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Processes, Experiences, and Outcomes Associated With Accommodation and Nursing Students With Disabilities: A Scoping Review

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There is a long history of exclusion in nursing education showing an emerging primacy within the discipline. This exclusion is reflected in Priority #1 of the 2023–2028 strategic plan of the Canadian Association of Schools of Nursing (CASN): "Champion Indigenization, equity, diversity, inclusion, accessibility, and anti-racism (IEDIAA) … to ensure full diversity among Canadian nursing students, graduates, and faculty" (CASN, 2023, p. 2).

Systemic racism, ableism, , cisnormativity, and heteronormativity have historically affected who is admitted to nursing programs, who is hired to teach in nursing programs, and how nursing curricula are designed. As a result, learning environments continue to be criticized for their lack of representation and safe space for nursing students and faculty who identify with a range of intersecting marginalized identities (Fontenot & McMurray, 2020; Jefferies et al., 2019; Mizerek, 2024). The lack of inclusivity in nursing education has produced nursing curricula that lack the diversity of thought, experience, and knowing that would improve the quality of nursing scholarship and practice for the increasingly diverse population of care recipients emerging across health care sectors and settings (Chicca & Shellenbarger, 2020; Metzger et al., 2020).

Nursing's movement towards addressing this history largely relates to race, ethnicity, and gender (e.g., Blanchet Garneau et al., 2018; Bonini & Matias, 2021; Padilha et al., 2022). Less scholarly and policy attention has been given to the impact of ableism within the discipline (Ailey & Marks, 2020; Cotts, 2025). Ableism continues to fuel debates among nurse educators about who "should" be admitted to nursing programs, what constitutes competency and essential skills within the curriculum, what defines "reasonable" accommodation for nursing students with disabilities (NSWD), and how patient safety is best protected during clinical learning (Jamal-Eddine et al., 2024). These debates continue against a backdrop of disability-related legislation introduced over the past 3 decades to promote more equitable access to educational and workplace spaces, including nursing programs and health care practice, respectively (e.g., Accessibility for Ontarians with Disabilities Act, 2005; Accessible Canada Act, 2019; Americans with Disabilities Act of 1990, 1990; United Nations Convention on the Rights of Persons with Disabilities, 2006).

The number of students with disabilities in health science programs has been increasing rapidly (Meeks & Jain, 2016). It is uncertain, however, if this increase has been matched by sufficient attention to how such students might best be supported to succeed within the programs. Related to the present scoping review, it is important for nurse educators to know what information is available in literature related to accommodation processes, experiences, and outcomes for students with disabilities in nursing programs.

Systematic reviews of literature related to NSWD that include some data about accommodation focus exclusively on accommodation in the clinical learning environment (Epstein et al., 2021; Horkey, 2019b); on nursing students with physical disabilities (Horkey, 2019b) or learning disabilities only (L'Ecuyer 2019a); on the sole perspective of nurse educators (Levey, 2014); or on literature from the United Kingdom (Storr et al., 2011). As such, we considered the reviews too narrow in scope to meet our intention of providing a comprehensive view of accommodation in nursing education. We have experienced a range of tensions and complexities associated with both classroom and clinical accommodation and in relation to a range of disabilities. Therefore, the present review involved a broad interest in accommodation across learning settings (i.e., classroom and clinical) and regarding students with any disability (i.e., physical, learning, mental), with no restrictions on a particular perspective or jurisdiction.

Nurse educators need an inventory of knowledge on the best practices to support the success of students with disabilities in all learning components of nursing programs, and on the issues that impede progress towards such practices. This knowledge might then serve as a foundation to review program

policies and regulations related to NSWD for their concurrence with theory and research. The objectives of this review were to 1) identify the extent and nature of available evidence related to classroom and clinical accommodation for NSWD; and 2) describe issues related to the process, experience, and outcomes of such accommodation. The research question was as follows: What is known from existing scholarly literature about the processes, experiences, and outcomes associated with classroom and clinical accommodation for NSWD from the perspectives of learners and educators?

Methods

We used Arksey and O'Malley's (2005) methodological framework to guide the scoping review to ensure a systematic and rigorous process focusing on breadth over depth. The review mapped the extent, range, and nature of scholarly activity related to accommodation, including dissertations as well as research and non-research publications. Data from sources throughout the scoping process were managed using Covidence (Covidence systematic review software, Veritas Health Innovation, 2024), a web-based collaboration software platform that streamlines the production of systematic and other literature reviews.

Eligibility Criteria

Published research reports, non-research publications, and dissertations were selected if they addressed the processes, experiences, and/or outcomes associated with classroom and/or clinical accommodation for NSWD from the perspective of learners and/or nurse educators. Published articles related to dissertations, if available, replaced the full dissertation in the review process.

Specific inclusion criteria were the following:

- **time frame:** texts published between 1990 and 2024 to cover the years before and after the enactment of key disability-related legislation (e.g., Accessibility for Ontarians with Disabilities Act, 2005; Americans with Disabilities Act of 1990, 1990);
- **methodology (for research reports and dissertations):** any methodology, including reviews;
- **publication status:** in press, unpublished dissertation, published;
- **publication format (for non-research sources):** scholarly articles, including editorial, commentary, theoretical, or opinion;
- **setting:** any nursing program leading to registered nurse (RN) status (college or university based), with no geographic restrictions;
- **student participants:** nursing students with any visible or invisible disability (physical, learning, mental health, undefined) present from birth, caused by an accident, or developed over time;
- **nurse educator participants:** nurse educators who teach in the classroom and/or clinical setting;
- **intervention:** any clinical and/or classroom accommodation;
- **outcomes:** reference to any outcome.

Exclusion criteria were the following:

- non-English literature
- focus on medical or allied health profession
- focus on admissions process (to ensure participants were nursing students engaged in a program of learning)

The broad range of parameters ensured a fulsome view of what is and is not being written about accommodation related to all aspects of curricula for NSWD from varied perspectives. An initial pilot search of related scholarly literature suggested the eligibility parameters would be manageable due to the relative scarcity of published work on the topic.

Search Strategy

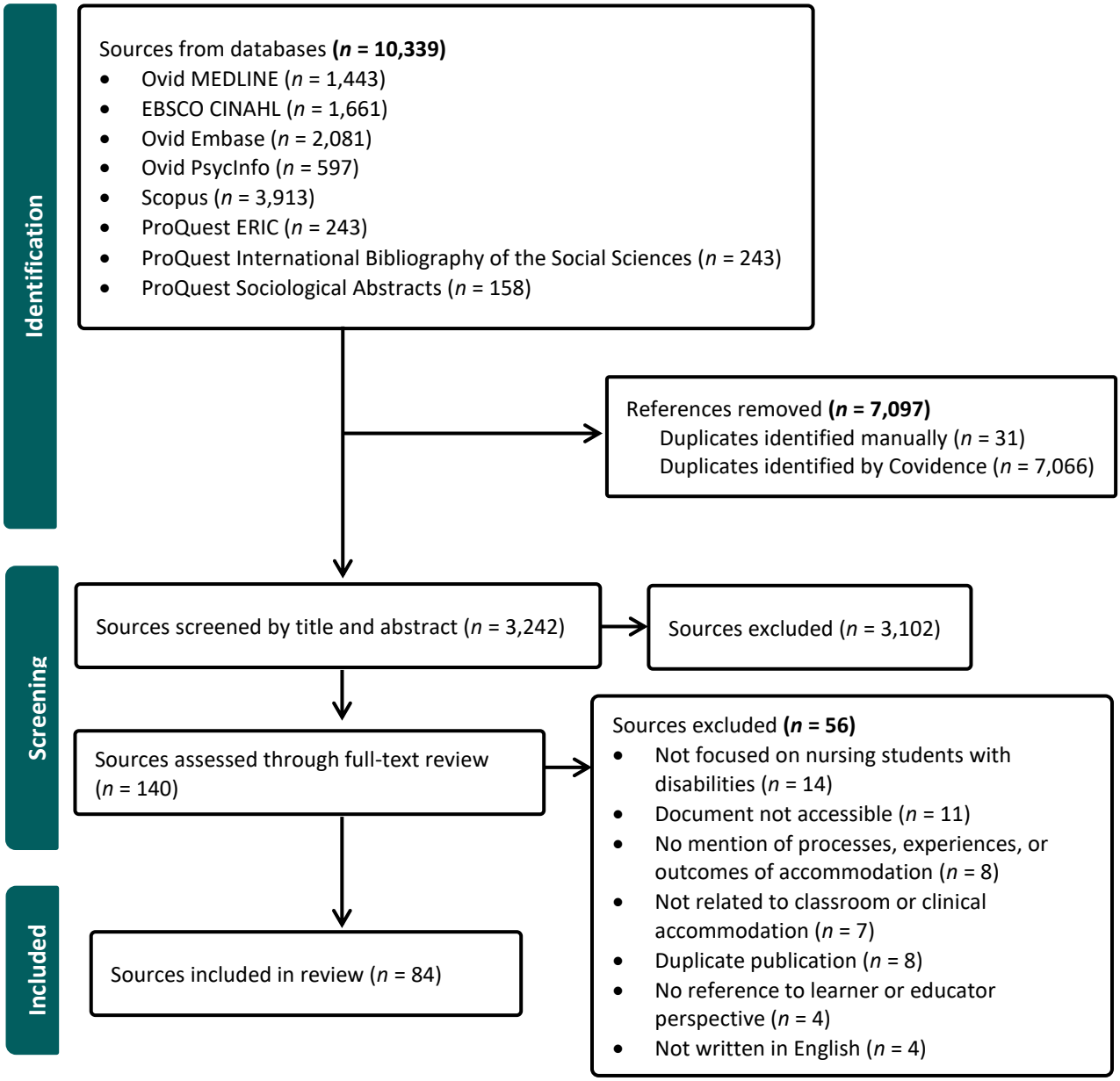
Comprehensive searches of eight databases (see Figure 1) were designed by a health sciences librarian in consultation with review team members. The Ovid MEDLINE search was peer-reviewed by another health sciences librarian using the PRESS guidelines (McGowan et al., 2016). Database searches were exported on April 25, 2023, and March 27, 2024. See Appendix A in the supplementary file for the full database search strategies.

Selection of Sources

The two searches combined resulted in 10,339 sources, reduced to 7,097 after duplicates were removed. Source titles and abstracts were then screened by two independent reviewers against the eligibility criteria, resulting in the removal of an additional 3,102 sources. Full texts of the remaining 140 sources were assessed by two independent reviewers to confirm the sources' eligibility. With the exclusion of 56 resources in the full-text review phase, 84 published sources remained for assessment (see Figure 1). Eligibility disagreements that arose between reviewers at each stage of the selection process were resolved through discussion.

Figure 1

Data Screening and Review of Evidence Sources



Data-Charting Process

The team developed a standardized data-charting form to determine which data to extract from each source. The form was built and populated within Covidence. It included a mixture of general information about the source (i.e., authors, year of publication, geographical location, research or non-research) as well as specific information related to inclusion criteria (i.e., type of disability, learning setting, perspective) and to the research question (i.e., details about process, experiences, and/or outcomes). Data were extracted from each source by one reviewer independently. The principal investigator reviewed and approved all extracted data to ensure consistency and completeness in the use of the standardized data-charting form.

Synthesis of Results

Extracted data were significant phrases copied directly from both research and non-research sources about accommodation processes, experiences, and/or outcomes. These data initially recorded in Covidence were subsequently copied into a table. Data about the general characteristics of the sources and about inclusion criteria were also transposed to the table to maintain the context of the extracted significant phrases (e.g., what disability, which learning setting, whose perspective). The table was used by two review team members to collaboratively create a thematic construction and narrative account of data using a qualitative analytic technique to describe the predetermined categories of accommodation process, experiences, and outcomes—an approach that is consistent with Levac et al.'s (2010) recommendations for scoping reviews. Data varied in quantity and depth across the categories, resulting in varied formats for the category presentations below. Appendix B in the supplementary file provides a context summary of the 84 evidence sources in table format.

Results

General Characteristics of Evidence Sources

Table 1 summarizes the general characteristics of the assessed evidence sources, including the continued growth in the number of publications by decade since the 1990s; the countries contributing the most evidence sources, with the United States leading at 58%; a nearly even number of research and non-research publications; and the overall lack of specific disability and/or learning context focus within the sources. Regarding the focus, 60% of sources either did not define a focus on a particular type of disability or addressed a combination of disabilities; a specific focus on learning disabilities was more frequent than one on physical or mental disabilities. Similarly non-specific, 64% of sources either did not specify a focus on a particular learning environment or addressed clinical and classroom environments in combination; when learning environments were specified, clinical was more often a focus than classroom.

We observed the lack of specificity in focus on accommodation process versus outcome. Most sources yielded data related to both accommodation elements rather than either one explicitly. In addition, sources yielded more data related to faculty accommodation experiences than to student experiences. Finally, we noted a lack of ongoing systematic empirical work by any one researcher or team that involved a building of evidence related to accommodation.

Table 1

Characteristics of Evidence Sources (n = *84)*

Characteristic	***n***
Year of publication	
1990–2000	8
2001–2010	21
2011–2020	41
2021–2024	14
Geographical location	
United States	49
United Kingdom	14
Australia	7
Canada	6
Africa	4
Ireland	2
Spain	1
Japan	1
Publication type	
Research report (including dissertation)	41
Non-research publication	36
Review article	7
Disability context	
Physical (including sensory)	11
Mental (including psychological)	2
Learning	21
Combination	22
Undefined	28
Learning context	
Clinical learning environment	23
Classroom environment	7
Combined	28
Undefined	26

Accommodation Process

Consistent broad considerations related to the process of accommodation were repeatedly highlighted in both empirical and non-research sources across all decades searched. These patterns are presented below in the format of six key themes: disclosure, collaboration, context, legislation, attitudes, and resources.

Disclosure

Disclosure of a disability initiates the accommodation process (Moodley & Mchunu, 2020; Murakami et al., 2023; Walker, 2017). The suggested timing of disclosure is varied and may occur during admission to a nursing program (Andre & Manson, 2004; Neal-Boylan & Smith, 2016), after admission to a program (Epstein et al., 2021; Watson, 1995), and/or throughout programs whenever unknown disabilities emerge (Selekman, 2002).

Disclosure can be fraught with challenges that significantly affect nursing students' decision-making. Students' disclosure-related concerns include experiencing violations of privacy related to disability (Ramluggun et al., 2021; Rankin et al., 2010; Reep-Jarmin, 2016); being viewed or treated differently by others, including clinical instructors (CIs) (W. Evans, 2015; Luckowski, 2016) and peers without disabilities (Reep-Jarmin, 2016); losing control over the content and timeline of disclosure (Epstein et al., 2022); and being dismissed from the nursing program (Maheady, 1999). To encourage disclosure, creating an atmosphere that is characterized by trust, openness, receptivity, honesty, support, understanding, empathy, tolerance, and inclusivity (L'Ecuyer, 2019a; Rankin et al., 2010); that is free from stigma and biases (Ashcroft et al., 2008); and that normalizes disability (Ashcroft & Lutfiyya, 2013) is suggested.

Collaboration

The accommodation process entails active involvement from different partners, who are ideally willing to support student success (Griffiths et al., 2010; L'Ecuyer, 2019b; Ramluggun et al., 2021; Ryan & Struhs, 2004). The importance of collaborative practices is most often emphasized in relation to the clinical accommodation process (Epstein et al., 2022; Horkey, 2019b; King, 2018; Marks & McCulloh, 2016).

Role clarity regarding who should be involved in the accommodation process, how they should be involved, and when they should be involved supports the success of the process (Epstein et al., 2020; King, 2024; Lucas et al., 2022; Yost, 2016). Faculty, students, and disability services are frequently identified as accommodation collaborators. Clinical partners and nurses represent unique collaborators in the context of nursing education and the associated clinical learning component (Elcock, 2014; Rankin et al., 2010; Storr et al., 2011).

The role of nurse educators is multifaceted and includes bridging interests between the academic setting and the clinical environment (Ashcroft et al., 2008; Lucas et al., 2022; Magilvy & Mitchell, 1995) as well as advocating on behalf of students (Bolton, 1994; Ijiri & Kudzma, 2000). Faculty play a unique role in managing the complexity of multiple stakeholders and negotiating multiple interests across settings: patient needs, student needs, hospital interests, legal requirements, and academic integrity of the nursing program (Meloy & Gambescia, 2014; Newsham, 2008; Ramluggun et al., 2021; Yarborough & Welch, 2021). Faculty are key to explaining to disability services the ways in which the clinical area as a learning environment is significantly different from the classroom setting (Ashcroft et al., 2008; Moodley & Mchunu, 2019). Faculty are also key to helping the clinical site accept a nursing student with a disability (Bolton, 1994; Marks & McCulloh, 2016).

The student role in the accommodation process relates to fitness to practice (Ashcroft et al., 2008; Ferguson & Capper, 2024; Ramluggun et al., 2021). Students are responsible for practising in a safe and competent manner and foregrounding patient safety and academic standards. Students need to understand how their disability is best accommodated in both the classroom and clinical settings and to use the provided accommodations appropriately (King, 2024; Meloy & Gambescia, 2014). Some studies suggest a strengths-based approach to working with NSWD, which includes asking students what they need to succeed and inviting them to share experiences and suggestions to support the planning of reasonable accommodation (Epstein et al., 2020, 2021; Howlin et al., 2014b; Ijiri & Kudzma, 2000; King, 2019; Magilvy & Mitchell, 1995; Shuler, 1990; Storr et al., 2011).

Ambiguity regarding the role of disability services has been highlighted (May, 2014; Yost, 2016). Some studies suggest these services should be a support for faculty, which includes educating faculty about disabilities and accommodation requirements as well as providing ongoing guidance (May, 2014; Moriña & Orozco, 2020). Others suggest these services should be responsible for the logistics of verifying students' disabilities and coordinating access to required accommodations (Maheady, 1999; Persaud & Leedom, 2002; Yarborough & Welch, 2021).

Some programs have trialled the addition of specific roles to enhance collaborative efforts in the accommodation process. Practice tutors (King, 2024), link lecturers (King, 2018), and student practice learning advisors (Tee et al., 2010) are examples of liaison roles working between academic and practice settings to oversee accommodation in clinical placement and ensure that professional fitness-to-practice standards are not compromised.

Context

The accommodation process is situational in nature. Flexibility and creativity are required to manage varied student needs related to different disabilities across the learning spaces of a nursing program (Andre & Manson, 2004; Bolton, 1994; Neal-Boylan & Miller, 2020; Smith-Stoner et al., 2011). Clinical settings, course instructors, and expected learning outcomes change continually throughout a nursing program. This dynamic context coupled with the unique needs of each student requires thinking outside the box when deciding on reasonable accommodations (Epstein et al., 2021) as well as individualization versus a one-size-fits-all approach (Carroll, 2004; Crawford et al., 2022; Epstein et al., 2022; McCleary-Jones, 2005; Selekman, 2002; Yost, 2016).

Several data sources provide examples of specific accommodation possibilities related to a range of disabilities (Crawford et al., 2022; Storr et al., 2011; Symes, 2014; Walker, 2017) or to a particular disability, such as dyslexia (Sanderson-Mann & McCandless, 2006; Sugg, 2011), visual impairment (Trujillo Tanner et al., 2021), hearing impairment (Rhodes et al., 1999), or cancer (Smith-Stoner et al., 2011). Moodley and Mchunu (2022), however, questioned whether some disabilities are less compatible with nursing practice, suggesting that disabilities that affect students' cognitive and affective domains of learning may not be practical for accommodation in nurse education.

The situational nature of the clinical setting is linked to the varied degrees of understanding about disabilities among CIs (Murakami et al., 2023), organizational policies including those that prohibit the use of assistive devices such as crutches and wheelchairs (Lucas et al., 2022; Persaud & Leedom, 2002), and the perceived impact of accommodation on existing staff members and clients (Rankin et al., 2010). The academic setting requires contextualization based on variations in the available types of accommodations and the fiscal resources and operations that can be mobilized to support students (Bolton, 1994; Levey, 2014; Ney, 2004).

Legislation

"Reasonable" accommodations that do not alter essential requirements of a nursing program are legislatively required across countries (Bolton, 1994; Carroll, 2004; Neal-Boylan et al., 2021; Newsham, 2008; Ney, 2004; Sanderson-Mann & McCandless, 2005; Storr et al., 2011). Sound knowledge of disability-related legislation and its implications for nursing education have been highlighted as essential for all stakeholders, including external agencies, students, and faculty (May, 2014; Ryan & Struhs, 2004; Sowers & Smith, 2004a). For example, McCleary-Jones (2005) demonstrated the consequence of lacking an accurate understanding of legislation, as students had "unrealistic expectations" based on their perception that they had a right to "any" accommodation (p. 27).

Attitudes

Attitudes and perspectives influence how the accommodation process unfolds and is experienced by students and faculty (Ashcroft & Lutfiyya, 2013; Baker et al., 2022; B. C. Evans, 2005; W. Evans, 2014; Moodley & Mchunu, 2022). When faculty approach the accommodation process in a manner that is helpful, willing, receptive, inclusive, and non-judgemental, students' stress is reduced and their progress is facilitated (Baker et al., 2022; Liu & Xu, 2017; Magilvy & Mitchell, 1995).

Attitudes that increase stigma against students with disabilities may prevent students from disclosing a disability and receiving accommodation (Howlin et al., 2014b; Maheady, 1999). Baker et al.'s (2022) study found that some faculty doubted the legitimacy of student disability and were dismissive of reasonable accommodations. As well, student decisions about using or not using accommodation may partially reflect internalized ableism: NSWD do not want to do what they perceive as "less than their fair share" to earn success (Maheady, 1999), or they view meeting academic requirements without accommodation as a personal challenge (i.e., being "heroic") (Neal-Boylan & Miller, 2017).

Negative attitudes of faculty towards the accommodation process have been linked to faculty views on difference (Bohne, 2004), to the medicalization of the process resulting from the medical model of disability (Epstein et al., 2022; Moodley & Mchunu, 2022), to concerns for patient safety (Moodley & Mchunu, 2022; Symes, 2014), and to perceptions about what is required of someone to be a competent nurse (W. Evans, 2014; Meloy & Gambescia, 2014; Wood, 1999; Yost, 2016). Shifting negative views may be possible through comprehensive education that addresses disability-related attitudes and perceptual biases held by faculty and practice staff (Ashcroft et al., 2008; Magilvy & Mitchell, 1995; Storr et al., 2011).

Resources

The provision of accommodation depends on the presence of several resources. These resources include a) faculty time (King, 2018; Tee et al., 2010; Wood, 1999; Yarborough & Welch, 2021), b) the availability of and funding for adaptive equipment and/or technology (Epstein et al., 2021; Moodley & Mchunu, 2019; Trujillo Tanner et al., 2021), c) fiscal resources (L'Ecuyer, 2019a; Walker, 2017), d) an accessible physical environment (Bolton, 1994; Rankin et al., 2010), e) funding related to student health care coverage (Liu & Xu, 2017) or tuition assistance (Trujillo Tanner et al., 2021), f) teaching resources for faculty (Moodley & Mchunu, 2020; Storr et al., 2011), g) policy and procedures (Ashcroft & Lutfiyya, 2013; Ferguson & Capper, 2024; Lucas et al., 2022), and h) continuous professional development for faculty (Moodley & Mchunu, 2020; Peebles & Cruz, 2018; Yarborough & Welch, 2021) and CIs (King, 2024; Murakami et al., 2023) focused on supporting students requiring accommodation. Learning content for continuous professional development includes disability-related policies, issues, and reasonable accommodations (Moodley & Mchunu, 2020; Tee & Cowen, 2012), as well as how to assist students with

specific disabilities, such as learning disabilities (Murakami et al., 2023) and traumatic brain injury (Peebles & Cruz, 2018).

Accommodation Experiences

Analysis of experiential data is provided in a narrative format due to the nature of the current body of knowledge. The lived experiences of the accommodation process are varied for both NSWD and for faculty, which precluded a thematic construction of repeat patterns.

Student Experiences

In general, NSWD affirm that receiving accommodation is integral to optimizing their learning experiences and, ultimately, to their success in nursing programs (Baker et al., 2022; Neal-Boylan & Miller, 2020; Sugg, 2011, 2014). Experiences of the accommodation process vary: Some NSWD experience the process as supportive (Baker et al., 2022; L'Ecuyer, 2019a), while others describe it as stressful, concerning, and worrisome (Epstein et al., 2021; Kolanko, 2003; Liu & Xu, 2017; Reep-Jarmin, 2016). NSWD in Epstein et al.'s (2022) study described feeling "depressed," "sad," "alone," "unsupported," "hopeless," "humiliated," or "afraid" in relation to the process (p. 8).

Nursing students in Liu and Xu's (2017) study experienced the process of gaining extended time accommodation for tests as a stressor due to fears that their disability claim would be rejected, concerns about stigmatization and what others might think, and worries about associated financial costs of the process (i.e., acquiring a documented anxiety diagnosis). Students in Reep-Jarmin's (2016) study did not use the accommodation available to them due to concerns about being seen as different, being seen as getting an unfair advantage, and managing in the "real" world, where they assume there are no accommodations. As a result of the different treatment they received from others, some NSWD in Epstein et al.'s (2020) study simply "sucked it up" (p. 3) instead of using their accommodation going forward.

Faculty Experiences

The literature reveals that some faculty struggle with the accommodation process due to unsettled feelings and tensions. Conversely, other faculty seem less troubled in their experiences, willing to meet all accommodation needs for students that come their way as long as needed resources are in place.

Some faculty worry that providing accommodation in the learning space does not prepare students to protect patient safety and meet regulatory practice requirements in the workplace upon graduation (Bohne, 2004; Philion et al., 2021; Ryan & Struhs, 2004; Symes, 2014; Wood, 1999). This questioning of "reasonable" accommodation is more prevalent in clinical learning spaces in which patients are involved: Tension arises between the desire to support students with disabilities and the concern that the disability may affect patient safety (Ashcroft & Lutfiyya, 2013; Epstein et al., 2020; Horkey, 2019a; King, 2018, 2024). For example, nurse educators in Moodley and Mchunu's (2022) study worried that while students with mental health disabilities can be accommodated during academic learning in a "controlled environment" (p. 5) such as the classroom, a student could have a psychotic episode while with a patient in the clinical aspect of the course.

Nurse educators are also troubled by the perceived time and workload involved in providing accommodation (Ashcroft & Lutfiyya, 2013; Tee et al., 2010; Yost, 2016); challenges in advocating for NSWD in the clinical learning space (Horkey, 2019a; Murakami et al., 2023); and complexities of coordinating accommodation, such as providing additional time to complete tests (Yarborough & Welch,

2021). Some faculty are concerned with their own perceived lack of knowledge about how best to support students with disabilities through accommodation (Levey, 2014; May, 2014; Moodley & Mchunu, 2020; Sowers & Smith, 2004b).

Accommodation Outcomes

Data about accommodation outcomes were the most challenging to assess. References to outcomes in the literature were often vague or implied. In addition, data revealed ongoing tensions and questioning regarding outcomes. The following discussion of outcomes is presented as three critical questions that exemplify the most pressing concerns regarding outcomes.

What Is the Target Outcome of Accommodation?

The context of "success" as an ultimate aim of accommodation is not clearly or collectively defined in the literature. Data suggest that nurse educators' views of the target outcome of accommodation vary between the students' ability to learn as a nursing student and the students' ability to work as a nurse.

Some nurse educators conceptualize the target outcome of accommodation in relation to whether the accommodation supported a student to meet courses' learning objectives and the educational program's technical standards (Horkey, 2019a; Watson, 1995; Yost, 2016). Other nurse educators view the target outcome in relation to whether the accommodation prepared a student to provide safe care in the workforce as an RN (Ashcroft et al., 2008; Tee et al., 2010). Questions then arise as to what a practising nurse *must* be able to do that all students *must* demonstrate: What is essential to nursing practice?

Where Do Essential Skills Fit In?

If a skill is needed by every nurse in every practice context, then it is an "essential" or "core" skill that should be built into course and program learning outcomes (Howlin et al., 2014a; Matt et al., 2015; Murakami et al., 2023; Newsham, 2008). If there is agreement about the definition of "essential" skills, others debate the requirement that these "essential" skills be performed in the same way by every student in every setting (Carroll, 2004). For example, Arndt (2004) argues that the capacity to bend or to lift 24 lbs is not essential to nursing practice; therefore, nursing students with physical disabilities should not be required to demonstrate these abilities. Furthermore, Evan's (2005) study discussed a nursing student in a wheelchair who was not assigned to a physically demanding resident because it was not necessary for her learning or essential to nursing practice. The student was permitted to perform "essential" skills in alternative ways, such as catheterizing a female patient in a side-lying position. Data related to essential skills highlight ongoing tensions about what skills are essential for NSWD and how those skills can be met through accommodation.

What of Accessibility, Diversity, and Inclusivity?

Some scholars have defined the aim of accommodation as retaining NSWD in the interest of diversifying the nursing workforce (Ferguson & Capper, 2024; Magilvy & Mitchell, 1995; Ryan & Struhs, 2004). In this context, accommodation aims to level the playing field and provide equity—not provide an unfair advantage to or require less from NSWD (Lucas et al., 2022). It aims to eliminate barriers to success in the environment for students with disabilities (Harris, 2018; Moodley & Mchunu, 2022) without compromising academic rigour, program integrity, patient and student safety, or fitness-to-practice standards (Lucas et al., 2022; McCleary-Jones, 2005; Rhodes et al., 1999; Shuler, 1990). However, the

enduring perceived conflict between protecting patient safety and the provision of reasonable accommodation for NSWD can cause some faculty to experience tension in embracing this outcome target of accessibility and inclusivity (W. Evans, 2014; King, 2019; Wood, 1999).

Discussion and Implications

This scoping review helps determine what is known from existing literature about the processes, experiences, and outcomes associated with classroom and clinical accommodation for NSWD from the perspective of learners and/or educators. Publications related to accommodation have steadily increased since the early 2000s, concurrent with the enactment of key disability legislation worldwide (e.g., Accessibility for Ontarians with Disabilities Act, 2005; Americans with Disabilities Act of 1990, 1990; United Nations Convention on the Rights of Persons with Disabilities, 2006). However, despite exploring literature published over a period of 34 years (1990 to 2024), what is known about accommodation and NSWD has remained relatively consistent. From the start, the process has been recognized as complex; variations in student and faculty experiences of the process have remained consistent over time; and tensions and uncertainties that emerged decades ago are still being debated today.

Clinical learning emerged as a key contributor to the complexity of the accommodation process as it adds health care setting clinicians and administrators as well as clients as stakeholders in the process. This introduces a range of interests broader than those of academia that require consideration and reconciliation throughout the process, including the concern about patient safety that has endured for decades despite a lack of substantiating evidence (Jamal-Eddine et al., 2024). Such complexity might explain why more literature is focused on clinical accommodation exclusively rather than classroom accommodation. The clinical component of nursing education continues to be recognized for its unique challenges in the teaching enterprise for both students and educators (Aryuwat et al., 2024; Cornine, 2020; Mazalová et al., 2022; Wankier & Beynon, 2025). Accommodation may therefore take on particular, although not exclusive, importance in relation to the clinical learning context of nursing programs specifically.

Nurse educators shoulder a primary responsibility for managing the complexities associated with accommodation. Evidence also suggests that some faculty lack knowledge about how best to support NSWD through the process of accommodation; experience the process as time-consuming and resource-intensive; and struggle with differing target outcomes for their efforts. These experiences require attention to prevent the associated stress from contributing to the precarious state of nursing faculty human resources due to heavy workload issues and unrealistic expectations (Boamah et al., 2021; Dugger, 2024).

The student role in accommodation is heavily weighted. Students are required to manage their disability-related needs effectively, starting with disclosure, despite the challenges they anticipate or experience in relation to ableist structures and attitudes. Such responsibility risks adding further stress to an already-challenging academic journey for nursing students, which is well documented in the literature (Kinsella et al., 2020; Labrague et al., 2018; Mills et al., 2020). Student experiences require attention to mitigate additive stressors from the accommodation process that could ultimately affect attrition rates and the disciplinary agenda to enhance representation in the student body through to program graduates.

The continued elusive and debated target outcome of accommodation is not helpful. It is time to engage in systematic and scholarly efforts to solidify a universal aim for the accommodation process and resolve tensions that contribute to process and experience concerns. Agreeing to the *why* of accommodation is key to building evidence about the *how*, *who*, and *when* of the process. We suggest

collaboration in this scholarly work that is inclusive of faculty, students, practice partners, institutional leaders, and regulatory bodies. The generalist approach to nursing education, mandated by regulatory bodies, has been criticized for contributing to discriminatory practices against NSWD (Jamal-Eddine et al., 2024). Intersectoral collaboration and scholarship can help build more inclusive nursing education practices related to accommodation that represent all stakeholder interests.

Finally, sufficient non-specific exploration of the accommodation process and NSWD has been completed by nurse scholars. This research has provided a clear understanding of the factors leading to the complexity of the process and to broad considerations for promoting better practices to fulfill legislated disability-related accountabilities. What is needed is evidence of accommodation interventions or frameworks systematically developed and evaluated for their effectiveness in specific contexts. Without such evidence, nurse educators will not know *with certainty* how best to accommodate an individual student with a specific disability, in a targeted learning context, in a certain nursing program with its unique curriculum and available resources, at a particular moment in time. Longitudinal study would also aid in understanding how accommodation might affect NSWD practice as RNs after graduation. Such study would help refute or affirm the many assumptions about accommodation and NSWD that underpin ongoing debates about process and outcome.

Conclusion

Welcoming students with disabilities into nursing programs is not negotiable. For decades, legislation has held societies accountable to ensure meaningful and equal participation of people with disabilities in all aspects of society, including health care careers. This scoping review affirmed that more evidence is needed about accommodation and NSWD to support accessibility and inclusion in nursing education. Intersectoral collaborative scholarship to resolve evidence deficiencies can support nurse educators in moving from ableist debates about who should be a nurse to effective accommodation processes for their students with disabilities.

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