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A personal reflection exploring the support offered to post-registration nursing students with dyslexia in a higher education setting

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Abstract

This reflection will examine my professional practice in relation to the support offered to post-registration nursing students with dyslexia in a UK higher education (HE) setting. Pedagogic theory, policy and practice will be analysed in relation to inclusive education and the support that is currently offered to students with dyslexia. There will be a specific focus on the mode of delivery, use of lecture recording, and inclusivity of assessment. Dyslexia is a specific learning difficulty that predominantly impacts individuals' reading and writing skills. The number of students with dyslexia attending UK HE has increased significantly in recent years. Although improvements in practice are evident, further improvements are required. This reflection demonstrates several positive aspects in relation to the inclusive support that is offered to students with dyslexia, and the benefits such support can have on all students. However, there are areas for improvement to enhance the inclusivity of the learning environment and learner experience.

Keywords: dyslexia, higher education, inclusive education, nursing students.

Introduction

Reflection is a vital aspect of both my previous nursing career and my current career as an academic. Reflection is essential to enable self-awareness and learning from experience (Clarke, 2017). This article is structured using the 'So What?' model of reflection (Driscoll, 2007).

As a higher education (HE) lecturer for post-registration nursing education, I recognised that several students attending have dyslexia and want to reflect on my professional practice to improve knowledge and enhance student experience. Some of the difficulties observed were obtaining information during intense online lectures and academic writing skills. This article will explore the use of lecture recording and offering choice in the mode of assessment to mitigate these difficulties. Post-registration nursing students are those who have already completed a nursing qualification to become a registered professional; they are returning to HE to attend specialist courses to further their knowledge and understanding.

Student experience is a high priority in HE and links to the Teaching Excellence Framework that encourages HE institutions to improve and deliver excellence (OfS, 2023). Unfortunately, it has been identified in the National Student Survey results that many disabled students are not receiving the same quality of experience as their peers, particularly in relation to assessment, academic support, and learning resources (Blake, 2025). This highlights the need for academics to reflect on and improve their own practice. Pedagogic theory, policy and practice will be analysed in relation to inclusive education and the support that is currently offered to students with dyslexia. The mode of delivery, use of lecture recording, and inclusivity of assessment will be focused on as these are the areas identified that need further development.
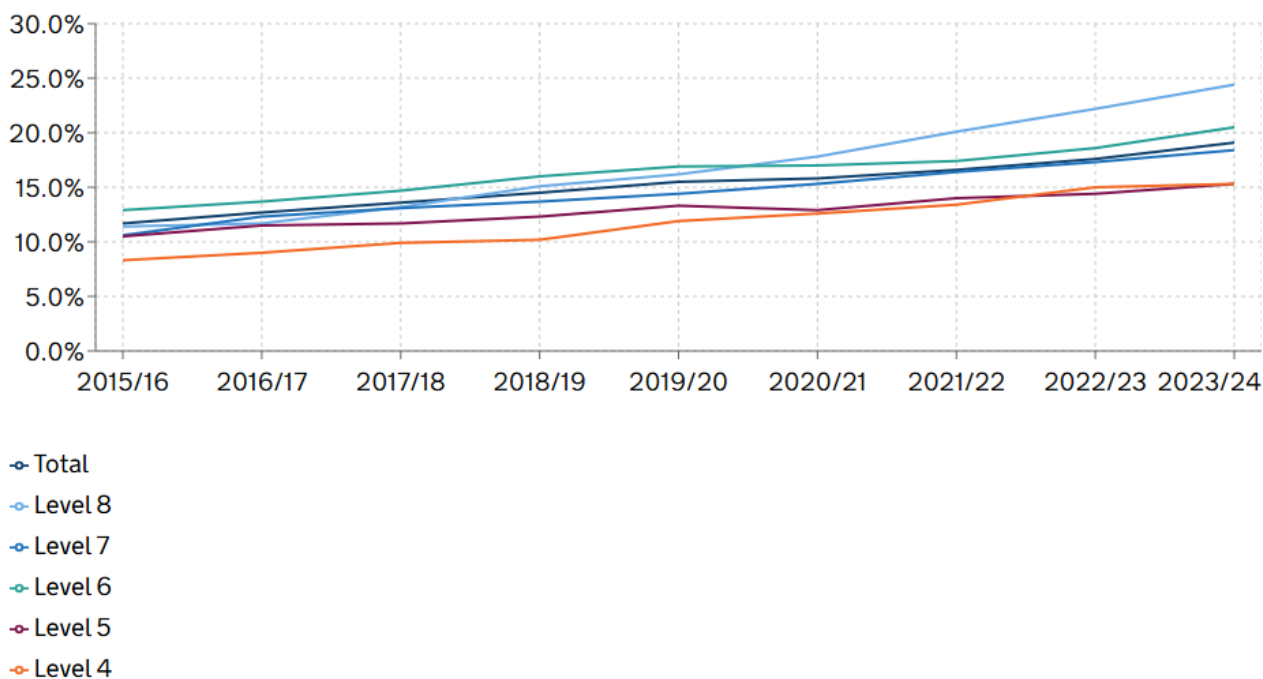
Dyslexia in HE

The number of students with a known disability attending HE has increased significantly in recent years (HESA, 2025; Williams et al., 2019; see Figures 1 and 2 below). Figure 1 includes students from all UK home nations attending full and part-time study, including undergraduate, postgraduate and postgraduate research levels.

Figure 1. The number of students with a known disability attending HE (HESA, 2025).

Year	Number of students attending HE with a known disability
2017/2018	311,100
2021/2022	451,580
2022/2023	484,270
2023/2024	514,310

Figure 2 demonstrates the proportion of higher-level learners in England who have declared a disability. The proportion of entrants to higher-level learning that declared a disability has increased across all levels of study since 2015/16; there is an increase of entrants who had a self-reported disability from 17.6% in 2022/23 to 19.1% in 2023/4 (DFE, 2025).

Figure 2. The proportion of entrants to higher-level learning that declared a disability (DFE, 2025).

Dyslexia is identified as a known disability (HESA, 2025) and is classed as a specific learning difficulty. Students with dyslexia form the largest subgroup of students classed as disabled, and form 6% of student enrolment (Cameron, 2021; HESA, 2025). The increase in the number of disabled students attending HE, demonstrated in Figures 1 and 2, has been influenced by the following factors: improved support in education, increased willingness to disclose, efforts to widen participation, and changes in the law related to the

expectations for HE institutions to provide support for disabled students (Williams et al., 2019). This increase in students with dyslexia attending HE could link to the higher aspirations proposed in the Special Educational Needs and Disabilities (SEND) Code of Practice (Department for Education, DfE, 2015), where collaboration between education, health and social care services are required to ensure that young people with Special Educational Needs (SEN) are able to achieve their ambitions and best possible educational outcomes.

When attending HE, students are encouraged, although not required, to disclose disability during the application process (UCAS, 2025). Disability disclosure can be obtained using the current Universities and Colleges Admission Service (UCAS) form with a mandatory question asking applicants if they consider themselves to be living with any physical and/or mental health condition, long-term illness or learning difference (UCAS, 2025). Students are now more likely to declare their disabilities when attending HE compared to ten years ago (OfS, 2019b). This is a positive change and demonstrates the impact that changes in policies and attitudes are having. However, it could be argued that with more inclusive approaches to support, the need to disclose could be removed (Williams et al., 2019).

I feel that inclusive practices should ensure that appropriate support is provided to meet all students' diverse needs without the need for disclosure/diagnosis. Although there is an increasing positivity towards dyslexic students and the required reasonable adjustments, confusion remains about how to adequately meet their needs (Ryder and Norwich, 2019). Reasonable adjustments are changes that are made to remove or reduce a disadvantage related to someone's disability (Equality Act 2010). This continued reliance on reasonable adjustments and the need for additional education to improve understanding is a potential barrier to adopting inclusive practices. Research by Ryder and Norwich (2019) identified that 60% of lecturers from a variety of universities preferred the thought of inclusive practices rather than targeted provision for dyslexic students; however, they also found that 53% identified inclusive practices as idealistic rather than realistic due to the demand on resources.

A dyslexia diagnosis can be obtained during primary, secondary and tertiary education. National data on the number of students receiving a diagnosis at HE is not available; I recommend that further research is required in relation to receiving a dyslexia diagnosis in

HE to enhance understanding and impact. Late diagnosis may impact self-esteem, as receiving a diagnosis can improve an individual's understanding and self-esteem (Glazzard, 2010). Better access to diagnosis may be a reason for increased diagnosis in HE.

As an educator, it is important to be aware of the increase in students with dyslexia attending HE, as it will impact the teaching practices required. The increase in disabled student numbers has seen universities embedding a social model in their education provision (OfS, 2019b). The social model reframes disability not as a problem of the individual, but a result of societal barriers and exclusion based on the individual's impairments (Oliver, 1990; Matthews, 2009; Williams et al., 2019). The social model of disability is used as an effective way for HE institutions to respond to the needs of disabled students, including those with dyslexia (OfS, 2019a). HE providers have a duty to anticipate the needs of disabled people and make appropriate adjustments (*Equality Act 2010*). Therefore, the reaction to disability is not about 'fixing' the individual, but about reforming environments and attitudes without the need for disclosure. However, the social model remains aspirational (Williams et al., 2019), and to achieve it, an inclusive approach needs to be used (DfE, 2015). As recognised above, resource and time constraints often impact the ability to offer inclusive provision. Yet this should not be used as an excuse; all academics need to work towards inclusive provision. Research is required into the time and resources needed to provide inclusive provision.

Dyslexia in nursing studies

Dyslexia is a specific learning difficulty that predominantly impacts an individual's reading and writing skills (British Dyslexia Association [BDA], 2023). However, these are not the only skills impacted; individuals may have difficulty with organisational skills, remembering and processing information (BDA, 2023). Multitasking, being able to react quickly in busy environments, and learning procedures quickly can have a particular impact on nursing students with dyslexia (University of Southampton, 2015). Additionally, dyslexia can impact an individual's self-esteem and confidence, resulting from bullying and unfair treatment from teachers (Glazzard, 2010). These difficulties can continue into HE (MacCullagh et al., 2017) and often impact attainment and post-graduate employment rates (Richardson, 2010; OfS, 2019b). The lived experiences of HE dyslexic students include barriers with

expressing thoughts, lack of confidence expressing ideas, and feeling different with little sense of belonging (Cameron, 2016). In addition, dyslexic nursing students face emotional stress and try to conceal their difficulties due to fear of discrimination (University of Southampton, 2015).

Dyslexia qualifies as a disability under the *Equality Act 2010* as it is a lifelong condition and identified as an impairment that has long-term adverse effects on a person's ability to carry out normal day-to-day activities, which, in this case, includes reading, writing and processing information. Therefore, dyslexic nurses are entitled to receive reasonable adjustments both in the workplace and in educational settings. Nevertheless, they still must demonstrate that they are fit to practise and demonstrate competencies and skills in the same way as others (University of Southampton, 2015).

Inclusive education

Inclusive education has many definitions and can be interpreted differently depending on the individual and setting. This could cause potential problems and differing expectations. One definition from Hockings (2010) indicates that pedagogy, curricula and assessment are designed and delivered to engage students in learning that is meaningful, relevant and accessible to all; embracing a view of the individual and individual difference as the source of diversity that enriches the lives and learning of others. Inclusive education provision is an approach that includes flexibility, choice and a wide range of provision that reduces the need for exact adjustments, enabling all students to work towards independence (Williams et al., 2019). There is no perfect model of inclusive provision, and what works in one institution may not work in another (Williams et al., 2019). Definitions are challenging to translate into practice as they are often subjective (Rapp and Corral-Granados, 2021). Table 1 below demonstrates the challenges to inclusive education provision as identified by Williams et al. (2019); this was a multiple-choice questionnaire with 60 participants. Staff engagement with training is identified as the biggest challenge. Although I have attended a variety of training sessions, as this is a particular area of interest, at present, it is not mandatory and so does not require full staff engagement. HE providers are required to ensure that staff who teach and support disabled students are provided with training (Disabled Students' Commission, 2023), raising the question whether this type of training

should now be mandatory, based on the increase in students attending HE with a disability.

Table 1. Providers' views on what still needs to be done in moving towards a fully inclusive model of support (Williams et al., 2019).

Action needed for a fully inclusive model of support	Percentage of respondents
Staff engagement with training	85%
Inclusive teaching and learning delivery	80%
Inclusive course/module design/validation	76.7%
Inclusive assessments	66.7%
Assistive technology	53.3%
Funding for training	51.7%
Adjustments to estates	46.7%
Use of accessible documents/formats	43.3%

For me, inclusive education refers to the inclusion of all students, the provision of appropriate tools and the removal of any barriers to ensure that all students can participate in all activities. Although this can be challenging to achieve, I believe that it is not impossible and needs to be aspired to. This aligns with the United Nations (2016), which identifies that inclusive education accommodates all students, whatever their abilities or requirements. It is essential to recognise that inclusion is an ongoing process, not an isolated approach (Rapp and Corall-Grandos, 2021). Inclusion has been described as a program that enables educators to adapt their practice to the diversity of students (Rapp and Corall-Grandos, 2021). My practice is evolving continuously as I learn more about the needs of students with dyslexia; this will be examined further in the module-level support section. I aim to ensure that the teaching I provide in HE is inclusive of the needs of students with dyslexia, and I have received positive student feedback in relation to this. This is vital as future recommendations include that HE staff need guidance on how to support disabled students, enabling staff to understand the barriers faced and ensuring that they improve students' experiences (HM Government, 2023). As identified previously, the experience of disabled students is still less than their peers, identifying the need for further improvements and staff training.

The SEND Code of Practice (DfE, 2015) recommends that inclusive practice includes high-quality teaching that is distinguished and individualised to meet the individual needs

of young people. It then recommends that schools and colleges must ensure such provision is made for those who need it (DfE, 2015). It is remarkable that the SEND Code of Practice does not mention HE here, as the document includes provision for children and young people from 0-25 years. Young people from 18-25 could be attending HE. HE provision is covered by the *Equality Act 2010* and reasonable adjustments; however, I feel that a specific national SEND policy is needed to provide details of specific requirements to provide a holistic approach to inclusive provision. This should not have age limits, as in the other policies, as HE learners have a diverse age range. This would ensure that the specific needs of these learners are met. One positive change is that, in future plans, HE is included with recommendations that professionals should have high aspirations for students with SEND (HM Government, 2023). This is a positive and essential addition to policy to ensure that the needs of students with dyslexia are recognised and supported in HE. In addition, HE institutions should follow the Disabled Student Commitment (Disabled Students Commission, 2023), which has been produced to support providers in creating an inclusive environment.

Enabling true potential through the provision of appropriate support aligns with Vygotsky's concept of the zone of proximal development (ZPD) (Vygotsky, 1978; De Guerrero and Villamil, 2002). The ZPD is a mechanism enabling teachers to facilitate and understand teaching (Vygotsky, 1978). The scaffolding approach links with ZPD and supports learners to solve problems, complete tasks, or achieve a goal which would be unachievable in isolation (Wood et al., 1976). Scaffolding includes the provision of support, guidance, advice, prompts, and resources to enable students to complete tasks within their ZPD. This support would need to be appropriate for the requirements of students with dyslexia to ensure that all students, including those with dyslexia, can achieve when provided with support to meet their individual needs. Teaching should be delivered at a level that is marginally too hard for students to do in isolation, but simple enough for them to do with assistance (Wass and Golding, 2014). I structure teaching and develop resources in accordance with the ZPD. I use scaffolding methods, including the provision of suitable resources, group work to support collaborative learning, and visual aids to enable students to achieve.

It is vital to be aware of the challenges faced by students with dyslexia to ensure that appropriate activities and support are provided, and to avoid unsuitable practice resulting

in tasks being made too easy, and thus students not learning from the task (Wass and Golding, 2014). Although ensuring that activities are appropriate can be difficult due to the diversity of students' needs, understanding the challenges faced by students with dyslexia is essential to ensure that learning is appropriately supported (Race, 2019).

Government and institutional support

There is a variety of both local and national support available to students with dyslexia, and it is crucial for them to be aware of the support they can access to enable them to achieve. I encourage students in my module to obtain a Disability Support Summary (DSS) to ensure that their individual needs can be identified and met. These are obtained from the disability support team at my HEI and are available for all students with a disability, including any physical or mental health condition which has or is likely to last for at least 12 months. I ask students to share their DSS with me as soon as they receive it to ensure that I can provide the required support and reasonable adjustments. Reasonable adjustments are required by the *Equality Act 2010*. For students with dyslexia in HE, these can include alternative exam or assessment arrangements, assistive technology or support services (Disability Rights UK, 2022). Clear information regarding reasonable adjustments is displayed on assignment briefs for students who have a DSS. The provision of this information is critical to ensure that students are aware of their reasonable adjustments so that they are not disadvantaged (*Equality Act 2010*).

Research shows that students have raised concerns about the level of support received, as support summaries are not fully implemented and there can be a lack of understanding from teaching staff (Dobson-Waters and Torgerson, 2021). In addition, not all students with dyslexia are aware of DSS or access them (MacCullagh et al., 2017), which could be due to a lack of advertising. Rather than waiting for a DSS, I ensure that the required resources are available to students from enrolment; this includes session presentations and additional reading resources. Making resources available in advance enables students to read, print and absorb the required information prior to the session. It also prevents a situation where a slow reading rate can cause limitations and allows note-taking on the slides during the session (MacCullagh et al., 2017; Dobson-Waters and Torgerson, 2021). Ensuring that resources are available in advance is an example of inclusive provision for

all students; it is easy to achieve and is not associated with any time or resource pressures.

The Disabled Students' Allowance (DSA) is financial support in the form of a grant that is available to students with dyslexia to help cover study-related costs. The type of support and amount offered depend on the individual's needs rather than household income (Williams et al., 2019; GOV.UK, 2023). DSA can pay for specialist equipment, non-medical helpers, extra travel and other disability-related study support (GOV.UK, 2023). One aspect of the disability support process is to help students with dyslexia with their application for DSA. This can sometimes be a difficult task, which highlights the need for the social model of disability to be more widely adopted. Supporting students through the DSA process is vital, as Johnson et al. (2019) found that only 40% of disabled students knew about DSA before attending HE, and the number of students accessing DSA is significantly lower than those who disclose a disability (Williams et al., 2019). The fact that DSA is a grant rather than a loan and is based on the individual's needs rather than household income is particularly valuable in the current economic climate. 51% of students feel their finances will not cover their cost-of-living (NUS, 2022); thus having DSA will ensure that students have access to any required resources, which could include read-aloud software or access to an appropriate device. The cost-of-living crisis will result in students being unable to make the most of their HE experience (Morgan, 2022; NUS, 2022). Therefore, access to DSA is vital to promote an inclusive environment for students with dyslexia and links to the social model of disability by removing financial barriers.

Module-level support

In my practice, module-level support is available for students who have dyslexia in my institution. Following student feedback, I adapted the mode of delivery from online to on-campus for a session that contained extensive information. Students with dyslexia can have difficulty processing and remembering large amounts of information (BDA, 2023), and students with reading and writing difficulties can have increased complications with online learning (Stern, 2004; Pang and Jen, 2018). Certain students recognise that they learn more on campus (Stern, 2004; MacCullagh et al., 2017). Module evaluations identified that students with dyslexia did report feeling overwhelmed by the complexity of information delivered during this session. This finding aligns with research by MacCullagh

et al. (2017), who found that students with dyslexia prefer on-campus lectures due to being able to simultaneously process visual, auditory and non-verbal cues. The Postgraduate Taught Experience Survey identified that online learning resulted in reduced support (Leman, 2022). Students with dyslexia could struggle with this reduced support and scaffolding due to the large amount of information needed to be processed, which could result in them not achieving their true potential.

Providing students with opportunities to give feedback aligns with the Universal Design for Learning (CAST, 2024) by optimising choice, autonomy, relevance, and authenticity. Optimising choice could be improved further by offering choice in mode of attendance to meet students' individual needs. Although a variety of methods are used during the module, students are not given a choice in which mode they would like to attend for individual sessions. Offering choice in mode of attendance would be challenging, as certain 'practical' sessions require on-campus attendance; it could also be difficult to monitor attendance and facilitate group work, depending on the number of students attending each mode. In addition, on-campus space is in demand and booking a room when it is not known how many students will be attending would be challenging. Students with dyslexia may prefer on-campus as they are more likely to get involved in discussions compared to using the chat function online (Pang and Jen, 2018). However, it is also important to be mindful that not all students would be able to attend on campus due to travel and other commitments, which could leave them feeling that they have been negatively impacted. Providing choice in mode of attendance would be difficult due to the challenges raised. Alternative formats should be offered as standard to enhance inclusive practice (Williams et al., 2019). As a compromise, students completing my modules are asked in every module evaluation if they felt that any session would be more beneficial online or on campus to enhance the delivery mode for future students. In the absence of choice, a positive change would be to record online lectures as students with dyslexia have difficulty listening and writing notes simultaneously (MacCullagh et al., 2017).

Williams et al. (2019) and Nkomo and Daniel (2021) indicate that lecture recording is a positive practice, which not only benefits disabled students, but any student unable to attend. This is an example of an inclusive strategy by enhancing access to content for all students at a time that is convenient to them (MacCullagh et al., 2017). Students with dyslexia will benefit from recorded lectures, as the associated language processing and

short-term memory deficits can make it difficult to process information live, especially if it is complex (Baillie et al., 2022). This is recognised as an area for improvement across the sector – in 2019, only two out of five HE providers record half of all lectures (Williams et al., 2019). However, further research is needed to identify what proportion of lectures are now recorded, as these figures are over five years old. Although at present I do not record all lectures, I do provide students with short video overviews of certain topics that include more complex information. On reflection, I have realised that not recording all lectures has a negative consequence and could have impacted both students' experience and outcomes. After learning about the benefits of lecture recording with limited impact on engagement, I aim to record all appropriate online lectures in the future to enhance student experience.

It is important to ensure that lecture recordings do not replace live attendance, as when this happens, there is a negative impact on academic performance (Baille et al., 2022). Engagement enhances students' learning through social constructivism, learning from their peers' experiences and viewpoints (Liu and Chen, 2010). Engagement also impacts students' attainment (Alrashidi et al., 2016). Research shows that students use lecture recordings as additional learning resources rather than a substitute for attendance (Ebbert and Dutke, 2020; Nkomo and Daniel, 2021). However, Edwards and Clinton (2019) found that attendance reduced when lecture recording was available. Therefore, this concern is still being contested both in research and professional opinions. Nevertheless, research does show that the benefits of recording lectures still outweigh the consequences (O'Callaghan et al., 2017; Williams et al., 2019). Nkomo and Daniel (2021) found that lecture recordings were positively received by students, and attendance was not impacted; students reported that lecture recordings enhanced their engagement and did not impact engagement with peers and the teacher. This has reinforced to me that I will commence lecture recordings for all appropriate online sessions as they will benefit all students, not only students with dyslexia and will provide an inclusive environment for any student unable to attend or obtain all required information from a live lecture experience (Williams et al. 2019).

Inclusive assessment

Inclusive assessment practices in HE are essential to ensure that the diversity of students is acknowledged (Morris et al., 2019). An inclusive model of assessment should not only offer choice but also redesign assessment strategies to remove the need for reasonable adjustments (Williams et al., 2019). Inclusive assessment is a fundamental aspect of inclusive education. An oral presentation is used as part of nursing education curricula as this supports the development of professional communication skills, which are essential for nursing practice (Hazen, 2020). This type of assessment can also enhance inclusivity for students with dyslexia who may find written assessments difficult, rigid, stressful and artificial (MacCullagh et al., 2017; Hazen, 2020). However, it is also important to acknowledge that oral presentations can provoke anxiety for students with dyslexia. This anxiety is due to difficulty expressing ideas orally (Mortimore and Crozier, 2006). Although this source is dated, it is still relevant, and this difficulty was raised to me by a student with dyslexia following a recent oral assessment. The inclusivity of this assessment could be improved by incorporating choice; these could include delivering a prerecorded or live presentation, creating a poster, or PowerPoint slides. Providing choice enables students to evidence their learning in a form that suits their individual requirements, rather than in a format that could disadvantage them (Hockings, 2010) and is advocated by the Disabled Student Commitment (2023). Providing choice is valuable for students and can result in higher attainment (O'Neill, 2017). Williams et al. (2019) report that 95% of HE providers do offer alternative assessment methods; however, this was not always an alternative mode of assessment, but the inclusion of reasonable adjustments. 70% did offer an oral presentation instead of a written assignment. It is important to acknowledge that this choice was limited and not offered to all students; alternative assessments were routinely offered only to those with a disclosed disability (Williams et al., 2019). As discussed previously, not all students disclose their disability; therefore, not providing a choice to all students will have a negative impact. In my experience, the offer of choice remains aspirational and not common practice. To make a positive change in practice, I need to strive to offer alternative modes of assessment. This is essential as although oral presentations can be perceived as beneficial to students with dyslexia, they can also increase anxiety (Hazen, 2020), and all students have individual requirements and preferences. The offer of choice must still ensure that the assessment remains robust, fair, valid and measurable. It is recognised that modes of assessment are evolving, and

providing greater student choice will enable them to demonstrate their abilities and is central to both learning and student experience (Advance HE, 2025).

Conclusion

This reflection of policy and practice has demonstrated improvements in disclosure and access to HE following the SEND Code of Practice (DfE, 2015). Although improvements are evident, I feel that more is required and that more specific reference to HE provision is needed, especially in a SEND policy aimed at 0-25 year olds. This reflection of my professional practice demonstrates several positive aspects in relation to the inclusive support that is offered to students with dyslexia, and the benefits that this support can have on all students. However, it has also identified areas that can be improved to enhance the inclusivity of the learning environment and learner experience. Specifically, the use of lecture recordings and provision of choice and flexibility in mode of attendance and assessment. I recognise that ensuring appropriate support is provided to students with dyslexia is a long-term journey rather than a short-term fix (Williams et al., 2019), and I aim to continue to make positive changes to my practice. These positive changes will be evaluated on a yearly basis to monitor their effect and impact. Further research into the quality and impact of the support provided to students with dyslexia is required, as recent interventional research is limited (Dobson-Waters and Torgerson, 2021). I am keen to research the impact of receiving a dyslexia diagnosis while attending HE has on students.

Acknowledgements

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