



Impact of Reasonable Adjustments on Neurodivergent Veterinary Nurses

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Introduction

Recent studies into the demographics of the veterinary nursing workforce conducted by the BVNA (2024) and Plowden Roberts, Robinson and Rosolin (2024) on behalf of the RCVS have indicated that between 20-45% of Registered Veterinary Nurses (RVNs) have a formal or informal neurodivergent (ND) diagnosis, which is a greater degree when compared to the general population at 15% (Shelton, Abdinor and Lodder, 2025). ND individuals are more prone to burnout due to stress and insufficient support, which is intensified by the RVNs role in practice. One factor that could reduce the stress experienced by neurodivergent RVNs is the implementation of Reasonable Adjustments (RAs) in practice, RAs are often small and inexpensive changes that can be made to a workspace or role in order to reduce a barrier or disadvantage someone may experience due to a disability. Common RAs in practice include set protocols or roles, specific shift patterns and the use of written over verbal instructions (Clarke, 2021). RAs are seen to improve access into the workforce for many neurodivergent individuals (Olsen, 2022) and could be a key factor in creating practices that nurture resilience and respect which would positively impact nurse wellbeing and retention.

RQ1: What reasonable adjustments are currently used in veterinary practice to support neurodivergent RVNs?

H1: There is a positive association between the implementation of reasonable adjustments and improved job satisfaction in neurodivergent RVNs.

RQ2: How effective do neurodivergent RVNs feel reasonable adjustments are in supporting them in the workplace?

H2: Inclusion of reasonable adjustments in the workplace is an effective way to support neurodivergent RVNs.

RQ3: Does the implementation of reasonable adjustments help increase mental wellbeing in neurodivergent RVNs in clinical practice?

H3: The level of support in practice will decrease with level of experience for neurodivergent RVNs.

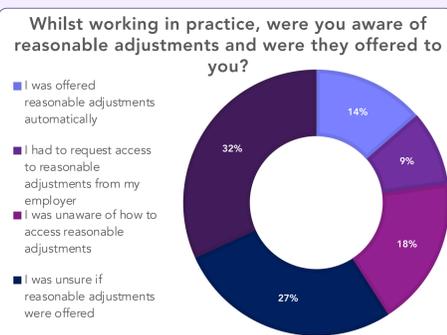
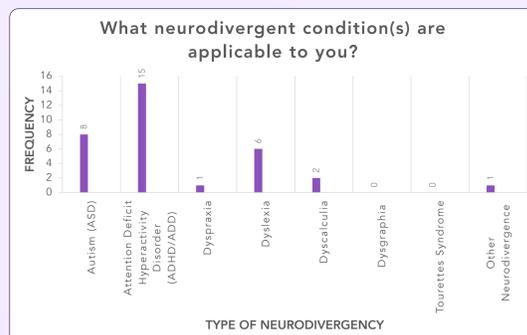
Aims and Method

The aim of the project was to explore the implementation of reasonable adjustments to support neurodivergent RVNs and their effect on mental wellbeing and job satisfaction, this was done using three research questions (RQs) and three subsequent hypothesis (H). The project was conducted as a prospective, cross sectional study with a 14 question self-report survey that had a mixture of open, closed and Likert scale questions. The survey was created on Microsoft Forms distributed digitally on social media (e.g. Facebook, Instagram, LinkedIn) and focused on RVN groups, as well as word of mouth. The data was analysed on IBM SPSS software using Mann Whitney U or Chi-Square tests with a 95% significance level.

Results

22 responses were gained over a 7 week period:

- 59% (N= 13) were self-diagnosed and 41% (N= 9) had a formal diagnosis
- 41% (N= 9) of participants had co-morbid neurodivergent conditions
- ADHD/ADD was the most common neurodivergence at 68% (N= 15), followed by ASD at 36% (N= 8) and dyslexia at 27% (N=6)
- 23% (N= 5) of participants reported receiving reasonable adjustments from their employer and 77% (N= 17) either did not receive them, were unsure if they were available, or did not know how to access them

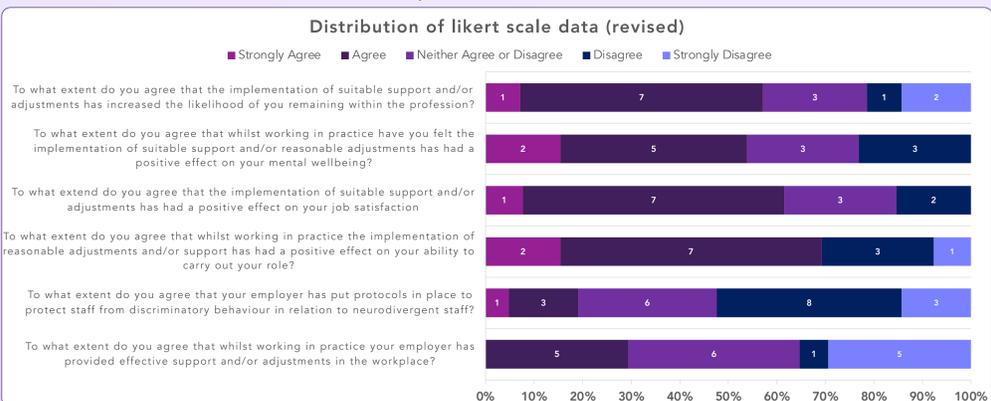


36% (N=8) of participants agreed that suitable RAs had a positive impact on job satisfaction, with 38% (N= 3) receiving RAs. Over half of participants agreed that RAs had a positive effect on mental wellbeing and likelihood of remaining in the profession (54% N= 7 and 57% N= 8 respectively).

The majority of participants did not agree that their employer had provided effective support. 29% of (N= 5) agreed that their employer provided effective RAs. RVNs who did not have RAs were asked to expand on why their employer had not offered RAs; 13 participants responded, with the most common reasonings being 'unknown', followed by staffing constraints and lack of official diagnosis. 31% (N= 4) of neurodivergent RVNs selected 'other'.

37% (N= 8) of participants have not disclosed their condition, with 63% of them (N= 5) not planning to disclose in the future. Reasons for non-disclosure given included 'I am worried that it'll be used against me' and 'fear of lack of understanding and gossip'. This is further highlighted by the fact that over half (52%, N= 11) of participants disagreed or strongly disagreed that their employer had suitable protocols to protect ND staff from discriminatory behaviour.

Participants generally felt mostly confident but unsure in some difficult tasks when regarding their role in practice (55%, N= 12). Confidence appeared to increase with experience, however, it is important to note that no participant felt very unsure in their role. 69% (N= 9) of ND RVNs agreed that the use of RAs improved their ability to carry out their role which would indicate a positive result to RQ2.



Common RAs included: adjusted working hours at 18% (N= 6), clearly defined roles at 18% (N= 6) and providing detailed, specific instructions at 15% (N= 5).

Quotes

Participants were encourage to express any other thoughts or experiences about the project or any topics in the survey if they felt comfortable to do so:

"A big factor is bring able to talk openly about this in practice, on a day-to-day basis."

"... I feel like I have been judged all my life and have been bullied by other fellow RVN work colleagues for my slow working and how I react and act to different behaviours and things that occur in practice."

"I would like all colleagues to be educated in neurodivergence in order to be accommodating to present and future staff."

Conclusion

H1: There appeared to be a positive association between job satisfaction, nurse retention, and mental wellbeing and the implementation of RAs, however, this was not statistically significant.

H2: There was no significant association between the implementation of RAs and RVNs feeling effectively supported. RVNs who did not receive RAs cited lack of staff and lack of disclosure for this. Discrimination against staff by employers and other staff members was highlighted frequently.

H3: A statistically significant positive relationship between experience and confidence was found, though when comparing suitable levels of support and experience no significant correlation was found, suggesting that experience was not a substitute for RAs.

Further research in the positive relationships between the implementation of RAs and effective support, nurse retention and mental wellbeing with a representative sample may provide further clarity on these themes. Also, concerning points were raised about discrimination and lack of equality in practice, which would benefit from further investigation.

Acknowledgements

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