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Accommodations for Students With Disabilities and Associated Barriers in Nursing and Psychiatric Nursing Education: Mixed-Methods Research

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Cover Page Footnote | Note de page couverture

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Academic institutions in Canada have reported increased numbers of students who self-identify as having a disability or disabilities (Friesen, 2024; Philion et al., 2021). Due to this increase, the need for student accommodations has grown (Epstein et al., 2021); however, accessibility services have become strained and under-resourced (Friesen, 2024). Furthermore, academic faculty have expressed uncertainty about strategies to manage the growing number of accommodation requests and how to implement accommodations in an equitable manner (Friesen, 2024; Yarbrough & Welch, 2021). Many nursing programs lack adequate policies or practices to support students with disabilities (Moodley & Mchunu, 2019).

Improving equity, diversity, and inclusion (EDI) has been described as a priority for academic institutions (Marks & Sisirak, 2022; Tamtik & Guenter, 2019). Despite this priority, the experience of disability is often overlooked within EDI initiatives (Singh & Meeks, 2023). Yet legislation obligates academic institutions to remove barriers for students with disabilities and facilitate learning through inclusive practices and reasonable accommodations (Accessible Canada Act, 2019). Therefore, a disconnect exists between the conceptualization of disability-related legislation and academic institutions' implementation of accommodations (Prema & Dhand, 2019).

Given the gap between legislative requirements and implementation, along with the rise in nursing students with disabilities, further research was needed (Lund et al., 2023; Moodley & Mchunu, 2019; Philion et al., 2021; Yarbrough & Welch, 2021). The purpose of this study was to investigate the perceptions of nursing and psychiatric nursing students and faculty, with a focus on accommodations and associated barriers. We conducted mixed-methods research to answer the following question: What accommodation practices promote or limit the inclusion of nursing and psychiatric nursing students with disabilities in theory and clinical practice settings?

Background

A lack of diversity in health care contributes to the disparities faced by people with disabilities (Singh & Meeks, 2023). Therefore, a more inclusive health workforce is needed that includes nurses with disabilities (Calloway & Copeland, 2021; Jarus et al., 2020). Yet a major challenge in creating an inclusive workforce involves barriers encountered within academic institutions (Lindsay et al., 2023).

Reasonable accommodations refer to adjustments or modifications made within academia to better ensure equal opportunity for students with a diagnosed and documented disability (Yarbrough & Welch, 2021). Several barriers regarding accommodations for nursing students with disabilities have been reported. An overarching barrier is a lack of student knowledge regarding accommodation processes (Singh & Meeks, 2023) and a reliance on self-disclosure to access accommodations (Jain, 2020). In addition, the accommodations provided are often developed without input from students with disabilities (Bulk et al., 2017). Furthermore, standard accommodation models do not consider the unique challenges associated with health education programs, such as clinical and practicum placements (Bulk et al., 2017; Philion et al., 2021).

Experiences of stigma and discrimination also serve as barriers. Stigma and discrimination have been reported by nursing students with disabilities during their educational experiences (Horkey, 2019). Disability-related discrimination and prejudice is referred to as *ableism* (Bogart & Dunn, 2019; Lindsay et al., 2023). Ableism is often the result of a lack of knowledge of or experience with people with disabilities (Calloway & Copeland, 2021). Experiences of ableism often discourages people with disabilities from entering nursing education (Horkey, 2019).

Academic faculty have reported general uncertainty regarding ways to support students with disabilities (Horkey, 2019; Roth et al., 2018), especially within clinical practice settings (Metzger et al., 2020). Faculty have reported concerns that nursing students with disabilities are more likely to provide unsafe nursing care compared to their peers (Epstein et al., 2021). This concern likely arises because faculty are invested in preparing future generations of safe and effective nurses; however, there is limited evidence that these concerns are valid (Gonzalez & Hsiao, 2020).

The social model of disability places attention on barriers that limit or prevent full participation in society (Furrie, 2018). According to this model, environments and practices should be adapted to reduce barriers and improve access (Epstein et al., 2021; Roth et al., 2018) rather than focusing on an individual problem or deficit (Epstein et al., 2021; Scullion, 2010). Guided by the social model of disability, the research for this paper emphasizes the responsibility of academic institutions to foster equitable environments that enable full participation of nursing and psychiatric nursing students with disabilities. For this study, the experience of disability was defined as self-identified physical, mental, intellectual, cognitive, learning, communication, sensory, or functional conditions that limit a person's full and equal participation in society (Accessible Canada Act, 2019).

Method

Data Collection

Data were collected through an anonymous online survey (using Survey Monkey) from November to December 2023. We developed the survey based on a comprehensive literature review in collaboration with accessibility professionals. The instrument was pilot tested by seven content experts (faculty, graduate students, and accessibility professionals) prior to widespread distribution. The final survey consisted of a combination of fixed-response and open-ended questions focusing on accommodations practices, participant perceptions, and attitudes. Questions related to accommodations and accommodation practices were derived from accessibility professionals. Questions related to perceptions and attitudes were adapted from Baker et al. (2012). Open-ended questions were placed at the end of the survey to allow participants to elaborate on their responses to the fixed-response questions and to provide additional insights on accommodation practices. Participants had the option to skip any non-branching questions on the survey.

We used convenience sampling to recruit nursing and psychiatric nursing students and faculty at four academic institutions in Western Canada that offer both a Bachelor of Nursing and a Bachelor of Psychiatric Nursing program. Faculty employed within a nursing or psychiatric nursing undergraduate program and students in years 2, 3, and 4 of a nursing or psychiatric nursing program at the time of data collection were eligible to participate. Distribution of the letter of invitation was requested of the dean's office, the chair of the department, and/or student services. All participants who completed the survey had an opportunity to win a $100 gift card. Informed consent was obtained at the onset of the survey, and participation was voluntary. Ethics approval was obtained from the ethics review boards/committees of the four participating academic institutions.

Participants

A total of 95 responses were included in the analysis. Participants included students in undergraduate degree programs in nursing (n = 21) and psychiatric nursing (n = 22), along with academic faculty (n = 49) and accessibility professionals (n = 3) working with nursing and/or psychiatric nursing students enrolled in degree programs. The majority of participants self-identified as female (91%),

Caucasian/white (81%), and speaking English as their primary language (98%). A total of 29 participants self-identified as having a disability (31%). Of these, 19 were students and 10 were faculty/accessibility professionals (see Table 1).

Table 1

Summary of Participant Details

Participants	**Sample**	**Subgroup**	**Subgroup sample**	**Self-identified as having a disability sample**
Students	*n* = 43	Nursing students	*n* = 21	*n* = 10
		Psychiatric nursing students	*n* = 22	*n* = 9
Faculty	*n* = 52	Academic faculty	*n* = 49	*n* = 8
		Accessibility professionals	*n* = 3	*n* = 2

Data Analyses

We used a parallel mixed-analysis approach, whereby we analyzed qualitative and quantitative data independently and integrated the findings once the analysis of each dataset was complete (Tashakkori et al., 2020). The primary purpose of a mixed approach to the survey design was complementarity, triangulation, and expansion, whereby the qualitative data provided elaboration, enhancement, clarification, and corroboration of the quantitative responses and extended the breadth of the inquiry to include additional participant perspectives that were not highlighted in the fixed-response survey questions (Greene et al., 1989). To accomplish complementarity and triangulation, we compared the responses on the quantitative fixed-response questions and validated them with data obtained from the qualitative responses. Conversely, we analyzed the themes identified in the qualitative analysis alongside the quantitative findings. By validating the data from one method with data from the other, the overall trustworthiness of the findings was enhanced (Merriam & Tisdell, 2016; Tashakkori et al., 2020).

We used descriptive statistics (frequency distributions) to describe and synthesize the quantitative data. We used independent *t*-tests to conduct the subgroup analyses between students and faculty/accessibility professionals and between participants who self-identified (SI) as having a disability or disabilities and participants who did not self-identify (DNSI) as having a disability or disabilities. Thematic analysis of the qualitative data involved coding data to determine meaningful themes (Saldaña, 2013). In constructing the thematic framework, we first used *a priori* themes, guided by the research questions. We sorted the data according to each question and applied preliminary structural codes (Saldaña, 2013). These segments then formed the basis for more in-depth analysis using open coding; we identified additional descriptive codes and refined the themes (Saldaña, 2013). Once the quantitative and qualitative data analyses were complete, we integrated the quantitative and qualitative findings and finalized the themes. We used an audit trail to document stages of analysis, facilitating transparency and reliability in theme development. We held team meetings to verify coding and theme interpretation (Tashakkori et al., 2020).

Results

Two main themes were derived from data analysis. The first theme focused on accommodations, particularly accommodations received, challenges, and barriers. The second theme, attitudes towards nursing and psychiatric nursing students with disabilities, focused on program requirements, perceptions of accommodations, and stigma and discrimination.

Accommodations

Accommodations Received

A total of 17 student participants (40%) indicated that they had accessed accommodations. Of these, all had received accommodations in the classroom, and seven had received additional accommodations in the lab and/or clinical setting. The most frequent classroom accommodations included extra time and a quiet setting in which to complete tests, quizzes, and/or exams; recording lectures; and the use of adaptive/assistive technology. Lab and clinical accommodations included additional time to practise skills in the lab; the ability to prepare for clinical practice in advance; extra or extended breaks; protected time and a quiet setting to review patient's charts; the use of adaptive/assistive technology and equipment; and the presence of a service animal.

Most students who received accommodations reported that they were able to communicate with accessibility professionals (81%) and were able to communicate their accommodations needs to theory (82%) and clinical (86%) instructors/preceptors. Participants also reported (86%) that most instructors were willing to provide accommodations. However, in qualitative remarks, participants identified challenges in communicating accommodations, especially in clinical environments. Negative responses from previous clinical instructors made several participants reluctant to communicate accommodation needs with future clinical instructors or preceptors. One participant remarked, "I felt inadequate in one of my clinical rotations because I learned differently than students without a disability. My preceptor did not acknowledge my accommodations, belittled me, and provided no support" (Student #41 SI). Another commented:

> Clinicals are difficult as you cannot tell an instructor any needs required related to your disability. If you do, they will make preconceptions and assume you cannot do the work … and that you are unable to provide safe patient care. I had a clinical instructor who told me everyday how disappointing I was. (Student #40 SI)

Barriers Accessing Accommodations

Student participants who reported that they had not accessed accommodations (n = 26) were asked to identify the reasons. Most students indicated that accommodations were not required (n = 15); however, a small number of student participants identified that accommodations were not offered (n = 3), and/or that they were unable to provide the required documentation (n = 4). One participant remarked, "Sometimes you cannot [see] your doctor in the time that you need to provide the documentation for getting accommodations, which discourages people from following through with reaching out" (Student #13 SI).

Experiences of stigma (n = 6) and/or the fear of negative outcomes in their education and/or clinical practice (n = 4) were also identified as reasons that student participants hesitated in accessing accommodations. These concerns were echoed in the qualitative remarks. One participant described that their reluctance to seek accommodations was related to "the fear of disclosing a disability because of the risk of someone misunderstanding and deeming you unfit to be a nurse" (Student #19 SI). These concerns

were also expressed by faculty, as one participant noted, “Getting students to access student accessibility services is difficult. There seems to be a reluctance to seek help and concern that by seeking help, they will be judged by faculty as unworthy[;] therefore, they try to hide/deny their difficulties” (Faculty #39 DNSI).

Delays in receiving accommodations were also identified. Among student participants who received accommodations, only 59% reported that they were able to receive accommodations in a timely manner. Factors that delayed receipt of the required accommodations included waiting to receive an answer from accessibility services regarding accommodations and the need to apply for accommodations each semester.

Challenges Supporting Accommodation Needs

Among faculty participants, the lack of education surrounding accommodations and a lack of time to provide individualized support were identified challenges. One participant remarked, “It is challenging to give students extra one-on-one time to problem solve and work with their limitations considering other demands on instructor time in clinical and lab environments” (Faculty #31 DNSI).

Another stated, “There should be more supports available to faculty to know how to assist students. I receive accommodation letters, but that does not seem like enough…. Accessibility services truly need to be staffed better to improve outcomes” (Faculty #18 SI). In addition, a small number of faculty (13.5%) reported that they were unaware of what accommodations and academic supports were available on campus to assist students.

Barries to Clinical Accommodations

Participants reported that accommodations for theory courses were easier to implement than accommodations in the clinical environment. Accessibility professionals’ lack of understanding of the complexity of the clinical setting was seen by some participants as contributing to unrealistic or inappropriate accommodations recommended for clinical practice. One participant stated:

> [It is challenging] when accommodation services don’t clearly understand the tasks and responsibilities of a nurse within the health care environment and attempt to support the student with accommodation that is not appropriate for clinical setting nor realistic nor sustainable to support. (Faculty #37 DNSI)

Faculty participants also voiced concerns that lab and clinical accommodations were not preparing students for the realities of the clinical environment. One participant explained:

> There are many challenges regarding accommodating disability in the clinical environment. I had a student with anxiety and [attention-deficit/hyperactivity disorder] who could not manage the ambient noise in the lab…. How will this person cope in a noisy, high-demand clinical context? (Faculty #42 DNSI)

Program Success and Preparation for Practice

Students who received accommodations reported that accommodations contributed to their success in the classroom environment (94%), skills lab (86%), and clinical setting (86%). The majority also thought that accommodations helped them meet the essential requirements of their professional program (88%) and helped prepare them for their future nursing practice (82%). Among all participants, 73% of participants agreed that accommodations could help students meet the essential requirements of their professional programs; however, only 62% of participants thought that accommodations could

prepare students for their future nursing practice. Significant differences in responses to both questions were evident between those who self-identified as having a disability or disabilities and those who did not; significant differences were not observed based on participants' role (student, faculty, accessibility professional). Participants with disabilities were more likely to agree with both statements (see Table 2).

Consistent with the quantitative findings, varying perspectives were reflected in the qualitative remarks. One participant expressed concerns that students may be unable to successfully complete their program if clinical accommodations are not possible in certain practice settings:

> What I find most challenging is when the university believes we should accommodate the student, but the clinical setting will not. The system we operate our clinicals in is very restrictive at times, and I worry we give our students a false sense of hope that they can complete their program. (Faculty #25 DNSI)

Another participant remarked that the need for accommodations was greater for students than for graduates, as graduates could choose different practice settings in accordance with their abilities:

> Students are expected to meet competencies in a variety of environments within nursing that may be challenging with their disability[. However,] when they become nurses, they can find a specific area of nursing that is able to support their disability. (Faculty #32 DNSI)

Only 41.4% of participants strongly agreed or agreed (SA/A) that employers can accommodate nursing and psychiatric nursing students with disabilities. Significant differences were found between individuals who self-identified as having a disability or disabilities and those who did not; those who self-identified were more likely to agree that employers could accommodate (see Table 2).

Table 2

Differences Between Participants Who Self-Identified and Did Not Self-Identify as Having a Disability or Disabilities in Their Attitudes Towards Disability and Accommodations for Nursing and Psychiatric Nursing Students

	Self-identified		**Did not self-identify**			
Statement	***M***	***SD***	***M***	***SD***	***t***	***p*-value (two-sided)**
Instructors should provide accommodation to nursing and psychiatric nursing students with and without disabilities.	1.9655	1.12	2.0156	0.90	0.212	0.833
Instructors should only provide accommodations to nursing and psychiatric nursing students with a documented disability.	3.0690	1.25	2.8750	1.12	0.746	0.458

Statement	Self-identified		Did not self-identify		*t*	*p*-value (two-sided)
	M	*SD*	*M*	*SD*		
Nursing and psychiatric nursing students SID can meet the essential requirements of the professional program regarding theory.	2.2963	1.2	2.0606	0.93	0.913	0.367
Nursing and psychiatric nursing students SID can meet the essential requirements of the professional program regarding clinical practice.	2.4444	1.34	2.6667	0.88	0.794	0.432
Nursing and psychiatric nursing students SID can provide safe client care.	1.4286	0.79	1.9365	0.75	2.909	0.005*
Employers can accommodate nurses and psychiatric nurses SID.	2.0000	1.05	3.0328	1.02	4.287	< 0.001*
Accommodations help prepare nursing and psychiatric nursing students SID for their future nursing practice.	1.8929	0.83	2.6094	1.06	3.481	< 0.001*
Accommodations help nursing and psychiatric nursing students SID meet the essential requirements of their professional program.	1.6154	0.85	2.4194	0.93	3.780	< 0.001*
Accommodations place nursing and psychiatric nursing students SID at an unfair advantage compared to peers without disabilities.	3.4333	1.14	2.2963	1.20	3.427	< 0.001*

**p*-value < 0.05

Note. SID = who self-identify as having a disability or disabilities.

Attitudes Towards Nursing and Psychiatric Nursing Students With Disabilities

Ability to Meet Program Requirements

Participants were asked how strongly they agreed or disagreed with three statements regarding the ability of nursing and psychiatric nursing students with disabilities to meet the theory and clinical components of professional nursing programs and to provide safe patient care. While the majority (74%)

of participants SA/A that students with disabilities could meet the theory requirements of professional programs, only half of the participants SA/A that students with disabilities could meet the clinical program requirements. The majority (81%) of participants SA/A that nursing students with disabilities can provide safe client care. However, participants who self-identified as having a disability or disabilities were more likely to agree with this statement than those who did not self-identify as having a disability or disabilities (see Table 2).

Support for these findings was reflected in qualitative remarks. While some participants commented on the ability of students with disabilities to meet the program requirements, others expressed concern about the ability of students with disabilities to provide safe patient care. Consistent with the quantitative findings, differences between the attitudes of participants who self-identified and those who did not were observed. One participant remarked, "I think psychiatric nurses with disabilities are valuable assets and should be treated as such" (Faculty #13 SI). While others expressed concerns about patient safety. One participant remarked, "a wheelchair bound nurse is a hazard, just like if they have a language/reading barrier. Administration of [medications] to three patients that takes over 1.5–2 hours is a safety issue" (Faculty #26 DNSI).

Attitudes Towards Accommodations

The attitudes of participants towards accommodations were largely favourable. A total of 83% of faculty respondents and 68% of student participants SA/A that instructors should provide accommodations to nursing and psychiatric nursing students with and without disabilities. Only 42% of faculty/staff respondents and 32% of student participants felt that instructors should provide accommodations only to nursing and psychiatric nursing students with a documented disability. No significant differences in participant responses were found between participants who self-identified and those who did not (see Table 2).

A positive attitude towards accommodations was also reflected in many of the qualitative comments. However, not all comments were favourable, and negative attitudes towards accommodations were expressed by several participants. Concerns that students who received accommodations would not adequately meet program outcomes or that graduates would be unable to meet the requirements of the workplace were cited. One participant stated, "As an instructor, I would like to know what nurse employers are willing to accommodate. I worry we are setting students up to fail in their professional practice" (Faculty #41 DNSI).

Participants were also asked how strongly they agreed with the statement the following statement: "Accommodations place nursing and psychiatric nursing students with disabilities at an unfair advantage over students without disabilities." Only a small proportion of faculty (21%) and student participants (23%) SA/A with this statement. When comparing the responses between the SI and DNSI groups, participants who did not self-identify were more likely to agree that accommodations provided students with an unfair advantage (see Table 2).

This finding was supported in the qualitative remarks. One student participant wrote, "Working in a hospital, those with disabilities often get easy assignments that won't challenge them like the rest of their peers" (Student #7 DNSI). Students with disabilities acknowledged that this perception was prevalent among faculty and peers and stemmed from a lack of understanding of the added challenges they encountered. One participant stated:

> Students identifying with disabilities often have more things on their plates or more things working against them that actually [make] the education system much harder.... It isn't always

> about achieving equality, in some cases, such as in providing supports to those with disabilities[;] it's about creating equity and ensuring everyone has what they individually need to succeed and therefore creates a fair environment. (Student #18 SI)

Stigma and Discrimination

Six questions on the survey asked participants if they had observed stigma and/or unjust treatment towards nursing and psychiatric nursing students in society, on campus, and in the clinical setting. Just over half of participants reported that they had observed stigma towards nursing students with disabilities on campus and in the clinical setting, with a higher proportion (64.4%) reporting that they had observed stigma towards nursing students in society. A slightly lower proportion of participants reported observing unjust treatment in all three settings, with the highest proportion reported in the clinical setting (47.7%). No statistically significant differences were found between faculty and student responses; however, participants who self-identified were more likely than those who did not to report that they had observed stigma towards a nursing student on campus ($t = 2.348$; $p = 0.021$) and that they had observed unjust treatment towards a nursing student in society ($t = 2.212$; $p = 0.030$) and in the clinical setting ($t = 2.644$; $p = 0.01$) (see Table 3).

These findings were mirrored in the qualitative comments. Participants with disabilities provided many examples of times they had observed stigma. As one participant stated, "nursing is so behind in being accessible to all students. I understand there are physical and mental requirements with any job, but the 'gatekeeping' I see in my colleagues often has ableist undertones" (Faculty #21 SI).

Student participants described the stigma and unjust treatment they had personally experienced. One participant wrote, "I was straight up told accommodations are NOT possible in labs/clinical ... and that no one would hire a psychiatric nurse with a known disability. I faced discrimination from instructors, administrators, and certain peers on a regular basis" (Student #27 SI).

Participants identified that students with temporary disabilities were denied accommodations, which disrupted their progression through the program and delayed graduation.

An accessibility professional reported:

> When nursing and psychiatric nursing students have temporary physical disabilities, they are repeatedly discriminated against and required to delay practicums (and therefore delay graduation), with no flexibility in the program and no accommodations implemented. This is lazy and unjust on the part of the program. (Faculty #1 SI)

Table 3

Differences Between Participants Who Self-Identified or Did Not Self-Identify as Having a Disability or Disabilities in Observed Experiences With Stigma and Discrimination of Nursing and Psychiatric Nursing Students

	Self-identified		Did not self-identify			
Statement	***M***	***SD***	***M***	***SD***	***t***	***p*-value (two-sided)**
I have observed stigma towards nursing and psychiatric nursing students with disabilities in society.	2.0370	1.06	2.3492	0.97	1.363	0.176
I have observed stigma towards nursing and psychiatric nursing students with disabilities on campus.	2.2759	1.19	2.8571	1.06	2.348	0.021*
I have observed stigma towards nursing and psychiatric nursing students with disabilities in clinical practice settings.	2.1923	1.30	2.5667	0.98	1.318	0.195
I have observed nursing and psychiatric nursing students with disabilities being treated in an unfair or unjust manner in society.	2.2692	1.15	2.7903	0.94	2.212	0.030*
I have observed nursing and psychiatric nursing students with disabilities being treated in an unfair or unjust manner on campus.	2.4815	1.28	3.000	1.03	1.859	0.070
I have observed nursing and psychiatric nursing students with disabilities being treated in an unfair or unjust manner in clinical practice settings.	2.1111	1.15	2.8033	1.123	2.644	0.010*

*$p < 0.05$

Discussion

Receiving reasonable accommodations was found to contribute to the success of nursing and psychiatric nursing students with disabilities. Findings from this study add information regarding laboratory and clinical accommodations provided within nursing education. Examples of accommodations in these settings included additional time to practise skills and prepare for clinical practice, additional

breaks, protected time to review charts, the use of adaptive/assistive technology, and the presence of a service animal.

Although nursing and psychiatric nursing students with disabilities acknowledged that accommodations supported their success, they noted challenges related to accommodation processes, particularly in clinical environments. Faculty participants expressed uncertainty about which clinical accommodations could be deemed reasonable given the need for students to demonstrate skills and meet the entry-level competencies of their nursing profession. This finding is echoed in the literature, as nursing faculty often feel unprepared to accommodate students with disabilities in clinical settings (L'Ecuyer, 2019a). In addition, nursing programs often lack a developed accommodation framework for students with disabilities, which negatively affects their success within clinical education (Horkey, 2019).

Experiences of stigma, discrimination, and ableism were also noted, particularly in clinical settings for students with disabilities. Negative responses from faculty and clinical instructors towards nursing students with disabilities made students reluctant to access future support and accommodations. This is problematic given that nursing students with disabilities also reported that accommodations increased their success. Fostering inclusion requires that academic institutions create safe environments in which students feel safe to self-disclose and access accommodations (Singh & Meeks, 2023). Epstein et al. (2021) suggested strategies to better facilitate the inclusion of nursing students with disabilities in clinical placements, including developing a supportive network, providing reasonable accommodations, and focusing on student strengths. In addition, collaboration between faculty, students, and preceptors is required to improve student success in clinical settings (Horkey, 2019; L'Ecuyer, 2019b).

Faculty require additional education (Taha et al., 2025) regarding disability rights and law (Calloway & Copeland, 2021) to prepare them to implement accommodations for nursing students with disabilities in clinical settings (Horkey, 2019; L'Ecuyer, 2019a). Yarbrough and Welch (2021) found that nursing faculty were more willing to provide accommodations and adapt their practices to create more inclusive environments when they received education about accommodations and were informed of available resources.

Based on the findings, there is a need to change mindsets and attitudes, shift focus from the individual, and look towards academic practices that exclude and disadvantage nursing and psychiatric nursing students with disabilities. Bunbury (2019) highlighted that an important step towards systemic change begins with transforming attitudes. Faculty and administrators must acknowledge ableism within their program policies and practices and create action plans that inform change (Tamtik & Guenter, 2019). This process requires reflection to address biased views that contribute to a lack of inclusion for both faculty and students with disabilities (Bulk et al., 2020).

Nursing faculty must take action to create a more inclusive environment and address the barriers that nursing students with disabilities face in academia (Calloway & Copeland, 2021; Celestini & Palalas, 2024). Academic settings should adopt proactive frameworks, aligned with the social model of disability, to prevent and reduce barriers, rather than relying solely on individual accommodations. An effective first step to improve accessibility is to evaluate and universally address the accommodations provided to improve access for all (Thomson et al., 2025). This approach would serve as a starting point to improve accessibility and minimize the reliance on individual accommodations (Hassouneh & Mood, 2022).

Limitations

This study has several limitations. Only three participants were accessibility professionals. Therefore, data from these participants were pooled with academic faculty. In addition, we were unable

to determine significant differences between nursing and psychiatric nursing students due to the limited sample size; therefore, both groups were combined into a single student group for analysis. While the findings of this study add to our understanding of accommodations, the use of a convenience sample, the collection of data in Western Canada, and the relatively small number of participants mean that applying the findings to other contexts must be done with caution. In addition, the total number of students and faculty who received the survey invitation is unknown, as the participating institutions did not provide this information; therefore, the participation rate has not been reported.

Conclusion

The survey findings highlight the need for effective accommodation processes for nursing students with disabilities, particularly within clinical environments. Additional faculty education on accessibility, disability legislation, and inclusive practices in classroom and clinical practices settings are needed. In addition, curricula should be redesigned to proactively minimize barriers and support student access (Celestini & Palalas, 2024). Administrative support, improved resources, and improved policies and guidelines are required to improve accessibility (Moodley & Mchunu, 2019). Academic institutions need to recruit and retain more accessibility professionals given that the number of students with disabilities is increasing in post-secondary education (Bulk et al., 2017; Philion et al., 2021), and students reported long wait times to access services.

Currently, individual accommodations are necessary due to a lack of accessibility in nursing and psychiatric nursing education. Relying on accommodations to meet students' needs perpetuates the misconception that students are given special treatment, reinforcing ableist attitudes (Bogart & Dunn, 2019). While accommodations provide support, they are only a temporary solution until accessibility is improved (Celestini & Palalas, 2024). Further research is needed to understand practices that promote accessibility, including faculty awareness of inclusive practices in nursing education (Kotcherlakota et al., 2024). There is also a need to better understand clinical accommodations in nursing and psychiatric nursing practice to inform academic processes.

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