BIOPSYCHOSOCIAL MODEL



Theme 1: Biological Barriers and Facilitators

Medication

Of the 15 participants, seven shared that they took medication to either help them concentrate at work through ADHD stimulants, relieve their anxiety, or help them with their blood sugar levels due to diabetes. The participants who took medication for ADHD mentioned that they started medication once diagnosed and were generally positive about the impact on their work: "*(I)…started taking medication for it (ADHD) and yeah, it vastly improved my ability to focus on things*" (Participant 7). Another participant explained that they find it difficult to take medication regularly due to ADHD-related challenges with forgetfulness. When discussing the impact of medication, two participants explained that although medication is effective in improving concentration, medication alone is insufficient to support them. Participant 3 stated, "*I do take medication for it. But you know it doesn't do everything*", and Participant 9 explained, "*I'm still honestly figuring out the right combination of medication and cognitive behavioral therapy and kind of finding that balance of what helps me in a way that feels organic and sustainable.*" Participant 14 highlighted the importance of having a workplace that recognizes people's need to administer medication and have a safe and private place to do so and dispose of any medical waste. They explained that they chose to work from home because "*there are times that I have to administer different kinds of medications, even different from my diabetic ones, that I could never do in the workplace*." Therefore, medication is an important biological facilitator of workplace productivity and wellness; however, it can also be a barrier to inclusion due to a lack of understanding and facilities to support medication administration at work.

Theme 2: Psychological Barriers and Facilitators

Mental Health

Mental health was extracted as a theme that was a barrier to inclusion. A total of nine participants explained that they have challenges with generalized anxiety which can impact their work by experiencing

panic, sleep difficulties, and associated depression. Participant 5 described the connection between anxiety and sleep as a negative feedback loop:

> "*One of the things that is most prominent when I am experiencing a lot of anxiety is I tend to have pretty significant sleep disturbances. I actually am just kind of coming through a 3 month period of pretty severe insomnia which then has this sort of feedback loop experience with anxiety*".

Three of the nine participants related their anxiety to fear of contracting COVID-19 due to a relaxation of safety protocols and lack of mask-wearing. Participant 7 stated, *"I definitely feel like the *organization* has let their guard down on making people who still have anxiety around COVID feel comfortable*."

Cognitive Strengths and Challenges

Cognition was identified as both a barrier to and facilitator of inclusion. Here, we define cognition in line with how participants described themselves, thinking differently, meaning different from neuro-normative ways of thinking. Participants described strengths associated with fast processing or learning, problem-solving, visual learning, and big-picture thinking. The most frequently mentioned strength among participants was their ability to make connections between ideas that others have not noticed or spot errors and patterns that others have missed. "*I think my brain just works a little bit differently…I can see connections between things that I feel, I don't know, just through talking with others that most people don't pick up on*," explained Participant 3. Participants further mentioned how these strengths felt very natural or easy to them and that others were often impressed by them.

A mind that works differently from others can also create barriers to inclusion. Neurodivergent individuals may feel different or misunderstood by colleagues and managers who may not recognize or appreciate their unique approaches to tasks. A total of five participants discussed challenges with organization and time management. Participant 15 asserted that it was a big challenge "*I think getting work done in a timely manner is a big challenge sometimes for the you know the ADD and organizational aspects*" and then went on to describe how they needed extra time to complete tasks. Participant 6 explained how difficult it is to stay organized and the irony of how their colleagues perceive them as organized: "*It's really funny because everybody's like you're so organized and I'm like that's because I'm not organized, I work very hard at that*". Other participants described challenges with prioritization and the need to break tasks into smaller parts. Finally, two participants mentioned that they struggled with focusing for long periods, for example, in meetings that last an hour or more. When discussing what they would like their colleagues or managers to know about neurodiversity, Participant 9 highlighted that they wished the organization was more proactive by "*recognizing that people think differently and organize themselves differently and are productive in different environments*".

Empathy and Acceptance

The themes of *empathy* and *acceptance* were extracted as facilitators of inclusion. When discussing strengths and how participants used them at work/study, the most frequently noted strength was related to empathy or understanding others, particularly acceptance of differences. Participants often explained their strong empathy as a direct result or consequence of their experiences navigating inaccessible and non-inclusive educational and workplace settings. Participant 10 described this as "*I feel like I already have to think about life in a different way most of the time, so it makes me more open to new processes, and I think it just also makes you more empathetic*" and Participant 9 additionally mentioned how these experiences have made them more accepting of doing things differently and recognizing the complexity of people:

> "*One thing I've learned, and I feel like it will be somewhat related to living with ADHD is just acknowledging that there is not one right way to do things, and having empathy with colleagues who might approach the task or situation in a different way."*

Theme 3: Social Barriers and Facilitators

Organizational Culture

The theme of organizational culture was extracted to explain subthemes related to expectations, norms, and assumptions that were barriers to participants' inclusion. The most common subtheme mentioned by seven participants was feeling overworked. Participants described being overwhelmed by their workload, expectations, and pressure to be productive, and the norm to respond quickly to queries or projects. Participant 4 described the culture of overwork "*that you should work 24/7*" and how their colleagues played a role in this "*there's been other people at the *organization* who have kind of put that pressure on you.*" In contrast, Participant 8 described the pressure they place on themselves to perform to high standards "*I'm anxious about not getting my work done fast enough or well enough, because, personally, right now, we're really behind on emails and phone calls.*" Participant 13 simply stated, "*I mean, I spend a lot of my time working.*"

The second assumption regarding organizational culture was that working remotely or from home is less productive. One participant (14) shared that their flexibility agreement, a document that outlines the employees' hybrid work schedule, was helpful when they experienced depressive episodes but said "*I do not feel like if I needed to work from home all the time that that would be acceptable.*" When probed further they explained, "*I feel like a lot of managers here want people on site even though you can be just as productive or even more productive from your home environment.*" Another participant (4) explained that their manager made it clear through informal communications that working from home was equivalent to an excuse not to work or to do something 'fun'.

The most frequently mentioned helpful support by 10 participants was hybrid or remote working. They described the positive impact of the COVID-19 pandemic where many organizations, including theirs, began working remotely and continued to offer this through hybrid work. They discussed how the organization was hesitant to allow remote working before the pandemic, despite having a policy to allow it. Participant 12 wrote:

> *"The support of the institution allowing for flexibility/hybrid working locations has also been a lifesaver for me in many ways. I very much prefer and feel more effective and productive working from home and it would be very difficult if that option were to be taken away*."

Participants highlighted the importance of working remotely because they were able to control their working environment to suit their sensory experiences, be with their animals for support, and feel less distracted. The disabled staff and students also explained that working remotely meant they could better manage the pain associated with their disability. In addition to pain management and the fluctuating nature of challenges associated with disability/neurodivergence, flexible working hours were also mentioned alongside hybrid and remote working as beneficial for seven of the 15 participants. Participant 6 explained that when experiencing challenges, a flexible schedule enables them to stay on track with their work:

> "*I might not be able to focus and just have to take a 3-hour lunch, and then I work until 3 in the morning one day and that's fine, and no one cares, or bats an eye at that, and that's very rare*."

Sensory and Physical Environment

Half of the participants noted light or sound sensitivity as a challenge and barrier to inclusion. As mentioned above, many worked in spaces where they were unable to adjust their lighting, were distracted by others talking or moving around, and some were working in spaces with no natural light. Participant 8 describes how they created a tent to avoid the brightness of the lights:

> "*Sometimes people will turn on the bright light right over my desk, and it distracts me even worse, and it's so bright and so I've honestly this thing where I created like a little desk tent so I can make it darker so I can focus better*."

When discussing the impact of these challenges, many participants described feeling pain from the sensory information and how this pain could stop them from focusing and cause headaches. For example, Participant 10 explains, "*Someone ripping tape to the mail, that kind of sound can give me a headache that's like a migraine for 8 hours, just little things like other people doing very normal task*s". Others mentioned physical pain associated with their disabilities and chronic illness. It is additionally important to note that four participants discussed how the fluctuating nature of the challenges associated with their disability and/or neurodivergence meant they could not predict when they would be able to do their best work and maintain productivity. They also discussed how this was an anxiety-provoking and frustrating experience. Participant 10 encapsulates this by highlighting the lack of predictability:

> "*Some days are fine. (…) I can't predict to you how that's going to happen, and I can't tell you I'll always be able to tell you a day in advance like I'm just going to wake up some mornings, and there was literally a day that I woke up and my knee was swollen, and I couldn't walk, and I had to tell my boss, I can't get out of my house, I can't come in today."*

It was particularly difficult if the participant's disability was non-apparent, due to the skepticism they experienced or have experienced from others in previous workplaces/schools. Furthermore, those who were both disabled and neurodivergent explained that their bodies and minds were deeply connected, and when symptoms were physically exacerbated, this had a direct negative impact on their mental health and subsequent productivity. Participant 13 discusses how their mind and body influence each other "*everything I feel I feel on my skin, you know, so if I'm upset it's, I mean, physically painful in my skin*". When discussing how their disability impacts their work, Participant 4 wrote their condition *"… is my biggest issue, it impacts the jobs I do, how I sit/move, and how present I can be (a lot of pain = I cannot focus)*".

DISCUSSION

This study drew on the lived experiences of neurodivergent staff and postgraduate students at a conservation organization to better understand neuro-inclusion in the workplace. Using the biopsychosocial model as a framework, I identified facilitators of and barriers to inclusion. Barriers to inclusion related to the neurodivergent experience included inaccessible workspaces for delivering medication, distraction and pain due to the sensory experiences of working in open plan spaces, cooccurrence with poor mental health, and organization culture prioritizing overwork. Facilitators that helped promote neuro-inclusion included empathy and acceptance of difference, medical support for neurodivergence and medical conditions, alignment of strengths to the organization's goals, and the benefits of thinking differently in a job or program of study. The discussion focuses on the second research question and identifies three recommendations for neuro-inclusive workplaces based on the themes extracted and existing biopsychosocial models applied to neurodivergence (Doyle, 2020; Hutson & Hutson, 2023; Whelpley et al., 2023). The three recommendations, which are also depicted in the center of Figure 1, are as follows:

1. Enhancing person-job fit
2. Emphasis on wellbeing
3. Encourage flexibility and autonomy

Recommendation 1: Enhance Person-Job Fit

The person-environment fit model posits that better alignment of personal interests with the organization's environment leads to better and more positive workplace outcomes (Jansen & Kristof-Brown, 2006; Kristof-Brown & Guay, 2011). For example, the more congruent the perceived fit with an organization and a person's interest, the more likely the person is to be satisfied with their job and the less

likely they are to leave (Hoffman & Woehr, 2006). The study participants identified that their passion for animals, people, and the planet led to more meaningful work and a better connection to the organization's conservation goals. They described how their advanced knowledge and passion gave them purpose, which was an important buffer against poor mental health and the challenges that they experienced. Therefore, it can be argued that the alignment between their interests and the organization was high due to their industry type. These findings are consistent with the literature on the outcomes of meaningful work that show more meaningful and decent work results in positive engagement, higher job satisfaction, and higher retention for all workers, not just those who are neurodivergent (Lysova et al., 2019).

When considering the impact of these findings, they highlight the importance of a strengths-based approach to jobs that can utilize these strengths and passions for improved organizational outcomes. One method of support that could be effective for neurodivergent workers that utilizes strengths is job crafting (Demerouti, 2014). Job crafting is a process in which employees alter their job roles to align more with their skills and interests, in turn enhancing person-job fit (De Vos et al., 2020). Employees can make three types of changes: cognitive, relational, and task crafting (Geldenhuys et al., 2021). Cognitive crafting involves shifting how an employee perceives tasks associated with the job involves altering work tasks to better align with strengths (Demerouti & Bakker, 2013). Examples of how these types of job crafting can be used to utilize a person's strengths and interests could be: reframing how their interests align with the success of the organization (cognitive crafting), identifying how their strengths or interests can better build relationships with others (relational crafting), and prioritizing tasks that focus on strengths or interests (task crafting) (Kooij et al., 2017). Emergent research suggests that job crafting is useful for neurodivergent workers and can help improve inclusion (McDowall & Doyle, 2024; Papafilippou & Downes, 2024; Praslova, 2021) .

Recommendation 2: Emphasis on Wellbeing

An organizational culture barrier described by the participants was overwork. Some described overworking to compensate for the challenges experienced related to their neurodivergence, whereas others connected the need to overwork with the organizational culture. Moreover, they described overwork as needing to be *always on*, defined in the literature as the expectation for workers to be always available and responsive through digital technology, blurring the boundaries between work and life (McDowall & Kinman, 2017). These findings are consistent with the emerging literature on overworking, and neurodivergence that clearly outlines the negative impact of this culture on well-being, such as increased depression, anxiety, and the likelihood of burnout (Branicki et al., 2024). Furthermore, being *always on* is connected to the construction of the ideal worker, whereby top workplace performers prioritize work, are resilient to overwork, and consistently perform to a high standard (Hennekam & Descubes, 2023). The ideal worker is an ableist norm where hyper-productivity is expected and rewarded (Brown & Leigh, 2020; Foster & Wass, 2013).

The job demand resources model can explain the impact of overwork and identify solutions or possible interventions to improve well-being (Bakker & Demerouti, 2007). The job demand resources model argues that high demands, such as increased workload or expectations to respond immediately and out of hours, alongside a lack of resources, (i.e., little to no support from colleagues or inaccessible workspaces), can result in burnout and low productivity (Demerouti et al., 2001). To address the high demands, increasing the available resources can mitigate the risk of poor mental health outcomes (Bakker & Demerouti, 2017). An example of an effective resource is building strong social support networks with colleagues and managers through mentorship or coaching programs and clear communications. Reducing demands by outlining clear expectations and organizational norms is also effective for neurodivergent workers, as well as flexible working arrangements and managers role modeling healthy work behavior (Hennekam & Descubes, 2023; Silver et al., 2023). Further research is required to examine effective resources for neurodivergent workers, especially since recent work highlights the duality of resources and demands between autistic and non-autistic people. For example, an autistic person may experience remote work as a resource and a non-autistic person may perceive work as a burdensome demand (Tomczak & Kulikowski, 2024).

Finally, although the environment and organizational culture are important for well-being and inclusion, participants experienced poor mental health, specifically anxiety-related conditions. Best practices for mental health support in organizations advocate for a proactive and systemic approach that includes tertiary support. The most common form of support is employee assistant programs (EAPs), which typically provide short-term counseling services to employees (Bouzikos et al., 2022). EAPs are designed to improve performance and productivity, and emerging evidence suggests they also reduce absenteeism (Joseph et al., 2018). However, more research is required to fully evaluate their efficacy on mental health outcomes for neurodivergent individuals.

Recommendation 3: Encourage Flexibility and Autonomy

The final recommendation for flexibility and autonomy was identified from the themes related to medication, empathy and acceptance, and sensory and physical environments as essential facilitators of and barriers to inclusion. These themes emphasized that the workplace environment must be accessible and designed for inclusion. First, the participants reported that they process sensory information differently, and the physical environment or workspace was a barrier that negatively influenced their well-being and productivity. Participants mostly work in open-plan cubicles on large open floors, which results in distractions from light sensitivity, varying noise levels, and lack of privacy. The impact of this poorly designed sensory environment on neurodivergent individuals was profound and resulted in descriptions of physical pain and poorer productivity. The differences in sensory processing, especially for neurodivergent individuals, are documented in the literature (Dark, 2023; Weber et al., 2022). Applying the biopsychosocial model highlights this interaction between body and mind by emphasizing the importance of understanding how workplace environments impact the physical and psychological experiences of neurodivergent people (Doyle, 2020; Walker & Raymaker, 2021). These findings align with the body-mind approach to neurodiversity, which has been used to understand how the body and mind are intertwined and connected rather than separate (Walker & Raymaker, 2021). The connected nature of body-mind explains how sensitivities in the environment influence the cognitive processes involved in sensory information and how these result in physical responses like pain.

To address the physical workspace as a barrier to inclusion, organizations should focus on designing spaces that adopt principles of both universal and inclusive design (Cumming & Rose, 2022). Universal design is based on seven principles outlined by architects to guide designing buildings to ensure accessibility for all (O Shea et al., 2016). Examples of these principles include designing spaces that require low physical effort, are flexible in use, and contain perceptible information. These principles align with the body-mind approach, and incorporating them into the design of workspaces will improve accessibility and inclusion for neurodivergent individuals (Bennett, 2024). To adopt these principles for neuro-inclusion, researchers have suggested establishing quiet spaces for working, limiting strong smells to minimize distraction, and communicating information through multiple formats to improve social understanding (Silver et al., 2023).

However, achieving acceptance and empathy of people working differently goes beyond adjusting the physical space to reevaluate how work tasks are completed and improve the work culture. It is clear from these findings that autonomy, an employee's control over how work tasks are completed, is important for inclusion, as well as a flexible approach from managers and colleagues. Empowerment theory (Spreitzer, 1995) supports these findings by arguing that employees with more autonomy over tasks experience higher job satisfaction, better performance, and organizational commitment(Klein et al., 2000). Furthermore, cultures where a flexible approach is adopted, here defined as both flexible working schedules and managers and coworkers that are adaptable in their approach, also have better performance and well-being outcomes (Arshad et al., 2022; Saira et al., 2021). This is particularly important for neurodivergent workers because they can experience lower performance expectations due to perceptions of lack of competence (benevolent ableism) from managers and supports, such as accommodations being perceived as unfair or special treatment (hostile ableism) from colleagues (Nario-Redmond et al., 2019). Therefore, shifting the culture to one that is empathetic and accepting means adopting processes and practices that encourage flexibility and autonomy. For example, flexible working schedules and an organizational understanding

that neurodivergent individuals work best at different times of the day (Silver et al., 2023; Schreuer & Dorot, 2017).

LIMITATIONS AND FUTURE DIRECTIONS

The present study adopts a case study approach to understanding the neurodivergent experience. Because of this approach, the main limitation is the lack of generalizability to other organizations (Buchanan, 2012). The organization in this study is unique in that it is a not-for-profit conservation organization situated within a university, so context is important when interpreting the findings. The organization is unique in that it offers high job fit due to specialized interest and buy-in to the organization's values of conservation. As a result, this situation is less comparable to other organizations or industries that must actively work to align the values and interests of their workforce with those of the organization, as opposed to situations where a strong alignment naturally exists.

Furthermore, the organization is situated within a university setting and hence adheres to university policies and practices. Academia is an industry with different values and cultures. They often rely on hierarchical and rigid structures, which can be difficult when attempting to be more flexible and encourage autonomy. While the organization complies with university policies, its processes and practices deviate from traditional university structures. This makes recommendations more applicable to other workplaces but limits their generalizability to other academic institutions.

A second limitation is that only the researcher, who is also an employee of the organization, was able to access the data and generate codes to protect participant confidentiality. This process increases bias because it limits the themes to one person's interpretation of the participant's experiences, although consensus between coders does not necessarily indicate quality analysis (Braun & Clarke, 2021).

Future research could focus on implementing and evaluating the recommendations in this paper, to build an evidence base of what works, for whom, and in which contexts in relation to neuro-inclusive workplace practices (Pawson & Tilley, 1997; Porter & Halloran, 2012).

CONCLUSION

The biopsychosocial model was applied to the research to identify three important recommendations for neuro-inclusion: 1) enhancing job fit, 2) emphasis on well-being, and 3) encouraging flexibility and autonomy. The model highlights the need for organizations to understand how biological, psychological, and social aspects interplay in the neurodivergent experiences, and these can be utilized to support organizations in becoming neuro-inclusive. Organizations must recognize the importance of a flexible and autonomous approach to work that adopts strengths-based practices and prioritizes wellbeing. They must also address their normative practices, namely how jobs are designed to include variation in minds and bodies. These culture changes should also address the physical work environments to encourage flexibility and autonomy over workspaces. Finally, for neuro-inclusive practices to be successful, they must include the voices of neurodivergent workers to better understand their experiences, recognize their intersectionality, and educate managers and coworkers about neurodivergence.

ACKNOWLEDGEMENTS

The research was supported by funding from the Yang Tan Institute Workability Lab at Cornell University. The author would like to thank the advisory group: Claire Hebbard, Josée Rousseau, Katherine Welch, and Shawn Ligocki, for their guidance and support throughout the research project. An extended thanks to my supervisors who provided feedback on multiple drafts: Dr Tina Phillips and Diana Moller. Finally, a special thanks to the participants for sharing their experiences with me and contributing to such an important topic.

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