



# Bridging the Gap: Registered Nurses' Knowledge, Experiences, & Preparedness When Caring for Autistic Patients

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## Introduction

- Autistic individuals report negative experiences during healthcare interactions and numerous provider-level barriers to accessing quality care, including stereotyping, perceived lack of autism knowledge, challenges with communication, and insufficient accommodations.
- Features of autism, such as sensory sensitivities, communication differences, and routine preferences, may impact the healthcare experiences of autistic individuals as they interact with healthcare systems not prepared to meet their unique needs (Mason et al., 2019; Nicolaidis et al., 2015).
- Reports of healthcare providers' experiences caring for autistic patients in the U.S. have largely come from physicians, who endorse inadequate training, resources, and practical guidelines (Morris et al., 2019).
- Although patients spend far more time with nurses than other healthcare providers (Butler et al., 2018), registered nurses (RNs)' perspectives on caring for autistic patients in the U.S. are largely unknown and autism-focused trainings for nurses are minimal.

## Participants

- Registered nurses (n = 67) currently practicing in the U.S., including those that had a bachelor of science in nursing (BSN), an associate degree in nursing (ADN), an associate of science in nursing (ASN), or had graduated from a diploma nursing program were eligible to participate in this study. RNs were eligible irrespective of the department in which they worked or their patients' ages.
- Participants were recruited via a nationally representative list of hospitals, social media posts, and direct contacts.
- The mean age of participants was 37.3 years old (range, 21 – 66 years old; median = 36 years old). The mean years working as an RN was 11.6 years (range, 0 – 43 years; median = 7.5 years). Most participants were currently working in the northeastern region of the country (n = 55), in a suburban community (n = 32), in a hospital setting (n = 44), in a clinical role (n = 54), and with adult patients (n = 34). Most also reported their highest level of education as a bachelor's degree (n = 49). See *Table 1* for additional demographic information.
- Almost half of participants reported a close relationship with an autistic person (n = 31). Additionally, 16.4% identified as neurodivergent and 4.5% identified as autistic.

## Procedures

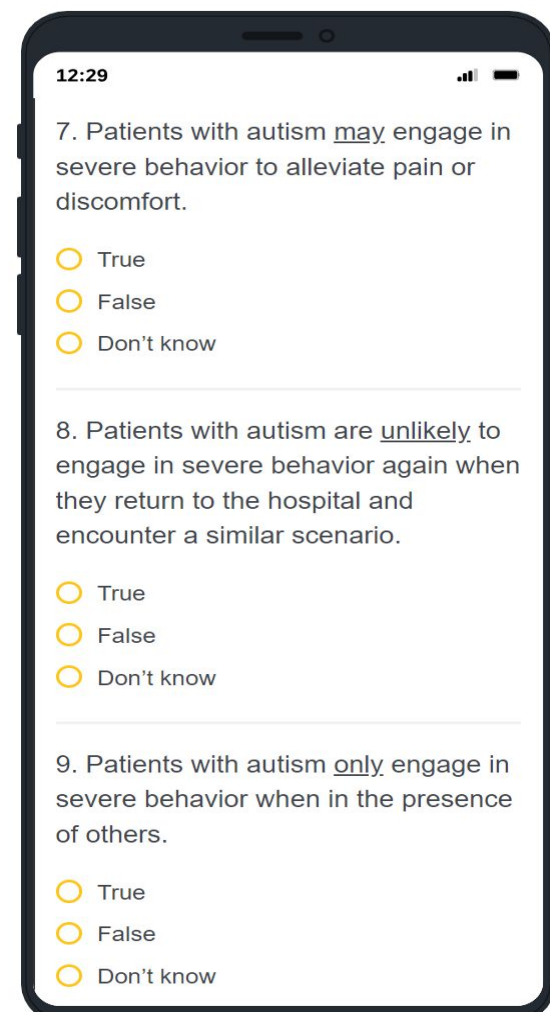
- The current study used a self-report, cross-sectional design to document RNs' knowledge, training, and experiences caring for autistic patients.
- A screening item was included asking the participant to identify the name of the national licensing exam for registered nurses in the U.S. (National Council Licensure Examination; NCLEX).
- A 152 item survey was programmed in Qualtrics. Survey measures included the following:
  - **Demographics and background information:** Demographics, neurodiversity status, history of personal relationships with autistic individuals, and employment experience.
  - **Experiential questions:** Nurses' experiences and training needs.
  - **Autism Stigma and Knowledge Questionnaire (ASK-Q;** Harrison et al., 2017): Knowledge of diagnosis, treatment, etiology, and endorsement of stigma.
  - **Knowledge of Behavioral Function Measure (KoBF):** Knowledge of behavioral function in healthcare settings. *Figure 1.*

**Table 1. Demographics**

Variables	n (%)
Racial/Ethnic Identity <sup>a</sup>	
White	57 (85)
Black/African American	5 (7.5)
Hispanic/Latino	4 (6)
Asian	2 (3)
Other	1 (1.5)
Gender <sup>b</sup>	
Male	2 (3)
Female	65 (97)
Patient Population Experience	
Adults	30 (44.8)
Pediatrics	14 (20.9)
Both	23 (34.3)

*Note.* <sup>a</sup>Participants could select all that applied. <sup>b</sup>Although only binary genders were endorsed, participants were given the option of male, female, non-binary, prefer to self-describe, and prefer not to say.

**Figure 1. KoBF Example**

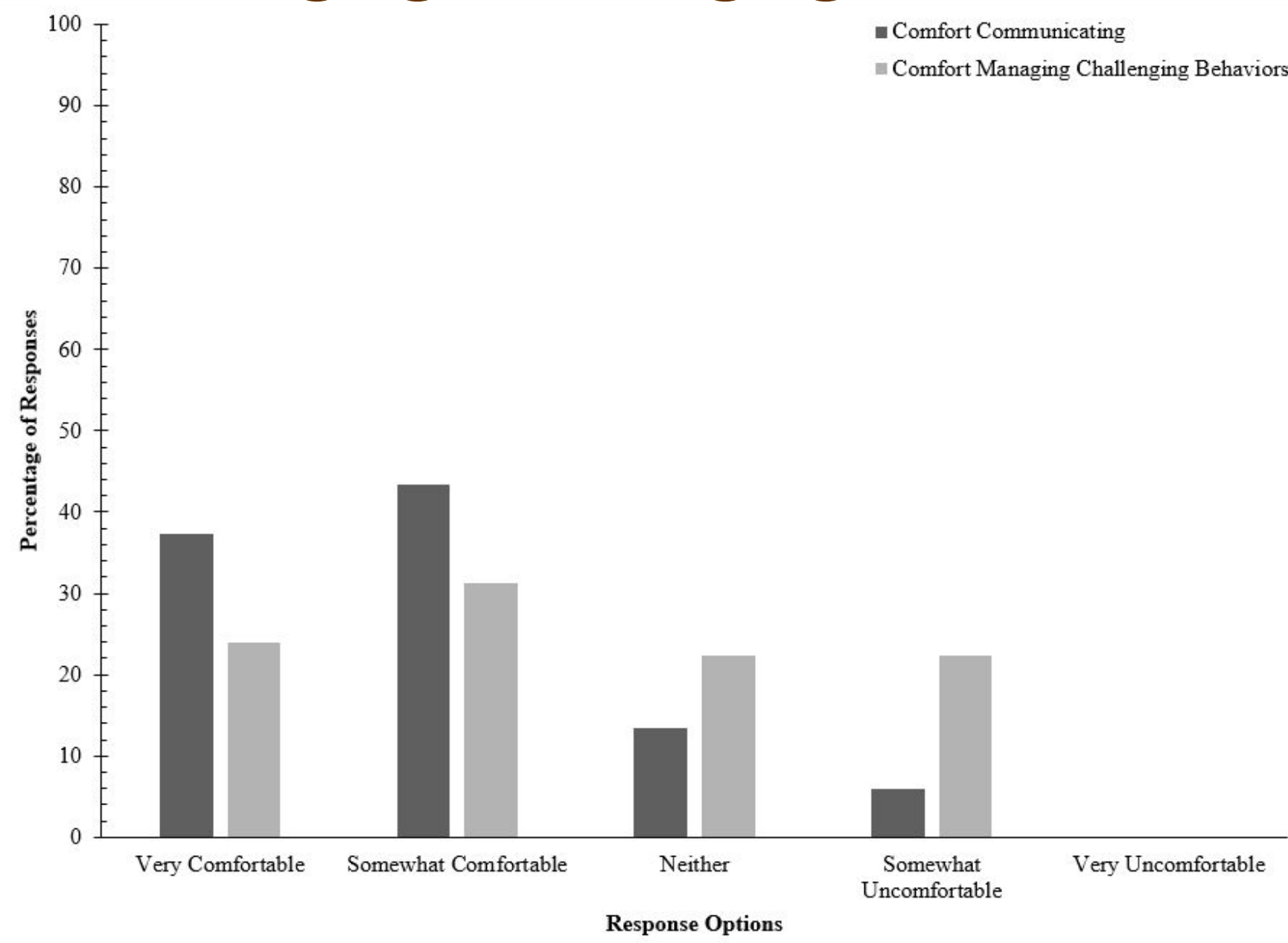


## Results

### Experiential Questionnaire: The Current State of Nursing

- Participants were asked to provide ratings on their agreement with statements about systemic support, responsibility, and emotional experience in the current healthcare context. *Table 2.*
- The majority of participants felt at least somewhat “prepared” (n = 46; 68.7%), “confident” (n = 47; 70.1%), and “competent” (n = 47; 70.1%) providing care to autistic patients. *Table 3.*
- Respondents endorsed higher comfort communicating with autistic patients than managing challenging behaviors. *Figure 2.*
- The highest proportion of participants endorsed comfort providing care to autistic adults regardless of their symptomatology; however, participants were the least comfortable providing care to autistic individuals who engaged in challenging behaviors regardless of their age group.

**Figure 2. RNs' Self-Reported Comfort Communicating & Managing Challenging Behaviors**



**Table 2. Percentages of Likert Scale Ratings of Experiences & Perspectives**

Likert-Scale Item	Strongly Agree	Somewhat Agree	Neither	Somewhat Disagree	Strongly Disagree	None Exist
The current healthcare system I work in is equipped to meet the needs of autistic patients.	7.5	35.8	17.9	23.9	14.9	-
I currently have access to adequate support and resources to care for autistic patients.	11.9	34.3	16.4	22.4	9	6
It is my responsibility to ensure that autistic patients have positive healthcare experiences.	74.6	19.4	6	0	0	-
Caring for autistic patients within the existing system poses emotional challenges for me.	14.9	34.3	35.8	6	9	-

### Experiential Questionnaire: Training and Education

- The majority of respondents indicated that their nursing education prepared them “not at all” to meet the healthcare needs of autistic individuals (n = 41; 61.2%), with only 4.5% (n = 3) indicating they were “very” prepared and 34.3% (n = 23) indicating they were “somewhat” prepared.
- The highest proportion of participants indicated not receiving any training or education on autism or caring for autistic patients (n = 28; 41.8%) through their selection of “none of the above.”
- When asked if their past or present employers had implemented any interventions or provided any resources to care for autistic patients, 65.7% (n = 44) responded “no” and 34.3% (n = 23) responded “yes.”

**Table 3. RNs' Self-Reported Preparedness, Confidence & Competence**

Response Option	Prepared n (%)	Confident n (%)	Competent n (%)
Very [prepared, confident, competent]	18 (26.9)	19 (28.4)	22 (32.8)
Somewhat...	28 (41.8)	28 (41.8)	25 (37.3)
Neither...	12 (17.9)	11 (16.4)	15 (22.4)
Somewhat not...	6 (9)	6 (9)	3 (4.5)
Very not...	3 (4.5)	3 (4.5)	2 (3)

### Experiential Questionnaire: Resources

- Registered nurses endorsed support for shorter trainings, with 1-hour trainings being the most popular response. Although virtual-reality and lecture-based trainings received less support, online self-paced (n= 57; 85.1%) and “hearing from autistic individuals about their healthcare experiences” (n = 47; 70.1%) were the most supported formats for future trainings.
- Respondents identified behavior management/de-escalation strategies (n = 65; 97%) and strategies for communication with autistic patients (n = 60; 89.6%) as helpful topics for future autism-specific trainings.
- Communication resources (n = 53; 79.1%), sensory items (n = 52; 77.6%), and individualized behavior plans (n = 50; 74.6%) were the top three endorsed supports.

**Table 4. KoBF & ASK-Q Summary Data**

Measure & Section	Mean Percent Correct
ASK-Q <sup>a</sup>	78.5
Diagnosis	77.8
Treatment	82.9
Etiology	76.3
Stigma	85.7
KoBF <sup>b</sup>	64.7
Statements T/F/DK	60.7
Vignette T/F/DK	70.5
Vignette Open-ended <sup>c</sup>	15

*Note.* <sup>a</sup> Three responses were excluded because an insufficient number of items were completed. <sup>b</sup> Ten responses were excluded because an insufficient number of items were completed. <sup>c</sup> Open-ended items do not load into total KoBF score.

### ASK-Q

- Results indicate moderate knowledge of autism, with a mean percent correct of 78.5% (range, 33.3% – 100%; median 81.36%), with 65.6% of participants demonstrating adequate knowledge on all three subscales. Only 1 of 64 participants' responses (1.6%) indicated stigmatizing beliefs about autism. *Table 4.*

### KoBF

- The overall mean percent correct on the KoBF was 64.7% (range, 0% – 91.5%; median 68.1%), with 45.6% of participants demonstrating adequate knowledge with scores over 70% correct (Salvatore-DeVito, 2024). *Table 4.*

## Discussion

- Although RNs had similar mean autism knowledge scores as physicians in a previous study, a lower proportion demonstrated adequate autism knowledge when compared to physicians (91.1%). Both RNs and physicians demonstrated poor knowledge of behavioral function (Salvatore-DeVito, 2024).
- Understanding the functions of behavior is critical for RNs as it allows them to determine what in the environment contributes to unsafe and interfering behavior in healthcare settings and the proper response needed to deliver care to patients effectively.
- Almost half of RNs reported that caring for autistic patients within the existing system takes an emotional toll on them, which is particularly concerning given the high rates of burnout and dissatisfaction in the field (Health Resources & Services Administration, 2024).
- Registered nurses endorsed a range of current system-level and provider-level barriers, in addition to viable areas where they could benefit from resources and training.

## Future Directions

- Replication of the current study is recommended to confirm findings, particularly with a larger, more diverse and representative sample that would allow for inferential analyses.
- With nurses' preferences in mind, online self-paced trainings centering autistic voices addressing topics such as communication, behavior management, and sensory accommodations are promising avenues for future research initiatives.
- Collaboration with healthcare providers from a variety of disciplines with subject matter expertise, as well as with autistic patients themselves will be helpful in the development of future trainings and resources that are accessible, neurodiversity-affirming, and meaningful.