



Royal College
of Nursing



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Neurodiversity Pocket Guide

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Neurodiversity acknowledges that each person's brain is unique. Our brains work and interpret information differently and we all bring individual experience, strengths, and assets to a situation.

This guidance has been developed by RCN members with lived experience of neurodivergent conditions and neurotypical stakeholders with an interest in neurodiversity. It is intended for the health and care sector but its overarching principles will be helpful in other settings. It should be noted that many health care professionals, including those with line management responsibilities, are neurodivergent.

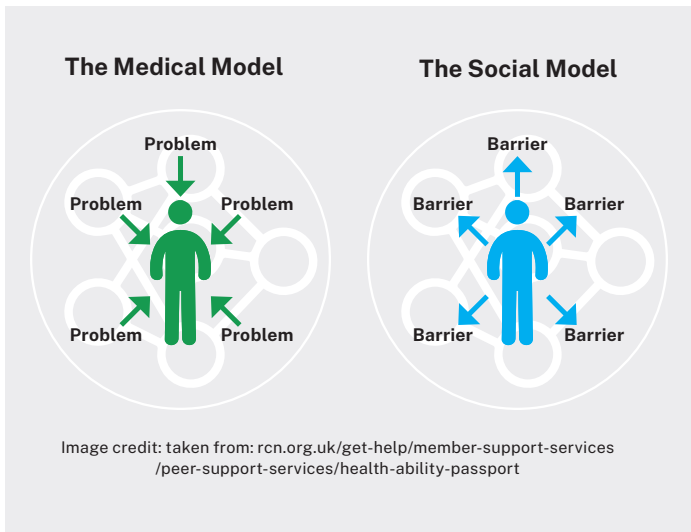
For the purpose of this guidance, we are including those with dyslexia, dysgraphia, dyspraxia, dyscalculia, attention deficit hyperactivity disorder (ADHD), developmental language disorder (DLD), Tourette's syndrome and autism as neurodivergent but this is not an exhaustive list. Often those who are neurodivergent have more than one of these conditions.

The term 'specific learning difference' refers to a difference or difficulty that an individual has with a particular aspect of learning. The most common specific learning differences are dyslexia, dyspraxia, ADHD, dyscalculia and DLD.

Following consultation with members, autism is the term used within this guidance to include autistic spectrum condition (ASC) and Asperger's syndrome. We know that there are many terms and labels used by neurodivergent individuals, particularly in relation to autism, however we support the right of individuals to choose their own terms.

At the heart of neurodiversity is the idea that individual differences are not weaknesses, but that society imposes expectations based on a majority neurotypical population. When not met, this can lead to challenges.

By applying a social model approach, we can appreciate that individual differences are not the problem but rather external barriers. By removing these barriers, we build a more inclusive society that values individual strengths and differences.



Neurodiversity is experienced differently by different people and experiences are influenced by other factors such as race, cultural background and gender (this interplay of factors is referred to as intersectionality).

ADHD

Strengths in health care

- Creativity and innovative problem solving.
- High energy and enthusiasm.
- Ability to hyperfocus on areas of strong interest.
- Resilience and adaptability in busy environments.

Impact in health care settings

- **Time management and organisation:** challenges with shift planning, prioritising tasks, or meeting deadlines.
- **Documentation:** may struggle with sustained focus when completing lengthy forms or reports.
- **Concentration:** difficulties focusing during teaching sessions, meetings, or when reading policies.
- **Impulsivity:** may speak quickly or act before fully considering instructions.

Autism

Strengths in health care

- Attention to detail and accuracy.
- Strong reliability and commitment.
- Innovative approaches to problem solving.
- Specialist knowledge or deep interest in specific topics.
- Communicates well with other autistic people which links to double empathy, the idea that when autistic or otherwise neurodivergent people and non autistic (neurotypical) people struggle to understand each other, the difficulty is shared rather than sitting only with the neurodivergent person.

Impact in health care settings

- **Communication:** may interpret language literally; may prefer clear, direct instructions.
- **Sensory processing:** may be sensitive to noise, light, or smell in clinical areas.
- **Flexibility:** may find sudden changes in shift patterns or patient care routines difficult.
- **Social interaction:** may find large team interactions or unstructured discussions challenging.

Dyslexia

Strengths in health care

Many individuals with dyslexia bring valuable strengths into clinical settings, such as:

- creative problem-solving and innovative thinking
- strong interpersonal skills and empathy
- good verbal communication and teamworking
- resilience and determination in overcoming challenges.

Impact in health care settings

- **Documentation and record-keeping:** may take longer to complete; spelling and organisation may be affected.
- **Drug calculations and numeracy:** sequencing and working memory difficulties can make calculations more challenging.
- **Shift handovers and verbal communication:** retaining and processing verbal instructions quickly may be harder; structured tools like SBAR are helpful.
- **Time management and prioritisation:** organisation can be more difficult in high-pressure environments.
- **Learning on placement:** extra time may be needed for reading policies, preparing assignments, or reflecting on practice.

DLD (Developmental Language Disorder)

Strengths in health care

Despite language processing barriers, nurses with DLD often bring:

- excellent practical, hands-on and visual learning skills
- strong empathy and supportive patient care
- creative approaches to problem-solving, especially non-verbal cues
- high determination and resilience from having developed coping strategies
- attention to detail when time and support are provided.

Impact in health care settings

- **Verbal instructions:** difficulty following rapid or complex instructions, especially in busy or noisy environments (eg, handovers, ward rounds, emergencies).
- **Documentation:** may spend longer reading, writing and double-checking clinical notes, care plans or patient information.
- **Team communication:** hesitancy contributing in meetings, finding or using the right words, or remembering technical terminology.
- **Patient education:** may find it challenging to explain complex procedures or instructions on medication and care.
- **Learning on placement:** may require extra support with lectures, training that relies heavily on spoken or written language, and preparation for assessments or OSCEs.

Dyscalculia

Strengths in health care

Despite these challenges, people with dyscalculia often bring strengths such as:

- strong verbal reasoning and communication skills
- creative and intuitive approaches to problem solving

- empathy and resilience
- ability to think holistically rather than narrowly focusing on numbers.

Impact in health care settings

- **Drug calculations:** difficulty with arithmetic and sequencing can affect safe calculation of doses and infusion rates.
- **Numerical documentation:** problems with recording and interpreting numerical data (observations, fluid balance charts, weights, blood results).
- **Time management:** difficulties with sequencing and time concepts may make shift planning or prioritising tasks harder.
- **Learning on placement:** additional support may be needed for numeracy-based assessments (medication calculations, exam components).

Dyspraxia (Developmental Co-ordination Disorder)

Strengths in health care

Many individuals with dyspraxia bring important strengths, such as:

- determination and resilience
- strong verbal communication and empathy
- innovative problem-solving
- holistic thinking and creativity.

Impact in health care settings

- **Practical skills:** difficulties with manual dexterity (eg, cannulation, wound dressing, fine motor tasks) or gross motor co-ordination (moving equipment, handling patients).
- **Organisation and time management:** challenges sequencing tasks, meeting tight timeframes, or prioritising under pressure.

- **Documentation and IT use:** handwriting may be less fluent; using keyboards, touchscreens, or digital systems may take longer.
- **Learning on placement:** may need extra time to practice practical skills or to prepare for assessments.

Tourette's Syndrome

Strengths in health care

- Resilience and determination.
- Creativity and strong problem-solving skills.
- Empathy and insight into patient experiences.
- Often strong verbal or physical skills despite tics.

Impact in health care settings

- **Communication:** vocal tics may interrupt speech or patient interactions.
- **Practical skills:** motor tics may temporarily interfere with procedures requiring fine control.
- **Fatigue and stress:** tics often worsen with stress, which can affect performance in busy wards.
- **Stigma:** misunderstanding of the condition can lead to discrimination or reduced confidence.

My strengths



My reasonable adjustments





Please use this pocket guide in conjunction with our *Neurodiversity Guidance* publications available at: rcn.org.uk/publications

Further information is also available at: rcn.org.uk/neurodiversity

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