Nursing Educators’ Perspectives of Nursing Students with Disabilities

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May, 2012
Students with disabilities make up approximately 11% of undergraduates in North American postsecondary institutions (Horn & Neville, 2006; Human Resources and Skills Development Canada, [HRSDC] 2008). The prevalence of students with disabilities is likely under reported, as these statistics rely on self-identification of disability. Legislation and university policy have been developed to ensure that students will receive reasonable accommodations (Livingston, 2008; Manitoba Human Rights Code, 1987). However, faculty practice in regards to this group of learners does not always reflect legislation and institutional policy. Students with disabilities have identified faculty members’ attitudes as one of a number of factors influencing their postsecondary experiences and academic success. Research regarding experiences of this group of learners reveals that they encounter varying reactions from faculty, ranging from supportive teachers to those who actively attempt to block entry to programs (Duquette, 2000; Frymier & Wanzer, 2003; Fuller, Bradley & Healey, 2004; Fuller, Healey, Bradley & Hall, 2004; Gallo, 2007; Holloway, 2001; Paul, 1999; Warwick, 2003).

Students with disabilities are of particular interest to educators in the health sciences. A large part of the literature regarding faculty views of these learners pertains to the health sciences. As in other areas of professional and post-secondary education, educators in the health sciences express concerns regarding cost, demands on faculty time, and how to balance reasonable accommodation with academic standards (Evans, 2005; Helms & Thompson, 2008, Hirneth & MacKenzie, 2004; Opie & Taylor, 2008; Roberts, Butler, & Boursicot, 2004; Sowers & Smith, 2004b). Previous studies focusing on nursing educators’ perspectives of students with disabilities have found these professors to have negative views of disability (Brillhart, Jay, & Meyers, 1990; Maheady, 1999; Ryan & Struhs, 2004; Sowers & Smith). These studies did not compare how nursing educators viewed students with disabilities in relation to those without
identified disabilities. No Canadian research has explored nursing educators’ perspectives of students with disabilities. This study was intended to expand our knowledge of these perspectives.

**Research Question**

The central research question was: What are nursing educators’ perspectives of students with disabilities? Previous research regarding faculty members’ perceptions of students with disabilities suggests that professorial views of these learners are influenced by a number of factors including previous experience with people with disabilities, previous experience with or training about people with disabilities, as well as student attributes such as type of disability and accommodation, and institutional policies and support for faculty working with disabled students (Glenmuye & Bolin, 2007; Hindes & Mather, 2007; Leyser & Greenberger, 2008; Livingston, 2008; Rao & Gartin, 2003; Sowers & Smith, 2004b; Zhang et al, 2009). This literature led me to explore if these factors influence nursing educators’ perspectives of students with disabilities. This paper focuses on reporting the participants’ perspectives of nursing students with disabilities and what factors influenced those views.

**Methods**

Grounded theory, first delineated by Glaser & Strauss (1967) provided the theoretical perspective for this research. Grounded theory research ideally employs theoretical sampling, which aims to maximize opportunities to compare individuals’ perspectives of incidents and how they responded to events (Strauss & Corbin, 1998). Theoretical sampling is cumulative, whereby each interview builds on previous data. Thus, it is participants’ perspectives that are sampled, rather than people. Creswell (2007) states that recruitment is influenced by practical aspects such as time and number of available participants. These practical aspects of time and number of
people willing to participate resulted in a convenience sample being used for this study. This decision was made in conjunction with the principle advisor.

**Data collection methods**

Three main data collection methods were used: a participant information form, semi-structured interviews and field notes. Interviews took between twenty to ninety minutes, with most lasting approximately fifty minutes. Informants were initially asked to characterize their experiences with nursing students in general, both those with and without disabilities. Participants were then asked to focus their thoughts on nursing students with disabilities. The same questions were asked regarding how the educators characterized their experiences with nursing students with disabilities, specific examples about students with disabilities and how they made decisions about this group of students. This approach yielded a rich, multilayered description of nursing educators’ perspectives of students with disabilities and how these students are viewed within the context of the general student population.

**Data Analysis Procedures.** Data analysis was conducted as described by Strauss and Corbin (1998). Interviews were audiotaped and the recordings listened to immediately after meeting with the participant. The researcher then fully transcribed each interview. Transcribed interviews were examined using a fluid and dynamic process of examination of early interviews, open coding, axial coding and selective coding.

**Strategies for Establishing Trustworthiness**

Williams and Morrow (2009) describe three major strategies for achieving trustworthiness in qualitative research: integrity of the data, balance between reflexivity and subjectivity, and clear communication of findings. Three strategies were used to establish integrity of the data. First, nursing educators who reflected a diversity of educational settings,
years of experience, academic responsibilities and academic rank participated in this study. Secondly, evidence of how interpretations fit the data is provided, usually through direct quotes as exemplars of categories. Last, interviews were conducted to the point of data saturation. Theoretical saturation is described as the point in category development at which no new properties, dimensions or relationships emerge (Strauss & Corbin, 1998).

A balance between reflexivity and subjectivity was achieved through the use of field notes and member checking. Field notes included reflections on analysis and the researcher’s thinking around data collection, analysis and synthesis. Eight participants took part in a member checking interview. During this discussion the researcher presented findings to date regarding perspectives of students with disabilities and the central category of producing competent graduates. The educators largely agreed with the findings, describing results as “right on” or having “hit the nail on the head”. Clear communication of findings will be achieved through the dissertation document and defense, presentation of research findings at conferences and at participating nursing education programs if requested, and publication of findings in refereed journals.

**Ethical considerations**

Ethical approval was obtained from the University of Manitoba Education Nursing Research Ethics Board (ENREB). Informed consent was obtained. Participants were identified by a pseudonym of their own choosing. Demographic data was presented as an aggregate and any detail within exemplars which may identify participants, students or nursing education program was deleted. The researcher was not in a position of power vis-à-vis the participants because data collection took place at education programs with which I have no affiliation. I did not interview nursing educators with whom I currently work.
The Participants

Seventeen educators from four different nursing education programs in western Canada participated in this study. All participants were female, with most ages ranging from fifty to fifty-nine years. Participants’ years of teaching experience ranged from two to thirty six years. The educators had varying academic responsibilities and drew on stories from previous roles in nursing education, giving a wide range of experiences.

Results

Grounded theory research generates a central category and related categories which predict and explain interactions in a particular aspect of human experience, such as nursing education. The central category emerging from this data was producing competent graduates (figure 1). All participants stated that students with disabilities have potential to become competent nursing graduates. Producing competent graduates is a linear process. The student is selected for entry to the nursing education program, represented by a beginning point at the left side of the figure. Most students, both those with and without disabilities, proceed along the path to competent graduate in a predictable fashion, taking courses in a sequential manner until program completion. This path is depicted as a gray arrow which darkens as the student progresses, indicating increasing complexity of course content. The process of producing competent graduates usually culminates in the student becoming a competent graduate, shown as a blue end point at the right side of the figure. Producing competent graduates is the educators’ central goal towards which all energies are directed. A competent graduate is an individual, either with or without disability, who has completed a nursing education program and is deemed eligible to become a member of the educators’ profession. Becoming a member of the nursing profession is marked by ceremony wherein the educators demonstrate pride in their students who
will now join them in a valued profession. The participants believed that students with disabilities were capable of completing the nursing education program and becoming competent graduates.

Some students, both those with and those without disabilities were described as having episodes where they are at academic risk. The more common and less serious episodes of academic risk are termed learning encounters. Learning encounters are depicted as a yellow arrow which briefly leaves the linear path. Teacher support results in the student quickly returning to the trail of competent graduate, indicated by the yellow arrow arcing back to the grey line. Yellow was selected to indicate that learning encounters are a warning to the student and teacher that this individual is at academic risk. Learning encounters are discussed in chapter six. Both students with and those without disabilities may enter learning encounters. The less common, more serious form of academic risk is termed safety encounter. These are shown as two red arrows. One red arrow briefly leaves the path and quickly returns to indicate students who successfully become competent graduates after the educator chose to provide intensive remediation. The second red arrow points upwards and ends outside of the context of nursing education programs. This indicates those students who fail or are counseled to leave the program. These students do not become competent graduates. Red was chosen for the safety encounters because the student is at grave academic risk, requiring the educator to make difficult decisions about student progress. Both of the red safety encounter arrows emerge from beneath a sharp edged shape labeled soul searching. Soul searching was the decision making process nursing educators engaged in when making decisions about students in safety encounters. Both students with and those without disabilities were described as entering safety encounters.
Producing Competent Graduates

All the participants stated that nursing students with disabilities are capable of becoming competent graduates. Producing competent graduates is somewhat similar to the theme of “being a gatekeeper to the profession” in Gazza’s (2009) phenomenological study of the experience of being a full time faculty member in a baccalaureate nursing program. Gazza’s participants described feeling a responsibility to adequately prepare safe, qualified graduates for the nursing
profession and meeting that responsibility through high academic standards. Educators in the current study described their belief that academic standards must be maintained.

Because no matter what their disability or problem might be, they have to get to that place of safe and respectful practice. And it’s okay if it takes a lot of wiggling and creativity to get them there, but they still have to end up there (Alice).

This “wiggling and creativity” marks the difference between gate keeping and producing competent graduates. The Merriam Webster online dictionary defines gatekeeper as one who controls access, or one who guards the gate (http://www.merriam-webster.com/dictionary/gatekeeper). This implies barring entry to those who are deemed unfit or undesirable. It would require less effort for the educators to allow students at academic risk to fail and leave the program. Addressing the learning needs of students with disability or those at academic risk requires imagination, time and effort. Participants described not only maintaining high standards and patient safety; they also discussed supporting students who did not journey along a straight path to competent graduate, but rather encountered difficulty along the way. When the educators believed the student was not capable of becoming a competent graduate despite additional support, they did engage in gatekeeping as described by Gazza (2009).

Producing competent graduates takes place within the context of nursing education programs.

Context of Nursing Education Programs

Participants described aspects of the context of nursing education which were consistent across the programs. These commonalities of clinical practice courses, safety, generalist programs and nursing education programs are demanding are consistent with the nursing education literature.

Clinical practice courses. Nursing education, like other health profession programs, takes place in theory classrooms, learning laboratories and clinical practice settings. Clinical
practice courses facilitate the integration of knowledge, skills, ethical comportment (Benner, Sutphen, Leonard & Day, 2010) and professional socialization (Carlson, Pilhammar & Wann-Hansson, 2010). A common clinical education model is one nurse educator responsible for six to eight students on a hospital unit or community health setting for a term or several weeks of an academic term (Gaberson & Oermann, 2006; Tanner, 2006). Under the guidance of the clinical teacher, nursing students endeavour to apply knowledge from theory classes and laboratories in the clinical context, thereby deepening its meaning (White, 2010). Students’ ability to synthesize knowledge, attitudes and psychomotor skills in the practice setting is monitored for continuous growth and safe patient care.

Clinical practice courses take place in health care agencies outside the purview of post secondary institutions. The health care agency’s priority is patient care rather than student learning. While mistakes are considered to be part of learning, the potential repercussions of student errors in clinical practice courses affect more than just the learner. Joanna and Alice described the clearest difference between the classroom setting and that of clinical practice.

We always talk about a saying here. “In theory class per se, you need to know this knowledge, but in the classroom, it’s not life or death. Whereas in the clinical setting, it could potentially be” (Joanna).

Safety is talked about a lot, but when you’re doing labs or clinical, its…this is it…this is where it hits (Alice).

This perceived difference between classroom setting and clinical practice courses results in safety being an important aspect of the social context of nursing education programs.

**Safety.** Patient safety is defined by the Canadian Patient Safety Dictionary (2003) as “The reduction and mitigation of unsafe acts within the health-care system, as well as the use of best practices shown to lead to optimal patient outcomes” (p. 12). The Canadian Nurses
Association (CNA) (2003) elaborates on this definition, stating that “Patient safety is fundamental to nursing care and health care across all settings and sectors. It is not merely a mandate; it is a moral and ethical imperative in caring for others” (p. 1). Some educators portrayed patient safety as having primacy or being “the bottom line”. Andrea stated “I would say patient safety is first. So if they are compromising patient safety in any way, then I usually don’t pass them.”

**Generalist programs.** Participants stated that the need to produce generalist graduates was an important aspect of the context of their programs, yet they also identified this requirement as a potential barrier to some students with disabilities. This created a dilemma when the educators worked with a student who may be unable to meet the generalist requirements, yet had potential to work in many areas of nursing practice. Dee discussed conflict between the desire to accommodate student learning needs with the need to produce generalist nurses.

> It’s not that you can’t do nursing. There’s all types of fields of nursing that make a good fit with somebody who has a physical limitation. But what becomes an issue is how do they get through the basic program? (Dee)

**Nursing education programs are demanding.** Lee S. Shulman, President Emeritus of the Carnegie Foundation for the Advancement of Teaching, describes nursing as physically grueling and intellectually taxing (Benner et al., 2010). Shulman goes on to describe nursing education as “preparation for remarkably hard work” (Benner et al., p. xi). This preparation necessitates nursing programs be demanding, as described by Marshmallow.

> Nursing education programs are demanding. Very demanding. Physically demanding. Cognitively demanding. Emotionally demanding. It’s not an easy kind of a program to go through (Marshmallow).

The general public and prospective nursing students may not however, be aware of the nature of nursing work. Sadler (2003) found that students who have a knowledge of nursing and
experience as recipients of health care were more likely to persist in nursing education programs. Conversely, those who are unprepared for the intellectual rigor of nursing programs are less likely to complete the program (Cameron, Roxburgh, Taylor, & Lauder, 2010). Both students with disabilities and those without disabilities may be unaware of the demands of nursing education programs.

**Nursing Educators’ Perspectives of Students with Disabilities**

Participants’ perspectives of students with disabilities were complex, multifaceted, and influenced by a variety of factors. Educators’ perspectives of nursing students with disabilities fell into four themes: a) let’s work with it; b) it becomes very difficult; c) what would happen if someone died; and d) a wary challenge. Despite sometimes viewing students with disability with a degree of concern, the participants perceived students with disabilities as capable of completing the nursing education program and becoming competent nurses.

**Let’s Work with It**

Many of the participants expressed positive perspectives of nursing students with disability when discussing classroom courses. This was reflected in their definitions of disability and suggestion that students with disability are one aspect of the diversity within their nursing student population. Marks (2007) and Carroll (2004) encourage nursing educators to adopt this same view. They argue that barriers will be reduced when students with disabilities are considered in this light. Similar to Marks, some of the educators described disability as part of the diversity of their student population. They described their reaction to disability in the classroom as one of “let’s work with it”.

“Okay, they’ve got a disability, let’s work with it”. If you need to write in a particular room, that’s fine. It wasn’t an educator issue for me per se. Other than okay, I need to be accommodating. Okay, if they need to write at another time, okay. Um, so I don’t
perceive that I would have any particular stigma or negative judgments about that. It would be okay, let’s acknowledge it. Let’s work with it as best that we can (Vicky).

**It Becomes Very Difficult**

A different perspective emerged when participants discussed nursing students in clinical practice courses. Andrea summed up the dichotomy of perspectives about students with disabilities in classroom and clinical courses.

In the theory class it's not a big deal. But then my mind goes to clinical. And it’s a sense of a burden. Because the clinical instructors often don’t know how to deal with someone with disability and how to support them (Andrea).

During clinical courses each student will require periods of individual instruction, meaning the clinical teacher will be unavailable to the remaining students. Balancing time between students can be a challenge, or as Andrea stated “It becomes very difficult.”

It becomes very difficult to provide the support or it takes away time from other students in the group because there’s usually an issue that arises with this disability, where the student is not able to learn. So there’s barriers to learning… And so there’s barriers to learning… it causes an effect because I’m spending time with this one student so I cannot spend time with these others (Andrea).

**What Would Happen if Someone Died?**

Nursing educators are required to ensure their students provide safe competent nursing care. Previous research revealed nursing educators’ concern that disability may equal unsafe practice (Dahl, 2010; Ryan, 2011). Participants in the current study discussed apprehension about how particular disabilities may affect patient safety. Christina was very supportive of students with disability, yet she reveals this very concern in her comment about a successful graduate who she had never met.

It was a hearing disability and quite recently I saw that person graduate from here. And I often wondered what, like it, it, it gave me great joy. But I also wondered what kind of work that person would be going into because I never knew the extent of the disability.
And so I asked myself the question “If I was in an emergency situation, would that person be able to look after me?” (Christina).

Christina’s statement that the success of a student she had never met gave her “great joy” would appear to reveal some discomfort with expressing her next thought. Her concern about safety was inconsistent with her efforts and belief in supporting students with disability. Wendy, who had recently experienced a very difficult and negative disability related situation, was more forthcoming about her concerns.

I think they really need to think about what their disability is and how it would affect their ability to care for someone safely. They need to think about what would happen if someone died because of your disability (Wendy).

A Wary Challenge

Elucidating nursing educators’ perspectives of students with disabilities in a succinct fashion was challenging due to the participants’ complex and multifaceted responses. Meg provided a useful window into the educators’ views which captured the participants’ desire to support students with disabilities as well as their concerns about this group of learners.

I guess I probably would view them more as a challenge, then a ...kind of a wary challenge, because it feels like it could all fall apart for them at any time and you don’t want that to happen, right? (Meg)

Wary is defined as “marked by keen caution and watchful prudence” (http://www.thefreedictionary.com/wary). Challenge is defined as “a test of one's abilities or resources in a demanding but stimulating undertaking” (http://www.thefreedictionary.com/challenge). Combined, this phrase portrays how the educators are called to a test of their teaching abilities and resources in the demanding but stimulating undertaking of producing competent graduates from a category of student sometimes considered unsuitable for the nursing profession. The educators enter this test in a state of heightened alert,
guarding against perceived potential threats to patient safety, and effects on other students’ learning. The phrase “wary challenge” summed up the educators’ perspectives of nursing students with disabilities. These students were seen by participants as one part of a diverse student body and were not considered unusual within a classroom setting. However, working with disabled students in the clinical area was viewed as sometimes difficult. The complexity of working with students with disabilities in the clinical area was a challenge, while patient safety concerns led the educators to be wary. Participants’ perspectives of individual students with disabilities were influenced by educator attributes, environmental attributes and most importantly what the teacher perceived to be the individual student’s attributes.

Influences on Participant Perspectives

**Educator attributes.** The participants’ perspectives of students with disabilities were influenced by several educator attributes, including their past experience with disability. Past experience took the form of directly working with a colleague or student with a particular type of disability, the faculty member’s clinical specialty or reading about a nurse with disability. TJ talked about how working with a student who used an amplified stethoscope ameliorated her concern that reduced hearing would compromise patient safety.

The hearing issue would have been a really big issue for me because I wouldn’t have thought of the amplified stethoscope. It would have been “well how could you possibly expect to hear the blood pressure? How can you possibly listen to an apical pulse? Or breathe sounds, because there are subtle differences”. Now after seeing the equipment and seeing the successes, I’m more comfortable with that (TJ).

The educators’ clinical backgrounds influenced their view of psychiatric disabilities. Maria was a mental health nurses and had positive experiences and views of students with psychiatric disabilities.
Well I’m a mental health nurse, so for me it’s... I think that everybody has strengths and we really need to focus on those and help people get through (Maria).

Davis (2000) suggests that disability is socially constructed. Mental health nurses construct psychiatric disabilities as part of the range of human experience, rather than abnormal or dangerous. Conversely, Anna who came from a medical-surgical clinical background, had a negative view of nursing students with psychiatric histories.

I have a hard time around psych disabilities. Depending on what the individual is hoping to do. ‘Cause getting your head around how would a nursing program even be able to accommodate that. Is it realistic, that sort of thing. So psych disabilities is one (thing she worried about) (Anna).

Exposure to people with disabilities influenced the educators’ views of that group of learners. Positive experiences with disabled individuals or exposure to evidence that people with disabilities could successfully complete a nursing education program appeared to reduce participants’ concerns regarding safety and ability. At the same time, negative experiences could colour the educators’ responses to working with students with disabilities. However, past experience was not the only influencing factor on how nursing educators perceived students with disabilities.

**Perceived attributes of the environment.** While the participants described the context of nursing education in general, they also discussed attributes of their own program and postsecondary institution which influenced their perspectives of nursing students with disabilities. These environmental attributes included their relationship with disability services and lack of policies and processes for working with disabled students. Participants described a range of relationships with disability services departments. Some had a positive rapport with disability services, while others complained of ineffective communication or antagonistic conversations. Joanna reported having a good rapport with disability services.
We work well with them down there. They say that nursing is at the forefront with that (exam accommodations) and we get other departments to follow suit (Joanna).

Other participants were less effusive. Poor communication with disability services departments can affect good relationships. TJ’s complaint that note takers often arrive in class unannounced was common amongst participants, while Baba, a student advisor, stated that poor communication with the department caused her frustration.

Participants also expressed a desire for improved procedures to help them provide and monitor consistent accommodations for students with disabilities. Andrea, Sandy and Dee were each from different programs, yet all spoke about this theme. Andrea gave a specific example of how drug calculation tests the first week of classes and lack of space in the clinical setting caused a disjuncture between disability policy and what nursing professors could provide.

The student may walk up and give it (accommodation letter) to you the first week of clinical and generally the med calculations are within a week of that. And the tests are usually on clinical. So if they need to write an exam at DS it’s across campus. So we need to make space ourselves. And on the ward, there’s rarely a room set aside for us. One room, let alone two. So if they need double time, what do you do with the rest of the five students? So it’s not clear. I mean we’re at the beginning of making these policies. Other frustrations are what do you do with the student who forgot to go and register. Black and white. They don’t get that. Is it part of the disability? So it’s difficult...good luck, it’s frustrating (Andrea).

Dee was especially frustrated by the lack of consistent guidelines for working with students with disabilities. She spoke about this several times throughout her interview, describing the situation as time consuming, confusing and failing to address student needs. In her experience, clinical accommodations were developed independently by each course leader, but were not always communicated to the next teacher. A student could have different clinical accommodations from course to course within the same program.
But the fact is I find it frustrating and confusing because there is no real path that we have available to us to explore or set before us, to even have help generating ideas. And we have none of that. And we certainly don’t have money...What really bothers me is having no strategies and no structures in place so we have to go through the same thing every time. It’s a waste of time. There needs to be some coordination or smoother application of these processes (Dee).

**Perceived student attributes.** Perceived student attributes appeared to have the greatest influence on the educators’ views of individual students with disability. All of the nursing educators told stories of students with disabilities who were successful due to attributes that were perceived as positive. Participants described self-determination as important to the success of nursing students with disabilities. They also spoke at length about how disability was perceived to affect individual students’ learning. Lastly, participants discussed their beliefs about and experiences with students who did not disclose disability and how this may have affected teaching and learning.

Thoma and Wehmeyer (2005) describe self-determination as a series of behaviours which enhance the success of students with disabilities in postsecondary education. Self-determination skills include developing relationships with professors and disability services advisors and engaging in self advocacy to achieve academic goals. Clare spoke of a student who used these skills and others as he learned about his newly discovered disability.

We think its insight. And we’re not really quite sure and would love to know where that comes from. When the light goes on for the student, cause and effect behaviour, “Oh, I’ve always wondered what that is”. And then to doggedly work forward keeping that in mind. I remember one student who didn’t have a mental health issue. It was severe learning disabilities. Had struggled under this, probably had been put down in all way, shape and form...came in to the program, very quickly was diagnosed. Then moved forward, always knowing, that “If I’m going to be successful, this is what I need. The insight brings with it an advocacy, a self-advocacy. So if I’m going to be successful in your classroom, I’ll sit in the front row. I have to do this. I have to show up. If I’m not going to show up I call in. I will make relationships with my teachers. I keep in touch.” I think it’s
that insight and then the advocacy part. I’m sure the ones who don’t have it, would love to (Clare).

The educators also described how they perceived disability affected their students’ learning and ability to provide safe care. The most frequent theme of disability affecting learning was in regards to mental health disabilities. The educators also stated that anxiety caused much concern in clinical courses. Cee called anxiety ‘the biggest challenge’.

I think the biggest challenge for us as nursing faculty is working with students with extreme performance anxiety in clinical. I think that’s probably the biggest challenge (Cee).

Many of the participants described how anxiety affected learning and potentially patient safety in the clinical area. TJ observed behavioural symptoms of increased anxiety in one of her students during an especially stressful day on a pediatric unit.

I was seeing you pull back and not wanting to talk to that parent. And I was seeing you lose focus on the patient. You were no longer focused on the patient, you were focused on yourself. And to me what that was saying is that you were highly anxious because then you do focus more on self, for survival, more than anything (TJ).

While these situations were challenging for the educators, participants supported student learning by providing increased time to complete tasks and referring the learners to student counseling. The students in these exemplars completed the journey to become competent graduates. While the individuals in these stories had disclosed that they experienced a psychiatric disability, other students did not.

Frustration at undisclosed disability was a recurring theme when participants discussed how they perceived disability to affect individual students. The educators felt less equipped to support students who did not disclose their disability and had concerns that undisclosed disability could affect patient safety. Postsecondary disability service providers recommend students disclose disability to their professors early, rather than waiting until academic concerns have
arisen (Maheady, 2003; Thoma & Wehemeyer, 2005). The recommendation to disclose disability early figured prominently when participants were asked what advice they would give to people with disabilities who were considering applying to their nursing education program. The educators believed that disclosure helped them understand student behaviour that might otherwise be considered laziness or lack of accountability. Meg encountered this misunderstanding when she worked with a student who experienced depression.

I think disclosure is really important. I mean if they have, say, an issue with anxiety, or maybe underlying depression, things that can be affected as they go through the program, it’s really worth their while to disclose that to their instructor. It just helps us, right? It helps us to understand why they don’t get this. I was just thinking about another student who had issues with depression. She had a lot of sick time. I was thinking “What’s going on here?” You know, I get it if I know that you’re depressed and you have a real problem with that and you’re dealing with it. I don’t get it if I don’t know that about you. ‘Cause then, you’re just being a wimp. So it’s different if we actually know what the problem is. I would encourage students to disclose things about themselves, because it’s to help them. I don’t know if all students would look at it that way, but...from this perspective, I think it would be very helpful to do that (Meg).

The second rationale for recommending disclosure was that understanding how disability affected student learning helped the educator tailor their teaching strategies for the student. Alice described how disclosure and obtaining accommodations were helpful in theory classes.

Oh, I would give them advice to go to disability services, to put counseling supports in place for themselves and to... um self identify to the prof. To think about it. At least to identify that they have some difficulties and problem solve with the prof. Because we can do a lot. We can do a lot of accommodations, but particularly if we know ahead of time. (Alice).

Participants in all programs were adamant that disclosure was essential if they are to effectively support learning, particularly in the clinical area. Some of the educators were sensitive to the issues of stigma and discrimination which students with disabilities must weigh when making the disclosure decision. Improved faculty knowledge of the disability experience
and creation of a more welcoming environment for students with disability are necessary to make the benefits of disclosure outweigh the risks.

**Summary**

The central category emerging from the data was producing competent graduates. All participants believed that students with disabilities could become competent graduate nurses. The nursing educators expressed a range of perspectives about students with disabilities, including let’s work with it, it becomes very difficult, what would happen if someone died and a wary challenge. The educators’ perspectives of students with disabilities were influenced by educator attributes, perceived attributes of the environment and perceived attributes of individual students.

**Recommendations**

Recommendations for postsecondary education practice centre on improving faculty knowledge regarding working with nursing students with disabilities and developing better relationships between disability services departments and nursing educators. Collaborative relationships will facilitate development of policies and procedures for devising clinical accommodations and making decisions about nursing students with disabilities who are at academic risk.

Recommendations for future research focus on developing better understanding of nursing educators’ perspectives of students with disabilities and what influences those views. It would be useful to explore the experiences of Canadian nursing students with disabilities and utility of clinical accommodations. Finally, research to further refine and examine the central theme of producing competent graduates may provide further guidance as nursing educators continue to work with this group of learners.
References


The Canadian Patient Safety Dictionary.  

