

An examination of the psychosocial factors impacting workplace accommodation requests in individuals with mental disabilities

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Abstract.

BACKGROUND: Individuals with mental health issues experience profound stigma and discrimination, which may contribute to a lack of accommodation utilization to address functional limitations of their work.

OBJECTIVE: This study examined how psychosocial factors may predict the request of accommodations by employed individuals with mental disabilities through the framework of social cognitive career theory.

METHODS: In the United States, 148 employed adults with mental disabilities completed an online questionnaire to ascertain self-efficacy, outcome expectation, affect, and workplace support. Logistic regression analyses were conducted to examine associations between respondents' psychosocial factors and request of accommodations.

RESULTS: Psychosocial factors (i.e., self-efficacy in accommodation request, outcome expectancy in employers' compliance with accommodation request, and non-person cost associated with request) were associated with impacting decisions to request accommodations among individuals with mental disabilities.

CONCLUSIONS: A focus on bolstering self-efficacy and outcome expectation may assist rehabilitation professionals with facilitating positive occupational outcomes for individuals with mental disabilities. Incorporating increased education on the possible implications of mental disabilities in the workplace may also promote successful employment outcomes.

Keywords: Accommodation request, mental disabilities, self-efficacy, outcome expectations, workplace support

1. Introduction

SAMHSA's National Survey on Drug Use and Health [1] estimated that approximately 11.4 million adults in the United States had a serious mental

health disorder in the past year. Mueser and McGurk [2] found that a majority of adults with a severe mental health disorder self-identified as being willing and able to work. Paid employment is associated with better self-perception of mental and physical wellbeing [3] and predicts a reduction in anxious and depressed symptomology [4]. Similarly, individuals with mental disorders may seek employment to improve financial resources and increase sense of belongingness to their community [5].

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Despite well-documented benefits of employing adults with mental disabilities, employment challenges for this population remain prevalent [6]. Prior research consistently found that only a tenth to a fourth of adults with a severe mental health disorder obtain competitive employment [2, 7, 8]. A negative association was present between increasing severity of symptoms related to mental health disorders and employment rates in the United States [6]. Poor employment situations can negatively impact adults with mental disabilities by limiting their financial independence, which may, in turn, hinder their quality of life, social inclusion, and overall well-being [7, 9]. Thus, assisting individuals with mental disabilities to obtain and maintain stable employment is crucial to them, their families, and society.

To combat poor occupational outcomes, federal and state legislatures aim to assist individuals with disabilities – including those with mental disabilities – with obtaining equal opportunities to gain stable employment. For example, the Americans with Disabilities Act (ADA) Amendments Act (2008) prohibits discrimination towards people with disabilities and mandates that reasonable accommodations should be provided to individuals with disabilities if it does not result in undue hardship for employers. Accommodations refer to any change or adjustment to a job or work environment to help a person with a disability apply for a job, perform the duties of the job, or enjoy the benefits and privileges of employment [10]. To address the needs of individuals with mental disabilities, reasonable accommodations may include modifications to employees' job structure, duties, or social accommodations [11] as well as provision of flexible scheduling, modified supervision, and training activities, etc. [12].

Ensuring that employees with mental disabilities receive needed accommodations in the workplace is especially pertinent. Workplace accommodations had positive implications on maintaining employment and monthly hours worked by participants with mental disabilities [13, 14]. Workers who received workplace accommodations had an average employment duration 31% longer than employees who did not receive accommodations [13]. In addition to increases in productivity and reductions in staff turnover [15], providing accommodations may result in affective commitment to the company or organization [16, 17]. However, to actualize the benefits of these accommodations, individuals with mental disabilities need to disclose at least some aspects of their mental health disorders in the accommodation

request process (Americans with Disabilities Act Amendments Act, 2008).

Despite these benefits, disclosure rates for accommodation requests among adults with mental disabilities are generally low [18, 19], though with variations. For instance, DeTore et al. [18] and Corbière et al. [14] reported workplace disclosure rates of 55.8% and 45.1%, respectively, in their studies for people with various mental disabilities. A longitudinal study conducted over 23 years observed that only 27% of their study's participants with depression disclosed issues relating to their mental or personal health to their employers to gain assistance [19]. However, a prior study reported workplace disclosure rates of mental disabilities of approximately 87% [20]. Wide variations in disclosure rates suggest a vital need for further research to increase our understanding of challenges that people with mental disabilities may face, regarding the process of deciding whether to submit a workplace accommodation request.

Multifaceted workplace-, employer-, and employee-related factors result in barriers to requesting and obtaining accommodations in the workplace. For example, many supervisors were uninformed with regards to the implications of an employee's mental disability on their work and possessed a lack of awareness on the types of appropriate accommodations to offer their employees [8]. Individuals with mental disabilities may also need to navigate through interpersonal difficulties. Fear of stigmatization and discrimination may act as a persistent barrier to disability disclosure and accommodation request initiation for individuals with severe mental health disorders [7, 21]. A systematic literature review found that hypothetical job applicants who disclosed a mental health issue received lower suitability ratings for employment than those who did not disclose a mental health issue [22]. Concerns relating to possible workplace discrimination may hinder individuals with mental disabilities from requesting or utilizing accommodations [23]. Chow et al. [24] found that lack of workplace supports, and greater severity of mental disability were associated with a lower likelihood of requesting workplace accommodations.

On the other hand, employees' increased familiarity with the ADA legislation and workplace supports from employers and coworkers were significantly associated with disclosure of mental health concerns in the workplace and request of accommodations [22, 25, 26]. McDowell and Fossey's [12] findings supported the need for additional

research on how to increase efficacy of requesting workplace accommodations for individuals with mental disabilities. Accommodation requests from this marginalized population were viewed as less legitimate and reasonable [27]. These findings highlighted the importance of research on psychological, cognitive, and social factors which may influence initialization of workplace accommodation requests [28]. Sociodemographic risk factors for refusing to request accommodations also requires further study.

Cognitive and psychological constructs, proposed by the Social Cognitive Career Theory [29], may predict initiation of workplace accommodation requests [30]. These constructs consist of self-efficacy, outcome expectancy, and affect. An individual's self-efficacy (i.e., beliefs about one's competency to successfully perform certain behaviors or courses of action) and outcome expectancy (i.e., beliefs about the outcomes of given actions) influence job performance and work behaviors [29]. In addition, affect (i.e., one's feelings and emotions) serves as a filter through which outcome expectancy and self-efficacy information are processed [31]. A positive association between outcome expectancy, positive affect, and self-efficacy on workplace accommodations has been observed among people with various disabilities [30, 32]. Both these studies found that self-efficacy, outcome expectancy, and positive affect accounted for 50% to 55% of the variance in intention to request accommodations. Furthermore, self-efficacy mediated the relationship between positive affect and intention to request accommodations; outcome expectation mediated the relationship between self-efficacy and intention to request accommodations among people with different types of disabilities.

Despite these past studies, no study – to our knowledge – has examined the impact of these cognitive constructs on requesting accommodations through the framework of social cognitive theory among individuals with mental disabilities. Given the unique nature of mental disabilities, this literature gap is concerning. Beatty [33] suggested that examining people with disabilities as a homogeneous group may impede us from capturing the experiences of groups with specific types of disabilities. In addition, no study, with exception of Chow et al. [24], has explored workplace supports and demographic factors along with cognitive constructs, among individuals with mental disabilities. Thus, this study aimed to examine the influences of psychosocial factors (i.e., self-efficacy, outcome expectancy, affect, and workplace supports) and demographic factors on

requesting accommodations among individuals with mental disabilities. The research questions include: 1) What are the types of workplace accommodations requested or withheld by people with mental disabilities? and 2) What are the impacts of psychosocial (i.e., self-efficacy, outcome expectancy, affect and workplace support) and demographic factors on requesting accommodations among individuals with mental disabilities?

2. Methods

2.1. Participants

Participants in this study were recruited from agencies serving and/or advocating for individuals with mental disabilities in the US such as National Mental Health Clearing House, National Alliance on Mental Illness, and the mental health supported employment programs, etc. All participants were 1) 18 years of age or older, 2) had a need for workplace accommodations in the past three months, and 3) disclosed a mental health disability. The study sample was comprised of 148 people with mental disabilities, such as psychiatric and/or cognitive disabilities. In the sample, 110 (74.3%) participants self-identified as Caucasian, 10 (6.8%) as African American, 9 (6.1%) as Latinx, 8 (5.4%) as Native American, 7 (4.7%) as Asian American, and 4 (2.7%) as missing. The participants reported various levels of education: 39 (26.5%) high school or less; 22 (15%) 2-year college; 54 (36.7%) 4-year college; 32 (21.8%) master and doctoral, and 1 (.1) missing. Female participants accounted for 68.9% of the total sample; participants who worked full time comprised of 58.1%. Among the participants, 107 (72.3%) were in non-managerial positions, 16 (10.8%) were lower-level managers, and 25 (16.9%) were middle- and upper-level managers. Participants in the age range of 18–34 accounted for 27.7%, 35–44 (20.3%), 45–54 (31.8%), 55–64 (16.9%) and 65 and higher (1.3%).

2.2. Procedures

The participants in this study were a subgroup (individuals who self-reported as having a mental disability) of a larger study of the first author, which was approved by institutional review board of the first author's institution. The first author contacted the agencies mentioned in the prior section that serve individuals with mental disabilities, and emailed a

link of the online survey to the directors and asked them to invite participants through their E-newsletters and list-serves. Individuals interested in this study followed the links to the web survey, having no direct contact with the researchers.

Participants who chose to fill out the online survey were asked to read the online consent form prior to taking the survey. Informed consent was implied if participants filled out and submitted the surveys. After participants completed the survey, they were offered the option to enter a raffle with a chance to win a \$10 Amazon gift card. Since most of the survey promotion and recruitment was conducted through online advertisements and websites in multiple branches of these organizations, no response rate was estimated. All data was analyzed and reported in a collective manner with no personal information identifiable for the participants.

2.3. Measures

Participants filled out their age, race, education, management level, and work status in the survey. Participants also indicated if they requested job accommodation(s) in the workplace where they needed accommodation(s) in the past three months, and the types of accommodation requested. Finally, participants also completed the following measures:

2.3.1. Self-efficacy

Two domain specific measures were used: accommodation domain-specific self-efficacy scale and goal-setting self-efficacy scale. The accommodation domain-specific self-efficacy was developed by Rumrill [34] and served to assess self-efficacy related to requesting job accommodations. The scale was found to have good internal consistency reliability, estimated at 0.93 [34]. The scale in this study was modified slightly in wording (i.e., replacing “my needs” with “my accommodation needs”). Four items from the original scale were selected to reduce the response burden for the participants. To be consistent with other scales in this study, participants were asked to rate their level of confidence in accommodation tasks on a five-point Likert scale (rather than 10-point Likert Scale in the original study) “Not at all confident” (1) to “Very Confident” (5). A sample item included, “Discussing my accommodation needs with my employer.” The alpha level for this current study was 0.82.

The work-related goal self-efficacy was measured by a modified goal self-efficacy instrument [35], used

to assess the degree to which participants feel capable of achieving their most important work-related goal. For the purpose of this study, participants were asked to answer each item by considering important work-related goals they have and respond to each item on a 5-point scale. A sample item included, “Having the ability to reach my work goal.” Karoly and Ruehlman [35] reported reliability estimates for this scale ranging from 0.80 to 0.87 for health, interpersonal, and academic goals. The alpha level for this current study was 0.92.

2.3.2. Outcome expectations

Outcome expectations were assessed through the following domains: anticipated employer compliance for accommodation, accommodation appropriateness, and personal cost [36, 37]. The compliance scale was adapted from a 5-item measure by Baldrige [36]. To reduce the response burden, three items were used with minor adjustment (i.e., replacing “adjustment” to “accommodation”). Participants were asked to respond to each of the three items on anticipated employer compliance on a five-point scale ranging from “Disagree” (1) to “Agree” (5). A sample item included, “If I asked for accommodation, it would probably be provided.” The scale demonstrated good internal consistency reliability in Baldrige [36]’s study, estimated at 0.97. The alpha level for this current study was 0.96.

Florey’s [37] three-item scale on accommodation appropriateness was modified slightly in wording (i.e., replaced “adjustment” with “accommodation”) for consistency with other parts of the survey. Participants were asked to respond to each of the three items on a five-point scale ranging from “Disagree” (1) to “Agree” (5). A sample item included, “Most people at the work would support my requesting for this accommodation.” The scale demonstrated good internal consistency reliability, estimated at 0.94 [37]. The alpha level for this current study was 0.96.

The seven-item personal cost measure was initially developed by Anderson and Williams [38]. Baldrige [36] revised the measure slightly. Considering the response burden of the participants, three items from Baldrige’s [36] study were used with only minor modifications (i.e., replacing “adjustment” with “accommodation”). Participants were asked to respond to each of the three items on a five-point scale ranging from “Disagree” (1) to “Agree” (5). A sample item included, “I would feel inadequate or incomplete if I asked for this accommodation.” We reverse-coded the items in this subscale as they

were negatively worded and renamed the construct as non-personal cost to be consistent with other outcome expectation subscales. The scale was found to have good internal consistency reliability, estimated at 0.97 [36]. The alpha level for this current study was 0.73.

2.3.3. Affect

The Positive and Negative Affect Schedule (PANAS; 39) is a 20-item measure used to assess differences in positive and negative emotions. The scale assesses positive affect (PA) and negative affect (NA). The positive affect (PA) is defined as the extent to which a person feels enthusiastic, alert, and active; and negative affect (NA) which reflects a person's negative emotions, including anger, contempt, distress, and guilt. The scale has demonstrated strong discriminant and convergent validity, indicating the measure is sufficiently discernable from related constructs such as depression and state anxiety [39]. In consideration of response burden for the participants, five items from each of positive affect and negative affect were selected considering the equal representation of items in covarying item pairs [40]. Examples of items include "afraid", "nervous", "determined", and "attentive". For the purposes of this study, participants were asked to rate on a five-point scale from "Not at all" (1) to "Extremely" (5) on how comfortable they felt with asking for job accommodations in the past three months. The alpha levels in the current study were 0.86 and 0.87 for positive affect and negative affect, respectively.

2.3.4. Workplace supports

Workplace supports were assessed by a six-item scale examining participants' perception of level of disability friendly environment of their organization, and level of acceptance by their peers at the workplace where they asked for the accommodation [41]. Participants were asked on the level to which they agreed with the following statements, "I felt accepted by my coworkers at the workplace where I requested accommodations" and "My company has a disability-friendly environment (i.e. recruiting and employing persons with disabilities)." These questions were rated on five levels, from "Strongly disagree" to "Strongly agree". The scale was found to have good internal consistency reliability (0.81 to 0.84) in previous studies [25, 41]. The alpha level for this current study was 0.86.

2.4. Data analysis

Considering that the purpose of this study was to examine the predictive ability of psychosocial (i.e., self-efficacy, outcome expectation, affect, and the level of workplace supports) and demographic factors on an individual's decision whether to request workplace accommodations, logistic regression analysis was conducted. Work status was stratified by full- vs. part-time. We also collapsed age, race, education, and job status each into the following groups: 18–54 vs. 55 and older; Caucasian vs. others; high school or less vs. college or higher; non-management vs. management. The assumptions of the logistic regression (e.g., multicollinearity and sample size) were checked and met requirements. For example, multicollinearity assumption was met considering that all correlations among independent variables were under .80; the sample size requirement was also met as evidenced by the test of Hosmer and Lemeshow [42].

3. Results

3.1. Accommodations requested and withheld

A flexible schedule and job restructuring were identified as the top two accommodations requested by participants who requested accommodations as well as by participants who considered making a request, but ultimately decided against it.

See Table 1 for details.

3.2. Prediction of requesting accommodations

Means, standard deviations, range, skewness and kurtosis, and intercorrelations of psychosocial factors (i.e., accommodation request efficacy, outcome expectations, affect and workplace supports) were presented in Table 2. With the exception between goal efficacy and positive affect, all the correlations were significant, ranging from 0.17 to 0.59. See Table 2 for details.

The omnibus test for the logistic regression model found to be statistically significant, $\chi^2(14, N=148)=41.13$, $p<0.001$, indicating that significant relationships existed between the outcome variable (requesting job accommodation) and prediction variables. The Nagelkerke $R^2=0.34$ indicating 36% of variance could be accounted by the predictor variables. The Hosmer Lemeshow goodness-of-fit

Table 1
Workplace accommodations requested vs. not requested

Accommodation types	Request status	
	Requested (N = 105) (n/%) ^a	Did not request (N = 43) (n/%) ^a
Flexible schedule	49 (46.7%)	19 (44.2%)
Job restructuring (i.e., change in job duties)	25(23.8%)	16 (37.2%)
Assistive technology	24 (22.9%)	9 (20.9%)
Assistance by another person	22 (21.0%)	9 (20.9%)
Telework	16 (15.2%)	8 (18.6%)
Physical alteration to building/office space	16 (15.2%)	7 (16.3%)
Reassignment to another job	9 (8.6%)	6 (14.0%)

^aThe accumulative percentage for each requested status exceeded 100% due to multiple accommodations could be chosen.

Table 2
Intercorrelations and descriptive statistics

Variables	1	2	3	4	5	6	7	8	9
1. Request efficacy	–	0.51**	0.44**	0.48**	0.49**	0.44**	–0.45**	0.44**	0.31**
2. Goal efficacy		–	0.33**	0.27**	0.27**	0.16	–0.37**	0.30**	0.06
3. Compliance			–	0.59**	0.22**	0.17*	–0.35**	0.49**	0.21*
4. Appropriateness				–	0.38**	0.30**	–0.46**	0.59**	0.18*
5. Non-personal cost					–	0.29**	–0.51**	0.40**	0.32**
6. Positive affect						–	–0.26**	0.26**	0.19*
7. Negative affect							–	–0.54**	–0.08
8. Work supports								–	0.07
9. Request behavior ^a									–
M/SD	12.81/3.68	14.33/4.34	10.56/4.02	10.22/3.92	9.73/3.430	14.54/5.40	13.80/5.73	21.17/5.54	0.71/0.46
Range	4–20	4–20	3–15	3–15	3–15	5–25	5–25	6–30	0–1
Skewness	–0.20	–0.46	–0.56	–0.37	–0.21	0.21	0.13	–0.44	–0.93
Kurtosis	–0.46	–0.45	–0.87	–10.04	–0.81	–0.87	–0.95	–0.42	–10.15

* <0.05 ** <0.01 . ^aAs request behavior is dichotomous, point-biserial correlations were used.

test was not significant, $\chi^2(8, N = 148) = 9.676$, indicating that the model adequately describes or fit the data. The results indicated that accommodation efficacy, participants' perception of employers' compliance for their requests, the absence of personal cost in requesting accommodations, work status (i.e., work full time) were significant predictors for participants' request of accommodations. Each unit of increase in accommodation efficacy, perception of employers' compliance for providing accommodations, and absence of personal cost represented 22%, 14%, and 24% higher likelihood of requesting accommodations among people with mental illness. Individuals working part-time were 73% less likely to request accommodation compared to their counterparts working full-time. However, the other efficacy measure (i.e., goal efficacy), outcome expectation measures (i.e., the perception of appropriateness), workplace supports, affect, and other demographic factors were found to be non-significant predictors associated with requesting workplace accommodations. See Table 3 for details.

4. Discussion

This study examined psychosocial and demographic factors associated with workplace accommodation requests for adults with mental disabilities. Request status for various types of accommodations were also considered. A flexible schedule, job restructuring, assistive technology, and assistance from others were identified as the top desired accommodations by the participants regardless of whether the accommodation request was made. These findings were consistent with prior studies on workplace accommodations and resources. Flexible schedules and changes to job responsibilities were reported as frequently used workplace accommodations by adults with mental disabilities [12, 43]. In addition, Sundar's [44] systematic review identified human assistance (e.g., professional employment coaches or specialists) as a commonly reported workplace accommodation for individuals with mental disabilities. Findings on frequent types of accommodations requested or considered by people with mental

Table 3
Logistic regression analysis on requesting accommodations

Predictors	<i>B</i>	<i>S.E.</i>	<i>Wald's x²</i>	<i>df</i>	Odd ratio	<i>Sig.</i>
Constant	-3.80	2.16	3.10	1	0.02	0.08
Request efficacy*	0.21	0.09	5.00	1	1.23	0.03
Goal efficacy	-0.13	0.07	3.63	1	0.88	0.06
Compliance*	0.14	0.07	3.81	1	1.14	0.05
Appropriateness	0.00	0.08	0.00	1	1.00	0.99
Non-personal cost**	0.22	0.09	6.24	1	1.24	0.01
Positive affect	0.05	0.05	1.04	1	1.05	0.31
Negative affect	0.07	0.06	1.91	1	1.08	0.17
Work support	-0.04	0.06	0.42	1	0.96	0.52
Work status (fulltime)**	-1.31	0.50	6.77	1	0.27	0.01
Gender (male)	-0.21	0.51	0.16	1	0.82	0.69
Age (≥55)	0.46	0.58	0.64	1	1.59	0.43
Race (Caucasian)	0.20	0.59	0.11	1	1.22	0.74
Job level (management)	0.05	0.57	0.01	1	1.05	0.94
Education (≥college)	-0.44	0.55	3.10	1	0.64	0.08

* $p < 0.05$. ** $p < 0.01$.

disabilities may assist rehabilitation professionals in understanding the accommodation needs of individuals with mental disabilities.

Current research also found that accommodation request self-efficacy and some outcome expectancy subscales (i.e., perception of employers' compliance for accommodation requests and absence of personal cost in requesting accommodations) significantly predicted the likelihood of requesting accommodations in this study. The current results were partially supported by results of Dong [30] and Dong and colleagues [32]. For example, Dong et al. [32] found that outcome expectancy, positive affect, and self-efficacy accounted for approximately 55% of variance in adults' plans to ask for workplace accommodations for people with various types of disabilities, including those with mental disabilities. However, the appropriateness perception subscale of outcome expectation, goal efficacy, and affect were not found to be significant predictors for participants' request of workplace accommodations in this study. These findings were not consistent with prior research for people with sensory impairments [36, 41]. Dong and Guerette [41] found that individuals with sensory disabilities who requested and received accommodation reported significantly higher levels of goal efficacy and appropriateness than their counterparts who did not request accommodations. Differences in the relationship between appropriateness perception and accommodation requests may be attributed to stigma and prejudice associated with mental vs. sensory disabilities. The present study found that workplace support did not significantly predict the

request of workplace accommodations. This may be explained by the relatively high rates of workplace supports. Little variation was seen in workplace supports between persons who requested accommodations and non-requesters. Additional research on the ways in which psychosocial factors impact desired workplace accommodations and initiation of accommodation requests is warranted.

Among all demographic factors assessed, work status was the only significant predictor of requesting workplace accommodations. Participants who worked full-time were more likely to request workplace accommodations than their counterparts work part time. According to U.S. Bureau of Labor Statistics [45], people with disabilities are almost twice as likely to work part-time than their counterparts without disabilities. Konrad et al. [46] pointed out that temporary workers and underemployed employees showed less life satisfaction and perceived more discrimination on the basis of their disability. Konrad et al. [46] further found workplace accommodations serve to mitigate the negative effects of temporary employment as well as underemployment. The lack of request and use of workplace accommodations among part-time workers with mental disabilities may exacerbate the workplace challenges and reduce job retention for these individuals. This calls for an urgent need to enhance psychoeducation for employees with mental disabilities to be more assertive in advocating for their rights under ADA. In addition, employer education on the responsibilities and benefits of offering accommodations could promote the capacity of employees to work to their full potential.

5. Limitations

Several limitations were noted which could be addressed in future studies. First, this study utilized abridged versions of the accommodation domain-specific and goal-setting self-efficacy scales. Thus, it is unclear if the criterion-related validity of the original measures extends to the shortened versions. Second, by using self-report measures, the results of this research may have been susceptible to participants responding in accordance to social desirability. Third, the participants in this cross-sectional research were recruited from agencies who provide support and resources to individuals who have mental health concerns; thus, this study sample may not be representative of the intended population as a whole. In addition, this study's recruitment strategy required eligible individuals to be on the agencies' list-serves, have access to the online surveys via the E-newsletters, and have access to reliable internet services. As a result, it is possible that the demographic characteristics of this study's sample are not representative of the true demographics of the intended population. Despite these limitations, the results from this study may have important theoretical consequences for rehabilitation practices.

5.1. *Implications for rehabilitation practices*

Rehabilitation professionals need to assist individuals with mental disabilities with understanding the nature of their disabilities and learning how to effectively communicate the benefits of accommodations on facilitating the completion of their job's essential functions. Greater awareness on the potential benefits and costs of requesting accommodations in the workplace is needed. Rehabilitation professionals should also inform part-time employees that they are eligible for requesting workplace accommodations. Increased education to employers on the cost-effectiveness of providing workplace accommodations, including those work part time, could be beneficial by highlighting enhancements to workplace morale and diversity. Rehabilitation professionals should also provide information on the tax incentives of providing workplace accommodations.

Rehabilitation professionals should provide training to enhance an employees' efficacy in submitting accommodation requests. Role plays could help ease employees' anxiety while boosting their confidence to initiate workplace accommodations. Moreover, role plays could offer employees the opportunity to

practice how they might respond to potential questions which they may encounter while requesting accommodations with their employers and/or supervisors. In addition to educating employees on the general process of requesting accommodations, rehabilitation counselors could provide feedback and encourage the employee to reflect upon their strengths and areas of improvement. Increased education and support through the accommodation request process could prevent employees from solely focusing on the potential negative costs of requesting accommodations. Thus, these suggestions may encourage the employee to proactively request necessary accommodations rather than only seek accommodations after their workplace performance has been compromised.

Rehabilitation counselors should educate coworkers and supervisors on creating a supportive and disability-friendly environment. They should provide psychoeducation on the stigma and misconceptions related to individuals with mental disabilities, and benefits of establishing an inclusive workplace environment by providing accommodations and universal designs for all. An introduction on the cost and nature of accommodations could help de-mystify misconceptions (e.g., high cost and disruption of workplace) about accommodations.

5.2. *Implications for research*

Future research may consider using a qualitative approach to examine the impact of psychosocial factors on requesting and receiving accommodations among individuals with mental disabilities. A qualitative approach may assist various stakeholders (e.g., individuals with disabilities, employers/supervisors, professionals) to understand the accommodation requesting process, and potential facilitators and barriers that might not be included in this study. For example, in the current study, we explored the impact of personal cost in requesting accommodations. A qualitative study may provide insights on stigma, discrimination, and internalized prejudices encountered during the accommodation request process by persons with invisible disabilities. In addition, a focus group may assist persons with disabilities in building a sense of community and enhancing their willingness to advocate for their rights in the workplace.

Although the current study examined important psychosocial factors related to accommodation requests, future research may be needed to investigate whether other factors – such as motivation, needs, political skills, and coping strategies – predict

accommodation request initialization and outcomes. There remains a need to further tailor effective rehabilitation services to the unique needs of adults with mental disabilities. Thus, a comprehensive understanding of factors associated with requesting and using accommodations will be instrumental in developing relevant training for various stakeholders.

6. Conclusion

Accommodation requesting is a multifaceted and complex process for individuals with mental disabilities. Rehabilitation professionals should assist individuals with mental disabilities to enhance self-efficacy and outcome expectation, and bolster workplace supports to facilitate their work success through fully utilizing workplace resources.

Conflict of interest

The authors declare that they have no conflict of interest.

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