ORIGINAL RESEARCH

Beyond testing accommodations: Prelicensure nursing students' perceptions of instructional accommodations in the classroom

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ABSTRACT

Background and objective: Academic accommodations in nursing education have traditionally focused on testing modifications, while classroom-based instructional accommodations have received considerably less attention. Although testing accommodations support students during examinations, they do not address the instructional needs of students with information-processing difficulties during the learning process. In this study, information-processing difficulties refer to participants' self-reported challenges with receiving, organizing, retaining, retrieving, or responding to learning information rather than a verified diagnostic category. Despite increasing enrollment of students with learning disabilities in higher education, limited research has examined how prelicensure nursing students perceive instructional accommodations within classroom environments. This study explored prelicensure nursing students' perceptions of classroom instructional accommodations among students reporting information-processing difficulties.

Methods: Guided by Humanistic Learning Theory, this descriptive qualitative study used semi-structured interviews with seven prelicensure nursing students recruited from one nursing program in Southern California. Participants self-reported Disabled Students Programs and Services (DSPS) registration, accommodation use, and information-processing difficulties; the researcher did not independently verify diagnoses. Data were analyzed inductively using an approach consistent with Saldaña's qualitative coding methods.

Results: Analysis revealed one overarching theme, Instructional accommodations as human-centered supports within responsive learning environments, supported by six interrelated themes: (a) individualized and responsive instructional supports, (b) awareness and institutional communication, (c) psychological safety and emotional regulation, (d) variation in faculty responsiveness to instructional accommodations, (e) student self-advocacy and accommodation management, and (f) structural and instructional constraints. Participants described individualized instructional supports and supportive faculty-student relationships as helpful to their classroom learning experiences.

Conclusions: Participants described classroom instructional supports as important to understanding and participation beyond testing modifications. Their accounts suggest opportunities to strengthen faculty responsiveness, communication about available supports, and access to instruction. The findings describe perceptions at a single institution and do not demonstrate improvements in academic outcomes.

Key Words: Humanistic learning theory, Inclusive education, Information-processing difficulties, Instructional accommodations, Learning disabilities, Nursing education, Qualitative research

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1. INTRODUCTION

The growing enrollment of students with disabilities in higher education has intensified the need for learning environments that promote educational access, equity, and inclusion. In the United States, approximately one in five undergraduate students reports having a disability, with learning disabilities and attention-related disorders among the most frequently reported conditions.[1,2] Learning disabilities are neurological disorders that impact an individual's ability to process, store, and communicate information.[3] As increasing numbers of students with disabilities pursue careers in nursing, educators are challenged to create learning environments that support diverse learning needs while maintaining the academic and professional standards required of nursing graduates.

Academic accommodations are well established in higher education and are required under federal disability legislation. In nursing education, however, accommodations are commonly implemented as testing modifications, such as extended examination time or distraction-reduced testing environments.[4] While these accommodations are essential, they primarily address students' performance during examinations rather than their access to instruction throughout the learning process. Students with information-processing challenges often require instructional support to facilitate understanding of classroom concepts before they are expected to demonstrate competence during examinations.[5,6]

Instructional accommodations differ from testing accommodations because they address access to instruction and learning materials rather than examination conditions. They may include clarifying or repeating directions, providing accessible formats or visual supports, chunking information, and presenting material through multiple modalities. However, individualized disability accommodations are tailored to a student's specific needs and may extend beyond classroom instruction. Individualized accommodations may include instructional and non-instructional supports and should be distinguished from inclusive teaching strategies available to all students.

Despite increasing attention to disability inclusion in higher education,[7,8] relatively little research has examined instructional accommodations within nursing education. Existing studies have primarily focused on disability disclosure, faculty knowledge, testing accommodations, or clinical accommodations. Comparatively little is known about how nursing students themselves perceive instructional accommodations within classroom environments or which instructional practices they believe best support their learning. This gap is particularly important because students are uniquely positioned to describe how instructional practices influence their learning experiences, which is consistent with the humanistic view that students have agency over what and how they learn.

This study was guided by Humanistic Learning Theory, which emphasizes learner-centered education, respect for individual differences, psychological safety, learner autonomy, and the facilitative role of educators in supporting student growth.[9,10] From a humanistic perspective, meaningful learning occurs when students' psychological, emotional, and educational needs are acknowledged and supported within responsive learning environments. This framework aligns closely with instructional accommodations because both emphasize individualized learning, learner autonomy, and instructional responsiveness while fostering engagement, belonging, and self-actualization.

The purpose of this descriptive qualitative study was to explore prelicensure nursing students' perceptions of instructional accommodations in the classroom among students reporting information-processing difficulties. By examining students' perspectives on instructional accommodations in the classroom setting, this study extends the current conversation beyond testing accommodations to consider how instructional practices influence access to learning, psychological safety, and classroom inclusion. Rather than focusing solely on compliance with disability legislation, the findings offer insight into how instructional accommodations may function as human-centered teaching practices that support meaningful learning for neurodiverse nursing students.

The findings contribute to the growing body of literature on inclusive nursing education by providing the perspectives of a population largely absent from previous research. Understanding how students experience instructional accommodations may assist nursing educators, academic leaders, and disability support professionals in designing learning environments that promote equitable educational opportunities while preserving the academic standards expected of nursing graduates. Ultimately, this study suggests that instructional accommodations should not be viewed solely as disability services but also as teaching practices that support learning environments for students with diverse learning needs.

2. METHODS

2.1 Design

This study employed a descriptive qualitative design to explore prelicensure nursing students' perceptions of instructional accommodations in the classroom. A descriptive qualitative approach was selected because little is known about how nursing students reporting information-processing difficulties perceive instructional accommodations within classroom learning environments. This design is well suited for

studies that seek to describe participants' perceptions in their own words while remaining close to the data without generating theory.[11,12] Humanistic Learning Theory served as the theoretical framework, emphasizing learner-centered education, respect for individual differences, psychological safety, and the educator's role as a facilitator of learning.[9,10]

2.2 Participants and setting

Purposeful sampling was used to recruit students with firsthand experience of information-processing challenges and academic accommodations. 'Information-processing difficulties' describes challenges in receiving, organizing, retaining, retrieving, or responding to learning material and is not used here as a verified diagnostic category. Recruitment was facilitated by Disabled Students Programs and Services (DSPS), which distributed the researcher's invitation email to students registered with its services. Interested students then contacted the researcher to confirm their DSPS registration and use of accommodations; the researcher did not inspect clinical or diagnostic records. All seven participants reported relevant learning experiences. Six-month accommodation use was specified in the study eligibility criteria, but the individual interview transcripts do not independently establish duration for every participant. Autism spectrum disorder and intellectual/developmental disabilities were excluded as a delimitation of the intended study population, not as a judgment about individuals' ability to describe their experiences. This limits transferability to students with those conditions.

Seven students participated, all from the one institution that granted recruitment access. The purpose of the qualitative sample was to obtain detailed accounts of the phenomenon rather than achieve statistical representation.[13] Participants reported experiences with academic accommodations at different stages of prelicensure nursing education. Similarities in some responses were observed from approximately the fifth interview onward; however, the study did not establish data saturation, and the effect of the single-institution context on response similarity is unknown.

2.3 Data collection

Following Walden University Institutional Review Board approval (09-09-25-1138357), the researcher sought to recruit 4 participants from each of 3 prelicensure nursing schools in Southern California (12 participants in total). Only one school granted access to its students, resulting in seven participants from that institution. The DSPS office distributed the recruitment invitation to registered students. Interested students confirmed their DSPS registration, their use of academic accommodations for at least six months, and their experience of information-processing challenges. Eligibility was based on participant confirmation; the researcher did not independently review diagnostic records. Participants consented via email by replying "I consent." Semi-structured Zoom interviews were conducted November 5–December 15, 2025, and lasted 21–30 minutes. All seven were audio-recorded, and five were also video-recorded, according to participants' preferences. The interview guide addressed classroom instructional accommodations, experiences with faculty, and suggestions for improvement; references to clinical or simulation settings were treated as contextual comments rather than evidence from separately investigated settings.

Each interview concluded with a period of reflection during which participants were invited to share any additional experiences they considered important but had not previously discussed. All interviews were audio-recorded with participants' permission, transcribed using TurboScribe software, and checked against the recordings for accuracy before analysis. Field notes, analytic memos, and reflective journal entries were maintained throughout the study to document contextual observations and support the analytic process.

2.4 Data analysis

Data analysis followed an inductive process consistent with Saldaña's qualitative coding approach.[14] Interview transcripts were read repeatedly to achieve immersion in the data before coding began. First-cycle analysis involved descriptive and in vivo coding to organize participants' responses while remaining closely aligned with their perceptions and language. Descriptive codes summarized the contextual meaning of interview responses, whereas in vivo codes preserved participants' exact words and expressions. Examples of descriptive codes included delayed awareness of accommodations, instructional inconsistency, and environmental distractions. Both types of codes were documented in separate participant worksheets within an Excel spreadsheet, allowing the researcher to examine individual experiences before conducting cross-case comparisons.

During second-cycle analysis, pattern coding was used to identify similarities, differences, and recurring experiences across participants. Related first-cycle codes were clustered into broader pattern codes and subsequently organized into analytic categories through iterative comparison, analytic memo writing, and review of field notes. For example, codes concerning delayed awareness, limited knowledge of available supports, and institutional communication were grouped into a category addressing awareness and access to instructional accommodations. Similarly, codes concerning visual reinforcement and multimodal learning approaches informed a category addressing instructional design and multimodal

supports. Participant-level abstraction tables were developed and consolidated into cross-case displays to examine relationships among codes and refine category boundaries while preserving individual participant contexts. Analytic memos, reflective journal entries, and abstraction tables documented coding decisions and supported transparency throughout the analytical process. This progressive abstraction from initial codes to pattern codes and categories informed the development of one overarching theme, Instructional accommodations as human-centered supports within responsive learning environments, supported by six interrelated themes: individualized and responsive instructional supports; awareness and institutional communication; psychological safety and emotional regulation; variation in faculty responsiveness to instructional accommodations; student self-advocacy and accommodation management; and structural and instructional constraints. These findings are presented in the Results section.

2.5 Rigor

Trustworthiness was supported through repeated examination of the interview recordings and transcripts, participant transcript review, reflexive journaling, analytic memos, and an audit trail of analytic decisions. At the conclusion of each interview, participants were informed that their interview transcripts would be emailed to them for review. Participants were asked to examine their transcripts to ensure that their statements and intended meanings were accurately represented and to identify any information they wished to have removed. Each participant agreed to this procedure and was given seven days to respond. The transcripts were sent to the email addresses previously used by participants to provide consent for the interviews. Two of the seven participants responded and confirmed that their transcripts accurately reflected their statements and intended meanings. Neither participant requested any corrections, additions, or deletions. The remaining five participants did not respond within the seven-day review period. Consistent with the procedure communicated to participants, the researcher proceeded without further revisions from these participants. However, their nonresponse was not considered explicit confirmation of transcript accuracy. Field notes, analytic memos, and reflexive journals supported interpretation and documentation but were not treated as independent sources for triangulation. The researcher used reflective journaling to consider the influence of prior assumptions on interpretation.

The researcher is a nursing educator and program director of an associate degree nursing program. To minimize potential coercion, conflicts of interest, and researcher bias associated with the researcher's professional position, the institutional review process prohibited recruiting students from the institution where the researcher was employed. Consequently, participants were recruited from an institution where the researcher did not hold an administrative or instructional position. Recognizing that professional experiences and assumptions could influence data interpretation, the researcher maintained a reflective journal and sought to remain closely aligned with participants' accounts throughout the analysis and interpretation of the findings.

2.6 Ethical considerations

Ethical approval was obtained from the Walden University Institutional Review Board (approval number 09-09-25-1138357) prior to recruitment. Participants provided informed consent before data collection, and confidentiality was maintained through the use of pseudonyms and secure storage of all study materials. Participation was voluntary, and participants could withdraw from the study at any time without consequence. Each participant received a $20 Amazon gift card as a token of appreciation for their time and participation in the study.

3. RESULTS

3.1 Participant characteristics

Seven prelicensure nursing students from a single institution participated in the study. All participants were female, aged 30 to 45 years, and enrolled in their second year of nursing education. Recruitment invitations were distributed by the institution's DSPS office to students registered with DSPS. Interested students contacted the researcher and self-reported their DSPS registration, use of academic accommodations, and information-processing challenges. The researcher did not independently review diagnostic documentation.

Participants described a range of learning and information-processing challenges, and their identification with specific learning disabilities was not uniform. For example, one participant did not initially identify as having a learning disability but subsequently reported attention-deficit/hyperactivity disorder (ADHD), while another described suspected dyslexia and ADHD without a formal diagnosis. These accounts were treated as self-reported experiences rather than independently verified diagnoses (see Table 1).

3.2 Instructional accommodations as human-centered supports within responsive learning environments

The analysis of the interview data revealed one overarching theme: Instructional accommodations as human-centered supports within responsive learning environments. Across all interviews, participants described instructional accommoda-

tions as more than formal academic adjustments or disability services. Instead, accommodations were experienced as instructional practices that fostered understanding, confidence, inclusion, and meaningful participation in learning. Participants consistently described individualized instruction, faculty flexibility, empathy, and instructional support as helpful to their classroom learning experiences. Six interrelated themes contributed to this overarching finding.

Table 1. Participant characteristics and reported instructional supports (interview-based; no diagnostic verification)

ID	Program stage documented	Learning/processing experience reported	Classroom support or strategy reported
P1	Second year	Difficulty following live lecture; attention/distraction	Front seating; own lecture-recording note app
P2	Second year	Questions and comprehension concerns	Supplementary class; supportive instructor
P3	Fourth semester (second year)	Needs additional processing time; distraction	Records lectures; attempts front seating
P4	Second year	Difficulty retaining lecture in one sitting	Lecture recording/replay; digital notes; front seating
P5	Fourth semester (second year)	Slower reading/visual processing; suspected conditions described as undiagnosed	Visual diagrams; did not adopt suggested transcription app
P6	Fourth semester (second year)	Slower processing; ADHD self-reported; did not self-identify as learning disabled	Front seating; recording; permission to step out
P7	Fourth semester (second year)	Extra processing time; self-described attention/reading difficulties	DSPS recording/transcription device; seating near exit

Note. All participants were female, aged 30–45 years, and enrolled in their second year of nursing education, as documented in the study's demographic records. Individual learning and processing experiences, as well as instructional supports, are based on participant interview accounts. Diagnostic information was self-reported and not independently verified.

3.3 Participants valued individualized and responsive instructional supports

Participants described multimodal approaches, including replaying recorded lectures, reviewing visual diagrams, transcription, and selecting seats that reduced distractions. Their accounts did not always distinguish formal DSPS-authorized accommodations from personally adopted study strategies; the analysis therefore identifies the source of support when participants did so. For example, P4 described recording as permitted by instructors, while P7 identified a device supplied by DSPS.

P4 summarized the importance of instructional responsiveness: "I will go back and listen to them once, maybe even twice, when I'm studying or just reviewing old material, because I can't retain everything that is given to me in one setting." (P4, interview, approximately 2:52–3:08).

Another participant, P7, described a DSPS-provided recording device: "It actually transcribes it for me so that not only am I listening to it, I'm actually reading it as I'm listening to it." (P7, interview, approximately 6:09–6:16).

Participants also described technology, recording applications, preferred seating, transcription services, and note-taking support as instructional accommodations that enhanced access to classroom learning. Although testing accommodations remained important, participants emphasized that classroom instructional supports were equally essential because they facilitated understanding before knowledge was evaluated through examinations. Collectively, these findings suggest that instructional accommodations were perceived not as special privileges but as individualized teaching practices that promoted equitable access to learning while maintaining academic standards.

3.4 Awareness of available accommodations influenced access to support

Participants' accounts showed variation in the timing and awareness of support. P5 described receiving services late and not understanding how to use a transcription application; P4 was unaware that additional assignment time might be available. These are specific reported experiences, not evidence that all participants lacked information or that the institution uniformly failed to communicate services.

P5 described receiving accommodation support late in the program: "I was kind of far in my program when I received it, and so I didn't really know how to use it." (P5, interview, approximately 6:05–6:18).

Others described limited institutional communication regard-

ing available services.

P4 noted an informational gap: "I didn't know that getting more homework time, you know, at home was a thing." (P4, interview, approximately 5:41–5:51).

Several participants explained that classmates, not faculty or disability services, were their primary source of information about accommodations. Participants frequently expressed regret that earlier awareness could have reduced stress and improved their academic performance.

These findings suggest that access to instructional accommodations depends not only on the availability of services but also on proactive institutional communication that ensures students understand and utilize available supports early in their academic programs.

3.5 Psychological safety enhanced students' confidence and engagement

Participants associated respectful faculty interactions, the ability to ask questions, and control over distracting environments with a greater sense of comfort. P2 described an instructor who did not make students feel bad for asking questions; P7 described a seating option that allowed her to leave the room when necessary. These are perceived supports rather than demonstrated changes in achievement.

P2 described how a supportive instructor created an environment in which students felt comfortable asking questions: "She never like made you feel bad or anything for asking questions." (P2, interview, approximately 6:54–7:00).

P7 described an accommodation intended to manage classroom anxiety: "One of the options I had was that I would sit in the back close to the door if I ever need to step out." (P7, interview, approximately 6:33–6:41).

Participants frequently associated supportive instructional environments with reduced anxiety, improved confidence, and greater engagement in learning. These experiences suggest that psychological safety functioned as an important component of instructional accommodations rather than simply an emotional outcome.

3.6 Faculty responsiveness shaped students' perceptions of instructional accommodations

Accounts varied by instructor and learning context. P2 identified an instructor and supplementary class as supportive; P4 described broad permission to record lectures. This variation supports a cautious interpretation that implementation and perceived usefulness depended on instructional circumstances rather than a claim of uniformly poor faculty practice.

P2 reported that a particular instructor provided "a lot of classroom support," including a supplementary class (P2, interview, approximately 6:41–6:51).

P4 explained that her nursing instructors permitted recording lectures: "Throughout the whole nursing program, everyone was like, yes, of course you can record." (P4, interview, approximately 3:16–3:27).

Participants described differences in faculty responsiveness to their classroom learning needs. These experiences reflected variation in individual instructors' approaches to providing instructional support rather than an established program-wide pattern of inconsistent accommodation implementation.

3.7 Students' self-advocacy and management of instructional accommodations

Participants described independently identifying and using strategies to support their classroom learning. P1 selected front-row seating to improve engagement and used a personally preferred note-taking application instead of the recording devices offered by the institution. These experiences illustrate students' self-advocacy and active participation in managing their learning needs. However, they do not establish that institutional responsibility for providing accommodations was transferred to students.

P1 described an independently selected learning strategy: "I have to sit in the front or at least the second row, because I'm more engaged in my note taking." (P1, interview, approximately 4:14–4:36).

Participants described becoming more confident over time in requesting accommodations and identifying strategies that supported their learning.

P1 also described choosing a personally preferred application rather than the offered recording device: "They do offer us recording devices ... But I just found my own app ... much more useful." (P1, interview, approximately 7:03–7:14).

These accounts illustrate how some participants independently identified and managed learning supports. They do not establish that formal responsibility for providing accommodations was transferred from the institution to students.

3.8 Structural constraints created barriers to classroom learning

Participants identified practical constraints, including rapid pacing, crowded learning spaces, and distractions. P3 requested more time to process information; P6 described crowded seating and suggested more flexible grouping. P6 also reported positive experiences with several existing supports, so the account should not be interpreted as uniformly

negative. Comments about testing, clinical, and simulation settings provide context but do not establish the effectiveness of classroom accommodations in those settings.

P3 described the pace of nursing coursework:"I need more time to be able to process the information." (P3, interview, approximately 2:51–3:00).

P6 described discomfort associated with crowded classroom seating arrangements: "We had to sit elbow to elbow ... sometimes I would feel closed in." (P6, interview, approximately 14:34–14:56).

Participants identified pacing, seating, and distraction-related barriers within classroom learning. Comments about other settings were contextual and do not establish whether classroom accommodations were implemented consistently in clinical or simulation environments.

3.9 Summary of findings

Across interviews, participants described instructional support through recorded and transcribed lectures, visual explanations, seating choices, opportunities to ask questions, and responsive teaching. They also identified uneven awareness and practical constraints. The findings reflect participants' reported perceptions within a single institution; they do not demonstrate causal improvements in learning outcomes or warrant claims about the prevalence of these experiences among nursing students more broadly. A discrepant perspective was provided by P5, who reported not adopting a suggested transcription application because she did not understand its use or benefit.

4. Discussion

The purpose of this study was to explore prelicensure nursing students' perceptions of instructional accommodations for students reporting information-processing difficulties in the classroom. The findings suggest that instructional accommodations extend beyond testing modifications and are experienced as human-centered teaching practices that facilitate meaningful learning. Participants described individualized instructional supports, responsive faculty-student relationships, and differences in instructional practices as important aspects of their classroom learning experiences. These findings extend the current understanding of accommodations in nursing education by shifting the focus from compliance with disability services to instructional practices that promote equitable access to learning.

4.1 Human-centered teaching extends beyond testing accommodations

Perhaps the most significant finding of this study is that participants did not define instructional accommodations solely in terms of formal disability services or testing modifications. Rather, they described accommodations as instructional practices that enabled them to understand, process, and apply complex nursing concepts. Participants consistently valued flexible pacing, multimodal instruction, opportunities for clarification, and instructional approaches that aligned with their individual learning needs. These findings suggest that students perceived effective accommodations not as exceptions to teaching but as characteristics of responsive instruction. These findings align with those of Gedzyk-Nieman and Derouin,[15] whose work suggests that integrating accessibility into the nursing education curriculum can reduce reliance on reactive, individualized accommodations and provide effective support for diverse learners.

The findings of this study share similarities with those of Tsui et al.,[7] who explored academic accommodation experiences among baccalaureate and practical nursing students in Canada. Their study identified barriers and facilitators associated with accessing accommodations, including students' awareness of available services, autonomy in selecting supports, and institutional communication. Similarly, participants in the present study described differences in their awareness of instructional accommodations, independently selected learning strategies, and valued supportive interactions with faculty. However, whereas Tsui et al. examined accommodation experiences across classroom, laboratory, and clinical settings, the present study focused specifically on students' perceptions of instructional accommodations within the classroom. This narrower focus provides additional insight into how students experience individualized instructional supports, faculty responsiveness, and psychological safety during classroom learning. Together, the studies highlight the importance of considering both institutional accommodation processes and students' experiences of instructional support.

This finding extends previous research, which has largely focused on testing accommodations and disability compliance within nursing education. Although extended testing time remains one of the most frequently implemented accommodations, participants emphasized that meaningful learning occurred before assessment through instructional practices that supported comprehension and reduced cognitive overload. This finding aligns with Humanistic Learning Theory, which emphasizes learner-centered education, respect for individual differences, and the educator's role in facilitating meaningful learning experiences.[9,10] Rather than viewing accommodations as isolated services, participants perceived them as integral components of effective teaching that supported both academic learning and emotional well-being.

4.2 Faculty shape students' learning experiences through responsive teaching

Participants described the importance of faculty responsiveness to their learning needs. P2 valued an instructor who welcomed questions and offered supplementary support, while P4 reported that instructors permitted lecture recording. These accounts illustrate supportive practices without establishing a uniform pattern across faculty.

These findings support previous research demonstrating that faculty attitudes, communication practices, and instructional approaches significantly influence students' educational experiences and perceptions of inclusion.[16, 17] Participants' descriptions of psychological safety further suggest that effective instructional accommodations extend beyond procedural implementation to include interpersonal interactions that foster trust, confidence, and engagement. When participants perceived faculty as approachable and supportive, they reported greater willingness to ask questions, seek clarification, and participate actively in learning. These findings reinforce the humanistic perspective that meaningful learning occurs within supportive educational relationships characterized by empathy, respect, and responsiveness.

Some participants described selecting strategies independently or learning about available supports later in their programs. These experiences point to the importance of clear communication and student choice but do not establish that institutional responsibility for accommodations had shifted to students. Collaboration among disability support services, faculty, and students may help clarify available options.

4.3 Structural conditions continue to challenge inclusive learning

Participants identified classroom pacing, crowded seating, and distractions as barriers to accessing instruction. Although some interviews also included comments about testing, clinical, or simulation experiences, these settings were not independently investigated. The findings, therefore, support recommendations regarding classroom accessibility rather than conclusions about the consistency of accommodations across all educational settings.

These findings are consistent with recent evidence indicating that students with disabilities continue to encounter barriers within health professions education despite the availability of formal accommodations.[18, 19] Participants' experiences suggest that improving educational access requires attention not only to individual accommodations but also to instructional design, curricular flexibility, and institutional processes that influence learning across educational environments.

4.4 Implications for nursing education

This study contributes to the growing literature on disability inclusion within nursing education by examining instructional accommodations from the perspectives of prelicensure nursing students reporting information-processing difficulties. Previous research has primarily emphasized testing accommodations, disability disclosure, or faculty knowledge. In contrast, this study suggests that students perceive instructional accommodations as human-centered teaching practices that support meaningful learning through individualized instruction, psychological safety, and responsive faculty interactions. The findings concern students' reported experiences and do not establish that any instructional strategy improved academic performance.

These findings also extend Humanistic Learning Theory by illustrating how learner-centered educational principles can inform instructional accommodation practices within nursing education. Participants consistently emphasized that meaningful learning occurred when educators acknowledged individual differences in learning and intentionally adapted instructional approaches to facilitate understanding. Collectively, these findings highlight instructional practices that participants perceived as supportive of their classroom learning, including individualized instruction, psychological safety, and responsive faculty interactions.

4.5 Limitations

This descriptive qualitative study included seven participants from a single institution, although recruitment was originally planned across three schools (four students per school). Transferability is therefore limited. Eligibility and disability-related characteristics were based on participant reports; DSPS distributed invitations, but the researcher did not independently review diagnostic records. Participants' self-identification varied, and neither a named condition nor the use of accommodations alone was treated as proof of a specific diagnosis. Six-month accommodation use was an eligibility requirement, but not every interview documented the duration individually. Interviews sometimes shifted toward testing or clinical experiences despite the classroom focus, and researcher examples or follow-up prompts may have shaped some responses. Only two of seven participants returned feedback on transcripts, limiting what can be claimed for participant checking. The small sample and contextual detail require care to protect confidentiality. Findings concern perceptions rather than objectively measured instructional effectiveness or academic outcomes.

Several potential sources of bias should also be considered. Because participation was voluntary, self-selection bias may have influenced the findings, as students who chose to partic-

ipate may have had experiences or perspectives that differed from those who did not volunteer. Recruitment was limited to students registered with DSPS and using accommodations; therefore, the experiences of students with learning challenges who were not registered with DSPS were not represented. Additionally, participants' retrospective accounts may have been subject to recall bias. Social desirability bias was also possible, as participants may have presented their experiences in ways they perceived as acceptable to the researcher. These considerations further limit the transferability of the findings beyond the participants and institutional context studied.

5. Conclusion

The findings of this study suggest that instructional accommodations should not be viewed solely as mechanisms for ensuring compliance with disability legislation or facilitating examination performance. Rather, participants described instructional accommodations as human-centered teaching practices that promote understanding, psychological safety, and equitable participation in learning. These findings reinforce the importance of responsive instruction and highlight the role of faculty in creating inclusive classroom environments that support diverse learners while maintaining the academic rigor required in nursing education. Additionally, these findings are consistent with the principles of Humanistic Learning Theory, as participants described learner-centered and responsive instruction as supporting their participation and learning experiences.

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Author's contributions

Imaobong Aliyu was solely responsible for the study conception and design, data collection, data analysis and interpretation, manuscript preparation, and revisions. The author reviewed and approved the final manuscript.

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Conflicts of Interest Disclosure

The author declares no competing interests.

Informed consent

Informed consent was obtained electronically via email from all seven participants before their interviews. Participation was voluntary.

Ethics approval

The Publication Ethics Committee of the Association for Health Sciences and Education.

The journal's policies adhere to the Core Practices established by the Committee on Publication Ethics (COPE).

Provenance and peer review

Not commissioned; externally double-blind peer reviewed.

Data availability statement

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

Data sharing statement

No additional data are available.

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