Educating for Inclusion: A Neurodiversity-Affirming Approach to Supporting Underrepresented and Underestimated Staff in Perioperative Services

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Theme: Inclusion

Abstract

Background:

Neurodivergent staff in perioperative environments, such as theatres, anaesthetics, pain and pre-assessment, bring unique strengths, including attention to detail, empathy, creativity and persistence. Yet many avoid disclosing their neurodivergence due to stigma, fear of judgement or previous negative experiences. This lack of disclosure frequently leads to misinterpretation of behaviors as underperformance, resulting in inequitable management responses, inconsistent support, and in some cases unfair workforce displacement. As clinical educators, we occupy a critical position in reshaping this culture.

Aim:

To develop and implement an educator-led, neuroinclusive approach that promotes safe disclosure, strengths-based development, and equitable support for neurodivergent staff, while improving team culture, retention and patient safety.

Methods:

A practical reflective-practice toolkit was developed for use across TAPP (Theatres, Anaesthetics, Pain and Pre-Assessment) services within a large NHS Trust. Grounded in Gibbs' Reflective Cycle, the toolkit provides structured conversation prompts, psychological-safety principles, and reasonable-adjustment guidance tailored to clinical environments. The approach supports staff who struggle with verbal communication during stress, enabling them to express needs, identify strengths, and co-design supportive action plans with educators and managers.

Results:

Staff who previously appeared to be 'underperforming' showed significant improvements in confidence, communication, and shift management when given

structured reflective space and practical adjustments. Managers reported clearer understanding of individual strengths and needs, reduced conflict, and improved ability to lead diverse teams. Educators observed enhanced psychological safety, more consistent supervision practices, and improved fairness in performance expectations.

Conclusion:

Neuroinclusive education is foundational to building a fair and high-performing healthcare workforce. Supporting neurodivergent staff is not an optional enhancement but an essential component of patient safety, staff retention, and ethical professional practice. This work demonstrates that with the right tools and educator-manager collaboration, neurodivergent practitioners not only thrive but strengthen team capability. Future work will focus on scaling the toolkit, embedding educator training, and promoting system-wide neuroinclusion.

Furthermore, as an educational and clinical community, we must acknowledge that the students we support today (many of whom have learning needs or identify as neurodivergent) will become the future workforce of our healthcare system. They do not complete their training to sit on the sidelines with a certificate, they enter the profession to practise safely, confidently and with belonging. If we expect inclusive practice in education, we must mirror that inclusivity in employment. Continuity of support is essential: the same adjustments, understanding and strengths-based approaches offered to students must be extended to staff. Accommodating students but not staff creates unsafe, inequitable cultures. True inclusion requires a system where neurodivergent practitioners are supported throughout their careers, not only during training.