Personnel Review

Neurodivergencies in the workplace: a PRISMA systematic review of policy effectiveness and employee well-being

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Abstract

Purpose – This study advances a configurational human resource management (HRM) perspective on neurodivergent inclusion. Rather than conceptualizing workplace adjustments as isolated accommodations, we examine how policy architectures are structured within HRM systems and how their alignment shapes multidimensional well-being and employment outcomes.

Design/methodology/approach – Following Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines, we systematically reviewed 24 studies (2015–2025) and identified 128 distinct workplace interventions. We combined an adapted thematic synthesis with structured narrative synthesis and descriptive cross-intervention outcome mapping to examine patterns of policy configuration and outcome convergence.

Findings – Ten themes were abstracted into four interdependent HRM domains: work design and structural alignment; relational and leadership climate; accommodation and support infrastructure; and cultural and intersectional reform. Six outcome clusters emerged, spanning psychological stabilization (burnout, stress), inclusion and psychological safety, performance and retention. All 128 interventions were associated with at least one outcome cluster and 73.4% with multiple clusters (mean = 2.28), indicating systematic cross-cluster alignment. Outcomes rarely appeared in isolation; instead, well-being, belonging and productivity co-occurred within structurally coherent policy bundles.

Research limitations/implications – The predominantly cross-sectional and geographically concentrated evidence base limits causal inference and longitudinal assessment of institutionalization processes.

Practical implications – Effective neurodivergent inclusion requires coordinated human resource architectures that integrate structural design, managerial enactment, and cultural legitimacy rather than discretionary case-by-case flexibility.

Originality/value – The study extends configurational HRM theory by conceptualizing neurodivergent inclusion as an emergent property of aligned and institutionalized policy systems.

Keywords Neurodivergence, Inclusive human resource management, Configurational HRM, Workplace inclusion, Policy institutionalization, Employee well-being, Employment sustainability

Paper type Literature review

1. Introduction

The concept of neurodivergence reflects a paradigmatic shift from a deficit-based understanding of neurodevelopmental conditions (e.g. ADHD, autism spectrum disorder, learning disabilities) toward the recognition of neurodiversity as a natural form of human cognitive variation (Morris *et al.*, 2025). Rather than framing cognitive differences exclusively

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in clinical terms, the neurodiversity perspective emphasizes variability in information processing, attention, communication, and sensory experience as part of the broader spectrum of human diversity. Within organizational contexts, this shift has significant implications for how work systems, human resource management (HRM) practices, and diversity, equity, and inclusion (DEI) strategies are conceptualized and implemented.

Contemporary organizations increasingly face expectations to design people management systems that promote inclusion, well-being, and sustainable engagement across heterogeneous workforces (Shore *et al.*, 2018; Kramar, 2014). In this landscape, neurodivergence has progressively entered organizational and DEI agendas. However, while awareness has expanded, the institutionalization of structured and coherent workplace policies to support neurodivergent employees has not developed at the same pace. Managing cognitive diversity raises systemic questions about how HRM architectures balance standardization and flexibility, individual accommodation and collective equity, and performance objectives with sustainable well-being (Boxall and Purcell, 2016; Guest, 2017), particularly where inclusion depends on managers' discretionary interpretations rather than shared norms and routinized practices (Szulc, 2022).

Recent reviews have substantially advanced the understanding of neurodivergence at work by mapping barriers to employment, employee experiences, inclusive recruitment practices, disclosure processes, stigma and workplace adjustments. For example, Rollnik-Sadowska and Grabińska (2024) provide a broad review and future research agenda for managing neurodiversity in workplaces from a sustainable HRM perspective, while Vargas-Salas *et al.* (2025) organize the literature around neurodivergent individuals' interactions with the work environment, including hiring, inclusion and retention. Weber *et al.* (2022) offer a more focused synthesis of physical workplace adjustments and their links with health, well-being, performance and occupational longevity. These reviews provide an important foundation for the field. However, their analytical emphasis remains primarily on broad themes, categories of adjustment, or specific types of workplace modification. Less attention has been paid to how neuro-inclusive policies, practices and programs operate as interdependent components of HRM systems, and to how different policy domains align with reported employee outcomes across studies.

From an HRM perspective, policies are not merely isolated practices but institutionalized organizational instruments that shape access to resources, define norms of inclusion, and structure managerial discretion (Bowen and Ostroff, 2004). When actions aimed at supporting neurodivergent employees are implemented as *ad hoc* accommodations or informal practices, rather than as formalized and coordinated policies, support tends to be reactive, inconsistently applied, and weakly integrated into organizational strategy. Such fragmentation limits organizations' ability to move from individualized adjustments toward systemic approaches capable of fostering sustained well-being, inclusion, and retention. Moreover, without structured policy frameworks, responsibility for securing appropriate adjustments may shift disproportionately onto employees, reinforcing inequities and constraining disclosure and participation processes documented in prior reviews (Rollnik-Sadowska and Grabińska, 2024; Vargas-Salas *et al.*, 2025), especially when stigma, workplace attributions, and "fit" expectations make requesting support costly or uncertain (Patton, 2019; Richards, 2012; Thorpe *et al.*, 2024).

This policy-oriented interpretation is also consistent with the social model of disability, which distinguishes individual impairment from disability produced by inaccessible environments, institutional norms and work arrangements (Oliver, 2013). Applied to neurodiversity, this distinction does not make neurodivergence and disability interchangeable: not all neurodivergent people identify as disabled, although neurocognitive differences may become disabling when workplace structures and norms restrict participation or fail to provide appropriate support (Doyle, 2020). Moreover, these processes may be gendered and intersectional, as neurotypical norms and stereotypes shape how neurodivergence is expressed, interpreted and experienced at work (Hennekam *et al.*, 2025). From this perspective, reasonable accommodations are not merely individualized

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compensatory measures, but organizational responses to work systems that may otherwise reproduce exclusion. Disability and employment research has shown that accommodations, corporate culture and employment practices shape whether disability becomes disabling in specific workplaces, with implications for participation, job quality, retention and organizational attachment (Harlan and Robert, 1998; Schur *et al.*, 2009, 2014; Blanck, 2020). Accordingly, neuro-inclusive HRM can be understood as a system-level effort to redesign work environments, managerial practices and support infrastructures, rather than as a set of discretionary exceptions to standard employment arrangements.

Despite the growing visibility of neurodiversity within DEI discourse and the relevance of reasonable accommodation within disability employment policy, there remains limited consolidated evidence addressing: (1) the types of workplace policies developed to support neurodivergent employees; (2) how such policies are characterized, formalized, and implemented across organizational contexts; and (3) how they are associated with reported well-being and inclusion-related outcomes. In particular, the literature lacks a policy-level synthesis that systematically integrates implementation characteristics with outcome patterns, thereby limiting the capacity of organizations to design evidence-informed and internally coherent approaches to cognitive diversity management.

Addressing this gap is critical for advancing both scholarship and practice. From a theoretical standpoint, examining workplace policies as organizational instruments contributes to debates on inclusive HRM and sustainable work systems by clarifying how formal structures mediate the relationship between diversity commitments and employee well-being (Shore *et al.*, 2018; Kramar, 2014). From a practical standpoint, organizations require structured evidence to coordinate, evaluate, and institutionalize policies supporting neurodivergent employees within broader people management architectures.

The present review addresses this gap by making three specific contributions. First, it adopts the workplace policy, practice or program as the primary intervention-level unit of analysis, allowing multiple policy components within the same study to be examined with greater granularity. Second, it interprets these interventions through a configurational HRM lens, examining how work design, leadership climate, accommodation infrastructure and cultural legitimacy operate as mutually reinforcing elements rather than as isolated accommodations. Third, it maps these policy domains onto reported outcome clusters, thereby distinguishing the architecture of neuro-inclusive HRM from the outcome patterns associated with it. This approach does not estimate causal effectiveness; rather, it clarifies how the existing evidence configures the relationship between neuro-inclusive workplace policies and reported well-being, inclusion, performance and employment sustainability outcomes.

Therefore, the overarching research question guiding this review is: *How are workplace policies, practices and programs supporting neurodivergent employees configured within HRM systems, and how are these configurations associated with reported well-being, inclusion, performance and employment sustainability outcomes?*

More specifically, the review addresses three secondary questions: (1) what types of workplace policies, practices, programs and accommodations have been implemented for neurodivergent employees and job candidates; (2) how these interventions are structured, formalized and implemented across organizational contexts; and (3) what well-being-, inclusion- and employment-related outcomes are reported in association with these interventions. Following PRISMA guidelines, the review moves beyond fragmented accounts of isolated interventions by focusing explicitly on policies as embedded components of organizational systems.

2. Method

2.1 Protocol, registration and review questions

The review was planned *a priori* and preregistered on Open Science Framework (OSF) using the *OSF Generalized Systematic Review Registration Form*, with an accompanying open repository hosting search strategies, screening logs, extraction dataset and analytic outputs.

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Link to OSF repository:
https://osf.io/eqx7g/overview?view_only=1ba442c30f544e038ee74b76afa9eeea

The primary review question was: *How are workplace policies, practices and programs supporting neurodivergent employees configured within HRM systems, and how are these configurations associated with reported well-being, inclusion, performance and employment sustainability outcomes?*

Secondary questions addressed: (1) which workplace policies, practices, programs or interventions have been implemented for neurodivergent employees and job candidates; (2) how these interventions are characterized, formalized and implemented across organizational contexts; and (3) what evidence exists regarding their reported well-being-, inclusion-, performance- and employment-related outcomes.

2.2 Eligibility criteria

We included primary empirical studies (quantitative, qualitative, or mixed methods) focused on adult (≥18 years) neurodivergent individuals. Where a peer-reviewed protocol described a fully specified workplace intervention framework with clearly articulated implementation components and planned outcome measures relevant to well-being or inclusion, it was retained for descriptive mapping of policy architecture only. Protocol records were not used to support empirical outcome claims and did not contribute to the interpretation of reported intervention effects.

Neurodivergence encompassed, but was not limited to, autism, ADHD, dyslexia/specific learning disorders, dyspraxia, Tourette/tic disorders, dyscalculia and dysgraphia. Eligible studies were required to be set in workplace or organizational contexts and to examine organizational policies, practices or interventions, such as reasonable adjustments, flexible work arrangements, inclusive recruitment or onboarding practices, mentoring or peer support, and neurodiversity training initiatives.

Studies were required to report outcomes related to well-being and/or inclusion, broadly defined (e.g. job satisfaction, stress, mental health, sense of belonging, retention or turnover intentions, performance indicators, and qualitative experiential outcomes). Only studies written in English were eligible. We excluded non-empirical sources (e.g. editorials, commentaries and conceptual papers), evidence syntheses (e.g. systematic or scoping reviews), and studies not explicitly focused on workplace policies or not reporting outcomes relevant to well-being or inclusion.

2.3 Information sources and search strategy

Electronic searches were conducted combining search terms related to (1) workplace policies or support, (2) neurodivergence and related conditions, (3) employment or organizational settings, and (4) well-being or inclusion outcomes, while excluding child- and school-related contexts.

Given the cross-disciplinary nature of neurodivergence at work, spanning human resource management, organizational behavior, occupational health, disability studies, and applied psychology, we purposively combined Scopus and PubMed to maximize breadth while retaining traceability and reproducibility. Scopus was selected as the primary index because of its wide coverage of management and social science journals alongside applied psychology and interdisciplinary outlets. PubMed was added to ensure sensitivity to the occupational health and well-being dimensions of workplace policies, which are frequently indexed in biomedical and health-facing literature but remain directly relevant to HRM debates on sustainable work and employee well-being. This combination reflects our review's objective to synthesize workplace policy evidence irrespective of disciplinary boundary.

Grey literature was addressed through a dedicated OSF Preprints string (available in the OSF preregistration materials) that yielded two records, both of which were systematically assessed and excluded.

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2.4 Study selection

All records were exported and managed in Rayyan, where automated and manual deduplication procedures were applied (Ouzzani *et al.*, 2016). Title and abstract screening, followed by full-text screening, were conducted by three independent pairs of reviewers. Rayyan's blinding functionality was used during title and abstract screening stage and during full text screening stage to minimize decision contamination.

Inter-rater agreement was planned to be quantified using Cohen's kappa for pairwise agreement (Cohen, 1960): at the title and abstract screening stage it was substantial, with a Cohen's kappa of 0.71 (95% CI = 0.62–0.80), indicating good pairwise agreement beyond chance between reviewers, at the full-text screening stage, Cohen's kappa was 0.66 (95% CI = 0.46–0.85), reflecting moderate to substantial agreement.

Disagreements were resolved through discussion within each reviewer pair, with adjudication by a third reviewer when consensus could not be reached. Reasons for exclusion were documented using a predefined numerical coding scheme adapted to Rayyan platform and retained for PRISMA reporting. As summarized in the PRISMA flowchart (Figure A1), provided in Appendix 1, after removal of 43 duplicates, 249 records were screened at title and abstract level, of which 59 passed to full-text screening. Fifty-eight full texts were retrieved and assessed (one report was not retrieved), resulting in a final corpus of 24 studies included in the synthesis (Page *et al.*, 2021). While the full-text confidence interval was relatively wide, suggesting some variability between reviewer pairs in borderline inclusion decisions, the use of blinded screening, predefined eligibility criteria, consensus procedures and third-reviewer adjudication was intended to support consistency and methodological transparency.

2.5 Data extraction

Data were extracted using a standardized long-format extraction template specifically designed to support multi-level, policy-oriented synthesis. Extraction was conducted at two distinct levels of analysis: the study level ($n = 24$ included studies) and the intervention level ($n = 128$ distinct workplace policies, practices, or programs identified across studies).

At the study level, extraction fields included bibliographic details, study design, country and organizational setting, methodological approach, sample characteristics, including type of neurodivergence and identification basis, and overall study objectives.

At the intervention level, each distinct policy-relevant workplace component was treated as an intervention unit. We use the term *intervention unit* as an umbrella analytic category to capture the heterogeneous forms through which neuro-inclusive workplace support was described in the literature. These included formal HR policies, reasonable accommodations, informal managerial practices, structured employment programs, recruitment adaptations, disclosure-related practices, assistive technologies, job coaching, communication supports, sensory and environmental adjustments, cultural or anti-stigma initiatives, experimental vignette conditions, protocol-specified components and policy-relevant recommendations grounded in empirical findings.

Intervention units should therefore not be interpreted as equivalent to independent experimental interventions. Rather, they represent analytically distinguishable workplace policy, practice, program or support components extracted from the included studies. Some units referred to implemented or experienced workplace practices; others referred to formally described program components, experimental conditions, protocol-specified components or evidence-informed recommendations derived from qualitative findings. To preserve this distinction, the extraction matrix recorded the type of evidence and methodological notes for each unit.

Units were coded separately when they had a distinguishable target, implementation actor, implementation mechanism or outcome pathway. For example, within a multi-component supported employment program, recruitment preparation, job coaching, employer training and

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post-placement support were coded as separate units when they were described as analytically distinct components. Conversely, overlapping descriptions referring to the same support mechanism within a study were not double-coded. Because the corpus included heterogeneous study designs, intervention units were not treated as statistically independent observations. Their purpose was to support structured qualitative comparison and outcome mapping across studies, not to estimate intervention effectiveness.

To improve transparency, Table A1 in Appendix 2 summarizes the ten descriptive themes of intervention units identified across the corpus and their associated HRM policy domain, while the full list of the 128 intervention units, with study source, category, and reported outcome cluster, is available in OSF repository. This dual-level extraction structure ensured traceability between study characteristics and intervention-specific features, while enabling fine-grained cross-intervention comparison in subsequent analytic phases.

Data extraction was conducted collaboratively by two reviewers. The reviewers jointly examined the extracted material and discussed interpretative uncertainties concerning the identification, delimitation and description of intervention units until a consensual decision was reached. The shared extraction matrix retained the relevant source locations and methodological notes to support traceability between each intervention unit and the original study.

For records describing structured intervention protocols without reported outcome data ($n = 1$), extraction focused on policy components, implementation architecture, implementation actors and intended outcome domains. These protocol-derived units were retained to describe policy architecture but were not coded as empirical evidence of reported outcomes. In the extraction matrix, their evidence status was marked separately to avoid conflating planned outcomes with observed or reported outcomes.

2.6 Synthesis strategy: adapted thematic synthesis and descriptive outcome mapping

Due to the diversity in study designs, interventions, and outcome measures, the synthesis combined structured narrative synthesis, an adapted thematic synthesis, and descriptive outcome mapping. Narrative synthesis systematically compared intervention types, organizational contexts, and reported outcomes across studies. This was supplemented by an adapted thematic synthesis of policy-relevant textual material from qualitative, mixed-methods and quantitative studies to understand what is implemented, how, for whom, and with what reported outcomes. Numerical findings and effect estimates, when available, were retained within the narrative synthesis and were not treated as thematic data. The thematic method followed an adapted thematic synthesis approach informed by Thomas and Harden (2008), guided by a scope-and-coding memo that defined boundaries and rules. The main analysis unit was the workplace policy, practice, or intervention, allowing multiple units per study. Coding involved segments describing content, implementation, target groups, outcomes, mechanisms, barriers, facilitators, and context, all linked to source locations for transparency. Multiple codes per segment were allowed, including negative or null effects. Following the three-stage logic of Thomas and Harden (2008), materials were reviewed, coded at the segment level, grouped through comparison into descriptive themes, and subsequently developed into higher-order analytical themes, supported by memos. Because coding was conducted on extracted policy-relevant segments rather than line by line across the complete text of each article, the procedure is described as an adapted thematic synthesis.

Coding, theme development, domain assignment and outcome mapping were conducted collaboratively by two reviewers using the shared long-format extraction matrix and the definitions contained in the scope-and-coding memo. Rather than producing separate parallel classifications, the reviewers jointly examined the intervention units, progressively compared related cases across studies and refined the coding structure through discussion. Differences in interpretation and borderline cases arising during this collaborative process were re-examined against the extracted intervention description, implementation features, reported outcomes

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and corresponding source location. Final classifications were reached through consensus and incorporated into the shared matrix.

The scope-and-coding memo specified decision rules for distinguishing conceptually adjacent themes and HRM policy domains. Domain assignment was based primarily on the intervention's defining implementation mechanism and the organizational level at which it operated. Assignment to more than one domain was retained only when the source material explicitly described two analytically distinguishable mechanisms that could not be adequately represented by a single domain.

For example, supportive and flexible management was assigned to both Work Design and Structural Alignment and Relational and Leadership Climate when it combined structural flexibility in schedules, work location or task autonomy with trust-based managerial enactment. Individualized accommodations, onboarding adaptations or assistive-technology provision were assigned to both Work Design and Structural Alignment and Accommodation and Support Infrastructure when they combined modification of the work environment or workflow with a formalized organizational support pathway. Anti-stigma or psychological-safety initiatives were assigned to both Relational and Leadership Climate and Cultural, Stigma and Intersectional Inclusion Reform when leadership enactment and broader culture-level reform were both explicit components. Applying these rules resulted in six intervention units being assigned to two HRM policy domains.

To make the analytic structure transparent, Table A2 in Appendix 2 summarizes the relationship between illustrative codes, descriptive themes and higher-order analytical HRM policy domains. Ten descriptive themes emerged and were subsequently abstracted into four higher-order analytical HRM policy domains: *Work Design and Structural Alignment*, *Relational and Leadership Climate*, *Accommodation and Support Infrastructure*, and *Cultural, Stigma and Intersectional Inclusion Reform*. Analytic transparency was supported through team discussions and memoing to make interpretive decisions and assumptions explicit, while acknowledging how disciplinary perspectives and commitments influenced analysis. The hierarchy (codes → descriptive themes → analytical domains) provided a framework for comparison across interventions, ensuring outcome mapping was grounded in thematically derived categories. Building on this, outcome patterns at the intervention level were mapped. Each of the 128 intervention units was coded as a separate analytic unit, but was not treated as a statistically independent observation, with outcome segments grouped into six clusters based on related well-being and inclusion indicators, developed through comparison and validation.

Operational definitions were used collaboratively to distinguish conceptually adjacent outcome clusters. Burnout and Exhaustion captured cumulative depletion, sustained exhaustion, autistic burnout and overload-related experiences, whereas Stress and Psychological Distress captured anxiety, perceived stress, psychological strain and more immediate experiences of overwhelm. Inclusion, Belonging and Authenticity captured organizational membership, acceptance and authentic self-expression, whereas Psychological Safety and Stigma Reduction captured disclosure safety, stigma, discrimination, perceived fairness and the anticipated consequences of expressing or revealing neurodivergence.

Multiple outcome-cluster assignments were retained when the source material reported conceptually distinguishable outcomes corresponding to more than one operational definition. The same outcome statement was not assigned to multiple clusters solely because it could be described using different terminology. Borderline cases were jointly compared with the operational definitions and the original source material until a consensual assignment was reached.

A binary matrix (128×6) recorded whether each intervention was linked to each cluster, based on textual data. This matrix facilitated comparison of the distribution of reported outcome links, alignment, and reporting patterns across types and domains, maintaining within-domain heterogeneity and distinguishing between integrated and narrowly targeted policies. The matrix served as a structured comparative tool, not a statistical model, allowing examination of the proportion of interventions linked to outcomes, cross-cluster alignment, and reporting patterns across types and domains.

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The Ability-Motivation-Opportunity (AMO) framework (Jiang *et al.*, 2012; Bos-Nehles *et al.*, 2023) did not inform data extraction, coding, theme development, domain construction or outcome mapping. It was introduced only after completion of the synthesis as an ex post interpretative lens for discussing possible mechanisms through which the empirically derived HRM policy domains may relate to reported outcomes.

2.7 Methodological quality appraisal and confidence in the evidence

The evidence base incorporated a variety of study designs; therefore, methodological quality was not employed as an exclusion criterion. To ensure transparency and facilitate accurate interpretation, a structured review utilizing the Mixed Methods Appraisal Tool (MMAT; Hong *et al.*, 2018) was undertaken. Two reviewers collaboratively evaluated each study, resolving discrepancies through discussion. Studies were not scored but summarized qualitatively to assess overall confidence levels (Higher/Moderate/N/A). The majority of studies satisfied core criteria, particularly concerning research questions and the coherence between data and conclusions. Limitations identified included dependence on cross-sectional designs, reliance on self-reported outcomes, limited reporting on sampling methods, and transparency issues within mixed methods studies. These patterns informed the interpretation of findings as configurational rather than causal. A summary is provided in OSF repository. One protocol (Guastella *et al.*, 2025) was not appraised with the MMAT, as it was categorized as "Not Applicable" due to the absence of empirical results. It was retained only for descriptive analysis of intervention architecture and excluded from judgments about empirical confidence in outcome evidence.

3. Results

3.1 Descriptive overview

The final corpus comprised 24 studies (see Appendix 2, Table A3), published between 2015 and 2025, demonstrating a growing scholarly interest in neurodivergence and workplace dynamics. Of these, 23 reported empirical findings, while one peer-reviewed protocol (Guastella *et al.*, 2025) was retained only for descriptive mapping of intervention architecture and planned outcome domains. The evidence exhibits geographical diversity but remains predominantly concentrated in high-income Western nations, notably the United Kingdom ($n = 4$), followed by Canada ($n = 3$), the United States ($n = 3$), and Australia ($n = 3$). Additional studies encompassed Poland, Japan, Israel, India, Sweden, Saudi Arabia, the United Arab Emirates, and cross-national samples. The corpus predominantly reflects perspectives from the Global North, with limited representation from low- and middle-income countries. Methodologically, the literature is heterogeneous; however, it is primarily qualitative and employs mixed methods: qualitative ($n = 11$), mixed ($n = 7$), and quantitative ($n = 5$), plus one mixed-methods protocol retained for architecture mapping only. Qualitative research utilized interviews, thematic analysis, phenomenology, and case studies. Mixed-method studies combined surveys with qualitative components. Quantitative investigations were mostly cross-sectional, utilizing surveys, with some employing mediation/moderation analyses, epidemiological approaches, or vignette methodologies. This indicates a research focus on exploratory, experiential, and contextual studies, with a lesser emphasis on large-scale or longitudinal research. Sample sizes ranged from $N = 10$ to $N = 714$ with a median of 49 (IQR $\approx$ 20–211; mean $\approx$ 155). Smaller samples were typical of qualitative and case studies, whereas larger samples were common in survey research. Most studies involved employed adults, including those in mainstream and supported employment settings. Participants primarily included autistic adults, with a focus on autism spectrum conditions. Several studies adopted a broader neurodiversity framework, encompassing ADHD, dyslexia, dyspraxia, dyscalculia, and other cognitive differences, sometimes alongside co-occurring mental health issues or intersectional factors. The research

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encompassed various sectors, including public services, law enforcement, corporate environments, community organizations, remote work, inclusive workplaces, and supported employment programs. Most investigations concentrated on mainstream employment, with some examining structured support initiatives. Outcomes primarily relied on self-reported data on work experiences, including disclosure, accommodations, stigma, employment readiness, organizational climate, well-being, and perceived discrimination. There is a notable emphasis on subjective work experiences, with fewer studies addressing objective employment metrics such as retention or productivity.

3.2 Thematic synthesis: from ten themes to four domains

The thematic synthesis identified ten recurrent themes across the 128 intervention units. These units captured a heterogeneous set of workplace policies, practices, programs, accommodations, experimental conditions and structured or recommended supports and varied in their level of formalization, implementation actors, evidence type and proximity to actual workplace implementation. Protocol-derived units were included in this thematic synthesis only where they described specified programme components or implementation arrangements; they were not treated as evidence of observed outcomes. Frequencies are reported at the intervention-unit level; as several units addressed multiple dimensions simultaneously, themes are not mutually exclusive. The most frequently identified theme was *Anti-Stigma, Psychological Safety and Masking Reduction* ($n = 25$; 20%), which addressed the reduction of deficit-based narratives and pressures to camouflage neurodivergent traits.

Structured and Predictable Work Design and Inclusive and Supportive Leadership were each identified in 22 interventions (17%), reflecting efforts to enhance task clarity, procedural consistency, and role definition to reduce ambiguity and cognitive overload, and to highlight managerial practices that foster psychological safety, flexibility, and responsiveness.

Assistive Technology and External Supports accounted for 20 interventions (16%), including technological tools, job coaching, and mediation infrastructures. Closely related, *Sensory and Environmental Accommodation* ($n = 19$; 15%) addressed modifications to physical and sensory environments and *Individualized Accommodation Processes* ($n = 18$; 14%) captured structured yet dialogical approaches to tailoring adjustments to individual needs, often embedded in formal HR procedures. Temporal and spatial adaptations were represented by *Flexible Scheduling and Work Location* ($n = 15$; 12%), emphasizing autonomy in working hours and remote arrangements.

Less frequently but consistently identified were *Communication Transparency and Social Norm Clarification* ($n = 13$; 10%), focusing on explicit norm-setting and expectation clarity; *Recruitment and Hiring Adaptations* ($n = 10$; 8%), targeting bias reduction in selection processes; and *Intersectionality-Sensitive Inclusion* ($n = 8$; 6%), which foregrounded the interaction between neurodivergence and other axes of identity such as gender, ethnicity, and socioeconomic status.

Although analytically distinct, these themes frequently co-occurred within the same intervention unit, reflecting the multidimensional content of many workplace policies, practices and support arrangements. Their abstraction into four higher-order domains allowed a more integrative understanding of inclusion as a multi-level ecological process.

The first domain, *Work Design and Structural Alignment* ($n = 46$ intervention units), consolidates Structured and Predictable Work Design, Flexible Scheduling and Work Location, Sensory and Environmental Accommodation, and structural components of Communication Transparency and Social Norm Clarification. This domain captures recalibrations of the material and procedural architecture of work itself, emphasizing alignment between task demands and neurodivergent cognitive profiles.

The second domain, *Relational and Leadership Climate* ($n = 27$), encompasses Inclusive and Supportive Leadership and the relational dimensions of Communication Transparency and Social Norm Clarification and Individualized Accommodation Processes. Here, inclusion

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is enacted through supervisory behaviors, communicative practices, and everyday negotiation, underscoring the micro-social production of workplace belonging.

The third domain, *Accommodation and Support Infrastructure* (n = 33), integrates Individualized Accommodation Processes, Assistive Technology and External Supports, and Recruitment and Hiring Adaptations. This domain reflects the formalization of inclusion through institutionalized mechanisms and mediating structures that operationalize accessibility across the employment lifecycle.

The fourth domain, *Cultural, Stigma and Intersectional Inclusion Reform* (n = 28), brings together Anti-Stigma, Psychological Safety and Masking Reduction, and Intersectionality-Sensitive Inclusion. This domain captures normative and socio-symbolic transformations aimed at reshaping organizational narratives, reducing masking pressures, and acknowledging intersecting identities. All 128 intervention units were assigned to at least one HRM policy domain. Six units were cross-loaded across two domains, yielding 134 domain assignments for 128 unique interventions. Theme-level multiplicity was therefore substantially more common than domain-level cross-loading. The limited cross-domain loading nevertheless illustrates that a small subset of interventions operated simultaneously across different levels of the neuro-inclusive HRM architecture.

*3.2.1 Domain 1. Work design and structural alignment (*n = *46 intervention units).* Interventions in *Work Design and Structural Alignment* shift the emphasis from individual "fit" to the restructuring of work (materially, temporally, procedurally, and communicatively) to make core demands transparent, manageable, and sustainable for neurodivergent employees.

The primary focus is on ensuring predictability through stable roles, clear tasks, and routines, thereby reducing uncertainty and cognitive load. Autistic employees value structure and routines but report unmet needs, underscoring issues in translating these needs into effective redesign (Tromans *et al.*, 2023). Adjustments frequently involve modifications to working hours, roles, communication methods, and environmental factors, which are perceived as bundled interventions rather than isolated solutions (Davies *et al.*, 2022).

A secondary approach emphasizes control over time and space (facilitating flexible schedules, remote work, and increased autonomy) thus assisting employees in managing stressors and effort, aided by tools that enhance environmental and interactional control (Tomczak and Ziemiański, 2023).

Although the evidence remains predominantly accommodation-oriented, some practices point toward more anticipatory forms of work design that may benefit a broader range of employees, implementing broadly beneficial supports such as noise modulation and task scaffolds that can be customized without disrupting others. Rather than reflecting a fully developed universal design approach, these interventions suggest a partial shift from altering individuals toward reconfiguring work structures (determining what can be adjusted, the speed of adjustment, and the level of control), and to enhance communication transparency by clarifying expectations and externalizing social norms, thereby reducing ambiguity (Davies *et al.*, 2022). Providing effective flexibility, framed as an accommodation, is associated with greater inclusion, emphasizing the significance of institutional recognition and legitimacy.

Overall, these interventions function as organizational "access work": stabilizing tasks, reducing sensory and temporal volatility, and clarifying expectations to better align the work environment with neurodivergent processing.

*3.2.2 Domain 2. Relational and leadership climate (*n = *27 intervention units).* The Relational and Leadership Climate domain considers inclusion as an emergent characteristic of social coordination: how expectations are negotiated, feedback is provided, misunderstandings are addressed, and differences are met with curiosity rather than sanctions. Supervisors and peers serve as mediators between formal policies and lived accessibility: predictable, dialogic, autonomy-supportive leadership incorporates needs into routine management (Nishith *et al.*, 2025; Hayward *et al.*, 2022).

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Training supervisors in neurodivergent communication and providing relational scaffolds such as mentoring facilitate the co-production of accommodations in real-time (Waisman-Nitzan *et al.*, 2021). Transparency and clarification of norms diminish the hidden curriculum that penalizes neurodivergent employees by making implicit rules explicit (Hayward *et al.*, 2022). Supported employment models in information technology exemplify mediating communication to transition inclusion from mere coping to shared sensemaking (Nicholas and Lau, 2019).

Establishing psychologically safer channels enables legitimate, individualized adjustments within workflows (Nishith *et al.*, 2025). Decisions regarding disclosure are contingent upon the credibility of leadership; when signaling safety, disclosure enhances expectations and minimizes the costs associated with impression management (Curnow *et al.*, 2025).

Conversely, exclusionary behaviors undermine safety, impacting retention and well-being (Khassawneh, 2025). Attitudes influence whether traits are perceived as competence or deficits (Antonelli *et al.*, 2024), and similar dynamics are observed in adults with ADHD, where perceived judgment increases stress (Oscarsson *et al.*, 2022). Inclusion is enacted through micro-practices of leadership (namely attention, interpretation, and response) where managers deliberately design interactions to ensure clarity and promote shared accommodation, thereby embedding support within routine supervision (Nicholas and Lau, 2019; Nishith *et al.*, 2025; Waisman-Nitzan *et al.*, 2021).

*3.2.3 Domain 3. Accommodation and support infrastructure (*n = *33 intervention units).* This domain focuses on how inclusion becomes institutionalized through formal procedures, boundary-spanning roles, recruitment pipelines, and socio-technical supports that stabilize inclusion over time. Interventions target early employment stages like recruitment and onboarding, viewing hiring as an adjustable, mediated system rather than neutral. As a protocol example rather than empirical outcome evidence, Guastella *et al.* (2025) describe a planned end-to-end supported workplace programme that prepares autistic candidates and scaffolds workplaces, operationalising inclusion as a pipeline from recruitment to placement and ongoing support. Post-employment, mediators such as job coaches and counselors facilitate communication, model adaptive practices, and expand organizational capacity, though support must be sustained during transitions to avoid fragility. Legitimacy of accommodations is enhanced by transparency, reducing stigma and normalizing adjustments, while disclosure strategies depend on trust and intermediaries like counselors (Johnson and Joshi, 2016). Assistive technology (AT) is integrated into broader socio-technical systems, improving participation when supported by coordinated services and organizational readiness (Zhou *et al.*, 2025). Overall, these domains suggest that sustainable inclusion relies on institutional infrastructure, formal procedures and roles, to embed accessibility into employment architecture, and make support more reproducible over time.

*3.2.4 Domain 4. Cultural, stigma and intersectional inclusion reform (*n = *28 intervention units).* Beyond work design, leadership, and infrastructure, organizational culture plays a crucial role in fostering inclusion by shaping perceptions, values, and stigmas associated with neurodivergence. Stigma significantly influences decisions related to disclosure, accommodations, and psychological safety, with autism diagnoses often acting as a "stigma threat" that induces anxiety about being perceived as less capable (Johnson and Joshi, 2016).

Employees may weigh the risks of being viewed differently (Curnow *et al.*, 2025). Masking behaviors, particularly among women, require considerable effort to conform to neurotypical norms, resulting in exhaustion and burnout, with gendered expectations amplifying these pressures (Nagib and Wilton, 2021).

Intersectionality fundamentally shapes workplace experiences, as neurodivergence is lived alongside gender, age, ethnicity, socioeconomic position, and other dimensions of identity and structural inequality (Sagar *et al.*, 2024; Gore *et al.*, 2024). Cultural initiatives such as anti-stigma training endeavor to normalize neurodivergent traits and foster safer environments by reframing difference as variation (Nishith *et al.*, 2025; Khassawneh, 2025).

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Unlike work design or infrastructure, cultural transformation addresses the foundational norms and hierarchies of "normalcy," which is vital for authentic inclusion. Without such change, even well-supported accommodations may be compromised by bias and social dynamic sanctions.

3.3 Outcome clustering: distribution and cross-cluster patterns

Building upon the thematic architecture, a subsequent step involved mapping well-being and inclusion outcomes at the intervention level. Each of the 128 interventions was collaboratively re-examined, and outcome statements were categorized into six distinct clusters through an iterative comparison process. The resulting 128 × 6 descriptive binary outcome mapping matrix served as a comparative instrument to examine the presence of reported outcome links and their cross-cluster alignment. Across the descriptive outcome mapping matrix, all 128 intervention units (100%) were mapped to at least one outcome cluster, and 94 (73.44%) were mapped to two or more clusters. The mean number of clusters per intervention was 2.28 and the median was 2, for a total of 292 intervention-cluster assignments.

These figures indicate outcome-reporting convergence within the reviewed literature, not intervention effectiveness. They should therefore be interpreted as descriptive indicators of how often intervention units were linked to reported outcomes in the source studies. The matrix does not estimate effect sizes, compare the relative effectiveness of intervention categories, test causal relationships, or assess implementation fidelity. It also does not treat intervention units as statistically independent observations, since multiple units could derive from the same study or program. Accordingly, the matrix is used here to support structured synthesis and visualization of reported alignment patterns, rather than to evaluate policy impact. Protocol-derived units were flagged separately in the extraction matrix. When protocol records specified intended outcome domains, these were retained only as planned or anticipated outcome links for descriptive mapping and were not interpreted as observed empirical outcomes.

*3.3.1 Outcome cluster 1. Burnout and exhaustion (*n = *41 interventions; 17 studies).* The first cluster captures interventions associated with reductions in emotional exhaustion, autistic burnout, cumulative overload, and meltdown risk. These outcomes are primarily reported in studies addressing sensory accommodations, workload structuring, and masking pressures. For instance, structured work redesign and predictability-oriented interventions were associated with reduced exhaustion and overload among autistic employees (Tromans *et al.*, 2023; Davies *et al.*, 2022). Qualitative accounts from women discussing masking and sustained impression management similarly link inclusive practices to reduced trajectories of burnout (Nagib and Wilton, 2021). Other studies highlight how workload modulation and communication clarity reduce cumulative strain (Sagar *et al.*, 2024; Hayward *et al.*, 2020). Collectively, this cluster suggests that burnout reduction is closely tied to environmental stabilization and identity safety rather than solely to individual coping strategies.

*3.3.2 Outcome cluster 2. Stress and psychological distress (*n = *57 interventions; 19 studies).* Closely related but analytically distinct, the Stress and Psychological Distress cluster captures reductions in anxiety, perceived overwhelm, and psychological strain. This cluster was widely represented across the corpus, encompassing 57 intervention units drawn from 19 studies. Quantitative surveys document associations between accommodations and reduced stress indicators (Doyle *et al.*, 2022; Hayakawa *et al.*, 2015), while qualitative studies report diminished anxiety when communication norms are clarified and expectations externalized (Gottardello and Steffan, 2024). ADHD-focused narratives similarly underscore how supportive supervisory practices mitigate stress amplification in evaluative contexts (Oscarsson *et al.*, 2022). Compared to burnout, stress appears more immediately responsive to relational and procedural interventions, suggesting that day-to-day micro-adjustments can exert measurable psychological impact.

*3.3.3 Outcome cluster 3. Inclusion, belonging and authenticity (*n = *57 interventions; 22 studies).* This cluster captures an enhanced sense of belonging and authenticity, and a reduced experience of exclusion. Supported employment ecosystems and structured mediation roles

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are particularly prominent here. For example, job coaching and integrative placement models are associated with improved belonging and integration in the IT sector (Nicholas and Lau, 2019). Large-scale survey evidence demonstrates that formal accommodation provision predicts higher perceptions of inclusion and belonging (Doyle *et al.*, 2022). Similarly, inclusive organizational climates correlate with increased authenticity and reduced need for concealment (Curnow *et al.*, 2025; Gore *et al.*, 2024). Compared to stress-related clusters, belonging outcomes are more frequently associated with relational and infrastructural domains, underscoring the collective dimension of inclusion.

*3.3.4 Outcome cluster 4. Psychological safety and stigma reduction (*n = *60 interventions; 23 studies).* Distinct from general belonging, this cluster focuses specifically on disclosure climate, fairness perception, and reduced discrimination. With 60 intervention units across 23 studies, Psychological Safety and Stigma Reduction was the most frequently mapped outcome cluster in the corpus. Experimental evidence indicates that transparent accommodation procedures can reduce coworker resentment and improve perceptions of fairness (Godard *et al.*, 2022). Anti-stigma initiatives and awareness programs are associated with safer disclosure environments and reduced internalized stigma (Nishith *et al.*, 2025; Khassawneh, 2025). Intersectional analyses further demonstrate how gendered and disability-based biases interact to shape perceived safety (Nagib and Wilton, 2021; Sagar *et al.*, 2024). The cluster reveals that psychological safety is not merely affective comfort but an outcome contingent on symbolic and normative reform.

*3.3.5 Outcome cluster 5. Performance and productivity (*n = *38 interventions; 20 studies).* Performance-related outcomes encompass task efficiency, executive functioning support, error reduction, and productivity gains. These outcomes are often associated with structured task design and the use of assistive technologies. For example, environmental adjustments and structured supports correlate with improved task performance (Tomczak and Ziemiański, 2023), whereas assistive technology interventions are associated with enhanced executive functioning and sustained employment engagement (Zhou *et al.*, 2025). In supported employment models, mediation and coaching also indirectly support productivity by aligning role demands with cognitive strengths (Nicholas and Lau, 2019). Notably, performance outcomes frequently co-occur with well-being clusters, suggesting that productivity gains do not emerge in isolation from psychological stabilization.

*3.3.6 Outcome cluster 6. Retention and employment sustainability (*n = *39 interventions; 18 studies).* The final cluster captures longer-term employment continuity, reduced disengagement, and sustainable participation. Retention and employment sustainability outcomes are reported in supported employment ecosystems (Nicholas *et al.*, 2018) and in survey-based analyses linking formal accommodations to sustained employment trajectories (Doyle *et al.*, 2022). In addition, Guastella *et al.* (2025) describe a planned end-to-end supported workplace program with retention-related outcome domains. Quantitative evidence from organizational samples further indicates that inclusive climates correlate with lower withdrawal intentions (Khassawneh, 2025). This cluster reflects the temporal dimension of neuro-inclusive policy architectures: sustainability appears to require alignment across structural, relational, and cultural layers.

3.3.7 Cross-cluster convergence and distributional patterns. To make the domain-outcome alignment patterns more transparent, Table A4 in Appendix 2 summarizes the distribution of mapped outcome links across the four HRM policy domains and six outcome clusters. The table should be read descriptively: values indicate domain-specific counts of intervention units mapped to each outcome cluster and do not represent independent effects or comparative effectiveness estimates. The totals obtained by summing the four domain rows should not be compared directly with the unique intervention totals reported in Sections 3.3.1–3.3.6. The latter are deduplicated at the intervention level, whereas Table A4 in Appendix 2 counts cross-loaded intervention units within each HRM policy domain to which they were assigned. Because six intervention units were assigned to two domains, the table contains 305 domain-outcome assignments, compared with 292 unique intervention–outcome assignments in the

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128 × 6 matrix. The 13 additional assignments therefore reflect the repeated representation of the same cross-loaded intervention–outcome links across two domain rows, rather than additional interventions or reported outcomes.

Several patterns emerge from this descriptive outcome mapping analysis. First, Psychological Safety and Stigma Reduction, Stress and Psychological Distress, and Inclusion, Belonging and Authenticity were more frequently mapped than performance and employment sustainability outcomes, reflecting the literature's stronger emphasis on experiential and affective dimensions. Second, most intervention units were mapped to multiple outcome clusters: 94 of the 128 units (73.44%) were associated with two or more clusters. Work Design and Structural Alignment was frequently associated with both stress-related and performance-related outcomes, while Accommodation and Support Infrastructure was linked to belonging and retention outcomes.

Third, the domains displayed differentiated outcomes profiles. Psychological Safety and Stigma Reduction was especially concentrated in Cultural, Stigma and Intersectional Inclusion Reform, whereas Inclusion, Belonging and Authenticity was most frequently mapped to cultural and relational interventions. These patterns highlight the importance of normative transformation alongside structural and procedural reform.

Taken together, the six-cluster structure provides a complementary analytic lens to the four-domain framework. Whereas domains describe how workplace policies are configured, the outcome clusters illuminate what kinds of outcome are reported. The matrix reveals that interventions were rarely mapped to a single outcome; instead, well-being, inclusion, performance, and sustainability were therefore frequently represented together rather than as isolated categories. This convergence underscores that workplace policies for neurodivergent employees function less as isolated adjustments and more as interconnected levers within a broader system of organizational inclusion.

To summarize this dual structure, Figure A2 provided in Appendix 3, presents the four HRM policy domains, the configurational neuro-inclusive HRM architecture and the six reported outcome clusters identified through the synthesis.

4. Discussion

This review analyzed how workplace policies relevant to neurodivergent employees are designed, implemented, and linked to well-being and inclusion outcomes. Combining 24 studies and 128 intervention units, the analysis revealed a dual framework: four higher-order policy domains that describe the structure of inclusion and six outcome clusters representing reported effects. These findings suggest that neurodivergent inclusion functions as a configurational HRM system, encompassing structural, relational, infrastructural, and cultural components that are associated with multidimensional reported outcomes. This interpretation connects inclusive HRM with disability employment perspectives by treating inclusion not as an individual adjustment problem, but as a question of how work systems are designed, enacted and legitimized.

Compared with prior reviews that have primarily catalogued barriers, employee experiences, recruitment issues or specific adjustment types, this review contributes a policy architecture perspective. Its added value lies in reconstructing neuro-inclusive workplace responses as HRM configurations and in showing how reported outcomes cluster across structural, relational, infrastructural and cultural domains. The contribution is therefore not that neurodivergence policies are entirely absent from DEI or people management debates, but that their interdependence as HRM system components has not been sufficiently theorized or empirically mapped.

Building on this policy architecture perspective, the four-domain framework clarifies that organizational responses to neurodivergence operate across interconnected layers of the employment system. Policies addressing the work architecture, such as predictability, task clarity, and sensory and temporal controllability, aim to align job demands with cognitive profiles (Davies *et al.*, 2022; Tromans *et al.*, 2023; Tomczak and Ziemiański, 2023). From an HRM perspective, these relate to HR architecture and job design rather than discretionary

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adjustments. Policies embedded in relational and leadership practices influence expectations, feedback, and interpretations of disclosure and difference (Hayward *et al.*, 2022; Nishith *et al.*, 2025; Waisman-Nitzan *et al.*, 2021). The enactment by line managers and HR process strength are crucial, as inclusion depends on both formal policies and the credibility of signals conveyed through supervisory interactions.

Infrastructural mechanisms, such as formal accommodation procedures and socio-technical supports, regulate access to adjustments, making them routinized rather than dependent on ad hoc negotiations (Nicholas and Lau, 2019; Godard *et al.*, 2022; Zhou *et al.*, 2025). This highlights the tension between formalization and discretion within HR systems: codified, transparent pathways facilitate inclusion less reliant on individual advocacy or managerial discretion. Cultural and intersectional reforms shape the normative environment, influencing how policies are interpreted and legitimized (Johnson and Joshi, 2016; Nagib and Wilton, 2021; Nishith *et al.*, 2025; Khassawneh, 2025). These initiatives impact the symbolic context that sustains or undermines policy uptake.

The domains do not operate in isolation. Outcome mapping was strongly multi-cluster: all 128 intervention units were mapped to at least one cluster, and 94 (73.4%) to two or more clusters, with a mean of 2.28 clusters and a median of 2. This convergence indicates that different categories of reported outcome frequently co-occurred within the same intervention unit. It should not, however, be interpreted as evidence that most interventions crossed multiple HRM domains, as only six units were cross-loaded across two domains. While these links reflect reported outcomes rather than causal effects, their convergence emphasizes that inclusion results often co-occur within aligned HR architectures, managerial enactment, infrastructure, and cultural legitimacy.

Applied only after completion of the synthesis, and not as an *a priori* framework guiding coding or category development, the AMO framework offers a useful mechanism for interpreting these domain–outcome patterns. Within this lens, neuro-inclusive HRM configurations may influence reported outcomes by shaping employees' ability, motivation and opportunity to participate in work (Jiang *et al.*, 2012; Bos-Nehles *et al.*, 2023). Work design, assistive technologies and structured accommodations may support ability by reducing avoidable cognitive, sensory and procedural barriers. Relational and leadership climates may sustain motivation by signaling respect, psychological safety and legitimacy of difference. Formal accommodation pathways, inclusive recruitment practices and flexible work arrangements may expand opportunity by enabling access to roles, participation and sustained employment. These correspondences are interpretative and were not used to generate, classify or validate the four HRM policy domains or the six outcome clusters. This ex post AMO interpretation reinforces the configurational argument: reported outcomes are unlikely to depend on single practices alone, but on the alignment of HRM components that jointly enable neurodivergent employees to work, participate and remain in employment.

Building on this mechanism-oriented interpretation, the six outcome clusters (Burnout and Exhaustion; Stress and Psychological Distress; Inclusion, Belonging and Authenticity; Psychological Safety and Stigma Reduction; Performance and Productivity; and Retention and Employment Sustainability) illustrate how these configurations are associated with experiential and employment-related outcomes. Psychological outcomes, especially Psychological Safety and Stigma Reduction, are most common. Structured work design and clear communication reduce overload and anxiety, suggesting that predictability and controllability are organizational resources promoting well-being (Davies *et al.*, 2022; Tromans *et al.*, 2023; Hayakawa *et al.*, 2015; Gottardello and Steffan, 2024).

Outcomes related to belonging and authenticity highlight relational and symbolic aspects of inclusion. Formal accommodations are more strongly linked to inclusion and belonging than incidental flexibility (Doyle *et al.*, 2022), while transparent procedures diminish perceptions of unfairness and stigma (Godard *et al.*, 2022). Disclosure dynamics and cultural meanings mediate how structural measures are perceived and their impact, showing that

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institutional legitimacy matters as much as technical design (Johnson and Joshi, 2016; Curnow *et al.*, 2025; Nagib and Wilton, 2021).

Performance and retention outcomes challenge the idea of trade-offs between well-being and productivity. Structured task design, assistive technologies, and mediation roles aligned with cognitive strengths relate to better task efficiency and sustained employment (Nicholas and Lau, 2019; Tomczak and Ziemiański, 2023; Zhou *et al.*, 2025). Retention-related outcomes are more frequently discussed when inclusion spans the employment lifecycle, including recruitment, placement and transition stages (Nicholas *et al.*, 2018), while Guastella *et al.* (2025) provide a protocol example of a planned end-to-end supported workplace program. The recurrent co-occurrence of psychological and performance outcomes indicates that accessibility-oriented HR configurations can be productivity-enhancing when implemented coherently.

Overall, the integration of domains and outcomes supports a configurational view of inclusive HRM. Effective policies rely on alignment across organizational levels; redesigning work alone, without relational competence, may compromise disclosure safety. Formal procedures without cultural legitimacy may remain underused, and leadership goodwill without infrastructure may cause inconsistency. Inclusion emerges from coordinated HR systems rather than isolated practices.

This systems perspective advances HRM scholarship by situating neurodivergence policies within broader people management strategies. The observed cross-cluster convergence suggests that well-being, belonging, performance, and sustainability are interdependent, shaped by complementary HR practices. Focusing solely on individual practices or outcomes risks overlooking the systemic dynamics that produce and sustain inclusive employment environments.

For practitioners, the findings underscore the importance of implementing coherent HR bundles that integrate work redesign, managerial development, formal accommodation pathways and cultural reforms. This implication should be understood as pointing toward universal design for employment principles, which shift the focus from reactive individual accommodation to the anticipatory design of work environments, communication systems and HR processes that are accessible to a broader range of cognitive profiles (Silver *et al.*, 2023). It is also aligned with biopsychosocial approaches to neurodiversity at work, which emphasize the interaction between individual functioning, job demands and organizational environments (Doyle, 2020). In practice, neuro-inclusive HRM should not depend exclusively on disclosure-triggered adjustments or case-by-case negotiations. Organizations can design roles, recruitment processes, communication norms, sensory environments and flexibility arrangements in ways that reduce the need for repeated individual advocacy while preserving access to tailored support when needed. In contrast, reliance on discretionary flexibility may shift responsibility onto employees and create unequal access. Institutionalized, transparent and culturally supported HR architectures are therefore better positioned to embed neurodivergent inclusion within mainstream HR strategies rather than treating it as a peripheral DEI initiative.

5. Conclusion, implications, limitations and future research

This review enhances the understanding of neurodivergence and employment by synthesizing a four-domain framework with six outcome clusters across twenty-four studies and 128 intervention units. It demonstrates that workplace policies supporting neurodivergent employees serve as interconnected organizational levers within broader human resource systems. Well-being, inclusion, performance, and sustainability are interconnected reported outcomes associated with coordinated work design, relational climate, infrastructure, and cultural legitimacy.

Building on existing systemic perspectives on inclusive workplaces, this review extends their application to neurodivergent employment by specifying how structural, relational, infrastructural and cultural policy domains combine within a configurational HRM architecture. Merely redesigning structures or implementing formal procedures without cultural support is unlikely to produce stable and equitable results. Effective inclusion requires the alignment of multiple policy layers that stabilize work processes, legitimize access, and mitigate stigma.

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For research, the four-domain framework and six outcome clusters provide an analytical structure that can be examined and refined in future empirical studies rather than a definitive taxonomy of effective practices. Future research should test whether alignment across structural, relational, infrastructural and cultural policy domains is associated with more sustainable outcomes than isolated workplace adjustments. This requires longitudinal and multi-level designs capable of examining policy implementation, managerial enactment, accommodation uptake and changes in employee outcomes over time. Studies should also assess the strength, consistency and institutionalization of HRM systems and determine whether domain configurations operate similarly across neurodivergent groups, occupations and different legal, cultural and labor-market contexts.

For practice, the synthesis indicates that organizations should consider neuro-inclusive employment as a coordinated HRM responsibility rather than a series of discretionary responses to individual requests. The four domains offer a practical diagnostic framework for reviewing whether work design and communication are accessible, managers are equipped to enact inclusion consistently, formal accommodation and support pathways are available throughout the employment lifecycle, and organizational culture reduces stigma and legitimizes neurocognitive difference. These implications should not be interpreted as comparative evidence that one policy bundle is more effective than another. Rather, they identify areas that organizations can examine jointly when developing, implementing and evaluating neuro-inclusive HRM systems.

Nevertheless, the existing evidence is predominantly derived from high-income Western contexts and relies largely on qualitative and self-reported data, with fewer longitudinal or objective measures, thus constraining causal inference. This geographical concentration limits the transferability of the framework to low- and middle-income countries, informal labor markets, and institutional contexts where disability legislation, HR infrastructures, occupational health systems, and cultural understandings of neurodivergence may differ substantially. The intervention-unit approach also has limitations: intervention units were not statistically independent observations, because multiple units could be extracted from the same study, program, or organizational context, and some units crossed more than one HRM domain or outcome cluster. Frequencies should therefore be interpreted as descriptive indicators of reported policy-outcome links rather than as prevalence estimates or comparative effectiveness measures. The inclusion of one protocol record represents an additional limitation. Although the protocol provided a detailed description of a structured workplace program and was therefore useful for mapping policy architecture, it did not contribute empirical outcome evidence. Protocol-derived units were therefore treated separately and were not used to support claims about observed effectiveness. In addition, although inter-rater agreement reached acceptable levels during screening, the relatively wide confidence interval at the full-text stage suggests some variability in reviewer judgments for borderline eligibility decisions, reflecting the conceptual and methodological heterogeneity of the literature.

Publication and reporting bias should also be acknowledged. Given the heterogeneity of designs, measures and outcome reporting, formal publication bias tests were not appropriate. However, studies describing successful, innovative or positively framed inclusion practices may be overrepresented, whereas unsuccessful, contested, or only partially implemented interventions may be underreported. This reinforces the need to interpret the outcome mapping results as descriptive patterns of reported evidence rather than as estimates of policy effectiveness.

Future research should adopt more rigorous, multi-level and longitudinal designs to clarify how policy implementation is associated with well-being, inclusion, performance and retention over time. Greater attention is also needed to under-researched institutional and labor-market contexts, particularly outside high-income Western settings, where legal frameworks, HR infrastructures and cultural meanings of disability and neurodivergence may differ substantially. Future studies should also incorporate objective organizational indicators, such as accommodation uptake, absenteeism, turnover, promotion, productivity and retention data, alongside employee-reported experiences. They should further distinguish policy availability

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from implementation quality, employee access and sustained use, because formal adoption alone may not indicate that neuro-inclusive practices are consistently enacted or experienced.

In summary, this review underscores that progressing neurodivergent inclusion necessitates coherent and institutionalized policies rather than fragmented initiatives. Human resource management should view inclusion as an outcome of aligned organizational systems. Organizations should consider the alignment of work design, leadership, formal accommodations, and cultural transformation within their human resource management strategies, thereby contributing not only to inclusive HRM but also to broader goals of sustainable labor-market participation and disability-inclusive employment.

Appendix 1

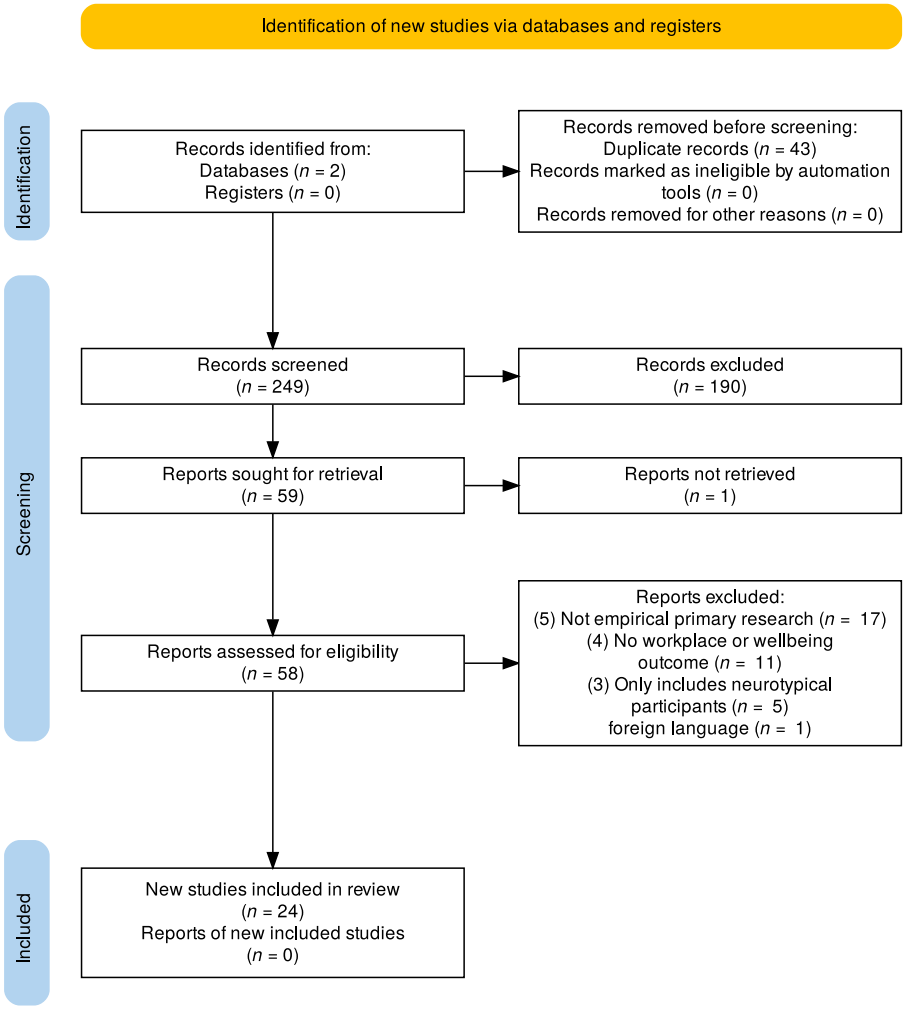


Figure A1. PRISMA flowchart. Source: Authors' own elaboration using Rayyan, based on the PRISMA 2020 framework Page *et al.* (2021)

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Appendix 2

Table A1. Categories of intervention units identified across included studies

Descriptive themes	Description	Illustrative examples	HRM policy domain
Structured and predictable work design	Interventions aimed at increasing clarity, predictability and stability in task, role or workflow arrangements	task clarification; predictable routines; role structuring; written instructions; workload scaffolding	Work Design and Structural Alignment
Sensory and environmental accommodation	Adjustments to the physical or sensory work environment	quiet spaces; noise reduction; lighting adjustments; sensory-friendly spaces; environmental control	Work Design and Structural Alignment
Flexible scheduling and work location	Temporal or spatial adaptations to support autonomy and regulation of work demands	flexible hours; remote work; hybrid arrangements; break flexibility; control over work location	Work Design and Structural Alignment
Communication transparency and social norm clarification	Practices aimed at making expectations, feedback and implicit workplace norms explicit	explicit communication rules; written expectations; structured feedback; clarification of social norms	Work Design and Structural Alignment/ Relational and Leadership Climate
Inclusive and supportive leadership	Supervisory or managerial practices that support psychological safety, autonomy and responsiveness	manager training; supportive supervision; dialogic adjustment negotiation; inclusive feedback	Relational and Leadership Climate
Individualized accommodation processes	Formal or semi-formal procedures for identifying, negotiating and implementing adjustments	accommodation planning; needs assessment; disclosure-related support; tailored adjustment plans	Accommodation and Support Infrastructure
Assistive technology and external supports	Technological, professional or mediating supports enabling participation and task performance	assistive technology; digital tools; job coaching; counseling; employment specialists	Accommodation and Support Infrastructure
Recruitment and hiring adaptations	Adjustments to selection, hiring and onboarding processes	adapted interviews; work trials; supported recruitment; onboarding scaffolds; employer preparation	Accommodation and Support Infrastructure
Anti-stigma, psychological safety and masking reduction	Initiatives targeting stigma, disclosure safety and pressures to camouflage neurodivergent traits	awareness training; anti-stigma initiatives; masking reduction; disclosure climate interventions	Cultural, Stigma and Intersectional Inclusion Reform
Intersectionality-sensitive inclusion	Practices addressing the interaction between neurodivergence and other axes of identity or disadvantage	gender-sensitive support; culturally responsive inclusion; support for multiple stigma experiences	Cultural, Stigma and Intersectional Inclusion Reform

Source(s): Authors' own work

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Table A2. Analytic structure of the thematic synthesis: illustrative codes, themes and HRM policy domains

Higher-order HRM policy domain	General definition	Illustrative codes	Themes integrated	Associated intervention units
Work Design and Structural Alignment	Interventions modifying structural features of work, including tasks, schedules, control, environment and role expectations, to reduce cognitive load, ambiguity, sensory overload and person–job mismatch, thereby supporting work sustainability and well-being	task clarity; role predictability; written instructions; flexible hours; remote work; sensory control; quiet space; workload scaffolding; job crafting; structured routines	Theme 1 – Structured and Predictable Work Design; Theme 2 – Flexible Scheduling and Work Location; Theme 3 – Sensory and Environmental Accommodation; structural elements of Theme 6 – Communication Transparency	46
Relational and Leadership Climate	Interventions targeting leadership behaviours, mentoring, social support and communication transparency that shape psychological safety, stigma dynamics and engagement	supportive supervision; inclusive feedback; manager responsiveness; mentoring; communication mediation; social support; leader accountability; psychological safety climate	Theme 5 – Inclusive and Supportive Leadership; relational elements of Theme 6 – Communication Transparency; relational elements of Theme 4 – Individualized Accommodation Processes	27
Accommodation and Support Infrastructure	Formal organizational or system-level mechanisms enabling access to accommodations, assistive technologies, recruitment adaptations, structured support pathways and governance frameworks	reasonable adjustment process; disclosure support; assistive technology; job coaching; occupational specialist support; adapted interviews; structured onboarding; accommodation review	Theme 4 – Individualized Accommodation Processes; Theme 9 – Assistive Technology and External Supports; structural elements of Theme 8 – Recruitment and Hiring Adaptations	33
Cultural, Stigma and Intersectional Inclusion Reform	Interventions aimed at transforming workplace culture by reducing stigma, increasing psychological safety, addressing masking pressures and embedding intersectional awareness into inclusion strategies	anti-stigma training; neurodiversity awareness; masking reduction; safe disclosure climate; acceptance of stimming; gender-sensitive support; intersectional monitoring; culturally responsive inclusion	Theme 7 – Anti-Stigma and Psychological Safety; Theme 10 – Intersectionality-Sensitive Inclusion	28

Note(s): Illustrative codes are examples of lower-level codes grouped into descriptive themes, which were subsequently abstracted into higher-order analytical HRM policy domains. Frequencies refer to intervention units associated with each domain. Domains are not mutually exclusive, as some intervention units operated across multiple levels of the work system. The full intervention-level coding matrix, including the Intervention_IDs associated with each domain, is available in the OSF repository

Source(s): Authors' own work

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Table A3. Characteristics of included studies ($N = 24$)

Study_ ID	Citation (Emerald Harvard)	Country	Design	N	Neurodivergence focus	Workplace context
S01	Tromans *et al.* (2023)	UK	Cross-sectional mixed-methods survey	117	Autism/ADHD	Public sector (policing)
S02	Nicholas *et al.* (2018)	Canada	Qualitative case study	16	Autism	Supported employment settings
S03	Davies *et al.* (2022)	UK	Mixed-methods survey	181	Autism	Multi-sector employment
S04	Tomczak and Ziemiański (2023)	Poland	Quantitative survey	140	Autism	Multi-sector employment
S05	Johnson and Joshi (2016)	USA	Mixed-methods multiphase	30+	Autism	Mainstream employment
S06	Zhou *et al.* (2025)	USA	Convergent mixed-methods	501	Autism	General employment
S07	Nicholas and Lau (2019)	Canada	Qualitative case study	16	Autism	IT employment placements
S08	Nagib and Wilton (2021)	Canada	Qualitative study	714 posts	Autism	Online workplace forum contexts
S09	Gottardello and Steffan (2024)	UK/USA	Qualitative interviews	43	Autism/ADHD/ Dyslexia	Multi-sector employment
S10	Godard *et al.* (2022)	USA/ Canada	Experimental design	301	ADHD/ Neurodivergence	Hypothetical workplace scenarios
S11	Guastella *et al.* (2025)	Australia	Mixed-methods cohort protocol	10–15 (planned)	Autism	Corporate consulting
S12	Nishith *et al.* (2025)	USA	Mixed-methods survey	85	Autism	General employment
S13	Doyle *et al.* (2022)	UK (global sample)	Quantitative survey	576	Autism	Multi-sector employment
S14	Hayakawa *et al.* (2015)	Japan	Epidemiological survey	316	Autism traits	Manufacturing company
S15	Waisman-Nitzan *et al.* (2021)	Israel	Qualitative phenomenology	19	Autism	Competitive employment
S16	Sagar *et al.* (2024)	India	Qualitative interviews	20	Autism	Office-based settings
S17	Curnow *et al.* (2025)	UK	Qualitative interviews	34	Autism	Public sector
S18	Gore *et al.* (2024)	Australia	Qualitative interviews	10	Autism	Multi-sector employment
S19	Antonelli *et al.* (2024)	Italy/ Poland	Mixed-methods exploratory	59	Broad neurodiversity	Industrial manufacturing
S20	Hayward *et al.* (2022)	Australia	Qualitative study	55	Autism	Multi-sector employment
S21	Khassawneh (2025)	UAE	Quantitative survey	427	Broad neurodivergence	Organizational workplaces
S22	Hayward *et al.* (2020)	Australia/ UK/USA	Qualitative comparative	20	Autism	Multi-sector employment
S23	Oscarsson *et al.* (2022)	Sweden	Qualitative interviews	20	ADHD	General employment
S24	Alanazi and Benlaria (2024)	Saudi Arabia	Mixed-methods case report	13	Neurodivergence/ disability	Multi-sector employment

Source(s): Authors' own work

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Table A4. Distribution of reported outcome clusters across intervention units

HRM policy domain	Associated intervention units	Burnout and exhaustion	Stress and psychological distress	Inclusion, belonging and authenticity	Psychological safety and stigma reduction	Performance and productivity	Retention and employment sustainability
Work Design and Structural Alignment	46	24	28	9	13	20	14
Relational and Leadership Climate	27	5	11	18	11	5	9
Accommodation and Support Infrastructure	33	10	15	12	15	12	10
Cultural, Stigma and Intersectional Inclusion Reform	28	4	5	20	24	2	9

Note(s): Values indicate domain-specific counts of intervention units mapped to each reported outcome cluster. Domains and outcome clusters are not mutually exclusive; therefore, values represent descriptive outcome links rather than independent observations, effect sizes, causal effects or comparative effectiveness estimates. Because six intervention units were associated with more than one HRM policy domain, the same unit may contribute to more than one domain row. Consequently, summing all domain-specific cells produces 305 domain–outcome assignments, whereas the deduplicated intervention-level matrix contains 292 unique intervention–outcome assignments. The difference of 13 reflects repeated counting of the outcome links associated with the six cross-loaded intervention units and does not represent additional interventions or outcomes. The corresponding deduplicated outcome-cluster totals reported in Sections 3.3.1–3.3.6 are OC1 = 41, OC2 = 57, OC3 = 57, OC4 = 60, OC5 = 38 and OC6 = 39. Protocol-derived units, where present, refer to planned or anticipated outcome domains and were not interpreted as observed empirical outcome evidence

Source(s): Authors' own work

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Appendix 3

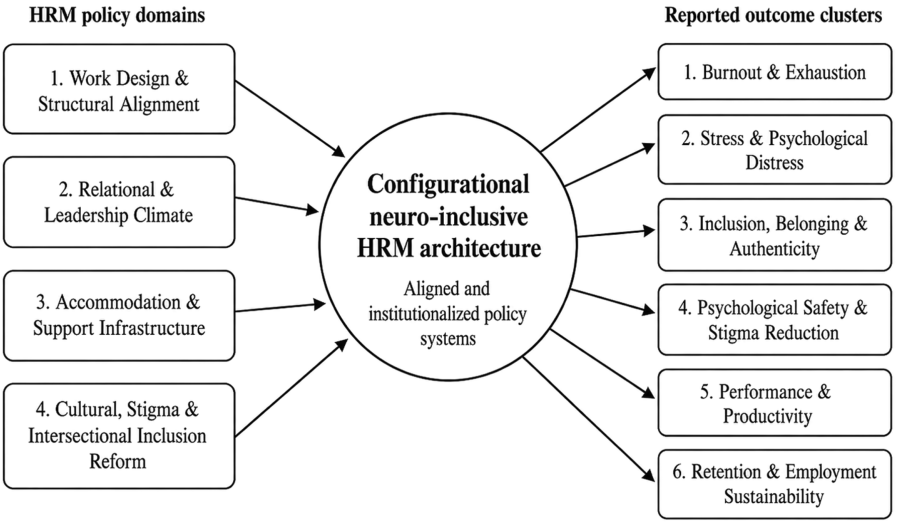


Figure A2. Dual analytical framework of neuro-inclusive HRM policy domains and reported outcome clusters. Note: Arrows indicate patterns of reported alignment in the reviewed literature and do not imply causal effects. Source: Authors' own work

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