



Diversity and inclusion in the legal profession: disclosure of cancer and other health conditions by lawyers with disabilities and lawyers who identify as LGBTQ +

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Abstract

Purpose Given the training and experience of lawyers, we assumed that a study of lawyers' willingness to disclose disability in the workplace would provide an example of the actions of a group knowledgeable about disability law. The current study accounts for the effect of visibility of disability, onset and type of disability, and whether the lawyer has made an accommodation request. We also investigate the role of other individual characteristics, such as sexual orientation, gender identity, race/ethnicity, age, and job-related characteristics, in willingness to disclose.

Methods We use data from the first phase of a longitudinal national survey of lawyers in the USA to estimate the odds of disclosing disability to co-workers, management, and clients using proportional odds models.

Results Lawyers with less visible disabilities, those with mental health disabilities, and those who work for smaller organizations have lower odds of disclosing to co-workers, management, and clients as compared to their counterparts. Attorneys who have requested accommodations are more willing to disclose as compared to those who have not, but only to co-workers and management. Women are less likely than men to disclose to management and clients. However, gender is not a significant determinant of disclosure to co-workers. Older attorneys are more likely to disclose to clients, whereas attorneys with children are less likely to disclose to co-workers. Lastly, lower perceived prejudice and the presence of co-workers with disabilities are associated with higher disclosure scores, but not for all groups.

Conclusions Individuals who acquired a disability at a relatively early point in life and those with more visible disabilities are more likely to disclose. However, such willingness is affected by the intersection of disability with other individual and firm-level characteristics.

Implications for Cancer Survivors.

The findings imply that those with less visible disabilities and with health conditions acquired later in life are less likely to disclose. The relevance of the findings is heightened by the altered work conditions and demands imposed by the COVID-19 pandemic for cancer survivors.

Keywords Disability disclosure · Workplace discrimination · Inclusive workplaces · Workplace accommodations · Future of labor

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Introduction

Statistics from the American Cancer Society show that, in 2019, an estimated 16 million Americans were considered cancer survivors. Of those, 36% were of working age (20–64 years old) [1]. Despite their desire to work [2], many cancer survivors face discrimination and challenging workplace settings that prevent them from working [3–5].

For cancer survivors and those undergoing cancer treatment, workplace accommodations can make a positive difference in the workplace [6]. The Americans with Disabilities Act (“ADA”) typically covers workers who have cancer, those who have cancer that is in remission, and those who have a history of cancer [7]. Nonetheless, despite this coverage, many cancer survivors do not make use of the Act’s protections [8]. In fact, studies show that cancer survivors hesitate to disclose that they have or have had cancer, typically a step needed to make use of the protections granted under the ADA [9].

The decision whether to disclose one’s social identity is complex. Employees with “invisible” identities (e.g., sexual orientation, certain chronic health conditions, psychological and mental health disabilities) face unique challenges in disclosing in the workplace. While workers with more visible identities must deal, inevitably, with others knowing about those identities, workers with invisible identities must choose, often influenced by time and context, whether, when, in what ways, and to whom they disclose their identities [10–12].

Disability is an individual identity that can be both visible and non-visible, and which generally has been stigmatized, marginalized, and oppressed [13, 14]. Invisible disabilities, which can include chronic illnesses such as cancer, are those “physical and psychological conditions that often have no visible manifestation or have visible features that are not clearly connected to a disability” [15]. Invisible disabilities also can include sensory disabilities, autoimmune disorders, and psychological and mental health conditions [15].

Workplace accommodations are one important way to address attitudinal barriers and support the equal employment of people with disabilities [16]. Requesting an accommodation, however, usually requires that an individual reveal their disability. How the resulting interactive process—a central element of the ADA accommodation process—proceeds can be influenced by many factors, including organizational culture, aspects of organizational diversity and inclusion, and whether the organization engages in workplace accommodation practices [17]. Unfortunately, for many people with hidden and stigmatized disabilities, one prominent reason for not requesting accommodations from their employers is their fear that the

disclosure process in their workplace will result in bias and other negative consequences [10, 11].

The importance of understanding disability disclosure experiences has been heightened by the COVID-19 pandemic, which has changed how and where work is performed, and how work tasks and workplaces are organized [18–21]. Flexible work arrangements, including telework/remote work and increased reliance on interactive technologies, have become a new norm during the COVID-19 pandemic for many office workers, including attorneys, and have allowed some workers to avoid the disclosure conundrum. The anticipated (or already implemented) return to “normal,” or at least hybrid, work arrangements will likely impact people with disabilities disproportionately: if they cannot safely return to work in a physical workplace, they may have to disclose their health conditions and disabilities to receive required accommodations [22]. Consideration of disclosure in the post-COVID workplace, therefore, is especially important for individuals with invisible disabilities and chronic health conditions, such as cancer survivors.

This study, based on lawyers’ own reports of their experiences, extends prior investigations of identity disclosure in the workplace by examining factors that influence the disclosure decision for lawyers with these less visible disabilities. The findings show that reported openness to disclose a disability varies with disability-related factors, including visibility and type of disability. Onset of disability is also shown to play a role, but only for disclosure to clients. Having made an accommodation request is associated with greater willingness to disclose to co-workers and management. Furthermore, other identity factors such as gender, age, and having children help explain differences in willingness to disclose to certain groups for this cohort of lawyers. Job-related factors like size of firm and an inclusive workplace culture are also associated with willingness to disclose to certain groups. We consider the implications of the findings, which will be supplemented in future articles by data from longitudinal surveys in this investigation, for a post-COVID-19 workplace.

In the following sections, we first provide an overview of extant literature on identity disclosure in the workplace, present our research questions, and describe the methodology used to address these questions. Thereafter, we present our findings. In the final section, we consider the implications of our results for cancer survivors, limitations of the present study, and possible pathways for future research.

Research on disability disclosure in the workplace

A person’s decision to disclose their disability in the workplace is personal and shaped by a myriad of individual, interpersonal, organizational, legal, and societal factors [16,

23–25]. All else being equal, employees with less visible disabilities, such as mental health or chronic health conditions like cancer, face distinct challenges in disclosing their disabilities, as compared to employees with more visible disabilities [9, 11, 15, 26, 27].

One recent nationally representative survey shows that almost two-thirds (62%) of white-collar workers with disabilities in the USA have fully invisible disabilities, while slightly more than one-quarter (26%) have disabilities that are sometimes visible [28]. These less apparent disabilities often are complex to identify and document for legal purposes (e.g., the ADA requires supporting medical documentation) [15, 27, 29]. Invisible disabilities also are among the most highly stigmatized disabilities [30, 31], making accommodation requests complex and sometimes intensifying others' misperceptions about these disabilities [32]. For example, claiming an invisible disability can sometimes perpetuate unfounded perceptions by others of sham accommodation requests or special treatment in the workplace [25].

For these reasons and others, many cancer survivors, fearing being viewed and treated differently, are inclined to hide their condition or only share what is unavoidable [33–35]. Their return to work and disclosure experiences are commonly shaped by others' misconceptions linking cancer with death and by unfounded expectations about cancer survivors' work performance, dependability, and ongoing accommodation costs [9]. One survey of employers and their employees who are cancer survivors, for example, showed a discrepancy between employers' and employees' perceptions of how cancer impacts work performance [36]. Employers consistently overestimated the negative effects that fatigue, emotional distress, physical symptoms, low confidence, and reduced concentration will have on the work performance of cancer survivors. The findings suggest that employers, as compared to employees themselves, may attribute an unfounded and larger impact of cancer on employee ability to work and performance [36]. Another study found that individuals with cancer were more likely to make discrimination claims than those with other non-cancer-related disabilities [8]. These studies highlight the challenges that workers with less visible disabilities, such as cancer survivors, face at work, and which impact their decisions to disclose or conceal their health conditions.

Determinants of disability disclosure

Prior research has documented determinants of disability disclosure in the workplace. At the individual level, disability type, onset, severity, and the need for workplace accommodations play a role. At the job level, industry sector, working conditions, and workplace supports affect the disclosure decision. At the organizational culture or societal

level, disability stigma and discrimination are impediments to self-disclosure.

Disability-related factors

The type and severity of an individual's disability play a prominent role in the decision to self-disclose [37–41]. Research also shows that individuals with more stigmatized disabilities such as mental health conditions are more cautious in their disclosures [42]. But individuals who experience disabilities earlier in life typically tend to be more likely disclose their disability as compared to those with a later diagnosis, and they are more likely to work in jobs that support employees with disabilities [43, 44]. These findings are particularly relevant for cancer survivors, most of whom (99%) are diagnosed after the age of 20 [1].

The need for, and ADA legal right to, effective workplace accommodations is an important driving force in self-disclosure of disability [16, 40, 45–52]. For cancer survivors in the workplace, research shows that the need for support is often cited as main reason for disclosure [9, 34, 53]. Yet, due to the variety of factors mentioned earlier, many individuals are reluctant to disclose their disabilities, which is a barrier to formally requesting and receiving workplace accommodations under the ADA [45]. Consequently, many individuals with disabilities covered by the ADA forego disclosure even if it means not requesting accommodations that might enable them to attain, retain, or advance in employment [15, 23, 48].

Job-related factors

At the interpersonal and organization levels, support from co-workers and supervisors is associated with a willingness to self-disclose and with a positive disclosure outcome [16, 49, 54]. Such support consists of a more inclusive and accepting workplace culture, which can be demonstrated by, for example, organizational policies, procedures, and practices [10, 16, 29, 39, 43, 54–56]. Representation of workers with disabilities at all levels in the workplace also positively influences disclosure decisions of employees with disabilities [16, 24]. The presence of an inclusive culture in the organization is equally important to cancer survivors who wish to disclose their condition in the workplace [9, 57].

Decisions about disclosing disability, and perceptions of disability in the workplace, however, can be negatively shaped by manager and co-worker attitudes, often unfounded, about limits on the work performance of individuals with disabilities [30]. Workers with disabilities therefore report varying tendencies and preferences when choosing whom to approach in their organization to disclose their disability [33, 38, 47]. These research results highlight the importance of examining how disclosure varies based

on the recipient of the disclosure—manager, co-worker, or client—which is assessed in this study.

Fear of negative repercussions in the workplace is another important determinant of self-disclosure. Individuals with disabilities often express concerns about explicit or subtle discrimination as one of the main reasons why they choose not to self-disclose [15, 23, 58, 59]. This often is the case even though it is understood that disclosure of disability can provide legal protection under the ADA provisions against discrimination on the basis of disability [29]. Fears of standing out or being perceived as “different” additionally play an influential role [51]. These concerns often are justified, as evidence shows the pervasive nature of discrimination facing individuals with disabilities in the workplace [60–62].

Finally, having a more secure job position and greater job tenure typically is associated with a higher likelihood of disclosure [40, 47, 49, 63]. However, while reporting a longer tenure is associated with openness to disclose, it is unclear whether greater tenure leads to a higher likelihood of disclosure or vice versa. Overall, research shows that people who disclose their disabilities are more likely to remain employed than not [64].

Benefits and risks of disclosure

Taken all together, research shows both benefits and risks associated with disclosure of disabilities in the workplace [16, 64]. Many employees who choose to self-disclose experience negative consequences and come to regret their disclosure [16, 52, 65, 66]. Yet, for purposes of the ADA, formal disclosure is crucial to requesting accommodations [29, 45], and identity concealment can inhibit workers’ rightful opportunities to obtain effective accommodations and make full use of their job capabilities [37]. A non-disclosure choice, whatever the motivating reason, can also negatively affect an employee’s feelings of belonging, commitment, job satisfaction, and workplace relationships [10, 39, 41, 64, 67, 68]. On the other hand, disclosure of less obvious disabilities such as cancer is associated with higher perceived commitment and therefore job tenure [57, 69].

Current study

This article draws upon original data from a national survey of lawyers, conducted in collaboration with the American Bar Association (“ABA”), designed to explore diversity and inclusion in the legal profession. With representation from all U.S. regions and states, as well as the District of Columbia, the survey examines lawyers with diverse backgrounds who are practicing in varying venues, with a primary focus on lawyers who identify as having health conditions, impairments, and disabilities, and on those who identify as lesbian, gay, bisexual, transgender, queer, or as having other

sexual orientations and gender identities (“LGBTQ+” as an overarching term). The survey has a planned longitudinal component, with a series of empirical studies to accompany the work. This next survey phase will explore in detail how workplace experiences of people with disabilities changed during the COVID-19 pandemic compared to the pre-pandemic baseline.

This article is the fourth in a planned series of studies based on that national survey. The first article was descriptive in nature and presented an enhanced organizational diversity and inclusion concept that we labeled “Diversity and Inclusion Plus Accommodation” (“D&I+”) [62]. D&I+ focuses on three core elements that may be applied across settings to advance an organization’s overall mission: (1) diversity of talent; (2) inclusion of talent; and (3) accommodation of talent. In our recent work, we have adapted this concept to include equity--“DEI+”--as an important goal to achieve by organizations. The presence of diverse talent, inclusion of talent, and accommodation of talent cannot be achieved without ensuring and promoting fairness in the workplace and its processes.

The second article explored workplace accommodations as one central aspect of the DEI+ concept [17]. Its findings show, counterintuitively, that those who need accommodations the most often are the ones less likely to receive them. Our third article presented analyses, using multivariate modeling, of discrimination reports by attorneys with multiple marginalized identities [60]. Its results show that marginalized attorneys, such as people with disabilities, are predictably more likely to report discrimination in the workplace than their non-disabled counterparts.

Prior research has explored individual determinants of disability disclosure in the workplace and differences by type of disability. Existing literature documents disclosure experiences of cancer survivors and those with chronic health conditions, highlighting the unique issues these individuals face [5, 8, 9, 33, 36]. However, lawyers and legal professionals are understudied in the literature on disability disclosure. To our knowledge, moreover, there is limited research on how disclosure experiences differ for people of different and intersecting individual identities, including disability.

The articles in our program of study attempt to address these gaps. In the present study, we seek to better understand factors associated with disclosure of disability in the legal workplace. Specifically, based on prior studies, we identify predictors of disclosure, considering individual factors such as the nature, type, and onset of disability, and associated accommodation requests. We also examine how disclosure outcomes for lawyers with disabilities vary with gender, sexual orientation, race, age, and parental status. We further consider job-related factors, such as tenure, workplace diversity (as a proxy for organization culture), and size of organization.

Methodology

Research questions

This fourth article in our series of studies examines disclosure of disability by lawyers in the workplace. As discussed elsewhere [62], we purposefully oversampled from the disability and LGBTQ+ communities to consider the following research questions:

(1) Are disability-related characteristics (type, onset, visibility), chronic health conditions, and accommodation requests associated with disability disclosure?

We hypothesize that having a disability since birth or from an early age will make an individual more likely to disclose their disability in the workplace [43, 44]. We note that for those with more visible disabilities and health conditions, disclosure is often not a choice [11, 15, 45]. Hence, we expect that people with visible disabilities will have higher disclosure rates. We also posit that individuals with mental health conditions will be less likely to disclose, given their invisibility and the stigma associated with such conditions [37–42]. Finally, we predict that accommodation requests will be associated with higher rates of disclosure because it is often the first formal step in requesting and receiving accommodations under the ADA [16, 40, 45–53].

(2) Are individual characteristics (gender and gender identity, race, sexual orientation, age, and parenthood) associated with disability disclosure?

Consistent with the findings of prior studies, we hypothesize that women, racial/ethnic minorities, and those who identify as lesbian, gay, bisexual, transgender, or queer (LGBTQ+) will have lower disability disclosure rates. We expect that these marginalized groups often choose not to disclose disability to avoid further negative experiences in the workplace such as discrimination, prejudice, and marginalization [46, 70–73]. In accord, the third article in our series shows that women and lesbian, gay, bisexual, and queer (“LGBQ”) attorneys with disabilities are less likely than their counterparts to report discrimination [60]. We further posit that this group of lawyers is less likely to disclose disability as a potential stigma avoidance strategy, and thus less likely experience and report discrimination on the basis of disability [74–77].

(3) Are job-related factors (tenure, size of work venue, workplace diversity, and perceived prejudice in the workplace) associated with disability disclosure?

We hypothesize that longer-tenured employees will report higher disclosure rates; conversely, those working in more precarious and less secure jobs will be less likely to disclose disability [40, 47, 50, 63]. Longer job tenure may allow for the trust to build that is often necessary for voluntary disclosure [40]. We also expect disclosures rates will be higher

for employees in relatively smaller as opposed to larger organizations, given that it is likely that more intimate work teams allow for enhanced interpersonal communication and closer working relationships among employees and supervisors. Furthermore, research suggests that workers in more inclusive and supportive organizations are more comfortable about disclosing their disability [10, 16, 24, 29, 39, 43, 54–56]. In accord, we predict that individuals in more diverse organizations, in terms of employing people with disabilities, will report higher disclosure rates.

Data

To address these research questions, we employ data from the first phase of the longitudinal survey project (phase 1), involving a sample of 3590 responding lawyers in the USA. The survey used both quantitative and qualitative questions, with fixed-choice and open-ended response opportunities, and is discussed in detail elsewhere [62]. While the full sample of lawyers responded to the survey, not all of them necessarily completed all the survey questions. We derived our analytical sample here from respondents who answered the disclosure question. The overall analytical sample used to answer the research questions discussed above is 302. All the respondents in the analytical sample indicated they had a disability, health condition, and/or impairment as a precondition to answering the questions about their disclosure experiences.¹

Outcome variables

Table 1, found in the Appendix, provides an overview of the respondents’ characteristics, indicating the proportion or mean for each variable included in our models as well as the range for the analytical sample.

Openness to Disclose is a measure of the decision to disclose and the outcome variable. It stems from the question

¹ Disability is coded as 1: “has a disability, impairment, or health condition” and 0: “no disability.” This variable was created as a combination of two questions. First, we used the six disability measures from the American Community Survey (“ACS”). Questions from the ACS were as follows: Are you deaf or do you have serious difficulty hearing?; Are you blind or do you have serious difficulty seeing even when wearing glasses?; Because of a physical, mental or emotional condition, do you have serious difficulty concentrating, remembering or making decisions?; Do you have serious difficulty walking or climbing stairs?; Do you have difficulty dressing or bathing?; Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor’s office or shopping? In addition, respondents were asked “Do you have a disability or health condition not reflected in the previous question?” Those who answered yes to one or more of these seven questions are coded as 1 or “Yes,” while those who responded no to all the questions are coded as 0 or “No.”

“Which best describes how open you are about your health condition, impairment, or disability in your work settings with the following groups of people?”—namely, with co-workers, management, and clients. Answers were given on a 4-point scale, ranging from “no one” to “all,” rating the degree to which respondents are open about their identity with each group. We consider each of the three items as a separate outcome variable in our analyses. Measures of disclosure to co-workers, management, and clients have a mean score of 2.98, 2.85, and 2.24, respectively (see Appendix Table 1).

Covariates and control variables

We include covariates and controls, derived from prior literature.

Disability-related factors

Disability onset is coded as 1: “health condition, impairment, or disability developed since birth” and 0: “health condition, impairment, or disability developed after birth.” Around 22% of respondents said that their disability was since birth.

Disability visibility is a binary variable derived from the question “Is your health condition, impairment, or disability apparent or non-apparent to others?” It is coded as 1: “apparent” and “it fluctuates” and 0: “non-apparent.” Slightly more than half (57%) of our respondents reported that their disability is visible/apparent.

Mental health is a binary variable coded as 1: “has a mental health condition” and 0 “has other disability, health condition, or impairment.” Almost one quarter (22%) of our respondents reported a mental health condition or disability.

Accommodation request is a binary variable derived from the question “Have you ever requested from this organization any change or accommodation in your job or workplace to better meet your personal needs?” It is coded as 1 “Yes” and 0 “No.” Close to half (47%) of respondents from our analytical sample reported requesting accommodations.

Individual characteristics

Gender is coded as a binary variable: 1 for “Women,” 0 for “Men.” Women make up 53% of respondents while men make up 47%.

Race and ethnicity are coded as one binary variable to indicate racial and ethnic minority status, which is done to simplify subsequent intersectional analyses as well as to increase statistical power. This variable is coded as 1 when the respondent identifies as a racial and ethnic minority (Black, Hispanic, or Latino, American Indian, or Alaska Native, Native Hawaiian or Pacific Islander, Asian,

Multiracial) and 0 for “white, non-Hispanic.” About one in seven (15%) of respondents identify as racial/ethnic minority.

Sexual orientation and gender identity is coded as a binary variable, coded as 1 when the respondent identified as lesbian, gay, bisexual, transgender, queer, or other sexual orientations and gender identities (“LGBTQ+”), and as 0 for “non-LGBTQ+.” Around 15% of respondents identified as LGBTQ+.

Age is coded as a categorical variable with five categories for different age groups. Attorneys 55–66 years of age make up the largest proportion of our analytical sample (25%) followed by those 25–35 years old (21%). In multivariate analyses, we use age as a continuous variable, with a range from 25 to 90 years of age and a mean of 52 years.

Parent of Children is a binary variable, coded as 1 “has children” and 0 “does not have children.” Around 60% of our respondents reported having children.

Job-related characteristics

Job tenure reflects the number of years the respondent had worked at the current organization at the time of the survey. For our main analysis, tenure is coded as a categorical variable with three categories. Those with less than 6 years of tenure make up the largest proportion of our analytical sample (41%), followed by those with 6–20 years (39%), and finally by those with over 20 years of tenure (20%). For our main analyses, we use tenure as a continuous variable. Responses range from less than 1 year (coded as 0) to 65 years, with the average tenure slightly longer than 13 years.

Organization size is coded as a binary variable, with two categories to indicate small size venues (less than 24 employees) and larger venues (over 25 employees). Attorneys from small venues make up 57% of our analytical sample and those in larger venues 43%.

Disability diversity is derived from the question “Does the organization you work for, as a whole, include any employees who you would describe as a person with a disability?” Answers were coded as 1 for “Yes” and 0 for “No.” About two-thirds (66%) of respondents reported that their organization includes employees with disabilities.

Perceived prejudice is derived from the question “How have you been treated in the legal profession regarding your health condition, impairment, or disability?” This question consists of four Likert-type items selected from 15 items of the workplace prejudice/discrimination inventory developed by James, Lovato, and Cropanzano [78]. The answers were given on a 7-point scale ranging from “completely disagree” to “completely agree.” The measure has a Cronbach’s alpha of 0.89, showing good internal consistency. The scores from the four Likert-type items are added to create a continuous variable

that ranges from -12 (indicating no prejudice) to 12 (indicating prejudice) with a mean score of -6.10 (see Appendix Table 1).²

Statistical analyses

To present associational statistics for our sample, we calculate correlation coefficients and their statistical significance levels for the variables used in our models to address the three core research questions.³ We also examine whether there are meaningful and statistically significant differences in disclosure scores for different groups. We use the Kruskal–Wallis non-parametric test to compare differences in disclosure to co-workers, management, and clients for more than two groups and the Mann–Whitney non-parametric test to compare two independent groups. These tests are most appropriate when we have one nominal variable, such as disability onset, gender, or sexual orientation, and one ordinal variable, such as the disclosure score [79].

To answer the primary research questions, we calculate the odds ratio of disclosing disability for each Likert-type item as a separate model using a proportional odds model (ordered logit regression). All three outcome variables have four categories (4-point scale answers) that were ordered. Two of our models meet the parallel proportions assumption (open to co-workers and clients), while one model does not meet this assumption (open to management). Nonetheless, using an ordered logit regression model is the best alternative compared to models such as multinomial logit models, generalized ordered logit models, or partial proportional odds models as it allows us to preserve ordering. In addition, a likelihood ratio (LR) postestimation test based on the Bayesian information criterion (BIC) supports the use of a proportional odds model over generalized ordered logit models.

Results

Descriptive statistics

Associational characteristics

Results in Table 2, found in the Appendix, show the non-parametric correlation coefficients and their statistical significance levels for the variables in our models ($p < 0.05$).

² The four items are as follows: “I have sometimes been unfairly singled out because of my health condition, impairment, or disability; at work I feel socially isolated because of my health condition, impairment, or disability; at work I am treated poorly because of my health condition, impairment, or disability; some of my co-workers leave me out of conversations because of my disability, impairment, or health condition.”

³ Given the nature of our data, the correlation coefficients presented in Appendix Table 2 are differently derived. Specifically, we use Spearman’s correlation to measure association between two ordinal variables and Rank-Biserial correlation to measure the association between an ordinal variable and a binary variable.

Results in the second column indicate that having a visible disability, not having a mental health condition, having requested accommodations, being a man, being older, having longer tenure, and working for a smaller organization are associated with a higher openness to disclose to co-workers. These results are similar for disclosure to management (column three), with the exception of not being LGBTQ+ and having children, which are now statistically significant and associated with lower disclosure scores. Results in the fourth column show that having a disability since birth, a visible disability, not having mental health disability, being a man, being white, not being LGBTQ+, being older, having children, having longer tenure, and working for a smaller venue are associated with a higher openness to disclose to clients.

Non-parametric tests of differences in disclosure

To estimate differences in disability disclosure scores by group, we conduct a series of parametric and non-parametric tests. The results in Table 3, found in the Appendix, present differences in disclosure scores by group. The Kruskal–Wallis and Mann–Whitney tests compare disclosure scores based on disability-related characteristics, other personal and social characteristics, and job-related variables ($p < 0.05$).

Onset of disability There is a significant effect of disability onset timing on disability disclosure score ($p < 0.05$), but only for attorneys disclosing to clients. Employees who have had a disability since birth report a higher mean disclosure score (2.59) as compared to those who acquired their impairment later in life (2.14).

Visibility of disability The distribution of the disability disclosure score is significantly different among those who have a visible disability and those who do not. Results in Appendix Table 3 show that respondents with visible disabilities had a higher mean disclosure score (3.26, 3.15, and 2.57) compared to those with invisible/non-apparent disabilities (2.61, 2.45, and 1.81).

Type of disability There are differences in the distribution of the disclosure score for the disability type categories “mental health disability” and “other disability.” Employees who reported mental health conditions had a significantly lower mean disclosure score (2.24, 1.95, and 1.41) compared to the “other disability” category (3.19, 3.09, and 2.46).

Accommodation requests Distribution of disclosure to co-workers and management is different between those who requested accommodations and those who did not. Requesting workplace accommodations is associated with a higher disclosure score (3.14 and 3.06) as compared to not requesting accommodations (2.84 and 2.65). Differences in

disclosure to clients based on accommodation requests were not statistically significant.

Gender A Kruskal–Wallis test shows that there is a significant difference in disclosure scores among men and women. The mean disclosure scores are higher for men (3.13, 3.17, and 2.58) than for women (2.84, 2.57, 1.93).

Racial/ethnic minority The findings on race/ethnicity show that overall disclosure scores by racial/ethnic minority status are significantly different only for disclosure to clients. Whereas the mean disclosure score for white lawyers is 2.30, the mean disclosure score for lawyers who are racial/ethnic minorities is 1.84.

LGBTQ+ LGBTQ+ lawyers tend to be significantly less open to management and clients about disability. Lawyers who identify as LGBTQ+ report a mean disclosure score of 2.43 and 1.89, whereas non-LGBTQ+ lawyers report a mean score of 2.92 and 2.30. Differences in disclosure to co-workers between LGBTQ+ and non-LGBTQ+ attorneys are marginally significant at $p < 0.1$.

Age Older lawyers display higher mean disclosure scores as compared to younger lawyers.

Parenthood Lawyers who have children tend to be more open to management and clients about their disability in the workplace. Having children is associated with a higher mean disclosure score (2.99 and 2.41) as compared to not having children (2.64 and 1.98).

Tenure A Kruskal–Wallis non-parametric test shows that, as with age, tenure matters in explaining group differences in disability disclosure. Lawyers with longer tenure report elevated average disclosure scores as compared to those with lower tenure.

Size of venue Lawyers working in smaller venues report higher disclosure scores as compared to those working in larger venues. Overall, lawyers in larger venues tend to have significantly lower disclosure scores (2.70, 2.53, and 1.96) than those in smaller venues (3.19, 3.08, and 2.44).

Disability diversity Counterintuitively, there are no significant differences in disclosure scores for attorneys who report working for organizations that employ other people with disabilities and those who do not.

Ordered logit regression results

Disability-related characteristics

Table 4, found in the Appendix, presents results from the ordered logit regression models for each outcome variable ($p < 0.05$). Our results partly confirm our prediction that early onset of impairment or health condition is associated with higher likelihood of disclosure. Early disability onset is significantly associated with a higher willingness to disclose to clients, whereas it is only marginally significant for disclosure to co-workers and management. Individuals who reported a disability since birth had 3.42 times greater odds of disclosing to clients as compared to those who reported a disability acquired later in life, controlling for other covariates included in the model.

Visibility of disability is associated with higher willingness to disclose to all three groups—co-workers, management, and clients. Individuals who reported a visible disability show 2.39 times greater odds of being more open about their disability to co-workers, 2.20 times greater odds of being more open about their disability to supervisors, and 2.58 times greater odds of being more open about their disability to clients, as compared to those who reported less apparent disabilities, controlling for other covariates included in the model.

Individuals who report mental health conditions, as compared to other disabilities, have 69%, 67%, and 69% lower odds, respectively, of disclosing their disability to co-workers, supervisors, and clients, controlling for other covariates included in the model. The findings indicate that overall, lawyers with mental health conditions are reluctant to disclose their disability in the workplace as compared to lawyers with other disabilities, likely due to associated stigma, discrimination, and other job and career-related repercussions.

The association between accommodation requests and disclosure scores is statistically significant for disclosure to co-workers and management, but not for disclosure to clients. Attorneys who requested accommodations have 1.66 and 1.97 times greater odds of disclosing to co-workers and management, as compared to those who did not request accommodations. These findings support our and others' conclusions that differences in disclosure are often driven by the required formality of the ADA accommodation process, which typically does not necessitate disclosure to clients.

Identity factors

Gender is associated with disability disclosure to management and clients, but not with disclosure to co-workers. Our results show that women, as compared to men, had 43% and

45% lower odds, respectively, of disclosing to management and clients, controlling for other covariates in the model.

Age is statistically significant in the ordered logit models only when disclosing disability to clients. For every additional year, the odds of disclosing to clients increase by almost 3%. However, counter to our predictions, age is not associated with willingness to disclose to co-workers and management. Having children is associated with lower disclosure scores, but only for disclosure to co-workers. Parents reported 44% lower odds of disclosing as compared to non-parents, controlling for other covariates.

On the other hand, being a racial/ethnic minority or LGBTQ+ does not affect willingness to disclose disability to co-workers, management, and clients. More precise than the results of our bivariate analyses, the role of LGBTQ+ identity and race is diminished once we include covariates; this suggests that other individual and job-related characteristics help explain complex differences in reported openness to disclose for those groups.⁴

Job-related factors

Working for a smaller organization that allows for closer work relationships is associated with a higher degree of openness to disclose to co-workers, management, and clients. Attorneys working for smaller organizations as compared to larger organizations reported 2.93, 2.63, and 2.27 times greater odds, respectively, of disclosing disability to

co-workers, management, and clients. As expected, lawyers appear more comfortable disclosing their disability in smaller and close-knit settings.

Whether there is a lack of culture of acceptance and diversity in the workplace, as measured by lack of disability diversity and reports of prejudice, is shown to affect workers' openness to disclose. Attorneys who reported that they work with other individuals with disabilities had 1.71 times greater odds of disclosing to clients. The effect of disability diversity was not, however, statistically significant for disclosure to co-workers and management. Not surprisingly, odds of disclosing disability to co-workers and supervisors decrease for those who report prejudice. All else equal, a one unit increase in perceived prejudice leads to a 6% and 5% reduction, respectively, in openness to disclose to co-workers and management. These findings are in line with our expectations that higher disability representation and lower perceived prejudice will lead to higher willingness to disclose disability.

Discussion

Using data from a national survey of lawyers and legal professionals, this study identifies key factors that appear to drive lawyers with disabilities to disclose, or inhibit them from disclosing, their disability in the workplace. To do so, the study highlights differences in disclosure experiences as associated with disability-related characteristics (disability onset, visibility, and type), accommodation requests, individual characteristics (gender and gender identity, race, age, sexual orientation), and job-related characteristics (tenure, venue size, presence of co-workers with disabilities, and perceived prejudice).

This study helps to inform organizational DEI+ strategies to support an organizational environment or culture of disclosure and to further the establishment of mechanisms for addressing existing disproportionalities in disclosure rates. The findings are particularly relevant to a post-COVID-19 context, given the new norms associated with most jobs (including those in law firms) and the elevated need for workplace accommodations such as flexible work hours and remote work. Prior to the pandemic, such accommodations commonly could not be initiated without disability disclosure under the ADA.

The findings show that disability onset is a strong predictor for disclosure to clients. Employees with disabilities since birth disclose their disabilities to clients at higher rates than employees with disabilities acquired later in life. This may be explained by the tendency of individuals with an earlier onset of disability to have greater identity salience and thus feel more comfortable sharing their identities, even with outside networks [80]. These findings are directly relevant to cancer survivors, as they imply that those with serious health conditions acquired later in life are less likely to disclose them formally as disabilities.

⁴ To supplement our understanding of the role played by other social identities and their interaction, we conducted further intersectional analyses. Specifically, we used average adjusted predictions at representative values (APR) to calculate the expected probability of disclosing disability to co-workers, management, and clients, at representative values of gender, race/ethnicity, LGBTQ+ identity, and disability type. These results suggest that attorneys with multiple marginalized identities are less likely to be open to all groups. These results are not reported here and should be considered with caution, given the statistically insignificant main effects for LGBTQ+ identity and race. In Title of Special Section: Disability law, policy, and practice: Implications for cancer survivors Below are the six (6) papers included in this Special Section of JCSU. They need to be published on-line and in-print in the order specified below. I accepted each of them and sent you in the EM (they all have been peer-reviewed). Let's keep them in the order specified below. 1. Blanck Disability Inclusive Employment, Cancer Survivorship, and the Americans with Disabilities Act. JCSU-D-21-00727. (Intro) 2. Ameri and Kurtzberg- The Disclosure Dilemma: Requesting Accommodations for Chronic Pain in Job Interviews- JCSU-21-00728 3. Hyseni et al- Diversity and Inclusion in the Legal Profession: Disclosure of Cancer and Other Health Conditions by Lawyers with Disabilities and Lawyers Who Identify as LGBTQ+ JCSU-D-21-00730 4. Kruse, Park, Rodgers, Schur - Disability and Remote Work During the Pandemic with Implications for Cancer Survivors JCSU-D-21-00731 5. Harpur- Hyseni, Blanck - Workplace Health Surveillance and Covid-19: Algorithmic Health Discrimination and Cancer Survivors JCSU-D-21-00732 6. Soffer Cancer-Related Stigma in the U.S. and Israeli Mass Media: An Exploratory Study of Structural Stigma. JCSU-D-21-00733.

The study reaffirms previous research showing a strong relationship between visibility of disability and disclosure rates, with individuals with more visible disabilities being more likely to disclose [11, 15, 45]. This conclusion may be because more visible disabilities are generally more socially accepted and less stigmatized as compared to less visible disabilities. Alternatively, this conclusion may reflect the apparent lack of choice that individuals with more visible disabilities face when it comes to disclosure. This conclusion is also supported by research documenting disclosure experiences for individuals with less visible health conditions, such as cancer survivorship [9, 34], that generally shows lower disclosure rates [37–41].

As expected, we find that employees with mental health, as opposed to other health, conditions are among those least likely to disclose to all three groups (managers, co-workers, clients) [39, 42]. Again, this result is likely due to the unique and complex attitudinal and structural barriers that employees with less visible disabilities face in the workplace. Misconceptions, prejudice, and discrimination about less apparent disabilities are further exacerbated by the challenges faced in distinguishing, defining, and documenting these conditions for purposes of the ADA. For cancer survivors who often experience ancillary physical and mental health conditions, including anxiety and depression, the findings suggest that they are disadvantaged on multiple dimensions.

The compounding effects of stigma and bias with mental health conditions and cancer surely are affecting cancer survivors in unique ways during the COVID-19 pandemic. Recent studies show that workers with cancer tend not to disclose in order to avoid being stigmatized and being portrayed as a burden or unproductive [34]. In addition, workers with invisible, stigmatized, and less common disabilities often decide not to disclose as they believe their employer cannot or will not provide necessary accommodations [40]. In these times of increased health and economic precarity during the COVID-19 pandemic, the findings call for further research to examine the ways in which disclosure experiences vary for people with invisible disabilities and health conditions, such as cancer and other chronic illnesses. These conditions require special consideration in future research, especially in light of increasing reports of mental health concerns affecting workers with disabilities and chronic health conditions [81].

Workplace accommodation requests are also an important predictor of disclosure to co-workers and clients, as shown by previous research [16, 40, 45–53]. Considering that disclosure takes place in the workplace, our results show that requesting accommodations is associated with disclosure to co-workers and management, but not to clients. These results are expected, considering that often the first step in requesting formal ADA accommodations is disclosure to management of one's health condition, impairment, or disability. These findings are relevant to cancer survivors, or to others with serious and chronic health

conditions, who are expected to return to work post-pandemic but who may be at an increased risk of severe or worsened outcomes from an infection in the workplace. This group of workers will have new complexities in their decisions whether to disclose disability and receive necessary accommodations, such as remote work, or keep their condition hidden and risk adverse employment outcomes.

As more workplaces return to at least partial pre-pandemic, in-person conditions, therefore, more workers may need to disclose their disabilities to receive necessary changes and accommodations, such as continuing (or, depending on life phase and life changes during the pandemic, embarking on), the remote work that has been the norm during the pandemic [82]. Schur and colleagues use pre-pandemic data to find that, even though people with disabilities and impairments generally work in larger numbers from home compared to non-disabled counterparts, they are less likely to be in occupations with high potential for home-based work [83].

Similarly, Kruse and colleagues find that despite the higher rates of remote work for employees with disabilities pre-pandemic, the pandemic has resulted in lower telework rates for workers with disabilities [84]. This is most likely due to workers with disabilities having more blue-collar and service jobs that cannot be easily adapted to telework [84]. This result highlights not only the unique experiences and challenges of individuals with disabilities, but also the need to consider type of job, task, and setting in such analyses. Disclosure experiences of workers in precarious jobs, for example, may differ significantly from those in white-collar jobs, such as the lawyers in the present study [63].

Furthermore, the results in this study show that disability disclosure rates differ based on varying and multiple social identities. Women were less open to management and clients about their disability than men. Previous studies show that one primary reason why women may be reluctant to disclose cancer, for example, is fear of negative workplace and career consequences [53]. These concerns are supported by evidence of discrimination towards women in the workplace [60, 85]. Consequently, disabled women may be particularly likely to choose non-disclosure as a strategy to avoid potential negative workplace experiences.

In addition, older lawyers are more likely to disclose disability to clients than their younger counterparts. This is different from our predictions and from the evidence in previous studies suggesting that disclosure is further complicated by identity factors such as age [56]. Our current finding may be explained by higher self-confidence and job expertise, but also by the social and economic power held by older individuals in the legal profession and law firms.

Lawyers with children report being less open to co-workers about their disability than those without children. These results highlight the complex nature of disability disclosure

for primary caregivers, which may depend on multiple other identity and lifestyle features.

In addition to disability-related and individual characteristics, disclosure rates for lawyers with disabilities vary based on job-related factors. Results suggest that working for a smaller organization makes disclosure more likely—to be expected, given that employees in smaller firms often form closer working relationships. This result may also be related to the cohesiveness of the organizational climate, which, as previous research suggests, plays a vital role in improving disclosure experiences for workers with disabilities [37]. Trust in the workplace is an important mediator of inclusive and supportive organizational policies and practices, and therefore individual disability disclosure decisions [86]. Findings that more inclusive and supportive work environments show higher disclosure rates are supported by the current results, which suggest that a lower level of perceived prejudice is associated with higher disclosure rates to co-workers and supervisors [10, 16, 29, 39, 43, 54–56].

Similarly, the presence of other workers with disabilities in the workplace makes disclosure to clients more likely. Our finding that having colleagues with disabilities positively affects openness to disclose to clients is supported by evidence suggesting that individuals with disabilities benefit from having allies and mentors with disabilities who serve as role models and who have paved the way for disability disclosure in an organization [16, 24].

The findings, taken together, highlight the need for organizations to commit—structurally and in practice—to creating more inclusive work environments for individuals with disabilities. Our results suggest that colleagues with disabilities in the workplace can increase willingness to disclose. This result further suggests that organizations should recruit, retain, and mentor employees with disabilities to increase representation of workers with disabilities in the organization, and eventually, at all levels in the organization. Similarly, our findings suggest that developing internal and accountable organizational strategies for addressing prejudice and discrimination against employees with disabilities, and offering ongoing supports and accommodations, are crucial to creating a culture that supports disability disclosure.

Our results suggest that disclosure may be more difficult for individuals with disabilities acquired later in life, individuals with invisible disabilities, and individuals with more stigmatized disabilities and health conditions such as cancer. Organizations should seek to make disclosure, and the disclosure process, more possible and manageable for these groups by, for example, training management and co-workers about how to consider and provide accommodations for those with less visible disabilities. In addition, trainings may target all employees to increase general knowledge on the availability of workplace accommodations for invisible disabilities and how to initiate such processes with trust. We plan to focus future studies on measuring the effect

of providing such trainings on the utilization of workplace accommodations, using randomized controlled trials.

Finally, our results for gender, our bivariate analysis of other identity-related and job-related factors, as well as our preliminary intersectional analyses suggest that individuals who embody multiple marginalized identities or those who are in less secure job settings may be particularly unlikely to disclose. Organizations should focus on targeted interventions, rather than one-size-fits-all approaches and training, to address different, complex forms of oppression. A commitment to DEI+ is crucial to ensure that all workers who desire to disclose disability can do so and feel supported and understood.

This study contributes to the existing literature on disclosure by offering insights from the legal profession, an area which has not been widely considered in previous research. This study is based on a large-scale survey, which to the best of our knowledge, is not common in research on workplace identity disclosure. In addition, it is among the few studies to consider together the role that disability, social identity, and job-related factors play in disclosing disability in the workplace. In doing so, we aim to further the study of the complexities of disclosure and how it is shaped by individual, interpersonal, and cultural factors, as well as to suggest different paths for intervention.

Nevertheless, this study has limitations worth mentioning, which may serve to motivate further research. First, the data are self-reported and therefore can suffer from biases, such as reluctance to share personal information. The use of cross-sectional data collected at a single point in time is another limitation because it prevents us from tracing the disclosure process over time or approaching causal inferences. In phase 2 of this investigation, currently in development, a new wave of this survey will allow for such longitudinal comparisons. Phase 2 will allow for examination of how disclosure rates and openness to disclose vary, both across time and context with the same individuals, and during and after the COVID-19 pandemic.

In addition, in phase 2 we will further distinguish between “formal” ADA and “informal” workplace accommodations; that is, those accommodations requested under the ADA and those that may not be, but which are part of inclusive and innovative organizational practice and culture. We plan to explore differences and similarities between such formal and informal accommodation requests, the nature and prevalence of disclosure, and the receipt and effectiveness of the accommodations over time. Relevant to the health and economic emergency resulting from the pandemic, many organizations now provide informal accommodations and adjustments as part of the new norms for health and safety in the workplace. However, when the pandemic wanes, the prevalence and nature of these practices will require additional study. Phase 2 of this investigation will consider cross-sectional and longitudinal reports and experiences pre-, during, and post-COVID-19 regarding attitudes and behavior toward accommodations, such as remote work and flexible scheduling [87].

Despite limitations, this study makes a valuable contribution to the understanding of factors that shape disclosure experiences for people of distinct and intersecting individual identities in general, and lawyers with disabilities in particular. The practical relevance of this program of investigation is heightened by the altered work conditions and demands imposed by the COVID-19 pandemic. The pandemic has created unprecedented health, social, and financial concerns for workers with disabilities, as it has done for all workers [82]. Yet, persons with disabilities are more susceptible to altered employment conditions, such as those encountered in contracted and temporary work; unaddressed needs for accommodation; and associated stressors, all of which impact job attainment, retention, and advancement [82].

The disproportionate pandemic-induced effects on workers with disabilities likely negatively affect overall disclosure rates, especially for more vulnerable employees, such as those with less- or non-visible disabilities; those who are women, LGBTQ+, and racial/ethnic minority employees; and those who are younger, have less job tenure, and work in larger organizations. This study helps to inform future approaches for minimizing the consequences of the pandemic on work conditions for vulnerable and marginalized workers with disabilities by suggesting ways organizations can encourage appropriate disclosure at a time of increased need for workplace support and accommodation.

Conclusion

This study provides new information about the role of disability-related, identity, and job-related factors in the disability disclosure process. It highlights how individuals with certain disabilities—those considered invisible, stigmatized, and often acquired later in life, such as cancer—are less likely to disclose in the workplace. The study provides evidence on factors associated with disability disclosure, such as accommodation requests and mental health conditions, that are especially pertinent during the COVID-19 pandemic.

With increasing number of workers returning to physical workspaces, the need for effective workplace accommodations for those with disabilities and chronic health conditions, such as cancer, will increase [88]. The current study highlights how disability- and cancer-related stigma, prejudice, and misconceptions affect the disclosure process. It underscores the need for inclusive organizational cultures and strategies that support appropriate workplace accommodations and an individual's ability to disclose during hiring and ongoing employment. Future and retrospective studies should consider how individual identities and context intersect to shape the disclosure experience. The goal is to inform ways for more inclusive and individualized organizational policies using DEI+. Adopting such policies will help

ensure that all workplaces are more attuned to the individual needs and capabilities of their workers and lead to more productive individual and organizational outcomes [89–91].

Appendix

Table 1 Descriptive statistics for analytical sample of people with disabilities

Variable	%	Minimum	Maximum
Disability			
Disclosure to co-workers	2.98	1	4
Disclosure to management	2.85	1	4
Disclosure to clients	2.24	1	4
Disability since birth	22%	0	1
Visible disability	57%	0	1
Mental health	22%	0	1
Accommodation request	47%	0	1
Gender			
Men	47%	0	1
Women	53%	0	1
Race			
Racial/ethnic minority	15%	0	1
LGBTQ+ identity			
LGBTQ+	15%	0	1
Age			
25–35 years old	21%	0	1
36–45 years old	18%	0	1
46–55 years old	16%	0	1
56–65 years old	25%	0	1
66 years or older	20%	0	1
Parenthood			
Parent of children	59%	0	1
Job tenure			
Tenure < 6 years	41%	0	1
Tenure 6–20 years	39%	0	1
Tenure > 20 years	20%	0	1
Size of venue			
Smaller venue (1–24)	57%	0	1
Larger venue (> 25)	43%	0	1
Diversity and inclusion			
Disability diversity	66%	0	1
Perceived prejudice	– 6.10	– 12	12

Descriptive statistics are calculated for the analytical sample. Second column from left shows mean for continuous variables and proportion for nominal/categorical variables. Age and tenure are transformed into continuous variables in multivariate analyses. Age mean is 51.76 years and ranges between 25 to 90 years; tenure mean is 12.62 and ranges between 0 to 65 years. Disability diversity is a binary variable indicating “1” if respondent reports co-workers with disabilities and “0” if they do not. Perceived prejudice is a summated score of 4 Likert-type items, indicating perceived workplace prejudice. $N=302$

Table 2 Non-parametric correlation coefficients for each disclosure item limited to analytical sample

	Open to co-workers	Open to management	Open to Clients
Disability			
Disability since birth	0.0871	0.0779	0.1467**
Visible disability	0.3708***	0.3517***	0.3541***
Mental health	-0.3751***	-0.3847***	-0.3624***
Accommodation request	0.1618**	0.1909***	0.0675
Gender			
Women	-0.1859***	-0.3054***	-0.3219***
Race			
Racial/ethnic minority	-0.0637	-0.0666	-0.1142**
Sexual orientation			
LGBTQ+	-0.0941*	-0.1294**	-0.1082**
Age in years			
Age	0.2200***	0.2932***	0.3442***
Parenthood			
Parent of children	0.0614	0.1731**	0.2244***
Tenure in years			
Job tenure	0.2275***	0.2893***	0.3196***
Size of venue			
Small venue	0.2828***	0.2766***	0.2400***
Diversity and inclusion			
Disability diversity	0.0299	0.0456	0.0717
Perceived prejudice	-0.0899	-0.1097*	-0.0482

Second, third, and fourth columns from the left present non-parametric tests of association between the dependent variable and independent variables. Each item of the disclosure score is treated as a dependent variable as shown in the table. We use Spearman and Rank Biserial correlation to show the association between two ordinal variables and an ordinal variable and a nominal one, respectively. $N=302$

*** $p < 0.01$, ** $p < 0.05$, * $p < 0.1$

Table 3 Results of non-parametric tests of differences in disclosure scores groups

Variable	Open to co-workers	Mean	Open to management	Mean	Open to clients	Mean
Disability since birth						
Yes	-1.44	3.14	-1.28	3.02	-2.51**	2.59
No		2.94		2.80		2.14
Visible disability						
Yes	-5.21***	3.26	-4.90***	3.15	-5.12***	2.57
No		2.61		2.45		1.81
Mental health						
Yes	6.31***	2.24	6.49***	1.95	6.33***	1.41
No		3.19		3.09		2.46
Accommodation requested						
Yes	-2.21**	3.14	-2.60***	3.06	-0.95	2.29
No		2.84		2.65		2.19
Gender						
Women	2.54***	2.84	4.21***	2.57	4.61***	1.93
Men		3.13		3.17		2.58
Race						
Racial/ethnic minority	1.21	2.80	1.26	2.62	2.26**	1.84
White		3.01		2.89		2.30
LGBTQ+ identity						
LGBTQ+	1.78*	2.72	2.44**	2.43	2.12**	1.89
Not LGBTQ+		3.03		2.92		2.30
Age						
18–35 years old	12.60**	2.75	20.79***	2.38	29.03***	1.67
36–45 years old		2.83		2.70		2.15
46–55 years old		2.81		2.64		2.08
56–65 years old		3.09		3.11		2.37
66 years or older		3.34		3.31		2.85
Parent of children						
Yes	-0.85	3.02	-2.39**	2.99	-3.24***	2.41
No		2.93		2.64		1.98
Job tenure						
Tenure 1–5 years	13.74***	2.69	18.42***	2.45	22.01***	1.84
Tenure 6–20 years		3.20		3.11		2.44
Tenure > 20 years		3.13		3.15		2.64
Size of venue						
Smaller venue	-3.93***	3.19	-3.83***	3.08	-3.44***	2.44
Larger venue		2.70		2.53		1.96
Disability diversity						
Yes	-0.43	3.01	-0.65	2.89	-1.06	2.29
No		2.93		2.77		2.13

Results show differences between two (Mann–Whitney) or more groups (Kruskal–Wallis) of an independent variable on ordinal dependent variable (separate Likert-type items). Second, fourth, and sixth column from left present the associated χ^2 and z -statistic. $N=302$

*** $p < 0.01$, ** $p < 0.05$, * $p < 0.1$

Table 4 Odds ratio of openness to disclose disability (ordered logit regression)

Dependent variable: disability disclosure	Open to co-workers	Open to management	Open to clients
Disability-related IVs			
Disability since birth	1.7413*	1.7551*	3.4154***
Visible disability	2.3871***	2.1987***	2.5803***
Mental health	0.3098***	0.3284***	0.3053***
Accommodation request	1.6574**	1.9670***	1.1288
Other individual characteristics			
Women	0.8866	0.5669**	0.5529**
Racial/ethnic minority	1.0301	1.1547	0.8939
LGBTQ+	0.6674	0.5615*	0.7346
Age	1.0155	1.0176	1.0333***
Parent of children	0.5649**	0.7878	0.9934
Other job-related IVs			
Tenure	1.0112	1.0149	1.0121
Smaller venue	2.9306***	2.6288***	2.2698***
Disability diversity	1.4352	1.5766*	1.7097**
Perceived prejudice	0.9378***	0.9536**	0.9875
Observations	302	301	297
Pseudo R ²	0.1298	0.1452	0.1534
LR χ^2	94.43	104.66	117.07
p-value	0.0000	0.0000	0.0000

“IV” means independent variable. Results show odds ratios of reporting higher degree of openness to disclose disability to different groups. Dependent variables are different for each model, representing one of the items that make up the disclosure measure. $N = 302$

*** $p < 0.01$, ** $p < 0.05$, * $p < 0.1$

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Data Availability The data underlying this article cannot be shared publicly due to data privacy issues unless redacted to prevent individual identification.

Code Availability All code for data cleaning and analysis associated with the current submission is available upon author request.

Declarations

Conflict of interest The authors declare no competing interests.

Ethics approval IRB approval and full consent to participate document available upon request.

Consent to participate Full consent to participate document available upon request.

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