

THE LIVED EXPERIENCE OF NURSING
STUDENTS WITH LEARNING
DISABILITIES

by

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ABSTRACT

Higher education has begun experiencing a rise in the enrollment of students with learning disabilities. The impact of this increase is also extending to nursing programs as nursing faculty report a significant increase in the enrollment of nursing students with disabilities. As a caring profession, nursing has traditionally appreciated uniqueness in order to promote health and holistic care to patients, and this caring should translate in the educational sphere with regard to student nurses with learning disabilities. The purpose of this research was to explore the lived experience of nursing students with learning disabilities. Through the use of the critical disability theory as a guiding framework, this phenomenological study sought to find truth in the lived experience of these students. The findings revealed an overarching theme of spiraling anxiety with three subthemes of isolation, a fear of failure, and being labeled. The results include recommendations for nursing schools, such as establishing a dedicated faculty member as a liaison for students, bridging previous educational experiences to nursing education. Lastly, a recommendation was made for nursing schools to explore any incongruencies in their program mission and values and in educating students with learning disabilities.

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CHAPTER I

INTRODUCTION

In America, 1 in 20 children are classified as having a specific learning disability (Learning Disability Association of America, n.d.). This statistic translates to a staggering 2.4 million students affected by some type of learning disability (Learning Disability Association of America, n.d.). In higher education, 2 out of every 100 students have learning disabilities, including attention-deficit disorder, attention-deficit/hyperactivity disorder (ADHD), or other processing disorders such as dyslexia (Vickers, 2010). Historically, learning disabilities have been difficult to define (Swanson, Harris, & Graham, 2014). More recently, however, learning disabilities are broadly viewed as disorders that cover a wide variety of one of more basic psychological processes that affects one's understanding or use of a spoken or written language (Reynolds, Johnson, & Salzman, 2012).

Over the past 30 years, issues concerning classifying and defining learning disabilities have varied based on the underlying definitions of different studies and surrounding constructs of how the terms were being operationalized (Swanson et al., 2014). A broad understanding of a learning disability is that of neurological deficits that interfere with a student's ability to store, process, or produce information (Hadley, 2007). While understanding this definition of learning disabilities, it is imperative to identify children who need intervention early (Swanson et al., 2014). Through this, children can be seen as learning disabled rather than intellectually impaired or distinguish between learning disabled with a reading versus a math impairment (Swanson et al., 2014). Based on the current definitions, learning disabilities can be diagnosed in students

who “manifest an educationally significant discrepancy between their estimated potential and actual level of performance related to basic disorders in the learning process” (Swanson et al., 2014, p. 22).

As more and more post-secondary educational institutions see a rise in students with disabilities, nursing education too must address the distinct needs of these students (Betz, Smith, & Bui, 2012). In 1978, students with disabilities only accounted for 3% of postsecondary students; however, by the 1990s this number had tripled (Reinschmiedt, Sprong, Dallas, Buono, & Upton, 2013). Lightner, Kipps-Vaugh, Schulte, and Trice (2012) noted that the national number of high school students matriculating to higher education rose from 11.4% in 1990 to 34.5% in 2005. Yet, 70% of this demographic was expected to drop out of higher education as compared to their peers without disabilities. The impact of this rise in students with learning disability entering higher education in nursing has also expanded, as nursing faculty have reported a significant increase in the number of nursing students with disabilities (Dupler, Allen, Maheady, Fleming, & Allen, 2012). The number of students with learning disabilities has risen in colleges as a whole, and nursing programs are experiencing this upward trend as well (Carroll, 2004). As a caring profession, nursing has traditionally appreciated uniqueness in order to promote health and holistic care to patients, and this caring must translate in the educational process of student nurses (Carroll, 2004). Nursing education must take into consideration the social and emotional implications that students with learning disabilities face in order to better meet the needs of this growing student population.

Professions such as nursing, where education is composed of both didactic and clinical components can pose challenges for students with disabilities. McCleary-Jones (2005) noted that 1 in 11 freshmen reported a disability in 1992 as compared to 1 in 38 in 1978, with learning

disability being the most commonly cited disability. In nursing education, limited data has been collected that could offer nursing faculty insights into how best to educate nursing students with disabilities. Data collected thus far has been limited to interpretation of disability laws; faculty attitudes and concerns; students with physical disabilities, such as deafness or blindness; and classroom accommodations. The available data concerning clinical accommodations has been limited to addressing the essential job functions, as defined by the National Council of State Boards of Nursing and individual nursing programs. Ultimately, the responsibility of interpreting the standards and essential functions required for classrooms and clinics has been left to the individual nursing schools (Helms, Jorgensen, & Anderson, 2006).

Through providing reasonable accommodations, many students with learning and physical disabilities have the potential to successfully fulfill the requirements of nursing programs. Federal laws now contain established regulations that prohibit discrimination and make provisions for inclusion of persons with disability, people who were previously considered unable to contribute to society (Maheady, 2006). Aaberg (2012) noted that while the exact number of nurses and nursing students with disabilities is unknown, the number of students who have learning disabilities has been increasing in higher education. Thus, it stands to reason that this increase has extended to nursing programs as well (Aaberg, 2012). Unfortunately, many students do not report disability owing to fears associated with disclosure (Ashcroft & Lutifiyya, 2013).

With the looming nursing shortage, it has been predicted that the nursing vacancies will surpass 1 million nurses by 2020, with an additional 32 million Americans needing healthcare services by then (American Association of Colleges of Nurses [AACN], 2013). While the impact of these statistics is astounding, the nursing profession must recognize the fact that

persons with disabilities might be an untapped group of potential nursing students who could help meet the nursing shortage.

Considering the growing number of students with learning disabilities entering higher education and the nursing shortage nationwide, one last factor must be addressed—shortage of nursing faculty. Evans (2013) reported that nursing will need a 30% increase in its enrollment and graduate rates over the next 10 years in order to match the demand in healthcare. The AACN cited the nursing faculty shortage to be the primary reason behind nursing school enrollment being restricted (Ganley & Sheets, 2009). Ganley and Sheets (2009) noted that approximately 43,000 potential nursing students were denied admission to nursing programs due to faculty shortage and various other factors faced by many prelicensure nursing programs, such as limited clinical placements, need for classroom and preceptors, and budget limitations. Nursing faculty is also aging. Health Resources and Services Administration (2010) found the average age for nursing faculty to be 55.2 years. Further, the AACN (2010) compared the statistic of 48% of nursing faculty being 55 years or older to 35% of other faculty being the same age in academics. In summary, literature supports a cyclical effect of nursing shortage, nursing faculty shortage, and healthcare need, which can be addressed by giving nursing students with disabilities the opportunity to study and work in the nursing profession. The purpose of this research is to explore the lived experience of nursing students with learning disabilities.

Theoretical Framework

Through the use of critical disability theory (CDT) as a guiding framework, this study explored the lived experience of undergraduate nursing students living with learning disabilities. Critical science is a critique of how social conditions and situations have become normalized in society (Munhall, 2012). Critical scientists seek to find truth in the real world as opposed to in

laboratories (Munhall, 2012). Research in disability has long been debated due to the disenchantment with the social model and its association with disability politics (Barnes & Mercer, 1997). Nursing has traditionally embraced a global responsibility in healthcare to identify vulnerable populations, such as communities of race, gender, and lower economic groups (Munhall, 2012). Critical scientists seek to provide frameworks of study that can socially deconstruct existing barriers against human freedom, which have been constructed by sociopolitical restraints (Munhall, 2012). These limitations in human freedom are often hidden in constructed social structures that allow the continued oppression of individuals (Munhall, 2012). Thus, CDT seeks to deconstruct oppressed groups so they may be understood by the larger society (Asch, 2001).

CDT aims to uncover the inequality that exists in systems of structural, economic, social, political, legal, and cultural regimes (Pothier & Devlin, 2006). Traditional societal normality seeks to prevent or cure disability because it is seen as a personal misfortune (Hoskins, 2008). CDT challenges such assumptions; for example, differences in people cannot be ignored when ignoring the difference implies excluding the whole person (Pothier & Devlin, 2006). CDT attempts to address and question the language used in the context of disability. Historically, disability has implied a want of ability, when inability, incapacity, and impotence exist. Ultimately, to refer to persons as disabled is to define them as persons to be excluded or persons towards whom disapproval is shown. CDT seeks to reconstruct the social ideals of the disabled (Pothier & Devlin, 2006).

The pursuit of CDT is one of empowerment and substance (Pothier & Devlin, 2006). CDT raises questions of social value, institutional priorities, and political will rather than

focusing on questions of impairment and functional limitations (Pothier & Devlin, 2006). This theory adopts a social model based on the following principles:

1. Disability is a social construct, not an inevitable consequence of impairment.
2. Disability is characterized as a complex relationship between the individual's impairment, their response to the impairment, and their social environment.
3. Disabled persons are disadvantaged by the physical, institutional, and attitudinal (social) environment, which fails to meet their needs that do not match normality. (Hoskins, 2008)

CDT brings an acute awareness to the context of inequality based on disability (Pothier & Devlin, 2006). To dismiss disability is to ignore difference, which in turn rejects and marginalizes the person (Hoskins, 2008). However, to embrace CDT is to reject the traditional hierarchy of disability difference and normal over abnormal (Pothier & Devlin, 2006).

CDT emerged from research of lived experiences of persons with disability (Pothier & Devlin, 2006). Using this theory along with a hermeneutical phenomenological methodology will enable the experiences and struggles of students with disabilities to be acknowledged by nursing education in order for these experiences to be validated and understood. Learning disabilities left unacknowledged within students can marginalize them by making them feel invisible and unable to participate to their fullest capacity (Hoskins, 2008). The purpose of this phenomenological inquiry was to explore the lived experience of nursing students with disabilities. This study further explored their daily challenges, the academic barriers face by them, the impact of their disability on clinical experiences, and techniques and situations that have been helpful for their academic successes, including student perceptions of how the faculty could assist them better in their success. Lastly, the study examined how students anticipate

their learning disabilities to impact their professional practice. Using CDT as a guiding framework, this study explored the lived experience of nursing students who receive examination accommodations for a diagnosed learning disability.

Research Questions

This research project addressed how nursing students with learning disabilities have been marginalized in academic and professional settings. The purpose of this study is to explore the lived experience of nursing students with learning disabilities. This purpose was pursued by exploring the following questions:

1. What are the daily challenges faced by nursing students with learning disabilities?
2. What academic barriers do nursing students with learning disabilities have to overcome?
3. What is the impact of learning disabilities on nursing students' clinical experience?
4. What people, techniques, or situations have been most helpful with regard to the academic success of nursing students with learning disabilities?
5. What do nursing students with learning disabilities believe nursing faculty could do for assisting them to be more academically successful?
6. How do nursing students with learning disabilities feel their disability can impact their professional practice?

Significance of the Study

This research is extremely relevant and opportune for the current context in nursing education. As previously noted, the number of students with learning disabilities entering higher education is increasing every year. White, Summers, Zhang, and Renault (2014) found that the number of students with disabilities who transitioned to some form of higher education after high

school rose from 27% in 2003 to 57% in 2009. However, the number who actually completed a 4-year degree or higher was only 12.2% as compared to 30.9% of students without disabilities completing the same. As per the Individuals with Disabilities Education Act Amendments of 1997, students in high school must be assured access to multidisciplinary teams that can assist them with their academics (Hadley, 2007). These teams are typically comprised of the student, the parent, the school's principal, one of the student's teachers, and the school counselor or psychologist (Hadley, 2007). In comparison, higher education institutions are governed under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) laws, which are actually civil right statutes rather than educational statutes (Vickers, 2010). In other words, higher education institutions are required to provide reasonable accommodation and equal access, but the decision to grant such accommodations can be left up to one individual or a group of individuals depending on the institution (Vickers, 2010).

Hamblet (2014) noted that college students with learning disability might not be able to complete their degree at the same rate as their peers. According to Hamblet, 15.5% of students enrolled in four-year institutions identified as having a learning disability. Unfortunately, studies supported that these students struggled more and were less likely to obtain their academic degree as compared to their peers without learning disabilities (Uretsky & Andrews, 2013). In higher education, students must show documentation of their disabilities and apply for and request accommodations on their own (Hamblet, 2014). Because the testing for such accommodations can be expensive, students who cannot afford the testing must experience college without the required accommodations forenabling their success (Hamblet, 2014). Despite the use of academic accommodations, college students reported other difficulties faced by them, such as feeling overworked, facing difficulty with prioritization and organization, facing difficulty with

studying and completing large amounts of assignments, and concerns regarding listening comprehension (Hamblet, 2014).

The Bureau of Labor Statistics projected a 19% growth in employment opportunities for registered nurses between 2012 and 2022 (Marks & Ailey, 2015). According to the World Health Organization, there will be a shortage of 2.4 million nurses in some parts of the world (Marks & Ailey, 2015). Nursing programs across the United States are beginning to have more college admissions of students with learning disabilities, but the literature and information pertaining to how nursing programs can assist students with disabilities is sparse (Marks & Ailey, 2015). Nursing faculty are facing challenges concerning rethinking the idea that all nursing graduates must be employable in any nursing setting (Marks & Ailey, 2015).

Historically, nursing faculty viewed students with disabilities less favorably than able-bodied students (Evans, 2005). In October 2015, the AACN released the *White Paper on Inclusion of Students with Disabilities in Nursing Educational Programs for the California Committee on Employment of People with Disabilities (CCEPD)* (Marks & Ailey, 2015). This paper addressed the central theme that the Institute of Medicine focused on in their 2011 report, *The Future of Nursing: Leading Change, Advancing Health*, which points to the need for nursing to fill new and expanding roles in the healthcare system. With more students with learning disabilities entering college, the white paper (Marks & Ailey, 2015) discussed the underrepresentation of people with disabilities being considered as persons who could fill this role. Beth Marks, one of the authors of the white paper was found during the literature review to be a leader in including include persons with learning disabilities in nursing and nursing education. In the paper (Marks & Ailey, 2015), the authors noted that students and healthcare professionals with disabilities have the unique ability of bringing skill sets that can enhance the delivery of culturally relevant

care, enhance communication, and result in outcomes of greater patient satisfaction and better health.

With the passing of Section 504 of the Rehabilitation Act of 1973 (see Appendix H), persons with disabilities began to have guaranteed access to federally funded institutions and programs, schools, and transportation (Marks & Ailey, 2015). In particular, Section 504 addressed higher education, requiring institutions that received federal funds to include qualified persons with disabilities. It was not until almost 20 years later that the ADA of 1990 mandated that persons with disabilities could not be discriminated against with regard to employment, state and local government, public accommodations, transportation, and telecommunications (Marks & Ailey, 2015). Once this amendment was passed, higher education began to see a great impact regarding admission of students with disabilities (Magilvy & Mitchell, 1995). However, the fight for equality was not over. Persons with disabilities still experienced prejudice and restrictions (Marks & Ailey, 2015). It was the passage of the ADA Amendments Act (ADAAA) of 2008 that addressed the attitudinal issues that prevented persons with disabilities from achieving the original intent of the ADA of 1990 (Marks & Ailey, 2015). The ADAAA of 2008 shifted the burden of proof from persons with disabilities to the institution meant to provide accommodations. Essentially, students with disabilities now have protection from discrimination with the right to be provided with reasonable accommodations. There is now no question of whether students with disabilities have a place in nursing. On the contrary, the nursing profession is now challenged to actively develop strategies to integrate students with disabilities into nursing programs (Marks & Ailey, 2015).

Technical Standards

In 1996, the National Council of State Boards of Nursing released the functional abilities and technical standards requirements that have been utilized since by nursing schools in order to outline the performance standards for admission into their programs (Marks & Ailey, 2015). These functions addressed abilities in dexterity (gross and fine movements); oral and written abilities; visual, auditory, touch, smell, and olfactory senses; and critical reasoning capabilities (McCleary-Jones, 2005). If these functions are continued to be used as means to determine who can be a nurse, persons with disabilities will find it difficult to enter the profession. These requirements can cause the entrance into nursing programs to become discriminatory against students with disabilities rather than admitting people on the basis of academic qualifications and nondiscriminatory standards. In 1979, the American Association of Medical Colleges adopted five key technical standards for admitting medical students (Marks & Ailey, 2015). These standards included five broad categories encompassing the following capabilities:

1. intellectual-conceptual abilities,
2. behavior and social attitudes,
3. communication,
4. observation, and
5. motor capabilities (Marks & Ailey, 2015).

Nursing programs are being challenged to rethink the categories of technical standards and consider adopting standards of cognitive means that will allow students to acquire, convey, and use information (Marks & Ailey, 2015).

Further, the AACN (Marks & Ailey, 2015) noted that the nursing profession has done itself disservice by considering these functions as essential without making appropriate

accommodations for persons with disabilities. The AACN reports that too often these functions have been misused as a means for nursing programs to “protect” themselves rather than being used in the creative processes. Amplified stethoscopes have been proven to enhance not only auscultation abilities for hearing impaired students but also students without disabilities. The National Organization of Nurses with Disabilities has provided multiple technological advancements and alternatives to enable students with disabilities to be successful. Some of these alternatives include blood pressure machines that offer large print read offs for vital signs for the visually impaired and handheld devices that permit deaf or hard-of-hearing nurses to be in constant communication with peers through vibration of message exchanges. The AACN has emphasized the success of students with disabilities in nursing programs that are open to creative means to fulfill essential functions (Marks & Ailey, 2015).

Safety

Patient safety is of utmost concern for educators, administrators, and regulators, but it is also one of the most important concerns for nurses (Marks & Ailey, 2015). In a study conducted by Marks (2004), there was no documented data that could correlate poor patient safety with nurses with disabilities. Carroll (2004) noted that when provided reasonable accommodations and creative access, patient safety was not compromised. The AACN further stated that errors are typically attributed to faulty systems, processes, and conditions, rather than recklessness stemming from a particular demographic (Marks & Ailey, 2015).

Culture and Diversity

This new openness will also prompt healthcare educators and administrators to begin exploring how disabled nurses provide diversity to the profession and workforce (Marks & Ailey, 2015). In her earlier writings, Marks (2004) noted that the students recruited and retained

in nursing programs are changing as our culture changes. Culturally diverse nursing students bring rich sociocultural backgrounds to the environment, including ethnicity, race, nationality, gender, language, age, mental ability, socioeconomic status, and life experiences (Marks, 2004). Inclusion of nurses with disabilities also provides a rich culture of diversity (Carroll, 2004). Nurses with disabilities are highly capable of meeting cultural diversity and competence in the workplace. Deaf or hearing-impaired nurses can provide enhanced skills and knowledge when caring for patients with the same disabilities. It must also be noted that nurses with disabilities are often hypervigilant in providing safe care because of their own experiences (Marks & Ailey, 2015).

The white paper (Marks & Ailey, 2015) provided excellent resources and data with regard to nursing students and nurses with physical disabilities. However, there continues to be a gap in addressing the issues of nursing students and nurses with learning disabilities. The review of literature for this project also found limited data, specifically with regard to addressing the daily barriers faced by nursing students with learning disabilities. These barriers include intentional and unintentional hurdles placed by faculty and nursing programs. Nursing faculty may have a preconceived notion that students needing extended time to complete exams and tasks may not be able to safely care for patients. However, the review of literature addresses these ideas as being false.

The review of literature also addresses how students with learning disabilities can be integrated into the classroom and clinical settings of nursing education with ease and without isolation and social stigma (Marks, 2007). These students can then enrich higher education by supporting this cultural subset that allows people to examine traditional ignorance, fear, and prejudice lingering in society, when otherwise an ableist perspective exists (Marks, 2005). It is

only when nursing faculty fully understand the daily struggles of nursing students with learning disabilities that progress can be made in helping these students achieve success in nursing.

The literature supports how nursing students with disabilities can be instrumental in resolving the growing nursing shortage in America. There has also been a steady growth of college students entering higher education who report a disability (Troiano, Liefeld, & Trachtenberg, 2010). Hong, Haefner, and Slekar (2011) note that between 1987 and 2003, the number of students entering postsecondary institutions has risen from 17% to 32%. Yet, despite a reported 2.6% enrollment increase in students entering higher education, nursing schools are struggling to meet the demands of the 32 million Americans who are projected to gain access to healthcare services due to health care reforms (AACN, 2013).

This exploratory research has contributed to the literature by addressing the lived experience of current nursing students with learning disabilities. This research has also served to fill the gap in nursing education literature with regard to information related to disabilities and success in nursing that is vague or absent. Additionally, this inquiry has allowed the voices of nursing students with learning disabilities to be heard.

CHAPTER II

LITERATURE REVIEW

The review of literature was conducted through searches in the disciplines of nursing, education, sociology, and psychology. The primary timeframe of the research conducted was between 2007 and 2014, using CINHALL, ERIC, Google Scholar, and PubMed. However, information was limited, and many works were cited as far back as 1990 without any current follow-up research studies. This limitation revealed a significant gap in the current state of the increased enrollment of nursing students with learning disabilities.

The literature revealed ample information concerning the success of nursing students with physical disabilities, but much research is still needed to understand students with learning disability. Disciplines, such as education and psychology, have provided additional research to the body of literature that addresses students with learning disabilities from their matriculation as a college freshman right up to entering nursing programs. Research addressing nursing programs has been limited. It should address the perspectives of faculty and students with learning disabilities with regard to teaching and learning in the discipline. By addressing faculty misconceptions of learning disabilities and exploring the perceived barriers set up by the faculty, this literature review supports CDT with reacting to barriers created in education for students with learning disabilities. This literature review supports the need to understand disability as a socially constructed identity. Additionally, the review of literature does the following:

1. provides an understanding of the current situation in nursing education, as it attempts to provide equal access to all qualified persons to the nursing profession;

2. addresses how nursing programs are responding to this increase in students with disabilities;
3. provides a historical understanding with a current clarification of the Americans with Disabilities Act of 1990 (ADA, 1990) and the ADAAA from 2008 and the implications of the laws on nursing education; and
4. elicits an understanding of the struggles of both students with disabilities and the concerns of nursing faculty in teaching students with disabilities.

Disability Studies in Higher Education

Early Interventions

In the article, “The Necessity of Academic Accommodations for First-Year College Students with Learning Disabilities,” Hadley (2007) sought to investigate how college freshmen transition and adjust to the rigors of college and academia. This study was conducted at a private, selective, 4-year university in the Midwest. A qualitative design was used to interpret the feelings, attitudes, experiences, and perceptions of traditionally aged, first-year students who had been identified by the Office for Students with Disabilities as having dyslexia or reading problems.

Hadley (2007) sought to affirm effective institutional resources and programing through students self-advocating for their successes using Chickering’s model of development to examine student success. Chickering’s model of development theorizes that individual development is accomplished through tasks and the college environment influences these tasks. Ten students, eight female and two male, were used in this study after completion of one semester at the university. Initially, students participated in focus groups to discuss their

transition from high school to college after completing one semester of course work. The following questions were asked:

1. What types of academic experiences challenge students with dyslexia or reading problems on a selective residential college campus as they transition from K-12 to higher education?
2. How do these traditionally aged, first-year students with dyslexia or reading problems adjust to specific expectations to complete academic assignments, such as homework, term papers, and other writing assignments?
3. What services do students with dyslexia or reading problems need to meet the academic requirements of the university environment? (Hadley, 2007, p. 21)

Data collection was accomplished through procuring individual student information (class schedules, copies of graded written assignments, class syllabi, and any tutoring reports) and conducting focus groups and semi-structured interviews. Data analysis was accomplished by using Patton's inductive analysis process that interpreted the data and transcripts obtained.

The findings indicated that students found it necessary to continue using academic services as they transitioned to college. Students felt challenged in college writing courses and requested extra time for written assignments, tests, as well as the assistance of note-takers. Students also reported that it was challenging to meet the expectations of the college environment with the limited support provided by the writing center. They stated that the writing center seemed to be staffed with upper classmen rather than disability professionals who had the level of expertise required in their situation. All students involved in this study stated that extra time during tests was extremely crucial for their success.

In the area of managing emotions, students seemed especially dependent on the support they had received during high school. Several noted that they would not be successful in college without it. Almost all students reported examination anxiety and found comfort in the extended time received for tests and noted that without the extra time, they would most likely not be successful in college. The students also expressed interest in having one designated testing center where all their tests could be given along with the appropriate accommodations. Again, the students noted that having trained professionals to proctor their exams would be more helpful than student proctors who may not understand their specific needs.

In conclusion, Hadley (2007) recommended a comprehensive disability center where students could benefit from specific diagnostic testing, academic advising, tutoring, and counseling. Because college students with learning disabilities have unique challenges in their everyday college life, taking advantage of support resources is one way these students can be successful.

Academic Support Centers

In the study conducted by Troiano et al. (2010), researchers hypothesized that college students with learning disabilities had higher academic success when they consistently attended an academic support center. Studying a population of 262 students in a small private college, all participants qualified for educational accommodations due to some learning disability. Attendance by the students to the learning center was documented over a 5-year period in order to determine whether the attendance to the center improved the collegiate outcomes.

Data utilized in this study was regularly collected by the Learning Resource Center. This data included calculating the rate of attendance by dividing the total appointments attended by total appointments scheduled over the academic career of each participant. The attendance

results were assigned to a 0–10 scale, with 0 representing *no attendance* and 10 representing *100% attendance*. This method ensured equality and consistency while analyzing the percentages and demonstrated no difference between students who were scheduled three times per week or one time per week. Discriminant function analysis was used to determine whether the percentage of time spent in the Learning Resource Center and gender could predict the graduation of this student population. The results found that the time spent in the Learning Resource Center was a stronger predictor of success than gender. A second analysis procedure showed that students who attended more frequently had higher overall grade point averages (GPAs) over the 5-year period studied.

The null hypothesis of “academic support does not predict college success” was rejected, as the study found that students with learning disabilities who consistently attended their academic success center appointments had higher success rates in college than those who did not. The study also found that these students tended to have a higher GPA and went on to graduate. Students who participated and had failing GPAs were found to either have not attended their appointments or to have attended inconsistently.

The Value of Self-Determination

Further research showed that students who are successful in higher education are self-determined (Hong et al., 2011). The purpose of replicating the study conducted by Hong et al. (2011) was to survey faculty attitudes, knowledge, and teaching skills of self-directed learning for college students both with and without disabilities. The authors of this study noted that successful college students are self-determined students or those who know who they are, what they want, recognize their strengths and weaknesses, and know what they need to do in order to achieve their goals (Hong et al., 2011). While student self-determination is important, Hong et

al. recognized that faculty are the conduit by which knowledge is shared and successful implementation necessitated that the faculty recognize their own biases that may be acting as barriers to student learning.

The setting of this study was primarily a 4-year undergraduate university. In this study, 303 full- and part-time faculty were surveyed at the midterm of one semester, where the demographic and academic background information was examined along with specific questions concerning self-determination, self-awareness, goal setting, and problem solving. The responses were analyzed using descriptive statistics, nonparametric Chi-square analyses, and linear regression. From the 303 surveys sent out, 221 faculty completed them with a 73% return rate. Results of the surveys and analyses found that while the K–12 programs have a high rate of assisting students with self-determination, there was a lack of evidence for the efforts continuing in higher education. However, the faculty in this study did recognize the increase in the number of students with disabilities, but two thirds of those surveyed were unfamiliar with the concept of self-determination.

Significant variances found in this study were in faculty gender, differences between departments, and faculty rank. Over two thirds of the faculty agreed that all students would benefit from developing self-determination skills regardless of the presence of a disability. Female faculty reported that they were more likely to teach components of self-determination, while faculty in the department of education, human development, and social sciences ranked higher in the actual teaching of self-determination. Lastly, faculty in the rank of assistant professor more often reported that it was important to teach self-determination and were more willing to learn how to incorporate self-directed learning into their teaching.

The authors concluded that self-determination is an important characteristic of any college student as they transition into higher education. However, the faculty needs to recognize that self-determination is an integral constituent of educating the student. When the faculty challenges students to develop skills, such as self-instruction, self-monitoring, self-regulation, and problem solving, they are, in actuality, promoting student involvement in learning self-determination. The authors emphasized that learning self-determination is essential for the success of all college students and that a major goal of higher education is to prepare students to function in the real world. Integration of self-determination in programs should be not be considered an “add-on,” but should be incorporated throughout the entire college experience.

Reasons Students Wait to Seek Disability Services

In a study conducted by Lightner et al. (2012), the researchers explored the reasons behind college students with learning disabilities waiting to seek help from disability services. As previously noted, the matriculation of high school graduates entering higher education has been on the rise. However, 70% of these students have been predicted to drop out of college (Lightner et al., 2012). Using a mixed-methods approach, where semi-structured interview questions were developed from a phenomenological perspective, 42 college students who had received Individual with Disabilities Education Act services in high school were interviewed during a spring semester after they had postponed contact with disability services upon entering college. Qualitative information was gathered to answer the first two research questions: (a) when they first went to ODS and (b) why they went at that time (and not before). A quantitative approach was used to analyze the data gathered from the last five questions: (c) their knowledge of and involvement in the individualized education plan process in high school, (d) their recollection of the nature of their school-based transition programming, (e) other sources of information about

the transition to college, (f) special education services they had received in high school, and (g) the understanding of the laws that govern college services (Lightner et al., 2012).

Demographic information, such as the GPA, whether the student had previously worked under an individualized education plan, and the initial meeting with disability resources, was analyzed quantitatively while the interview narratives were coded for themes. The study found no significant differences between students who sought disability services in the early weeks of their first semester ($n = 8$), those that sought help subsequently in their first semester ($n = 11$), and those who waited until after their freshman year ($n = 23$). However, differences were found in the mean GPA (2.20 average) of students who had sought disability services by the end of their first semester sophomore year (2.64 average). Students overwhelmingly made their initial contact with disability services in response to academic struggles or after failing tests during their first semester. Other reasons students sought help from disability services included parental involvement, high school counselor or teacher recommendation, or a faculty member.

Four major themes emerged from the interviews: “a) lack of time, b) lack of knowledge, c) establishing an identity independent of disability status, and d) feeling that things were going well/lack of recognition that were not going well” (Lightner et al., 2012, p. 151). Issues with time were mentioned more often than other concerns. One student stated, “When I finally got around to going, the first time, I was told that I’d have to take a bunch of tests and that it was going to cost me a lot of money. I made an appointment to start the testing, but then blew it off. The crisis had passed” (Lightner et al., 2012, p. 151). Other findings included participants who had never been informed that they had a disability. One sophomore who had delayed seeking services reported, “No one ever used the term ‘learning disability’ to me, ever, in high school, so I certainly never discussed how my learning disability would affect me in college” (Lightner et

al., 2012, p. 152). Another student spoke about a knowledge deficit in understanding the transition process by explaining, “I didn’t hide that I had a reading disability on my application to college. I thought that would be it. No one told me that I would have to send information from my school and do it all myself” (Lightner et al., 2012, p. 152).

In conclusion, the findings indicated that disability services did make a difference in student performance. Students reported that their primary reason behind seeking help was due to academic failures or penalties. Thus, transition courses in colleges have been successful in aiding students to overcome these challenges. Students expressed surprise at the wide range of services available as disability resources and voiced frustration at not being made aware of them prior to entering as a freshman. Lastly, the authors noted that students would make time for what was important and what they valued. Parents, high school counselors, and others such as school psychologists can be key people in emphasizing the need for earlier intervention (Lightner et al., 2012).

The Nursing Profession

The Clinical Setting

Limited research has been conducted in the nursing profession with regard to nursing students with disabilities. Maheady has been instrumental in providing evidence of the success of nurses with physical disabilities, but research in the area of nurses or nursing students with learning disabilities has been sparse. Despite the national laws that protect students in the classroom, students with disabilities have several obstacles to consider when choosing nursing or other professional programs that require licensure to practice, which include essential job functions and clinical component of nursing course work. Research has been conducted concerning students with learning disabilities in the clinical setting, but it has been limited to

students with dyslexia. The following studies reveal the experiences of nursing students with dyslexia in the clinical setting.

Ridley (2011) conducted a phenomenological study that aimed to explore the lived experience of nursing students with dyslexia. Because students may not disclose their disability to the university, information concerning the study was sent to all preregistration nursing students. Seven students who met the inclusion criteria of a formal diagnosis of dyslexia volunteered for the same. Semi-structured interviews were conducted, and students were asked to share their experiences of “1) diagnosis, 2) disclosure to others in both the university and the workplace, 3) associated difficulties and/or strengths, 4) support, and 5) achievement” (Ridley, 2011, p. 36). Four overarching themes emerged from these interviews.

The first theme focused on dyslexia as a defined disability. While higher education is mandated to legal requirements, students expressed concerns in navigating and the need for help in the process. All participants had been presented with a diagnosis after entering the university and experiencing academic failures and problems. One participant noted, “Once you’ve got a diagnosis you can then start to work on the problem;” while another stated, “It put my mind at rest . . . gave me answers” (Ridley, 2011, p. 37).

The second theme that emerged was dyslexia as a professional issue. Patient safety and personal wellbeing were noted as being important by all seven interviewed participants. Participant 6 stated, “I take more care not to make mistakes . . . especially with drugs . . . It’s important . . . I’ve learned to double check myself” (Ridley, 2011, p. 37). This study found that participants were attuned to personal struggles, and they stated that they sought appropriate supervision to ensure safety for those assigned to their care. The learning environment seemed to be of a concern for several participants who had experienced negative attitudes from other

healthcare professionals. Participant 7 disclosed, “Negative attitudes contradict the role of the health professional” (Ridley, 2011, p. 38). Another participant, however, noted that, “She [mentor] gave me time . . . was patient” (Ridley, 2011, p. 38).

A third theme was living with dyslexia. The participant interview highlighted the aspects of self-awareness, reflection, and personal development. Ridley (2011) noted that there is no evidence to support that students with dyslexia are incapable of performing nursing duties, but participants described how others had considered them lazy and stupid. However, participants themselves felt that their disability made them different rather than disabled. They expressed that they experienced self-doubt and low self-esteem, and some participants felt that their diagnosis was not easy to overcome.

The fourth theme expressed was support for dyslexic people. Participants found that their academic success was attributed to the support mechanisms and relationships they formed during the course of their studies. The participants expressed difficulties when mentors did not understand their diagnosis or the implications of the diagnosis, such as trouble remembering names and complex verbal instructions; listening and writing simultaneously; accuracy with spelling and grammar; or needing more time to complete tasks. These issues were exacerbated when participants did not feel like their mentors and peers were supportive. One participant stated, “You get tutors saying if you need help come to me, but you can see if in their face: ‘She’s back again’” (Riley, 2011, p. 39). While another noted, “A few peers think it’s just an excuse for people who are lazy” (Riley, 2011, p. 39).

The experiences of the participants were dependent on a variety of influences—personal, social, professional, and institutional. All participants in this study disclosed to the university but experience discriminatory attitudes, such as negativity and fear of ridicule, when it came to

disclosing it in a clinical setting. Participants had more positive experiences when the support was meaningful and their colleagues seemed to be more knowledgeable about dyslexia. The ability to find support and build trusting relationships was key to the participant success. Research has suggested that finding trusted mentors in the clinical setting and allowing participants to work with the same nurses during their program was important for building their confidence and assertiveness as well as for learning. The importance of early recognition of dyslexia cannot be overstated as negativity may increase the students' anxiety and hinder their ability to overcome obstacles.

Morris and Turnbull (2006) performed a qualitative exploratory study that aimed to explore the clinical experiences of nursing students with dyslexia and how dyslexia may potentially impact the students' practice. This study was carried out in the United Kingdom, where nursing programs consist of one common year taken by all students and then two years of focused nursing studies. A letter explaining the study was sent to all nursing students, as researchers had no information on student disability information. In response to the letter, 67 dyslexic students responded but only 18 agreed to participate upon finding out more about the research. These 18 participants were either in year one or year two of their studies. Interview questions focused on descriptions of the participants' clinical practice and the impact they felt their dyslexia had on their practice.

Interview data was transcribed verbatim and a thematic analysis was conducted by independent researcher readings. Five themes emerged as follows: (a) disclosure, (b) self-managing strategies, (c) need for more time, (d) emotional aspects of being a dyslexic nursing student, and (e) choice of future work setting.

Disclosure of dyslexia varied among participants. Twelve participants disclosed that a diagnosis of dyslexia was disclosed after entering the program. One of the participants who had chosen not to disclose stated, “I’ve listened to nurses talking disrespectfully about others because they are slow. If they knew I was dyslexic, they would talk about me behind my back” (Morris & Turnbull, 2006, p. 241). While participants who did choose to disclose noted, “I’ve told my mentor, so she’s completely understanding, but some of the staff nurses—there’s no point. You just grin and bear it and do your best” (Morris & Turnbull, 2006, p. 241).

Participants described several self-management strategies that worked well—a reminder pad or a voice recorder to record information received about patients. Sixteen participants recognized the need for regular practice with nursing skills and borrowed equipment in order to practice skills in a stress-free environment, such as their homes. Eight participants acknowledged an awareness of problems while calculating drugs. These participants reported the need to check and recheck prescriptions prior to administration and reported difficulties reading physicians’ handwritings. Gillian noted, “You just keep practicing, work through things again and again . . . Eventually it sinks in” (Morris & Turnbull, 2006, p. 241).

All participants regarded patient safety as their main priority. Five participants recognized that it took them longer to maintain safety standards than students without disabilities. The participants also expressed a need to limit distractions during their charting times and how a busy environment was difficult. Jane commented, “A drug round will take me a long time because I’ll check and re-check the drug card and dosage . . . I may read the same drug about 20–30 times.” Jan noted, “I need time to concentrate on documentation . . . sitting at the nurses’ station is too busy, and there’s nowhere else to go. All in all, a complete nightmare” (Morris & Turnbull, 2006, p. 242).

Verbalizing the diagnosis of dyslexia involved a wide range of emotions for the 18 participants. They all reflected on their diagnosis with negativity and indicated that society influenced their perception of their diagnosis. Two felt they could not fully accept the diagnosis, with one even saying, “I was devastated. I didn’t think I could carry on”. Another stated, “No one knows about it. I can’t bring myself to say it. I hated to be labeled as having it [dyslexia]” (Morris & Turnbull, 2006, p. 242). Six of the participants reflected upon their desire to be accepted by their peers. All participants discussed the effects their diagnosis had on their self-image, and 12 considered its implications for continuing in the nursing program.

Lastly, participants had taken into consideration their diagnosis and their preferred area of practice. Only two considered acute care, as they felt the fast pace would allow information to stay fresh on their mind. In contrast, 16 participants preferred a slower paced environment and discussed how a high turnover area would only magnify their disabilities.

In conclusion, Morris and Turnbull (2006) emphasized the demands and the high stress environments of nursing. While nurses, as humans, are prone to error, participants stated that they would “go the extra mile” in order to ensure that the margin of error was reduced. Without proper support mechanisms, the potential for error is increased. The participants in this study described adopting hypervigilant practices to ensure that patient safety was maintained. Further study of nursing students is recommended to provide a deeper understanding of the experiences of nursing students with dyslexia.

In a last clinical practice study of students with dyslexia, White (2007) utilized the qualitative case study methodology to determine whether preregistration nursing students with dyslexia experienced problems in developing clinical competence and to identify the strategies they utilized or may utilize to support their clinical practice. Using a case study approach

allowed the researchers to explore the students' personal experiences in the context of their nursing education and the clinical rotation area. Stage 1 of the investigation involved conducting semi-structured interviews with seven students, three support teachers, and eight teaching staff, and distributing questionnaires to nine clinical mentors. Stage 2 was a 2-year longitudinal study of four nursing students in their last two years of clinical rotation studies. During this period, one student withdrew from the study. A purposive sample, consisting of seven clinical mentors, was interviewed to discuss strategies used by them to support students during their clinical practice. Permission was obtained from students before approaching their mentors. The NVivo software was used to transcribe the interviews.

The first research question sought to identify difficulties in clinical practice. The students identified several areas of difficulty—problems with spelling, reading, and writing and difficulty pronouncing and reading unfamiliar words. Poor short-term memory and poor concentration were also identified as factors. These problems led to difficulties in practice areas, particularly when dealing with information. Participants also identified concerns with regard to handling the workload, relaying complicated messages, and managing complex tasks. Administering medications was also problematic as students had difficulty reading, spelling, and pronouncing drug names as well as performing drug calculations.

Disclosure was another area of concern for participants. The participants expressed fear of negative consequences of disclosure as well as of the implications it might have on their futures as nurses. In general, people desire for others to see them in a positive light and may avoid situations that could potentially challenge their positive self-identity. Being labeled as dyslexic or needy had a major effect on whom the students decided to disclose to. All participants agreed that they should tell others but felt that one should proceed cautiously and

recognize the consequences of disclosure. The participants discussed the need for strategic measures when disclosing, such as maintaining control over who would know and educating persons about the disability before disclosure.

White (2007) also found that a diagnosis of dyslexia had a negative impact on the students' self-image. The diagnosis impinged upon their self-worth and performance in practice. This study also revealed that students would use avoidance or openly refuse to perform tasks when feeling low self-worth.

Students identified several measures that were supportive in their practice. Technological support, such as the use of laptops and handheld devices for classroom work was highly beneficial. Students often sought support from school staff and faculty who were sympathetic to their needs. Students in Stage 1 reported a lack of access to supportive staff during their clinical practice and found it problematic to return to campus to seek the help they needed. The students identified that finding staff members who had established supportive roles outside their job requirements was a deciding factor in whether or not they felt comfortable seeking help from them.

The students in Stage 2 had different needs. In the area of support, the relationship between the students and their mentors had a direct effect on the students' success and confidence. Mentors who were "friendly" and "approachable" were valued. Students also valued mentors who gave them opportunities to perform and ask questions while also listening to their needs. Students did not desire pity from their mentors but sought help and encouragement to establish positive learning environments. While feedback from mentors was not always positive, students did accept criticism when the mentors took the time to explain and discuss

ways to improve. Mentors also found that students were able to accept the challenges given to them when open discussion had occurred prior to the experience.

The coping strategies identified in students during Stages 1 and 2 were beneficial in overcoming their identified areas of weakness. These strategies included carrying a dictionary or a spell check device to look up terms in patient records, learning to use short hand when taking notes, repeating unfamiliar words and terms as well as writing them down and practicing them at home, and rehearsing the handover report. Other strategies included working in a quiet environment when tasks required concentration and vigilantly checking for mistakes, such as spelling errors. The author noted that while these strategies worked well for students with learning disabilities, they would also be helpful for any other nursing student.

Lastly, the learning environment in which the students were placed was found to be either enabling or disabling for them. Environments that were small, close-knit, and accepting allowed students to feel more open to ask questions, have good relationships with their mentors, and feel more comfortable with disclosing. When there were clear protocols for patient care and structured routines, students felt that they could focus on the patient and not worry about the tasks. Placements that provided continuity and fewer interruptions provided the students with a feeling of stability. Placements that were challenging and had variable or unpredictable workloads did not provide stability for the students.

In conclusion, the evidence provided by this study supported specific problems experienced by nursing students with dyslexia, similar to other studies on nursing students with dyslexia in the clinical setting. However, the range of problems faced was dependent on the student and the unique difficulties they suffered. Mentors who worked with students with learning disabilities needed preparation and support from the nursing faculty. Faculty needed to

be available to mentors for providing advice and support. Clinical environments needed to be open, non-judgmental, and friendly in order for students to feel comfortable to disclose their disabilities and needs. Faculty and mentors need to collaborate to ensure that students with dyslexia are not perceived as problems but rather, valuable future nurses who can provide safe and competent nursing care.

Faculty and Employers

Research in exploring nursing students with learning disabilities in the classroom has been very limited. However, several studies have revealed how nurse educators, nursing programs, and employers may restrict students with disabilities. Studies that exist do not refer to learning disabilities but address faculty and employer barriers limited to nursing students with physical disabilities. According to Betz et al. (2012), nursing faculty might perpetuate historical attitudes, values, and practices that exclude students with disabilities. ADA laws were enacted to prevent discrimination toward students with disabilities, but they are not flawless. The manner in which the laws are implemented will be determined by the attitude of the faculty. The following studies focus on faculty and employer perspectives.

Maheady (1999) uses a triangulation design to describe the experiences of nursing students with disabilities, examine admission guidelines and accommodations, and investigate experiences of patients, faculty, and students to investigate how students with disabilities can reasonably be supported. Data was collected over 12 months through interviews, observations, and document analysis. The use of multiple sources of data served to corroborate or dispute the study.

The sample for this study included 10 current undergraduate and graduate students as well as recent graduates from colleges and universities primarily in the southeastern region of the

United States. The sample also included 61 nursing faculty, staff nurses, and patients. Undergraduate and graduate nursing students were interviewed and were asked to share their thoughts, feelings, and perceptions on the following: (a) their disability, (b) any type of accommodation they received in the classroom and clinical setting, and (c) their experiences with their patients. Additional interviews were conducted with the faculty, patients, and staff members where they were asked to describe their relationships with the students and their experiences with the students' performances in the clinical setting (Maheady, 1999).

Observations were made by the researcher using an observation guide that noted how, if assistive technology was used, students responded to a patient calling for help, how or whether the student could perform cardiopulmonary resuscitation, and whether the standards of practice were utilized during patient care. The purpose of observations was to provide information concerning the student participants' abilities to provide safe and competent nursing care. Twenty-five parameters of students providing nursing care were observed that included making beds, changing dressings, giving medications, and recording vital signs. Observations were made in several different nursing units that included medical-surgical units, pediatric units, oncology units, and the emergency department. Each observation lasted from 2 to 4 hours (Maheady, 1999).

Documents used for the study included admission guidelines, program policies regarding students with disabilities, support services, housing, and availabilities for students with disabilities. Documents were viewed for compliance with ADA requirements. This review corroborated statements made during interviews and observations (Maheady, 1999).

Interviews were analyzed using the Colaizzi method that allows for information to be organized into themes or categories. Additional information from interviews, observations, and

documents was used in the analysis. Words such as *disclosure, limitations, support, persistence, safety, accommodations, and attitudes* were highlighted and extracted from the interviews to formulate their meaning and were later utilized to formulate significant phrases. The six themes that emerged from this analysis are as follows:

1. Nursing students with disabilities are supported in diverse ways.
2. Nursing students with disabilities encounter more attitudinal barriers than physical barriers.
3. Nursing students with disabilities “jump through hoops” to succeed in nursing programs.
4. Nursing students with disabilities “walk on eggshells” because of their fear of the consequences of disclosure.
5. Nursing students with disabilities have personal experiences that benefit themselves and patients by “turning the tables”.
6. Nursing students with disabilities “put their pants on” generally the same way as their peers. (Maheady, 1999)

Students found support systems through family, friends, faculty, and religious faith. One student reported that they received a phone call from their parent every morning with words of encouragement. Another student reported that the faculty provided creative accommodations, such as alternate assignments if he/she was sick or offered to go to the student’s home after he/she had back surgery in order to help him/her keep up with his/her assignments. Fellow students assisted by copying notes, recording lectures, and bringing assignments to students who could not attend class because of illness (Maheady, 1999).

Accommodations to optimize learning for students were initiated both by students and faculty. These accommodations included special hearing aids, adapted telephones, beepers that vibrate, and audiotape recorders. One hearing impaired student working in the emergency department found that turning all the monitors and machines toward him helped him provide safe care, as he stated he couldn't hear machines. Another example of the accommodations included the provision of a designated parking space, a clicker for doors, and a handicapped accessible dorm room for a student who was wheelchair-bound, who thus found an openness to support from them (Maheady, 1999). Another example noted was when a director of nursing requested that a home health agency purchase an adaptive telephone for a hearing-impaired student.

In a second theme, students reported facing more attitudinal barriers than physical barriers. In contrast, the faculty, physicians, and employers emphasized more concern about physical barriers. One wheelchair bound student stated, "Our biggest barriers are not physical, they're mental . . . not every nurse needs to give shots . . . use all 10 fingers . . . or walk into a room" (Maheady, 1999, p. 166). Another student reported negativity from peers who felt that the student with disabilities took up space from non-disabled applicants. Students recounted examples of the resentment they experienced from their peers (Maheady, 1999). Lastly, a student with a back injury noted one employer's attitude toward them included a feeling that patients would not want a nurse with a back problem (Maheady, 1999). Ultimately, during student observations, all students gave baths, took vital signs, administered medications, changed dressings, and provided treatments to the patients they were assigned to take care of.

Students participating in the study demonstrated determination and perseverance despite any fears of the consequences of their disabilities. A hearing-impaired student participating in this study recounted never receiving encouragement from faculty. However, the student used

this negativity as a driving force to push harder and finish successfully (Maheady, 1999). As noted by one student, in a similar situation, a different student with a hearing impairment recalled being told by her program director that she probably couldn't successfully complete the nursing program. The student then completed a business degree only to reapply to nursing school but without disclosing her impairment (Maheady, 1999).

Students described how their disabilities gave them great insight into their patients' experiences. Students felt their own personal experiences made them better nurses. Several participants described their personal interactions with patients and families that were positive due to their ability to empathize with them due to the students' own experiences of being patients themselves. A final example from a wheelchair-bound nursing student was in finding a specialty for practice, when the student was able to interact and provide care for a quadriplegic patient, whom they taught self-catherization to (Maheady, 1999, p. 169)

This study supports and documents that students are acquiring admission, progressing, and graduating from nursing programs as well as passing licensure examinations. Despite the pessimistic and negative attitudes from institutions, faculty, peers, and employers, the students in this study coped through their nursing program. While high standards should be upheld for all nursing students, the nursing faculty must ensure the equality of access as well as continue to make decisions that promote successful student outcomes and patient safety.

In another qualitative study conducted by Ashcroft and Lutfiyya (2013), grounded theory was utilized to explore the perspectives of nursing educators regarding students with disabilities and to provide guidance for working with this group of learners. In this study, 17 nurse educators, holding differing ranks and responsibilities within four nursing programs in western Canada, participated. All the participants were female. The participants' teaching experience

ranged from 2 years to 36 years ($M = 16$). Most taught both clinical and didactic. However, two of the participants held administrative positions.

Data comprised demographics, field notes, and taped semi-structured interviews. Interviews were transcribed verbatim. Open coding, axial coding, and selective coding were employed to analyze interview transcriptions. The main theme that emerged was that nurse educators' main objective was the production of competent graduates (Ashcroft & Lutfiyya, 2013). The educators' feedback was influenced, both positively and negatively, by their prior exposure to nursing students with disabilities. All nurse educators who participated in the study believed that students with disabilities belonged in nursing programs and had the potential to become competent nurses.

Positive perspectives were noted in relation to nursing students with disabilities. One perspective was that extended time testing was acceptable, and that the faculty should work with it. Another positive statement was that the faculty looked past the disability and wanted to work with any student who exhibited motivation and an eagerness to learn. The participants believed that students with disabilities could be successful. However, the participants stated that working with students with disabilities was more time consuming, as they spent time tutoring or developing individual support strategies (Ashcroft & Lutfiyya, 2013).

A completely different perspective emerged when the participants discussed the clinical aspect of nursing education. One participant noted that it was difficult to support to all students in clinical if one student required more one-on-one interaction due to disabilities. Another vocalized concern noted was that if a student had deficit such as extended testing time, it was doubtful if they could complete nursing responsibilities within safe time frames alongside providing safe care. Lastly, the faculty verbalized frustration regarding poor communication

with disability services and not having the feeling that information was forthcoming regarding the students' disabilities. This included disability services' failure to provide information and students reluctance to disclose their disabilities (Ashcroft & Lutfiyya, 2013).

Participants expressed concern for patient safety. There seemed to be concern regarding what might happen rather than experiencing students with disabilities. While the participants supported the student, they expressed caution regarding working with a student with disabilities because due to patient safety concerns (Ashcroft & Lutfiyya, 2013).

Educators' views of students with disabilities were based on their previous experiences with this student population. Participants stated that their views had changed as they gained more working experience with students with disabilities. The participants' clinical background also was a factor in their receptiveness toward students with disabilities. Mental health nurses had a more positive view. The participants noted that gaining more knowledge regarding students with disabilities increased their willingness to accommodate students with disabilities (Ashcroft & Lutfiyya, 2013).

Communication between participants and disability services was attributed to their views of working with students with disabilities. Poor communication created frustration. At times, the participants did not know that students were working with disability services until the students had begun to experience difficulties and possibly fail. Policies also contributed to the sense of frustration. Policies that were vague or inconsistent led to difficulties in evaluating the students (Ashcroft & Lutfiyya, 2013).

Undisclosed disabilities generated frustration for the participants as well. The participants felt less equipped to help students and verbalized concerns regarding patient safety when they were unaware of the disability. Student behavior that might have otherwise been

understood could be mistaken for the student's reluctance to accept accountability. One participant described this situation in the following manner: "It helps us to understand why they don't get this" (Ashcroft & Lutfiyya, 2013, p. 1320).

Participants described the student attributes that also affected their views of students with disabilities. Students who experienced anxiety disorders caused concern. One educator described a student interaction during medication administration in the following way: "In order to draw up medication . . . the amount of shaking was significant so it probably took four or five times longer to do it than you would expect" (Ashcroft & Lutfiyya, 2013, p. 1320).

This study indeed bears implications for nurse educators and disability services. While the decision to disclose one's disability is complex and remains with the student, the encouragement for disclosure and communication with the faculty is vital. It is important for the nursing faculty to provide a learning environment that is open and non-threatening and to make the students aware of the importance of disclosing to the faculty. Well-delineated policies can assist with these issues.

In utilizing CDT, this study can begin to do away with the barriers for nursing students with disabilities and provide these students the opportunity to progress in an environment that is supportive of their differences. As Richardson (1997) noted, due to the Civil Rights Movement, disability has begun to be viewed not as a social limitation but as a societal barrier. Asch (2001) stated that disability can elicit anxiety in non-disabled people while interacting with persons with disabilities. However, in disregarding the medical model of disability, persons with a learning disability can live functionally in a society that views them as unremarkable due to their unique distinction. It is through these social constructs that individuality is inhibited. However, these constructs can be viewed as valuable contributions when they coexist and are supported

(Richardson, 1997). If nursing education can redirect its pedagogy from the traditional deficit-based model to a strengths-based model, nursing students with disabilities will be more supported and successful (Nevin, Smith, & McNeil, 2008). CDT is instrumental in breaking down the barriers and helping students attain their full potential (Edmonds, 2012).

Summary

This research revealed that minimal research has been previously conducted on nursing students with learning disabilities. In particular, the literature lacked an account of the struggles these students faced each day while studying in rigorous nursing programs. The literature review noted that the faculty expressed a lot of concern regarding the ability of nursing students with learning disabilities to perform safely in the clinical setting. However, there is no solid evidence that this perception is founded. In one of the most trusted professions whose basic tenets are to provide holistic and compassionate care to patients, the literature illustrates that the profession does not extend these attributes to its young nurses, especially nursing students with learning disabilities.

Based on these findings, it is evident that more research is required, investigating students with learning disabilities. Maheady (1999, 2003, 2006) was instrumental in adding extensive data and qualitative research in the area of inclusion of persons with physical disabilities in the nursing profession. Maheady's research helped establish guidelines for nursing programs and healthcare institutions in working with and employing nurses with physical disabilities. Her work advocated for these students and extinguished arguments that physical disabilities were limitation, even in such a physically demanding profession. Maheady (2003) provided detailed information about how students and faculty could work together in forming educational and clinical plans to help students be successful. Maheady's work has been cited

throughout the literature and served as a cornerstone for many others investigating the phenomenon of students with disabilities. However, the gaps in the literature demonstrated that there was very limited research conducted in the area of nursing students with learning disabilities and that there was little research available to explore their experiences in nursing school while living with learning disabilities. By combining the precepts of CDT and Maheady's work with nurses with physical disabilities, this study helped to fill the gap by bringing the growing need for understanding the lived experience of the nursing students with learning disabilities to the forefront.

CHAPTER III

RESEARCH DESIGN AND METHODOLOGY

The purpose of this research was to explore the lived experience of nursing students with learning disabilities. Because nursing programs have witnessed a rise in the number of nursing students who enter programs and receive testing accommodations, nursing education must embrace the uniqueness these students present. This chapter provides the description of this study's research design and theoretical framework along with the methodology, which includes an explanation of the processes of recruitment, procuring the sample and setting, obtaining informed consent, data collection, data management and analysis, and trustworthiness.

Research Design

Hermeneutical phenomenology was employed as the methodological approach for this study. Phenomenology provides the opportunity to study the phenomenon of learning disabilities and explore the lived experience of nursing students with learning disabilities. The application of hermeneutical phenomenology allows researchers to expand a domain about which limited information is available, to gain a better understanding or provide further insight into the phenomenon (Munhall, 2012). The goal of a phenomenological approach is not only the identification, explanation, and presentation of the findings' implications but also doing a critique of those findings (Munhall, 2012). Through this search for significance, disability can be brought to the forefront in nursing education with regard to nursing students with learning disabilities.

Theoretical Framework

With CDT as the framework for this study, the focus of this study was the exploration of the way in which current nursing students have learned to adapt their life with a learning disability. Through the application of CDT, this research project sought to examine the daily lives of nursing students with learning disabilities and explore the ways in which these students manage their academic, social, and emotional aspects of their lives. It is through this framework that the following research questions concerning the way in which students with learning disabilities manage were answered:

1. What are the daily challenges that nursing students who live with learning disabilities face?
2. What are the academic barriers that nursing students with learning disabilities have to overcome?
3. What was the impact of learning disabilities on nursing students' clinical experience?
4. What were the people, techniques, or situations that were most helpful toward the academic success of nursing students with learning disabilities?
5. What are the things that nursing students with learning disabilities think that nursing faculty could do to assist them to be more successful academically?
6. In what ways do nursing students with learning disabilities think their disability can impact their professional practice?

Data Collection

Recruitment

Approval to conduct the study was granted conditionally by the University of Alabama, with full approval gained upon obtaining the Institutional Review Board (IRB) from Samford

University. Samford University required approval from the dean of the Ida V. Moffett School of Nursing to allow the researcher to send letters of invitation to selected student groups (see Appendix A). The nursing advisor was asked to distribute the letter of invitation for the study to all students who had completed the course NURS 381: Foundations of Nursing Practice. This method of recruitment allowed students to self-identify as a willing participant of the study.

All baccalaureate nursing students who had completed the course NURS 381: Foundations of Nursing Practice were sent an email invitation by the nursing advisor to allow them to self-identify as an eligible participant for the study. Students were required to have successfully completed their first clinical course, NURS 381: Foundations of Nursing Practice and progressed to subsequent clinical nursing courses. This requirement was important for the study, because it would enable the students to discuss ways in which their disabilities were impacted by the clinical setting as well as a true NCLEX-style nursing test. This course provided a more substantial opportunity for the study in terms of the quality and quantity of data, because it ensured that students had been exposed to NCLEX-style testing and a fast-paced clinical unit for medical-surgical nursing. Because the researcher teaches the course NURS 381: Foundations of Nursing practice, only nursing students beyond their first clinical semester could participate. This also enabled participants to provide a more accurate perspective of the way in which their nursing education was affected by their learning disabilities. The recruitment of students who had completed NURS 381: Foundations of Nursing Practice further eliminated any concerns pertaining to inflation or deflation of grades in relation to participation, because the coursework with the researcher had already been completed and graded for these students.

Thereafter, students willing to participate contacted the researcher via email. The researcher did not contact any student prior to their self-identification as a willing participant.

The students conducted all initial communication via email. This communication involved determining mutually acceptable settings as well as time to conduct interviews.

Sample and Setting

In order to produce valid research data, it was desirable to interview a minimum of 12 to 15 participants to gain valuable information or information that reached saturation. A total of 11 interviews were conducted. Three mails were sent to all baccalaureate students who had completed NURS 381 to obtain the desirable number of participants. However, only 11 students responded to the email invitation. Saturation was reached quickly in the interview process. Students were asked if there was a private, quiet space that they knew about to conduct the interviews. All students requested the interviews to be conducted in the researcher's office, as it provided privacy.

Informed Consent

Informed consent was obtained prior to the commencement of the interview process. Each student was provided a copy of the informed consent to read and sign. The researcher explained that a code would be assigned to each participant so that no identifying information could be breached. Each student verbalized their understanding of the procedure and provided informed consent.

Data Collection and Management

Each interview lasted for approximately for one hour. The interviews were audiotaped and transcribed by a privately employed transcriptionist. The transcriptionist provided the researcher a typed transcript of each interview. Using Colaizzi's methodology of interpretations, the transcripts were read line by line. Subsequently, the researcher coded the transcripts for common themes across the data collected. Once all transcripts had been read, codes were tallied

by the number of times each participant mentioned the code. As new codes emerged, the researcher reviewed each interview to ensure that the new codes were not present in previous transcripts. Through this iterative process, an overarching theme of spiraling anxiety, with subthemes of labeling, fear of failure, and isolation emerged that were present in all 11 interviews. The other themes were the necessity for counseling and the existence of a proactive educational environment. Research Questions 1 through 3 provided more substantial data than Research Questions 4 through 6.

Trustworthiness

The Colaizzi method of data analysis was employed to increase the reliability of this research study (Sanders, 2003). As the six themes emerged and were formalized, the information was sent back to participants for the validation of descriptions provided by them and their implications. The trustworthiness was enhanced by the review of written documents through an iterative process, interview transcripts, and follow-up with participants to ensure the accuracy of the researcher's interpretations.

Ethical Considerations

Due the sensitive nature of this topic, it was especially important to consider the ethical concerns. IRB authorization was obtained through the University of Alabama as the researcher's primary institution, and additional IRB permission was obtained from Samford University (see Appendix B), the institution where the participants are currently enrolled. Informed consent from the participants was obtained at the beginning of the interview, with full disclosure of all information provided. The Federal Education Rights and Privacy Act, which is a federal law that protects students' rights of disclosure, and the IRB are highly significant as students' privacy and safety must be safeguarded. For this purpose, interviewees were assigned a code that identified

their specific interview but did not allow personal identification. No identifying information was utilized during the coding and publishing processes.

Another important ethical consideration was that the nursing students were recruited from the researcher's home institution. Several considerations were involved in interviewing students in this setting. First, it was important that the participants had completed their course work with the researcher as the faculty, so that they would feel more open to disclosing information. Second, it was crucial that they understood that no information from or regarding their interviews would ever be revealed outside of the context of the interview, especially, in reporting the results of the research project. Third, it was important that the students were not a part of any course in which the researcher held a grading component over the student to prevent the concern that their grade would be affected by their participation. This was accomplished by the assigning of codes to the participants that were used to refer to them in reporting the results.

Conclusion

This research project is significant for the field of nursing education and for nursing students with learning disabilities. With the current crushing shortage in nursing, students with disabilities can fill the vacancies. Nursing students with disabilities bring diversity to the classroom and clinical settings, as they offer a creative approach to thinking and insight regarding management and the most challenging dynamics in nursing practice. The practice of nursing entails several barriers, which these students struggle to overcome. Nursing education must become a leader in breaking down these barriers and offer flexibility to these students and future nurses. Nurse educators must be open to not only the value of educating students with disabilities but also to the benefits this holds with regard to patient outcomes. Through the

deconstruction of the prevailing social perceptions, nursing students with learning disabilities can experience a learning environment that offers a level playing field.

CHAPTER IV

PRESENTATION OF DATA FINDINGS

The purpose of this study was to explore the lived experience of nursing students with learning disabilities. With the application of hermeneutical phenomenology, this study sought to understand the lived experience of nursing students with learning disabilities. Using both broad and focused interview questions (see Appendix C), the researcher elicited responses from participants that allowed the thematic coding of meanings. Results of this study were based on the participants' responses of to the established research questions.

1. What are the daily challenges that nursing students who live with learning disabilities faced?
2. What are the academic barriers that nursing students with learning disabilities have to overcome?
3. What was the impact of learning disabilities on nursing students' clinical experience?
4. What were the people, techniques, or situations that were most helpful toward the academic success of nursing students with learning disabilities?
5. What are the things that nursing students with learning disabilities think that nursing faculty could do to assist them to be more successful academically?
6. In what ways do nursing students with learning disabilities think their disability can impact their professional practice?

Based on a general inductive analysis of responses to interview questions, several themes emerged in relation to the research question on overall lived experience that included an overarching theme of spiraling anxiety. The subthemes identified included labeling, fear of failure, and isolation. The themes of the need for a proactive educational environment and counseling were also revealed, as participants recalled positive interactions with their faculty, program of study, and the academic institution; further, they discussed the support they received through counseling services during their program. General demographic information was gathered at the start of each interview and is reflected in Appendix D, with a thematic example provided in Appendix E; for sample responses to each individual theme, see Appendix F. The chapter will conclude with a summary of the data findings.

The interviews were divided into six sections: introduction, daily challenges faced by the student, academic barriers, impact on clinical experiences, techniques and situations that facilitate academic success, and the effect these have on their professional practice. Introductory questions were used to start the interviewing process in order to establish a rapport with the participants as well as to gain information with regard to their age, college experience, identify their learning disabilities and the time they were diagnosed. The students' perception of their disabilities, cost of testing, and specific testing accommodations were explored in this section. The interview questions sought to explore the lived experience of nursing students with learning disabilities. This was accomplished by exploring areas of their life in which they had both succeeded and struggled. The last two sections of the interviews explored students' positive experiences and their perception about their future in nursing as an individual with learning disabilities.

Demographics

The age of participants ranged from 21 to 33 years. All participants were female. Out of this, seven participants were traditional college students who had started college at Samford University as an undergraduate. The remaining four were transfers or second-degree students. Five of the 11 participants were diagnosed with learning disabilities as college students. The remaining six had been diagnosed before they started college. The disabilities identified included anxiety, attention-deficit disorder, ADHD, traumatic brain injury with memory loss, and reading comprehension disorder. A total of 10 participants received time and a half testing time with a reduced distraction testing environment. Three participants received the facility of recording lectures and requesting a note taker in their cohort of student peers. Two participants could receive breaks during testing and classes if the faculty approves it.

Only one participant mentioned the high cost of testing. This participant was diagnosed with a learning disability as an adult in her second-degree program. All other participants were not aware about the cost of disability testing in their condition and stated that either their insurance or parents paid the costs.

Research Questions

Research Question 1

Research Question 1 was as follows: What are the daily challenges that nursing students who live with learning disabilities face? Each participant expressed extremely different challenges. Throughout the interview process, participants expressed numerous challenges present in the classroom and clinical setting as well as in the area of extracurricular activities. While the challenges and life experiences discussed were individualized and different for each participant, the thematic inferences drawn throughout the interviewing process were significant.

The overarching theme that emerged during interviews as participants described challenges was spiraling anxiety. At this point in the interview, participants were specifically asked to describe the occasions when they may have felt marginalized or may have been made to feel inferior by their peers or faculty. They were also asked if there were incidents that they did not want to disclose due to a fear of being marginalized or treated differently. The subthemes that emerged as participants elaborated on the daily challenges involved in living with learning disabilities were labeling, fear of failure, and isolation.

Spiraling anxiety. Spiraling anxiety emerged as a dominant challenge from the discussion pertaining to daily challenges involved in living with learning disabilities. The problem of anxiety was expressed by all participants in the interviews. Many of the interviews included references to anxiety throughout the interview. Further, three subthemes followed in relation to spiraling anxiety described throughout the interviews: labeling, fear of failure, and isolation. The subthemes labeling, fear of failure, and isolation seemed to be triangulated with spiraling anxiety, as can be observed in Appendix F.

In Interview 1, the participant focused only on living with increased anxiety in daily life and the resultant challenges. While her fear of failure is described in a later excerpt, she described her struggle with anxiety beginning prior to entering higher education. The following excerpt addressed the impact of the way in which her anxiety affected the early courses of her nursing program. For her first clinical course, she described the expectations she had from herself as well as the course; the course required the students to complete a 16-page preclinical packet the night before their clinical day. If the entire packet was not completed, it resulted in an unsatisfactory clinical day. Furthermore, three unsatisfactory clinical days resulted in a clinical failure. The participant observed the following:

When I had my preclinical done, I knew my patient and all the meds I had to give. So, the night before, I would research to make sure I knew how to do everything. . . If I forgot it, I would be really upset with myself or more nervous because I know what I have to do, which puts pressure on myself. I really put a lot of pressure on myself. . . I would be anxious about it and nervous about it and wouldn't be able to sleep.

Interviewee 4 discussed the challenges she faced due to anxiety and depression that seemed to overlap with her learning disabilities as well as insecurities. Her discussion included spiraling anxiety that permeated all areas of her life.

I don't know if it's just me or if it's because of that [intellectual abilities], but intellectually, I'm not like everyone else, I guess. I know that I have to push harder to make it through other things, so a lot of time I like distance myself. And plus, I'm just not very good at being buddy-buddies with people. I don't know, I can be very awkward. And I say some really weird stuff. I stress. I have huge anxiety, way more than anyone. . . . I suffer from depression. I have since my parents divorced . . . but I think the anxiety was built from lack of achieving. With all that [divorced parents, father in the military] going on, I didn't really have support, so the depression got worse. And so, with my ADHD, I couldn't concentrate as much, and everything going on I think it just got worse . . . even though I know I get stressed, but like, I get stressed really bad, like to the max, I'll not sleep. I'll drink like four cups of coffee a day. My mind will just keep going on about stuff.

Another example of anxiety offered by Interviewee 4 involved her classmate:

Like there's one friend of mine [name omitted], she does not study. And, it kills me. And, I'm like, constantly studying. She'll send me snapchats while drinking wine,

watching movies, and I'm like, 'Are you serious?' Like she gives me anxiety. And, our last test, she didn't study until the night before. She made like a 90. And, I just don't get it.

As a second-degree student who had suffered a traumatic brain injury as a teenager, Interviewee 6 described a different challenge. She spoke about her struggle in math that led to greater anxiety, but she admitted that she experienced anxiety during her first degree at a different university as well:

Mathematics has become very challenging to me. I really have to get [a friend] to help me a lot, to be honest. Even before, like I had a dosage exam today. I have to sit down with a pen and paper and go over it. Mrs. [name omitted] in clinical will say, "Okay. You have this, and you have this, now what do you do?" And, I just look at her and I'm like, "Uh-huh." And she goes, "All right, let's get a piece of paper out, we're going to go over this." And, I need that, I need somebody to push me. . . As far as test taking, I just feel like I have all this anxiety which is unnecessary, but I do. I can't help it. I just can't help it.

As a second-degree student, Interviewee 7 described her struggles with severe anxiety as a daily challenge in living with learning disabilities. This participant talked about her struggles in her first degree program, in which she did not receive support from her mother. She described her mom as an "all organic, all holistic" person, who did not support her taking antidepressants for depression. When asked to describe the things she found challenging in her current program, her immediate response was as follows:

Definitely my anxiety. It's terrible. I think I put a lot of pressure on myself. Especially like I talked to you about in the past, you know, I was in the accelerated program, and I

didn't pass patho, and so I had to switch to the second degree program which is two and a half years. And so now, if I'm borderline in a class, I put so much pressure on myself, because it's like, what would I do if I fail out? My parents have spent so much money on me coming for a second degree. It's just a lot of pressure. . . I think [it's] my anxiety. It gets the best of me. I think that it affects my confidence in like every aspect of life, so like in my personal life or even when I'm in the hospital during clinical.

Interviewee 11 outlined the challenges she encountered on a daily basis with a processing disorder in the following excerpt:

It takes me a while when people ask me questions or even like somebody is telling me something, I have to sit quiet and not say anything. Like if you—this I'm surprised I'm responding as fast because normally it takes me a minute. Like when people are confronting me about something, I will sit there for a second, and they think that something is wrong, but I'm processing information before I respond to them. So, like with patients, they will ask me a question and [I] stand for a second, and normally, I will do something, so they don't just think that I'm standing there for no reason and ignore them. It takes me a while to think of a response or what they're asking. Sometimes, I have to have people repeat stuff to me. That's more of a hearing comprehension, but it still just takes me a minute so that I know. I don't want to fill the air with just words, because my mom and sister say don't just fill the air with words. Think for a minute. I just kind of learned to look, wait, and respond. It takes me a minute when people confront me about stuff.

Labeling. Labeling was also perceived as a challenge. This theme appeared in multiple interview contexts. Words or phrases such as “like being on the short bus” or being referred to

as “accommodators” induced feelings of disparity as they imply they were being labeled.

Interviewee 4 explained the following in her interview:

When you say [name of university] they’re like oh—they think you’re like some genius or something. I’m like no, I struggle. I have to really work my butt off. But there’s been times I know this past semester where I’ve had like—other students have brought it up, where a teacher has been like, okay all the—whatever they call us, not the disabled children, accommodators. All the accommodators, if you’ll come with me, we’ll go take the quiz. . . It’s like you’re on the short bus. It really sucks, but at the same time, I know I need it, so I’m not going to like sit back down.

Interviewee 11 talked about her transition from growing up with a learning disability and being conscious about the need to disclose information to avoid negative labeling when becoming a registered nurse:

During the school day, I would get pulled from class and go to a program that would help me with the reading comprehension. So, when I was little, I was more self-conscious about it, like, I would not want people to know because my wonderful siblings would make fun of me and tell me I was stupid sometimes [disclosing to an employer]. . . . It’s always easier when someone knows. If I’m trying to deal with it by myself, they’re going to think I’m lazy and not doing my work. That’s initially how it comes across. You see a bad test grade, and it’s like why did you not study?

In the following excerpt, Interviewee 3 referred to her perception of the way in which society’s viewed disabilities in general:

Well, I remember I was really embarrassed. Like, I could have had testing accommodations at [name omitted], and I know one of my friends there did, and she was

kind of embarrassed about it so I was like, oh, I don't need it. I'm fine. And, then it was the summer between when I transferred, the year when I met the psychiatrist at home and he told me I really needed it. And, I was so embarrassed. I was like, oh my gosh. I don't know anybody here, and they're going to think I'm stupid.

Interviewee discussed labeling in the context of being perceived less competent in the following excerpt:

I would say I probably would at first because I'm not comfortable, and I don't know how that person is going to perceive me. I think sometimes when people say I have anxiety or depression, or I have this kind of disorder that it automatically marks you as somebody that is maybe not as competent, and I think have to figure out people first before I could just be like, hey, I have this. I don't want them to necessarily think I'm weaker or not as good at my job because of it.

During her interview, Interviewee 11 expressed her thoughts about the transition of growing up with a learning disability and being self-conscious. Due to her experiences as a child, she expressed an openness with regard to disclosure in her professional sphere in order to avoid negative labeling. Her description included being called "stupid" and not wanting her nurse manager to consider her "lazy" when she needed to pause and think about her possible responses to a patient or colleague.

Similarly, Interviewee 5 described feelings she remembered from her childhood before diagnosis: "I honestly thought I was dumb all the way through, until I figured out something was actually going on."

While the previous participants were open to disclosure to avoid being labeled, Interviewee 8 expressed concerns with regard to disclosing their condition due to the fear of being labeled:

I don't know if I would [disclose] in a work setting. I don't want a boss or supervisor to look down on me in that situation. With friends or family, I am okay disclosing it, but I think in that situation, I don't want to be looked down upon in a work setting and then maybe not hired because of that.

Fear of failure. The fear of failure was mentioned throughout the interview process, as participants described the challenges they faced on a daily basis as nursing students with learning disabilities. A total of nine participants described their fear of failure. While many of the participants had repeated nursing courses, many had performed poorly on nursing tests in general. As mentioned earlier, Interviewee 7 described her failure during her initial nursing program, she had to drop out from the accelerated nursing program and shift to the traditional five-semester program. Other participants had failed courses in the traditional five-semester program. While failure was a reality for these participants, the fear of failure was always present in the back of their minds.

Interviewee 1 observed the following:

I feel like I'm not prepared enough . . . no matter what I did I feel like I didn't do enough. So, that would just kind of get me really anxious and nervous taking a test and that would psych myself out or put pressure on myself feeling like I studied all this time and there's no way you don't know it.

Interviewee 2 discussed facing memory problems and the fear she experienced in the clinical setting:

Clinical is definitely different than just like studying for a test, but I guess remembering drugs and stuff. I remember in adult last year, because my teacher would ask me anything, and I'd get all freaked out about whatever patient we had, so I would write everything down, and before she quizzed me, I'd look at it really quickly and try to remember. . . I'd be like hiding in the corner and reading it really quick, because I just hate being wrong or mixing two things up . . . but I'm always worried about remembering things or like I'd do something stupid.

Having suffered a traumatic brain injury as an adolescent, Interviewee 6 disclosed her fear of failure: "I get so mad at myself when I study so hard, and then I do poorly, and think, well, I'm not even going to pass."

Having already suffered from failing in previous nursing courses, Interviewee 7 observed the following:

I think I put a lot of pressure on myself. . . . I was in the accelerated program, and I didn't pass the class, I didn't pass patho, and so then I had to switch to the second degree program. And so now, if I'm borderline in a class, I put so much pressure on myself because it's like, what would I do if I fail out? My parents have already spent so much money on me coming for a second degree. It's just a lot of pressure.

Both Interviewees 8 and 9 described feeling frustrated and fearful about failure in particular context: both of them thought that the long hours they put in preparing for nursing courses were not reflected in their test scores. Interviewee 8 stated the following:

I think the biggest challenge is taking the test and not getting the grades that I wanted but remembering how much time and effort I put into it. . . . It was very stressful because nursing school is something I want to be successful at because I wanted to be a nurse. It

was challenging because I felt that I could not do that. That was the first time that I felt I literally can't do this.

Interviewee 9 stated that she delayed seeking psychological testing, as she thought she could push through her difficulties and things would be better in subsequent semesters.

However, she noted the following:

I had a hard time with test answering 50 questions in 60 minutes. I guess I started noticing it during foundations, and I found myself really focusing on the time that I had and not the questions. And, I would get really nervous and freaked out and have to read it two or three times. I really would be concentrating on I'm going to run out of time. I'm going to run out of time. . . . I was really hard on myself, like when I would not do good on a test or felt like I maybe disappointing my parents.

Isolation. The last theme that emerged as a daily challenge for nursing students with learning disabilities was isolation. Feelings of isolation were described when participants spoke about the many hours they spent alone studying in quiet, secluded environments, which they described as necessary for functioning. Participants expressed perceptions regarding studying requiring longer time for them; they thought that they had to study longer and harder to achieve similar or even lower grade in comparison to their peers. Interviewee 4 described her experience in this regard as follows: "I'd say work takes me longer and then it's frustrating because I don't get much free time with people. I live in the library."

Interviewee 11 also supported the same ideas of isolation when she described her experience:

I have learned that I have to put in twice as many hours as anyone else, which stinks now because I don't really have a social life. The people that I take accommodations with, I

see them in the library every day. Just because none of us can go home and chill because we have to keep on studying all of the time.

Interviewee 3 described her experience with isolation as a daily challenge. She described the way in which the techniques she employed to study required more time, limiting her confidence and ability to study with her peers:

And, so learning how to study. Like, trial and error. I've finally figured out what works and having to—like it takes a lot for something to stick in my head. I have to do like constant repetition . . . so I feel like sometimes it takes me longer than it does most people. Like, the girl I'm living with now, I swear she has a photographic memory. She'll study something for like two minutes and be like, okay, I've got it. . . . It's kind of frustrating. I've lived with someone else like that before too, and it was like—I just can't study with them because it kind of makes me feel bad. I'm like, oh, wait, well, I'm not ready to talk things out yet because I don't know yet. So, that's kind of, I guess, a barrier. It takes me a little bit longer to study than most people.

Interviewee 5 described multiple layers of isolation that she had experienced from early childhood up to the time she became a nursing student. She tearfully expressed deep emotions through multiple instances of bullying that contributed to her feeling of isolation.

Come to fourth grade, we started changing classes and that threw me off. I could not change classes, I would forget everything. Just very unorganized, and I was doing horrible. I remember my mom being upset with me, because my grades weren't good, and her taking away my play dates and stuff. And, I remember saying, "You can't take away my play dates." That doesn't make a difference. I can't—I can't do it. But, then it started to affect me socially. I was bullied when I was in fourth grade to the point where

I had to leave schools. I don't know if you would call it depression in a kid that young, but I was so down and I was bullied and no one liked me and I just—I think being—it was just really hard. It was really hard, and I had no self-esteem, no confidence, so that was one thing. And, I was always a little more shy, more reserved. And come to college when my family moved away—they moved to California from Atlanta. That triggered a lot for me. And I went downhill my sophomore year of college. So definitely depression there.

While all the participants acknowledged nursing school to be a challenge for anyone, the difference for them included the added challenge of living with learning disabilities. Interviewee 5 eloquently summarizes the essence of this theme in the best manner:

And, I know that's a challenge for every nursing student, but then for me in particular, I can't just go to the library and talk for a little bit, work for a little bit, talk for a little bit, work for a little bit. I've got to completely isolate myself or else I can't get work done. And, then recently this semester, I was put on academic probation with my sorority for grades last semester, which was definitely frustrating because my grades were not great last semester, but they're good enough to pass nursing school. And, so I had probation for that. I wasn't able to participate in social events and I wasn't able to have a voice or vote during recruitment. So, when with my sister came through, and pledged my sorority, I couldn't be there for her fist social event.

Many of the challenges entailed in living with learning disabilities identified by participants overlapped with the barriers participants experienced in academic settings. While the overarching theme of spiraling anxiety and subthemes of labeling, fear of failure, and isolation were identified as daily challenges, it is equally important that these themes can be

associated with academic barriers. Regardless of whether they were internal or external, the daily challenges seem to penetrate into academic settings for participants. It appeared impossible to keep the daily challenges students faced due to disability out of their academic performance.

Research Question 2

Research Question 2 was as follows: What are the academic barriers that nursing students with learning disabilities have to overcome? Anxiety, time management, and excessive preclinical work were mentioned as barriers by participants. Although the interviewees openly described academic barriers, nine of the 11 spoke highly of their experiences and the support they received in their small, Christian university. In an overwhelming outcome, these nine participants thought that their nursing faculty as a whole was extremely supportive and helpful.

With regard to the broad perspective of academic barriers experienced by nursing students with learning disabilities, Interviewee 6, a second-degree student, described the obstacles she faced in the following passages:

Well, obviously testing, because, you know, without passing the test you can't get to your goal. Attention span. Like I said, with class, you get in there for so long and my mind starts wandering, and I think that I get so mad at myself when I study so hard and then I do poorly and think, well I'm not even going to pass. And like, you're going to get through this. . . . I really do a lot of praying, to be honest. I am very big about praying. I'm very big about wanting encouragement and giving back encouragement. I always feel like if I'm really within myself and I almost get self-absorbed and I'm like, I'm awful, I'm stupid. I start to then see things outward, for some reason to encourage others, to help others, maybe where I have struggled, really helps me to turn around things and see things more clearly. Mrs. [name omitted] said a prayer right before we had a test and

she said, “Let us not think that this is the rest of our lives, this minute detail of a test.”

We get so caught up in the little [stuff].

In discussing academic barriers, Interviewee 7 described her anxiety as an obstacle. This interviewee had previously discussed feelings of embarrassment as a child because she struggled with reading as a child. This reading deficit contributed to feelings of frustration and a sense of being different from her current nursing classmates.

Anxiety, comparing myself. That’s a big one too, always worrying how my peers are doing, if they’re doing better than I am. . . . I definitely have to go above and beyond when studying than the average person does. And, that’s one thing that really bothers me. I have friends that never go to class, start studying the weekend before the exam and get A’s and B’s on everything, and I’ll be studying like 10 hours a day for the last 2 weeks, and I’m the one that gets a C on the test. So, that’s really frustrating to me.

Initially, Interviewee 8 denied experiencing any academic barriers; however, as the interview progressed, she was able to verbalize challenges in the nursing program she had to overcome:

Preclinical was a challenge because it takes me longer than other people to read through things to process the paper work; so, it took me a very long time. I thought it was very challenging, especially to have to finish it the night before, because then I would have to stay up really late and then get up at 4:45 the next morning. . . . I would imagine that I spend more time on some assignments. Well, actually for example, I was talking to some students about writing a paper for research this week. They said that it took them about 45 minutes and for me it took about four hours to write it.

Interviewee 2 identified time management as both a challenge and a barrier. During her interview, she described being compelled to give up a major university activity due to her learning disability's impact on her grades. The openness she expressed and her descriptors are illustrated in the following excerpt:

So, I was still on the university dance team at the time and that was becoming a lot more of a commitment than it had been, because we had just joined with the athletics and it became a big deal. . . . I auditioned my freshman year, so starting my sophomore year, I was on the team. But, going into foundations, semester people have said this semester is kid [sic] of crazy. And, people were like, you love it, you'll balance it, it'll be fine. And, I was just making, like, barely okay grades. . . . I ended up making a 77 or something on the final, so I did pass, but it wasn't with flying colors. And, during that semester, I dropped off the dance team. School has to come first . . . nursing school is like a complete other animal. I think time management is a challenge. But you have to really think when you're in nursing school, like is that super important? Should I be studying instead? Do I have time for that? But with all the tests we have, especially this semester, it's been back to back. We've had a test every single Tuesday with the exception of fall break. So, you definitely have to prioritize your time and be able to work quickly and not get wrapped up in one chapter because you only have a few days to study lots of chapters.

For Interviewee 10, time management was not only described as a daily challenge but an academic barrier. This participant identified learning disabilities and health problems that contributed to her overall struggle. Her health problems included dysautonomia and residual effects of repeated concussions in high school. These problems seemed to exacerbate her ADHD. The descriptions she offered are presented here:

With my learning disabilities, it takes me much longer to do things or process them or to organize it or whatever it may be and nursing school in general is extremely time intensive and demanding, and so it's like, I'm always on override more than normal nursing students are. That can be really exhausting. Time management is really the biggest [challenge] for me at least. Being [in] places on time. Doing things on time and almost feeling like I don't have enough time. That's just because everything takes me so much longer or I'm, you know, my body is so much more fatigued from the dysautonomia or whatever. That's been the biggest barrier.

While struggling with physical health issues and learning disabilities, this participant spoke openly about negative interactions with the faculty with regard to being marginalized, a fact that she as an impediment to her academic success:

Because of the disabilities, no. I have felt like in my time in the nursing school that I maybe wasn't understood or wasn't—or that the general impact of my disabilities, like, they have had different aspects of my life or failures or, you know, mistakes in nursing school I felt that was not a consideration. It just came down to the general—these are rules and rules are rules. Then again, I don't know how much the impact of my learning disabilities are [as] medical conditions should have on a certain level of grace or understanding or conversation in these circumstances. I haven't been afraid to be honest or disclose what I might be struggling with. I'm just afraid of the consequences or how I would not be able to possibly overcome them in certain situations of the demands in nursing school.

While academic barriers were present for all the participants, they were able to overcome the difficult circumstances to find success in their lives. Many of the descriptions of academic

barriers overlapped with the challenges described in response to Research Questions 1 and 2. In contrast to challenges and academic barriers, participants described favorable experiences in their clinical settings as well. While past or present life situations and living with learning disabilities invariably impacted the academic setting, the clinical experiences participants identified were more favorable. Several described clinical experiences as exhausting, as the effect of medications could have worn off due to the long hours. However, the clinical sphere was the area of nursing participants thought they excelled in.

Research Question 3

Research Question 3 was as follows: What was the impact of the learning disabilities on nursing students' clinical experience? While the literature primarily addressed nursing students with learning disabilities, particularly dyslexic students, in the clinical settings, this research yielded no evidence identifying learning disabilities' effect on students' ability to perform actual hands-on patient care. Overall, participants described positive interactions with patients and the clinical experience in a positive light. However, several participants in this study described situations in which they had experienced some degree of struggle to process information during preclinical preparations. The struggle to process the preclinical information was related to the effect of their learning disabilities rather than their inability to understand the concerned assignment. Other descriptions by participants included similar areas that had proved challenging for the participants in the academic setting as well. Anxiety continued to be a prominent problem identified by participants as they recalled the impact of their learning disabilities in their clinical experiences.

Interviewee 11 was extremely descriptive with regard to the challenges she faced in the clinical setting:

Yeah, it takes me longer to do the paper work. Preclinical takes me longer because of thinking about the diagnosis. In clinical, if someone asks me a question, I will pretend that I'm doing something so that I can think. I have told one of my patients, "You can ask me something. It may take me longer to respond, but I will get back to you. I won't forget." I sort of started to attach myself to my nurse. So, instead of caring for only my two assigned patients, I will follow her and help with her patient assignments. Having that one person sit there and explain information to me is helpful. It's really helped me think through stuff when I'm going to be a nurse. She is always showing me how to prioritize and especially like all the charting stuff. That was overwhelming when I started as an adult [student] because we do it online. That was the first time, and so it took me a little bit longer. Normally it's just preclinical, and it just takes me forever and having to read through. In clinical I'm ok.

Interviewee 10 expressed concerns with regard to preclinical preparation as well as trying to balance her health concerns with dysautonomia. She observed the following:

It's impacted me in time management because, as you know, when I was having to do preclinical; it's an extensive amount of work coming off a full day of class and then I have the effects of everything else that I have, and then it just takes me that much longer to get stuff done and makes me that much more fatigued and makes it more difficult to wake up in the morning. Even if I do wake up, it makes it more difficult to be quick on my feet. When professors ask a question like [about] the drugs and it's like yeah, I know about it, but for some reason I cannot get the words out. It's like word retrieval or the slow down mess of my brain. Of course, over time, the paper work has decreased, and I

have improved, and my critical thinking has gotten better. I still feel insecure and sometimes scared.

Interviewee 8 described herself as a hard worker. She perceived her whole class as hardworking and that she formed no exception. Her comments related to the impact of her learning disabilities in her clinical experience were concerned with preclinical preparation:

Preclinical was a challenge because it takes me longer than other people to read through things and to process the paper work, so it took me a very long time. I thought it was very challenging, especially to have to finish it the night before, because then I would have to stay up really late and then get up at 4:45 the next morning. . . . I don't know if I read a lot slower. I think it's just with the identifying—with the reading and identifying letters slower and then also processing it to put it into [sic] a paper.

Interviewee 6 had previously described that she faced difficulty in mathematics and the way the subject proved problematic in the clinical setting. Her response to the question was as follows:

I don't feel like it's impacted me like that, except for the mathematics. I feel like I just—I don't mind talking to strangers. I don't mind talking-to people. I don't mind getting dirty. I don't mind cleaning up poop. You have chosen to be a servant. That's what you do. I don't have a problem with that, not at all. I mean, do you get frustrated when patients and you are not clicking? Absolutely. But, I don't feel like my disability trickles into that.

Interviewee 1 stated in her interview how intense and extensive her anxiety was in every part of her life. Her description of her clinical experiences included her passion about being a nurse living with anxiety:

And, clinical to me is more exciting because I feel like I can try my very, very best, and if I happen to make a minor mistake or forget something, that I'm not going to be penalized as much as I don't have a grade. It's did you try your very hardest [sic] or did you sit down all day and just forget about your patient? Obviously, that's not good, but I think that all the clinical instructors, if they see you trying your very, very best, it's different than if you get a 75 or you get a 90. I don't feel like you have to make a certain grade. So, in my head I feel like my best is just trying, doing everything I can to be the best. If I have questions I can ask, as opposed to testing is [sic] you're all on your own.

For Interviewee 7, anxiety continued to be a pronounced problem in the clinical setting.

She described her experience in the following manner:

I honestly think I excel in the clinical setting. I do everything I'm supposed to do. I go above and beyond, to be honest, but I think you can tell my hard work pays off in a clinical setting more. I feel like I'm a very outgoing person. I get along with everyone. So, I'm good with patients. I can walk in the room, and I can talk to them about anything, and I'm comfortable with them. But, when it comes down to actual clinical type stuff and skills, I think that anxiety and insecurity comes out, and I like don't want to mess up. My clinical instructors even say I'll get so insecure before I'm supposed to do like an IV or something, and then I totally forget how to do everything.

In contrast to struggling or experiencing difficulty with preclinical or with working around complications resulting from her disabilities in clinical, Interviewee 9 denied any concerns with regard to her learning disabilities in the clinical setting. She stated, "I do very good in clinical. I feel fine and very capable in clinical."

While exploring the struggles and challenges of nursing students who live with learning disabilities constituted the primary focus of this research, the researcher and the literature support the unique qualities this distinct group brings to nursing practice. In the researcher's opinion, it was important to help the participants consider qualities and situations that facilitated their success as nursing students. The remainder of the research questions focused on these goals.

Research Question 4

Research Question 4 was as follows: What were the people, techniques, or situations that were most helpful toward the academic success of nursing students with learning disabilities? In an overwhelming response, participants identified their families and friends as being the support that offered them the maximum support in their journey through nursing school.

Interviewee 1 stated the following:

My parents, my siblings . . . the counseling here has been really helpful and my close friends in nursing. I have a lot of really good friends in nursing, and it's easier to talk to them. . . . So, I think that they understand what we're going through as opposed to if I was just talking to somebody who doesn't even know what nursing is.

Interviewee 3 shared the following:

Well, my roommate. When I first transferred here, and I did patho and the first time I took Foundations—like she really helped me, and I was horribly upset that I did really bad on the first Foundation's test. . . . She was really encouraging and always quizzing me. And, the friends I've made in this class.

Interviewee 6 stated the following with regard to her source of support:

Obviously, family. I really do a lot of praying to be honest. . . . I would say you all [faculty] are very encouraging, not all faculty, but the people I have to come [sic] to.

Everybody is good at helping you to refocus or either help you push towards the goal in a better way.

Interviewee 8 shared the following experience:

The psychologist that I went to helped a ton. And my family has helped a ton, just encouraging me and helping me to figure out different ways to study. Also, the disability service helped me a ton with getting me to go and get tested again.

Interviewee 9 shared, “I feel like my friends have been really supportive.” Interviewee 10 stated the following:

Well, just very basically, getting extra time on my test helped me tremendously. Because when I looked back, my test from the first one or two semesters in nursing school when I had not gotten accommodations yet—that’s been really helpful. It’s also been really helpful having professors that I feel genuinely advocate for students. Not just me, but their students in general. Professors that are really encouraging and constantly reinforced that you’re going to be okay.

Interviewee 5 described a testing technique and a classroom recording program that had a positive effect on her:

So, one new technique that I just tried this year was covering all the answer choices. I’m a very visual person. So, it [sic] it’s anemia, for example, I have to write on my paper all the signs, symptoms, complications, everything about anemia, and then reveal one by one the answer choices. . . . Echo is very helpful because, like I said, with reading comprehension, I understand it the first time—hearing it again. So, I love having echo.

Each participant reported unique experiences in which they mentioned techniques or situations that helped them or individuals who supported them in succeeding. Not only specific

instances that impacted participants' success were recounted, but the faculty was identified as being integral to students' success.

Research Question 5

Research Question 5 was as follows: What are the things that nursing students with learning disabilities think that nursing faculty could do to assist them to be more successful academically? Participants expressed extremely positive views about the assistance they received from their nursing faculty as well as other university departments and personnel. While participants were asked if the nursing faculty could have been more helpful or done anything differently for them, there was an overwhelming response in favor of the faculty having assisted students in a manner that exceeded the essential and expected. The exception to the positive experiences was offered by Interviewee 10:

Interviewee 1 discussed her appreciation of the faculty and what she perceived as their dedication to nursing students and how diligently they worked to ensure students' success:

A lot of them are very considerate and understanding, especially having to get up earlier sometimes because we have class after [the test]. And, [they] didn't make us feel like they could have gotten 30 or 40 minutes of extra sleep or anything. They are very considerate and want us to succeed. I've never had a faculty make me feel I couldn't succeed. Just encourage. Just like you helped me and said, in general, everybody has their stumbles, but it doesn't mean you can't succeed. And so, that really did help me, and I think that the faculty in general here want you to do well and want you to come to them if you are ever having problems.

Similarly, Interviewee 2 expressed her positive experiences with the faculty as they helped her succeed with her unique testing accommodations that included permission to leave the room for bathroom breaks:

I think I remember you and [name omitted] were the main people that helped me when I was registering for disability services, because usually that's something people do when they first come to [college], and since I was doing it later, it was like oh okay, well, we need to talk about why you need this. . . . People have been really understanding, and they know if you are registered with disability, then it's legit; they have talked to you about it. It's something that you actually need.

Interviewees 4 and 6 each acknowledged being unaware of the fact that students could receive testing accommodations at the university level. Their responses in this regard were as follows:

When I first came here I didn't even know about the accommodations. I didn't really understand all that at a university, because at a university, I thought it was make it or break it. But, here it is like I told my mom, "This school is worth every single little drop of money out of every bank account because I have never had so much support." . . . I've just had really far and beyond the help that you could get anywhere else. (Interviewee 4)

[Small Christian university] has been the first school that has almost embraced me and said, "Hey, there's options out there." I mean between yourself, Mrs. [name omitted], Dr. [name omitted], I can sit here and name names. Everybody has really surrounded me. Mrs. [name omitted]—she's my clinical instructor—and I said, "I really don't want to fail now." She said, "You're not going to. Here's what we're going to do. Next, test if you don't do well, let's sit down and go line by line." You did that with me

last semester. That was so helpful because she's like, "Why did you miss this? Why did you choose this?" It's a whole different ballgame than doing the review only in class.

(Interviewee 6)

As a second-degree student, Interviewee 7 thought the Christian environment provided a nurturing setting that enabled students to succeed in spite of their disabilities. In the following passage, she describes her experience with support:

I think also the [name omitted] environment too. It's not like a normal school. I mean, just because y'all are so Christian and everyone's a nursing student. Everyone's like caring and I think it's a different environment. . . . The faculty seems super nurturing and caring, and they seem to go above and beyond to help you. I've never had a problem ever meeting with a professor.

While Interviewees 8 and 9 did not elaborate their views with examples, each provided a positive response to the question concerning the faculty being helpful. Interviewee 8 said, "They have been very helpful. [Name omitted] is very accommodating and respectful as well. They [faculty] were sweet and accommodating." Interviewee shared that "Faculty has been great. I meet with the teachers a lot. I like to go, and even after the test, go back to the offices and go through the questions that I missed again. They have been so supportive."

The single negative experience identified by a participant in response to this question was given by Interviewee 10. Her experience was as follows:

I would say I didn't have help and haven't felt truly helped or advocated for until this semester. This semester has been better—since I have continued to persevere and continued to never give up, and since professors or whatever may have been there during my difficulties, like my years of constant mistakes—professors I have never met before

are seeing the type of student that I am. Up until this semester, I felt like it would be okay if I did not come back. . . . I have even been told by one faculty to be careful because there is a target on my back.

Lastly, while the students were still in the nursing program, the researcher sought to explore the way in which they imagined their learning disabilities could affect their professional life. Each participant had completed at least one clinical course, which was a requirement for participation in the study, to allow inclusion of participants who had experience in patient interaction and clinical settings. The last section of the interviews explored the final research question.

Research Question 6

Research Question 6 was as follows: In what ways do nursing students with learning disabilities think their disability can impact their professional practice? The participants were transparent in the expression of their concerns regarding their learning disabilities' possible impact on their professional practice. Interviewee 1 expressed the way in which anxiety had continually affected her life in nursing school and life outside it. Her concern regarding her anxiety's potential effect on her professional practice is expressed in the following excerpt:

I think that at times, if a patient is very sick or complex, or if I get overwhelmed too quickly like with a code or something, I think that could impact me, because it's things blinking in my head and I have to stop. What is your priority? First? Second? Third? How am I going to help my patient? And, that makes me nervous. Like putting a lot of pressure on myself and making sure the patient is okay. I'm not very good when everything is going great and then all of the sudden something happens.

Interviewee 3, who identified that she has short-term memory problems, expressed a feeling of inadequacy in certain clinical settings as she described her concerns:

I'm always worried about remembering things or like I'd do something stupid. So, like an ICU setting, I feel like I'd—sometimes it makes me nervous, because they're so sick in there that I'd forget to do something and mess it up, so I don't know if I really want to care for that sick of people.

Similar to Interviewee 1 and Interviewee 3's responses, Interviewee 5 expressed feelings of self-doubt and concern regarding the most suitable clinical practice setting which stemmed from their perceived weaknesses:

I'm interested in critical care, but I've been thinking of ICU, and I've honestly talked myself out of it. I don't know if I could do it, because it is so detailed, and that's where I really struggle. I don't know if my disability will prevent me from doing ICU, or my mental block has me talking myself out of ICU. I mean, you've got to be so diligent and not forgetting anything. And so, it'll be interesting to see if I'll still need meds or any of that.

Having suffered a traumatic brain injury as a teenager, Interviewee 6 was extremely frank and specific with regard to her future area of professional practice. She thought that she would be able relate to a similar patient population group:

I would love to work in neuro ICU particularly, because I like the brain. I feel like if I can get through school, I actually think I'll be ok. I really do. However, does it mean I won't struggle? No, but I do feel like I'm just better at the doing part. It's just where I'm stronger.

Interviewee 7, while she acknowledged the need for constant reassurance, she also recognized the difficulty presented by the first year in nursing practice:

I'm one of those people that need constant reassurance. Like, you know, you're doing a good job. I'm hoping by that point [5 years into my professional practice], just because everything's so new right now, it's hard to manage. Like, at work I know the first year will probably be difficult, but I'm hoping in five years, everything will be under control.

Struggling with a processing disorder, Interviewee 11 described the way in which she expected her learning disabilities to impact her professional career openly. Further, she expressed an interest in helping others who struggled with learning disabilities similar to hers, stating that she understood from experience exactly what was happening to them. She also recognized that being a part of the workforce would be different from being a school student:

It's going to be a big learning curve. I would be really frustrated at first. I will be honest with you. I'm going to hate working until I figure out what works. Once I find out what works, I will probably stick with the same thing for a while, because I know that transitioning to something different is going to be another curve. I feel once I get the hang of something, I'm pretty good at self-discipline and making myself do stuff. I know the outcome is going to be better. So, if it means spending longer time with patients, then I might as well do it, because we're there for the patient.

In conclusion, the participants appeared to answer all questions with honesty and transparency. Each interviewee reported unique experiences and struggles. These broad research questions guided each section of the interview and served as the source of the themes. The following section of this chapter will discuss content related to the sections that will further

allow the reader further, deeper understanding of the lived experience of nursing students with learning disabilities.

Additional Themes That Emerged

Need for Counseling

The need for counseling as a theme emerged as the participants described their attempts to cope with the different challenges they experienced. From the total participants, eight were currently consulting or had consulted a private counselor. Six of the participants were actively seeing a counselor as a part of ongoing therapy, while two other only met a counselor for the diagnosis of their learning disabilities and testing accommodations. This theme appeared to be inter-linked with the themes of spiraling anxiety, labeling, fear of failure, and isolation as coping and survival mechanisms.

Interviewee 10 stated her counselor was like extended family for her: “Well, I have a counselor here in Birmingham that I have been with for 6 years now that’s like a family member. She’s become an extended part of me and how I get through life.”

Interviewee 1 described her experiences of counseling as a relief as opposed to sharing her anxiety issues with family and friends, which she perceived as burdening them:

I am going to counseling too. That has really helped. I didn’t think it would. I’m very internalizing, so I don’t like to burden people; so, I would rather write it down and keep it to myself than tell somebody. That was a huge thing and I think it made it worse. And, I feel like, just like if no one sees you eat the calories then they don’t count. So, counseling has helped me be like, not like okay with the fact that I have anxiety, but just like you have anxiety, this is how you need to deal with it that works best for you.

Interviewees 5 and 9 expressed their experiences with behavioral counseling and the assistance it offered in overcoming anxiety as well as seeking help from the university counselor:

I go to counseling, I do DBT, which is—it's called dialectical behavioral therapy. I do it out of Atlanta. It's incredible. It's really action based. So, when you're sitting in class feeling really anxious and it's not appropriate to cry, what can we do right here, right now? Well, we can put a cold can on the back of your neck and lower your body temperature, you can do some paced breathing, so it's really action based. I also go to a guy here. The counselor here on campus. (Interviewee 5)

The psychiatrist—he gave me some deep breathing techniques and tried to help me reframe the thinking. He said before you go studying, try to reframe the thinking. I *get* to take this test and not *I have* to take this test. So, just—he said just not to dwell on the worst that can happen. Think about how many lives you're doing to impact and how great of a nurse you're going to be. (Interviewee 9)

Interviewee 7 explained the challenges she encountered in seeking counseling even though it was required:

I have a really hard time just sitting down and focusing and concentrating. I don't—my brother, when he was growing up he had like severe ADHD, and he had a bunch of problems. He was borderline autistic, so I think, when it came to comparing me and my brother, my mom always thought that I was normal, when I actually needed more help than I got. So, it really wasn't until college when I started meeting with my psychologist weekly.

Interviewees 4 and 8 mentioned the struggle of requiring counseling but being unable to afford it. In reference to insurance coverage, Interviewee 4 asserted the following:

Psychiatrist—because it only applies for like so many times that you can go see the psychiatrist, unless you're wealthy. Because I have a friend, and she's like very wealthy, and she just sees him constantly. But like, I can't afford to go see a psychiatrist because it's just—I've already maxed out my limits. But that would help, if you had someone like regularly stay with you.

Interviewee 8 stated the following:

My mom struggled with the insurance. Then I had, kind of, therapy with the psychologist who did this [testing], and so helped me figure out different ways to study. The psychologist that I went to helped a ton . . . helping me figure out different ways to study.
(Interviewee 8)

Proactive Educational Environment

The last theme that emerged based on the transcription analyses described the perception of the small Christian university as a proactive educational environment for students with disabilities. The support it offered to students had a positive impact on them. The university website reports the faculty to student ratio as 13 to 1. This university further offered student's smaller class sizes; they also promoted an emphasis on the processes of teaching and learning. These factors allowed the faculty to have one-on-one and more frequent meetings with students. Participants in this study spoke favorably about the nursing faculty and their desire to assist them in being successful. In the following quotes, interviewees describe the proactive educational environment they discovered at the institute:

I can honestly say they have worked with me, especially trying to get all my information in the computer; they have been good about it. They send out emails about where to meet

at least 1 or 2 days before the test. That way I know where I'm going, and I don't have to worry about where I'm going, what room it's in or anything like that. (Interviewee 1)

[Name omitted] has been the first school that has almost embraced me and said, "Hey, there's options out there—I would say you all are encouraging. Everybody is good at helping you to refocus or either push toward the goal in a better way." (Interviewee 6)

Faculty have been great. I meet with teachers a lot. I like to go back even after the test in the class, to the offices and go through questions I missed again, but they have been supportive. (Interviewee 9)

I would say extremely helpful. Before ya'll, nobody really ever asked. Once y'all are aware of who has them, y'all seek out and really help encourage. That's helpful. (Interviewee 11)

I think, also think the [name omitted] environment too. It's not like a normal school. I mean, just because y'all are so Christian and everyone is a nursing student, everyone's like caring, and I think it's a different environment. (Interviewee 7)

Summary

In this chapter, the researcher used the research questions as a framework to describe the data obtained from this study. Demographic data was initially provided as a means to holistically understand factors such as age and gender that affect learning disabilities and the time for which participants had struggled with the disabilities. The data obtained in response to the six research questions yielded information about personal experiences and other aspects in which the emerging themes were noted. Based on a general inductive analysis of responses to interview questions, the emergent themes were noted as spiraling anxiety, labeling, fear of failure, and isolation. The necessity for counseling and a proactive educational environment

developed as participants described supportive measures that facilitated success. These themes offered insight into the lived experience of nursing students with learning disabilities.

This study revealed various experiences of the participants living with learning disabilities. The findings included emotional responses to both the positive and negative experiences participants had as individuals with learning disabilities. All participants spoke highly of their support systems that offered constant encouragement as they journeyed through nursing school and life. Participants were equally appreciative of the university and nursing faculty's assistance in obtaining the help they required to be successful. These interviews enabled a more comprehensive understanding of the lived experience of nursing students with learning disabilities.

CHAPTER V

DISCUSSION, CONCLUSIONS, LIMITATIONS, AND RECOMMENDATIONS

This study aimed to explore the lived experiences of nursing students with learning disabilities. This chapter includes a discussion of findings, implications for the theoretical framework, study limitations, recommendations for nursing education, conclusion, and further research. The findings of this study revealed that nursing students with disabilities have lived through experiences that may go unnoticed by their faculty regardless of how grave the experience is to them. While nursing students may experience similar feelings in general, the nursing students with learning disabilities have to overcome hurdles that require deliberate attention from the faculty members. Themes that emerged during the analysis of responses include participants' overwhelming experience of spiraling anxiety, fear of failure, labeling, and isolation. Additional themes that emerged included the need for counseling and a proactive educational environment. In consideration of the themes that emerged, it is vital for the nursing education system to address the specific needs of this student population.

This study began with a literature review of works pertaining to nursing students with learning disabilities. Due to the availability of a limited amount of literature to support students with disabilities in nursing, the literature review was broadened to include literature from the disciplines of nursing, education, sociology, and psychology. While the literature review was expanded, there remained a limited availability within the multiple disciplines in the area of disabilities in relation to higher education. Owing to this limited availability of research in

relation to students with disabilities in higher education, this research study is timely and imperative.

At the beginning of this research project, the timeliness of this study was highlighted by the release of the AACN's *White Paper on Inclusion of Students With Disabilities in Nursing Educational Programs for the California Committee on Employment of People With Disabilities* (Marks & Ailey, 2015). This important piece of literature dispels the arguments of exclusion of persons with disabilities in nursing by addressing the issues relating to concerns of patient safety and for inclusion on the basis of culture and diversity. Intentional and unintentional hurdles created for nursing students with disabilities by the faculty and nursing programs was addressed. In viewing nursing students with disabilities as a subculture, nursing education can be enriched, whereby this student culture can be nurtured and the notion of only able-bodied persons are capable of being nurses can be dispelled.

During the analysis of the responses to the six research questions, the following themes emerged: spiraling anxiety, labeling, fear of failure, and isolation. Two additional themes that were identified included the need for counseling and a proactive educational environment. The analysis of responses was completed through the following process: immersion in the data through multiple readings of each transcript, selection of specific words or statements that the participants used to describe their lived experience, re-reading the transcripts as new words or statements emerged in order to verify that themes had not been missed, followed by the coding of themes in a tally format to reflect the number of times and the number of participants that had mentioned the words or themes. Once the six themes emerged and were identified, the information was sent back to the participants for the validation of descriptions and meanings.

Discussion

This research study explored the lived experience of nursing students with learning disabilities from the perspective of hermeneutical phenomenology. In using the hermeneutical phenomenological approach, the study could better attempt to identify the significance of the lived experiences and interpret them for understanding. Understanding that individuals are unique in the manner of their interaction with their environment helps comprehend the way in which individual experiences shape people differently.

The use of CDT as a theoretical framework was equally as important as the use of hermeneutical phenomenology as a research approach in identifying the significance of the lived experiences. CDT emerged from the research pertaining to the lived experience of persons with disability (Pothier & Devlin, 2006). CDT seeks to examine the manner in which one's own truth is developed through one's social environments and situations (Munhall, 2012). Through critical science, study frameworks can begin to socially deconstruct societal norms and restraints while challenging these societal norms in order to provide for a broader inclusion and context of disabilities (Munhall, 2012).

As data were analyzed, responses surrounded the concept of exploring the lived experience of nursing students with learning disabilities and their daily struggles in the role of a student, academic barriers, and clinical barriers. Each participant was asked the following research questions:

1. What are the daily challenges that nursing students who live with learning disabilities face?
2. What are the academic barriers that nursing students with learning disabilities have to overcome?

3. What was the impact of the learning disabilities on nursing students' clinical experience?
4. What were the people, techniques, or situations were the most helpful toward the academic success of nursing students with learning disabilities?
5. What are the things that nursing students with learning disabilities think that nursing faculty could do to assist them to be more successful academically?
6. In what ways do nursing students with learning disabilities think their disability can impact their professional practice?

In answering these research questions, the participants described their belief(s) regarding the way in which disability is viewed by society, their journey in discovering their disabilities, the challenges they face as a nursing student, the times when they may have experienced marginalization, barriers they have learned to overcome both academically and clinically, and the way in which they view their disabilities in relation to their future nursing practice.

Research has revealed an increasing rate of entry of students with learning disabilities into higher educational institutions (Hamblet, 2014). Research has also discovered that due to a lack of general support, the high expense of testing needed to obtain accommodations, and the potential for students to face difficulty in prioritizing, organizing, and having adequate study skills, students with learning disabilities tend to struggle more (Hamblet, 2014). Hamblet has gone on to report that these students are less likely to attain their academic degree in comparison with their peers who do not have a learning disability.

In 2015, the AACN released the *White Paper on Inclusion of Students with Disabilities in Nursing Educational Programs for the California Committee on Employment of People with Disabilities* (Marks & Ailey, 2015). This white paper, along with the central themes from the

Institute of Medicine (2011) report, *The Future of Nursing: Leading Change, Advancing Health*, calls on nursing to fill and expand the roles in healthcare with consideration of nurses with disabilities. While historically defined entry standards have always existed for nursing programs, including the ability to have dexterity, oral and written abilities, visual, auditory, touch, smell, and olfactory senses, the AACN insists that the profession rethink the possibility of utilizing advanced technology and alternatives to better enable persons with disabilities to have a greater opportunity to earn a nursing degree (Marks & Ailey, 2015). This research study hopes to build on these important documents that support nursing students with learning disabilities as they described their lived experience.

During the interview process for this research study, each participant attended one interview that lasted approximately one hour. Each interview was transcribed by a professional transcriptionist and then read line by line for meaning and thematic interpretation. The advantage of utilizing interviews as a method of qualitative research is the ability to directly access what people actually do in their world rather than merely asking them to comment upon it (Silverman, 2014). All possible attempts were made to properly represent the participants' meanings and thoughts. Data analysis was sent to each participant privately for verification that their words and thoughts were accurately expressed and represented. The discussion of the thematic findings will compare this study's findings with the findings of the literature available.

This discussion section compares and contrasts the themes discovered in this research study with the studies mentioned in the review of literature. While no research studies addressing the lived experience of nursing students with learning disabilities was found, studies indeed revealed nursing faculty's concerns regarding nursing students with learning disabilities. One driving force in addressing nursing students with disabilities is the white paper issued by

AACN (Marks & Ailey, 2015). In order to ensure that nursing students with learning disabilities undergo an optimal learning experience in nursing programs, this study is not only timely but also imperative for the nursing profession.

The themes that emerged during this study were all intertwined and enmeshed as the participants described their experiences of living with learning disabilities as a nursing student. Labeling, fear of failure, and isolation all contributed to the experience of spiraling anxiety. These themes overlapped in participants' need for counseling to help them overcome their daily challenges. Ten of the 11 participants, however, spoke highly of the support and proactive assistance they received at the university and by the faculty. Many discussed their fear of failure in the nursing program despite the realization that they were doing everything in their power to be successful. The difficulty in the discussion of the thematic findings of this study lies in the lack of similar research projects undertaken in the field of nursing. However, the lack of research in nursing specifically concerning the lived experience of nursing students with learning disabilities boosts the importance of this study to the forefront of nursing education.

Spiraling Anxiety

Regardless of individual situations, including the length of time for which the student has been diagnosed with learning disabilities or any other factor described during the interviews, anxiety was prominent in each interview. Two participants identified anxiety as their actual medical diagnosis for obtaining testing accommodations. Participants appeared to express stress over being stressed, which occurred often in their daily lives. Many participants described the feeling of being stressed and becoming anxious due to the fact that they had to study constantly only to barely achieve a passing grade. They described the way in which they became stressed and anxious due to the fact that they believed that they had to study constantly while their non-

disabled peers did minimal amount of work. Research specific to or even related to the lived experience of nursing students with learning disabilities is severely limited when seen in comparison to the spiraling anxiety that is difficult to feel. However, several studies have highlighted self-determination, self-doubt, and low self-esteem as factors from which anxiety could exacerbate or occur in a student with learning disabilities.

Self-determination is described as a “the process by which a person controls their own life” (“Self-Determination,” 2013). In the replication study carried out by Hong et al. (2011), self-determination appeared to be essential to the success of college students. More specifically, college students who recognized their strengths and weaknesses, knew who they were and what they wanted, and recognized what they needed to do in order to achieve their personal goals were the ones that were successful. In this study pertaining to the lived the experience of nursing students with learning disabilities, each participant had consciously chosen to study nursing. The participants who had received testing accommodations prior to entering the nursing courses expressed a lack of need to utilize their accommodations until they had entered the nursing curriculum. As per their description, the anxiety they felt upon becoming engaged with the nursing and testing methods unique to nursing programs appeared to be a crucial factor in destroying the self-determination they may have had prior to beginning nursing school. Several participants described their struggle with failure and denial of the need for accommodations, which were the turning points in their academic success.

Other participants described their ability to overcome the constant inner anxiety that could potentially destroy their drive to succeed. Each participant of this lived experience study described areas of their life in which they struggled and the parts in which they excelled. This exercise highlighted the positive aspects of their daily lives despite the fact that the negative

areas could overshadow the positive. All the participants were far enough along in their program of study to be aware of what they needed to do in order to be successful. Yet, anxiety appeared to destroy the positive feelings of preparation, ability, and success for these participants. The spiraling anxiety generated feelings of isolation, followed by the feeling of compulsion to study more due to the fear of failure. However, it was through individual drive and self-determination that the participants managed to focus and overcome the difficulties they faced in living with learning disabilities as a nursing student.

In the study conducted by Ridley (2011), nursing students with dyslexia participated in semi-structured interviews where the theme of living with dyslexia emerged as a theme. The participants in Ridley's research study confessed to living with feelings of self-doubt and low self-esteem. The participants of this lived experience study described a variety of learning disabilities that may not have specifically been dyslexia. However, they discussed the various stages of their higher education pursuit when they required testing accommodations. While the same experiences were not directly described by the participants of this research study, they indeed spoke about their experience of feelings of "no return" or "I just have all this anxiety which is unnecessary, but I do. I can't help it." Other participants described endless hours of studying only to "get anxious because I couldn't remember anything." Others described isolating themselves in the library in order to study for hours only to achieve merely passing test grades. This too created an increasing amount of anxiety that affected them internally. With regard to the way anxiety can affect learning disabilities, Ridley discovered that the early recognition of dyslexia was essential for overcoming the negativity that may elevate levels of student anxiety and aggravate the inability to overcome obstacles.

Need for Counseling

Eight of the 10 participants reported their individual need for counseling and its assistance in their coping and struggle with anxiety. The participants received help from a counselor expressed the positive impact that it had created in their lives with respect to the learning disability. No research study addressing the specific counseling needs for nursing students with learning disabilities could be found, nor could any study that compared the need for counseling services to be increased for students with learning disabilities versus college students without learning disabilities be found. This theme may, therefore, be unique to this particular study based on the small private institution in which the research was conducted.

Hamblet (2014) discussed strategies for improving college transition for students with disabilities. Due to the distinct differences in gaining access to testing accommodations at the secondary education and the higher education level, Hamblet identified areas that students with learning disabilities considered to be problematic for them alongside the way in which secondary educators can help bridge the transition to college for entering freshman with learning disabilities. One area identified was to reach out to the students' families in order to educate them on ways to support the students. While the participants of this lived experience identified their family as their predominant support system, it was very evident during the interviews that their counselors were instrumental in facilitating their coping and stress management.

Labeling

Labeling was explicitly noted in multiple interviews during this research study. The descriptors of "dumb," "stupid," and "weird" were expressed by three participants in this study. In a profession that promotes caring and compassion, the fledging future nurse should not experience these feelings while they eagerly and anxiously learn professional dynamics.

Participants of this lived experience study spoke openly regarding their experiences with labeling or fear of disclosure due to being labeled. They also expressed hesitancy in disclosure to potential employers owing to their fear of being seen as incapable of being a good nurse. McPheat (2014) addressed this exact fear of disclosure as a common theme in the literature due to the potential for discrimination.

Carroll (2004) described the study of nursing as “caring in the human health experience” (p. 207). Carroll (2004) further noted that “nurses spend much of their time caring for people with disabilities yet, sometimes have negative attitudes about disabilities” (p. 210). Data analysis in the study by Ashcroft and Lutfiyya (2013) revealed that students were reluctant to disclose their disability due to their fear of discrimination and the stigma they had experienced due to their disability. It is important to recognize the consequences of negative faculty attitudes and behaviors. The attitudes and behaviors of the faculty can be powerful in influencing the way in which students perceive disabilities and even themselves if they have disabilities (Carroll, 2004).

In one of her earlier works, Donna Maheady (1999), one of the leaders in the fight for equality for nursing students with disabilities, noted that “often negative (faculty) attitudes had an impact on the students’ self-esteem and confidence” (p. 166), which created more stress for students. Maheady’s study revealed that students with disabilities faced resentment from student peers, including the feeling that a student with disabilities took away a program slot from a person who did not have disabilities. Furthermore, non-disabled students claimed that their disabled peers or students with accommodations received more attention from the faculty. Recommendations stemming from this particular study included sensitivity training for the

faculty and students toward disabilities alongside providing information regarding federal laws that protect the rights of students with disabilities.

Fear of Failure

In a similar manner as labeling, the fear of failure was identified as a theme expressed by nine of the 11 participants. Intertwined with this theme were the feelings of spiraling anxiety and self-doubt. Participants spoke of the hours spent in studying for a test only to make the minimum passing grade or end up not passing at all. The perception in the participants that they had done everything they could in order to prepare and that their grade did not reflect their preparation was considered to be a defeat. Regardless of the clinical strengths the participants may possess, failing a nursing course academically was a real fear they experienced.

In the study carried out by McPheat (2014), a hypervigilance is noted among nursing students who have dyslexia. While McPheat's study was specific to dyslexic nursing students in the clinical setting, the hypervigilance described was observed as a deficit for student success due to the fact that it restricted them from succeeding or reaching their full potential. In the same essence, the fear of failure and the excessive study habits of the participants of this lived experience study can be interpreted as a form of hypervigilance, which has been determined by the participants as not being helpful in their success. McPheat refocuses the negative traits to make the reader aware of the positive aspects of dyslexia: excelling in verbal communication, increased physical dexterity of the students' hands, creativity, and strength in problem-solving skills, all of which are assets in a nursing professional.

Isolation

Triangulated with labeling and the fear of failure as themes that emerged from this study, isolation was expressed by 10 of the 11 participants. As the participants confessed to having to

isolate themselves in the library to study for countless hours, they also described missing social events with sororities or friends and family. Isolation was described by behaviors expressed such as excessive study time, having to write down everything in order to remember, inability to work when the room was disorderly, and the exhaustion described due to the longer time required for processing information. Research indeed mentions the feelings of isolation in students with disabilities but only with reference to being in the clinical setting.

According to McPheat's (2014) address of the effects of faculty attitudes toward student success, negative attitudes can also generate feelings of isolation. Carroll (2004) spoke of the inclusion of people with physical disabilities in nursing. However, nursing attitudes and their impact on the nursing student were crucial to the success of the student. In this article, the myths that surrounded the ability of a nursing student with disabilities to succeed were quelled, and the benefits of inclusion were brought to light. Maheady (1999), a pioneer in the area of nursing students with disabilities, advocated the inclusion of nursing students with disabilities. Her research article titled, "Jumping Through Hoops, Walking on Eggs Shells: The Experience of Nursing Students With Disabilities" reminds the nursing faculty that the students who are admitted to their programs may progress, graduate, and pass licensure while never disclosing their disabilities. Maheady addresses the need for nursing programs to be more open and receptive toward students with disabilities alongside considering sensitivity training for both the faculty and students.

It is through this lived experience study that nurse educators may begin to comprehend the struggles of nursing students with learning disabilities. Outward struggles may not exist for these students. Repeated studies presented in this research reveal the daily challenges this subset of the student population lives with. From the spiraling anxiety to being fearful of disclosing

that they have a learning disability to countless study hours alone in a library, isolation appeared to be a real phenomenon for the participants of this study.

Proactive Educational Environment

Of the 11 participants of this study, 10 talked about the proactive educational environment of this study's small private university. While one participant stated that she had been told that she had a target on her back, the other participants experienced support and encouragement from the faculty, the nursing program, and the university. Research suggests that a supportive environment is one of the major contributors to the success of students with disabilities. In Hadley (2007), whether the study addressed faculty perceptions, inclusion, cultural competence, or the experiences of students with disabilities, each study recommended an environment where the faculty had been educated or where situations had been created to accommodate the student. Research suggested that not only should the faculty in the classroom be educated about disabilities, but also the faculty that worked with students at the bedside. Carroll (2004) summarized her research with the following statement:

Qualified people with disabilities are able to provide humanistic care and use their nursing knowledge to guide clinical judgement. Nurse educators have a moral and ethical obligation to include them in the nursing profession so patients can benefit from their care. (p. 212)

Critical Disability Theory: Challenging the Norm

In order to understand CDT and its importance in this research study, one must understand the basis of this theory in research. CDT emerged from research that focused on the lived experiences of persons with disabilities (Pothier & Devlin, 2006). It was developed as a theory of empowerment and embodiment rather than the conceptualization of disability as a mere

misfortune (Pothier & Devlin, 2006). Critical pedagogy itself suggests that the roles in society should be based upon empowerment of the person and their worth in the society. This is in direct contrast to the traditional pedagogical models that were based on the medicalization of disability and allowed disability to be considered as a source of the problem (Nevin et al., 2008). Critical pedagogy shifted empowerment to persons with disabilities in making choices and exerting influence on the society rather than being viewed as individuals in need of charity, incapable of functioning in the society (Nevin et al., 2008).

In challenging society's traditional ideology of valuing only able-bodied people, Rocco and Delgado (2011) sought to deconstruct the idea of "ableism" in which persons with disabilities are likely to be discriminated against or denied opportunities in order to allow able-bodied persons to succeed. While the study by Rocco and Delgado (2011) lauded the advances made in medicine that improved the opportunities for "well" disabled persons to have more access to education and jobs, the authors maintained a firm criticism of the continued subscription to the medical model that perpetuates the "network of beliefs, processes, and practice that produce a particular kind of self and body that is projected as perfect, species-typical, and therefore essential and fully human" (p. 6). The authors further highlighted the unbelievable oppression created by societal labels and definition of norms. Rocco and Delgado emphasized the incongruence of race, gender, and class being identified as social constructs while adult education does not consider disability as being socially construed. Disability is only viewed as an unfortunate situation for certain individuals. This understanding of disability tends to diminish the value of people who live with disabilities.

Through critiques of disability and disability studies, the overarching dualism of people being either categorized as disabled or non-disabled has been challenged (Vehmas & Watson,

2014). Ableism, disability, or oppression cannot exist if there is no reference for normative judgments and the perspective from which society produces judgment (Vehmas & Watson, 2014). Despite the progress in social justice, equality, and activism for persons with disabilities, disability theorists have yet to break the link of disability as an impairment and to provide a social model of impairment. Barnes and Mercer (1997) cautioned disability researchers to not deteriorate or lessen disabilities through language and descriptors as they interpret findings. Language and descriptors of disabilities potentially cause further oppression for persons with disabilities (Barnes & Mercer, 1997).

How, then, does higher education, specifically nursing education, address the restraints and barriers that could be experienced by students with disabilities? Higher education continues to encounter a growing number of college students with disabilities matriculating to the campuses each year. Research continues to highlight an even larger number of students who enter higher education with invisible disabilities such as learning disabilities, depression, and traumatic brain injury (Rocco & Delgado, 2011). Nursing programs report numbers that reflect the same steady growth in the enrollment of students with disabilities. Nurse educators must examine the requirements for admission and progression as well as the barriers that may exist in the practice of nursing (Maheady, 1999).

Carroll (2004) suggested that nursing education had to dispel myths of concerns related to patient safety, ability to meet the specified technical standards of nursing programs despite disabilities, and capacity to pass licensure exams. Carroll emphasized the need to understand that all people, including nurses, have strengths and weaknesses. However, patient safety depends on the nurse's self-awareness of their strengths and weaknesses. Integral to the success of nursing students with learning disabilities in a nursing program is the readiness of the faculty

to revisit barriers that have emerged in nursing research over the past 25 years. Dupler et al. (2012) provided the nursing faculty with guidelines and strategies to help them navigate admission, progression, and content delivery for nursing students with disabilities. Dupler et al. further addressed the manner in which disability law affects nursing education alongside offering the faculty ways to aid student success both in the classroom and clinical settings.

Donna Maheady and Beth Marks have been leaders in advocating the value of nursing students with disabilities as vital members of the nursing profession. Maheady (1999) specifically addressed the unfounded concerns and barriers expressed by nursing faculty in her study, "Jumping Through Hoops, Walking on Eggshells: The Experience of Nursing Students With Disabilities." Notable from Maheady's study was that nursing programs surveyed identified limited experience in teaching nursing students with disabilities regardless of the disability. Beth Marks has championed the nursing students with disabilities in the white paper published for the inclusion of students with disabilities in nursing (Marks & Ailey, 2015). She also addressed disability as a culture and the nursing faculty's misunderstanding of the way in which disability can enhance nursing practice.

The themes that emerged from this research study pertaining to the lived experience of nursing students with learning disabilities paralleled the burden of powerlessness that CDT attempts to dispel. Labeling was identified as one academic barrier experienced by the participants of this study. From the expressed feelings of being referred to as accommodators to the descriptors of feeling as though they are being viewed by the faculty as "being on the short bus," participants identified situations that caused them to feel less than normal or singled out as different. The participants also recalled inner struggles of self-identification as accommodator or sitting silently and missing the opportunity to receive their accommodations. Appendix G

provides a diagram to illustrate the way in which, through the use of CDT, the themes of this research can be merged to provide a holistic visual of the person or nursing student with learning disabilities.

Rocco and Delgado (2011) discussed the “power of naming” as personal and political. While deconstructing naming, or from this research labeling, developed from the influence of civil rights, Rocco and Delgado provided three points that highlight the importance of deconstructing labels:

1. Humans attach meanings to the objects in their social world. These meanings influence the behavior toward the named objects.
2. Definitions actualize our need as humans to identify and classify.
3. Society deals with social problems by naming or redefining as necessary.

Therefore, labeling becomes oppressive, “that bears down upon impaired people” (Rocco & Delgado, 2011, p.5).

Labeling enables the societal view that disability is a misfortune. Labeling further illuminates the hierarchical construct of difference. Rocco and Delgado (2011) discussed this hierarchy in terms of ableism versus disability in which disability is viewed by society as a “diminished state of being human.” Pothier and Devlin (2006) noted that being equal not only means that one should not be looked at with pity but also that the societal belief that disability is a burden should be dispelled. Pothier and Devlin referred to this phenomenon as “the dilemma of difference” in which the significance of the situation is contingent on the context of the situation.

CDT demands that “difference” be addressed and challenges the assumption that difference can be ignored (Pothier & Devlin, 2006). Challenging difference necessitates one to

consider inequality and to pursue inclusion. Otherwise, being different from society's norm promotes exclusion (Pothier & Devlin, 2006). Carroll (2004) accentuated the important tenet of the ADA. Students seeking admission into a nursing program are required to meet the requirements of the program with reasonable accommodations, removal of barriers, and be provided with the necessary aids and services needed for their situation. The ADA does not require programs to lower their standards for admission, progression, and graduation (Carroll, 2004). The same approach for admission and progression that are applicable to students who do not have disabilities must be applied to students who have disabilities, but the determination of such must not be based on generalizations or stereotypes of disability (Carroll, 2004).

Isolation, coupled with the fear of failure, resonated with the participants, as many claimed to have missed special life events or being unable to participate in college activities due to the idea that they should be studying in order to achieve success at the same level as their peers. Rocco and Delgado (2011) described two internalized beliefs (alienation and false consciousness) that can be experienced by persons with disabilities. While the context of alienation and false-consciousness arises from the belief that one is not able to perform or is less capable and worthy, the theme of isolation can be paralleled in the same context. Isolation and the fear of failure were expressed, as participants described their internalized feelings of the need to study more in order to achieve the same results as their peers without disabilities. For the participants of this lived experience study, isolation and the fear of failure generated feelings of alienation and the perception of themselves as being less capable.

Nurse educators historically received limited training in teaching students with disabilities (Sowers & Smith, 2004). Sowers and Smith (2004) found that the nursing faculty was overwhelmingly doubtful of the ability of students with disabilities to be able to complete

nursing programs and practice as nurses. Research studies have addressed nursing the attitudes of the faculty and their effect on nursing students with disabilities. These attitudes have been found to create feelings of isolation in nursing students. Marks (2007) noted that persons with disabilities may have grown up in isolation from each other due to not having the opportunity to develop a subculture to share experiences. Consequently, students with disabilities may not identify themselves as having a disability due to the fear of negative treatment and shame, which leaves them isolated alongside not receiving the accommodations needed to be successful.

Two participants recalled instances where they did not feel supported, even expressing frustration and disappointment in their experiences. One noted that she was told that she “had a target on her back.” The other participant spoke of situations that made her feel as though she was “on the short bus.” These findings are congruent with the political insights that undergird disability theory—power(less) and context (Pothier & Devlin, 2006). CDT seeks to interrogate systems wherein social values, institutional priorities, and power are instilled (Pothier & Devlin, 2006). While conducting and analyzing these two interviews, the interpretation of meanings created awareness regarding the essential need for nurse educators to reconsider practices that diminish the value of students.

As the part of a profession that boasts of its ability to produce nurses who are educated in both the art and science of patient care, nurse educators must reconsider and modify its traditional technical standards and methods of teaching for the inclusion of nursing students with disabilities. While all students must meet the core competencies set by the nursing program in order to graduate, nursing education must explore the barriers created by the standards that can inhibit students with disabilities. CDT is capable of debunking the idea that persons with disabilities might not be able to meet these core standards, especially the traditional technical

standards. CDT emphasizes that people with disabilities have the right to self-determination or the right to control their own lives (Rocco & Delgado, 2011). Without the opportunity to practice self-determination while living with a learning disability, societal norms have prevented and denied access to students.

A theme identified by Carroll (2004) included concern of the nursing faculty for patient safety due to a student's disability. Carroll (2004) addressed this by reminding the reader that "patient safety is an issue for *all* nursing students, not just students with disabilities" (p. 209). According to Marks (2007), people should be able to employ a variety of strategies to perform the needed functions or competencies. Child and Langford (2011) identified positive outcomes for nursing students with dyslexia when there were advocates and adequate support systems available for them. Carroll addressed the humanistic characteristics that should be considered in offering admission to potential nursing students, including effective communication, self-awareness, and personal talents. Other competencies that need to be considered in the admission criteria include thoroughness, compassion, self-control, and critical thinking.

Despite all the negative connotations associated with disability that have been addressed in this research study, Edmonds (2012) reminded the reader that difference can include characteristics such as being interesting and creative. Edmonds further encouraged the educator to consider the fact that all people have needs, and without a shift in the societal views of disability, self-worth is likely to be impacted, which would, in turn, contribute to a downward spiral in self-esteem and coping. Rocco and Delgado (2011) affirmed the five principles that are critical for nursing educators who seek to uphold the value of nursing students with learning disabilities. These principles are as follows:

1. Disabled people have a unique voice and a complex experience.

2. Disability should be viewed as part of a continuum of human variation.
3. Disability is a social construct.
4. Ableism is invisible.
5. Disabled people have the right to self-determination. (Delgado, 2011, p. 7)

These principles are essential to dismantling society's views of disabilities while providing equal opportunities for all persons with disabilities, as seen in Appendix G.

Limitations

One limitation of this study was the small Christian environment. Participants noted that the environment as positive in their educational experience. However, this Christian environment may be unique to the participants of the study. The participants also had a free academic tutor, paid for by the school of nursing, who was available to them. Interaction with this tutor was not a part of the data or content collected in this research, but the interaction could have heightened the positive feedback with respect to the educational environment.

While there were 11 participants in this study, saturation occurred rather quickly. This could have been a result of the lack of varied backgrounds among the study participants. When asked about the cost of testing for learning disabilities, all but one participant did not know the cost, as their health insurance and parents had paid for the required testing. The participants all reported to having strong support systems in their lives.

While attempting to be non-biased in the data analysis, it has to be noted that the sample had been previous students of the researcher. There is no method of validation to ensure that bias was completely eliminated in the transcript analysis. However, through the use of Colaizzi's method, the interpretation of themes and accurate representation of ideas was verified

by offering the participants the opportunity to read the data analysis and provide feedback and correction to the interpretations made.

A last limitation was the lack of previous research studies pertaining to nursing students with learning disabilities. Current, as defined to be within the last five to six years, literature is non-existent, with the exception of the white paper submitted by Marks and Ailey (2015). Research completed prior to this study only addresses either nursing students with physical disabilities or only nursing students with learning disabilities in the clinical setting. There is no prior lived experience research documented in relation to nursing students with learning disabilities with which the outcomes of this study can be compared. While all information was self-reported by the participant, there is also no way to verify and validate the information gathered. The nature of examining the lived experience of participants is by its nature unverifiable. Further research pertaining to nursing students with more varied backgrounds and in a public university would be beneficial to this specific body of knowledge.

Recommendations

This research study is timely in nursing education, as higher education is experiencing an increased number of enrollments of students into their systems. As noted previously, higher education has seen a growth of entering students with learning disabilities at a significant rate—27% in 2003 to 57% in 2009 (White et al., 2014). Unfortunately, only 12.2% of those numbers tend to actually complete a 4-year degree in comparison with 30.9% of the students without disabilities (White et al., 2014). Higher education can no longer ignore the statistics, and nursing education must address the barriers it may have, which can place students with learning disabilities at the risk of failure. Barriers in nursing education may appear in the form of unattainable functional and technical ability standards, which could be misused and prove to be

punitive for students with learning disabilities. Marks (2007) talked about nursing education with its historical values and attitudes that may perpetuate continued barriers in considering disability as a culture that must be recognized.

One argument from the nursing faculty that was presented in the literature voices concerns for patient safety when being cared for by nursing students with disabilities. Literature, additionally, does not support any founded concerns in patient safety due to nursing students with learning disabilities. In contrast, qualitative nursing research has provided data that highlights students' hypervigilance in their performance in the clinical setting. Child and Langford (2011) described the personalized coping strategies developed by individual nursing students who had dyslexia. Ashcroft and Lutfiyya (2013) also noted the concern expressed by nurse educators with regard to patient safety. Notable also is the increased willingness to work with nursing students who have learning disabilities when there was a greater understanding of the disabilities. In contrast, nurse educators also expressed frustration relating to undisclosed disability. However, nursing students can be reluctant to disclose their disabilities due to the fear of stigma and discrimination. Child and Langford also addressed the necessity for mentors who have been specially trained to work with nursing students with dyslexia. Training nurse educators in the didactic and clinical settings alongside the provision of opportunities in hospitals for student preceptors to be educated regarding learning disabilities is recommended.

Nursing education has been challenged by both the Institute of Medicine's (2011) report, *The Future of Nursing: Leading Change, Advancing Health* and the AACN in the *White Paper on Inclusion of Students with Disabilities in Nursing Educational Programs for the California Committee on Employment of People with Disabilities* (Marks & Ailey, 2015). With a projected 19% growth in opportunity for registered nursing between 2012 and 2022, nursing students with

learning disabilities can fill the gaps created by this growth. Nursing education and the nursing profession must acknowledge the value of this cultural subset of potential nurses and begin to formulate strategies to educate and integrate them in nursing.

There are several areas in which this challenge can be addressed. A major recommendation to emerge from “The Lived Experience of Nursing Students with Learning Disabilities” is the need for a dedicated nursing faculty liaison that is knowledgeable regarding disability services and the requirements and strenuous demands of a nursing program. Literature supports the need for visibility of disability services in higher education. Dupler et al. (2012) presented some strategies that could be helpful to the faculty in assisting nursing students to achieve success. One of the strategies was the inclusion of a statement in each course syllabus that provided students with information related to academic accommodations. This study further guided the faculty with recommendations of the things that could be considered as reasonable accommodations for nursing students. While this strategy is helpful, some studies support the non-disclosure by nursing students who fear the isolation or negative repercussion that result from disclosure, which was also one of the themes that emerged during the current study.

How can the conflict of fear of disclosure and the faculty’s provision of disability service information be resolved? Ashcroft and Lutifiyya (2013) encouraged nursing educators and disability service providers to collaborate in order to provide reasonable accommodations that can aid nursing student success. Equally as notable is the information highlighted in the pilot study conducted by White et al. (2014). This study outlines the differences in access for students entering higher education from secondary schools. Secondary schools are mandated by federal law to initiate and provide accommodations to students whereas access to disability services in higher education must be pursued by the student. In higher education, the student must initiate

contact with disability services in order to establish their eligibility for accommodations and the evaluation of the services that can be provided. With a dedicated faculty liaison in nursing, students entering nursing programs can be provided information regarding disability services during nursing orientations before the student has entered the class. Therefore, information can be provided to nursing students in a proactive manner rather than when the student may find themselves in academic difficulties.

Having a dedicated nursing faculty liaison can also provide the necessary support for the nursing students with learning disabilities. Dupler et al. (2012) discussed the option of designating a faculty to advocate for students with disabilities, suggesting that this faculty meet with students prior to the beginning of clinicals. Hadley (2007) also discussed the benefit of a comprehensive disability center that offers tutoring, counseling, advising, and other support resources for college students with learning disabilities. This same concept can happen through a dedicated faculty liaison meeting with self-identifying nursing students before beginning any nursing course or any time during their program when the need for accommodations has been identified. While it does not ensure student success in a nursing program, having a dedicated faculty liaison can promote a more cohesive collaboration between the student, the nursing faculty and program, and the disability services.

Another function for a dedicated faculty liaison in a nursing program can be to support and serve as an educational facilitator for other nursing faculty members. While Ashcroft and Lutfiyya (2013) noted that the faculty felt that nursing students with disabilities could be successful in the classroom, there was concern regarding their abilities in the clinical setting. Numerous studies relating to the nursing faculty as the participant noted this faculty concern for patient safety. In accordance with health privacy legislation, the faculty are not provided the

diagnoses of students. The faculty expressed concern over students' abilities in the clinical setting on the basis of the classroom accommodations provided, such as the requirement of extended time for testing. This lack of knowledge contributed to the nursing faculty's concerns for patient safety. However, there are no documented patient safety complaints or situations that have occurred while a patient was being cared for by a nurse or nursing student with learning disabilities (Sowers & Smith, 2004). In contrast, Marks (2007) strongly noted that "to suggest (nursing students) are a threat to patient safety is incredibly disingenuous and undermines their efforts to convey the discrimination, hazing, and abuse that they experienced during their nursing education" (p.).

Depending upon faculty concerns of patient safety in the clinical environment and the misunderstanding that nursing students with learning disabilities may not be able to perform according to the standard set by other nursing students, the development of an educational course for nurse educators seems imperative. The development of such a course should consider a re-thinking of the way in which the teaching-learning of nursing students is approached. Moore (2004) demands that the nursing profession view disabilities as simply different, and not as an identity. The nursing faculty must take into consideration the fact that students with learning disabilities are as much a culture as gender, race, and ethnicity (Moore, 2004). The nursing profession as a whole must disregard biases related to what a person with disability is capable of doing and reconsider alternate methods of performing traditional nursing skills (Neal-Boylan et al., 2015). Nevin et al. (2008) proposed questions for educators that challenge them to make certain considerations:

1. Is the entire person being promoted with support access to important resources?

2. Am I respecting the whole person as a complex and interesting human who is a part of a diverse population?
3. Do I view all students as empty vessels waiting to be filled with knowledge?
4. A specific educational course for nurse educators can address both the faculty concerns regarding teaching students with disabilities and the biases toward these same students.

Despite concerns regarding the way in which a learning disability might affect the clinical practice for nursing students, several studies presented in this current research study support the negative emotional effects of anxiety produced due to the learning disabilities. While the students may have formulated personalized strategies for classroom learning, anxiety due to the fear of disclosure or the inability to manage in the clinical setting can result in emotional distress for the student. Child and Langford (2011) noted that nursing students with dyslexia may struggle with emotional distress due to feeling as though they have to conceal their disability. This may lead to the student's struggle to find ways to manage their learning disability in a clinical setting. Marks (2007) reported that nursing students who encountered negative attitudes during their nursing education experienced an impact on their self-esteem and self-confidence, which added to their stress levels. Educating the nursing faculty to eradicate their lack of knowledge of learning disabilities can ease the burden of both the faculty and nursing students with learning disabilities. Again, a dedicated nursing faculty liaison can facilitate strategies specific to the students' needs.

The method of meeting the challenge of addressing the way in which nursing students with learning disabilities can meet the growing nursing shortage and be successful in nursing programs can also be accomplished through the reconstruction of previous technical standards

for nursing programs and boards of nursing. Functional abilities utilized as entry requirements that are used by nursing programs today were established in 1996 by the National Council of States Boards of Nursing. AACN provides alternate standards that focus on cognitive abilities rather than functional capabilities (Marks & Ailey, 2015). Nursing programs are not required to create fundamental alterations to their programs or outcomes. However, the beginning of change for nursing education will be through the acknowledgement that nursing students with learning disabilities do not cause a burden on the nursing profession but facilitate holistic nursing. Nurse educators must put aside their biases and be open to alternate methods of performing traditional nursing skills. It is only when this bias is challenged and disputed that change can occur. This change can begin when the notion held by healthcare professionals of disability being a medical illness is dispelled (Marks, 2007). Marks (2007) highlighted the fact that the medical model equates disability to impairment or illness. This perpetuates discriminatory norms and values.

In a similar study, Moore (2004) demanded that the nursing profession as a whole consider what it believes about its own profession. Moore (2004) raised questions relating to versatility versus inflexibility, disability as a difference versus a deficit, blending skills versus the performance of skills perfectly, inclusion versus equality, social versus the medical model, and so on. This author asked the ultimate question: “What is the core and essence of nursing, held by all nurses, in all settings, in all roles, and in all parts of the world?” (Moore, 2004, p. 201). This question is answered through a consideration of the thoughts that the core essentials to nursing lie in the ability to practice with integrity in a caring manner, the ability to critically think utilizing a broad knowledge base, the passion for human life, the ability to communicate, and ultimately, a commitment to life-long learning. If these ideas are considered as core and

essential to the nursing profession, then whether a person has a learning disability, physical disability, or neither is not critical to the outcome that should be safe patient care.

Reorganizing society's framework of norms is crucial to providing nursing students with learning disabilities a fair opportunity in both the educational arena and the workplace. In response to a society that is increasingly becoming multicultural, nursing has historically considered itself a profession that acknowledges differences in culture and ethnicities (Marks, 2007). Yet, by not acknowledging disabilities as a cultural subset, persons with disabilities may be left with feelings of shame and the fear of negative treatment (Marks, 2007). CDT and the use of the social model that dispels negative stereotypes can begin to break down the barriers faced by nursing students with learning disabilities. Nursing education can be instrumental in eliminating prejudice toward and the misunderstanding of persons with disabilities by recognizing their great contribution to the nursing profession.

Future Research Recommendations

As mentioned, research in the area of nursing students with learning disabilities is limited. While there research concerning nursing students with dyslexia in the clinical setting exists, more research is required to broaden this body of knowledge in order to include other specific learning disabilities. It is the desire of this researcher to repeat this study with a larger number of participants at other diverse universities in order to compare findings. A limitation of this study was the small Christian environment; therefore, a comparison study of a public university is warranted.

Another very important aspect of this research project would be to consider a longitudinal study of these same students or the ones of a broader study mentioned above to examine their transition to professional practice. In consideration of the anxiety experienced in their academic

nursing program, it is desirable to compare if their anxiety is less after one year of professional practice. Another consideration is to research whether it is only the academic environment that generates such anxiety or if the anxiety is a personality trait that may not be overcome without professional help.

Conclusion

This research project is timely for nursing education. There is currently no documented nursing research study that addresses the lived experience of nursing students with learning disabilities. While minimal research has been conducted with respect to nursing students with physical disabilities, studies have included research in the context of dyslexic students in the clinical setting. Due to the lack of relevant research in nursing education pertaining to students with learning disabilities, the necessity for the nursing faculty to understand the daily struggles of nursing students with learning disabilities is imperative. Statistics report the ever-increasing number of students with learning disabilities entering higher education as well as into nursing programs. These students bring valuable life experiences to the academic and clinical settings where their empathetic compassion toward patients has been shown by studies have shown.

As nurse educators, the faculty should embrace the diversity that nursing students with learning disabilities bring to nursing programs. Their life experiences often allow them the opportunity to provide new perspectives that contrast education's traditional way of teaching and learning. The opportunity for the nursing faculty to develop a better understanding and compassionate perspective toward teaching-learning is ever present while teaching nursing students with learning disabilities. Nursing education can continue to expand its mission and values in serving the educational needs of nursing students with learning disabilities.

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APPENDIX A
LETTER OF INVITATION

The Lived Experience of Nursing Students With Disability

At present, I am undertaking a qualitative research project that will examine the lived experiences of current nursing students who receive either or both academic and clinical accommodations. The aim of this study is to provide insights into the struggle of the students with disabilities, beyond what the typical nursing student experiences. This study is being conducted to fulfill the requirements of the EdD in Instructional Leadership at the University of Alabama.

Your participation in this project will provide useful information to enhance nursing programs in order to better meet the requirements of students with disabilities. You qualify for participation in this project if you are over the age of 18, are currently enrolled in at least one clinical nursing course, and receive accommodations through your university's Disability Resource Center. You will be asked to complete at least one one-hour interview at a mutually agreed upon site.

Your participation is completely voluntary and you may withdraw without penalty at any point during the process. Your participation will remain completely confidential and your identity will be kept anonymous. Your participation in no way is related to any grades in your nursing program. Information received during the interview will be transcribed and coded in order to elicit themes from all data collected. All data obtained can be viewed by you before submission or publication.

Although there are no foreseeable risks to the participants, information from the interview may be upsetting as you will recall personal struggles or situations. The interview can be stopped at any point, and you have the freedom to decide whether to continue with the project or to withdraw at any time.

Thank you in advance for your assistance.

Jennifer Steele
205-567-7800

APPENDIX B
PERMISSION LETTER



800 Lakeshore Drive
Birmingham, AL 35229
<http://samford.edu/nursing>
www.samford.edu

August 29, 2016

To Whom It May Concern:

As Dean of the Ida V. Moffett School of Nursing at Samford University I give Jennifer Steele permission to email a letter of invitation to undergraduate nursing students soliciting their participation in the study, "The Lived Experience of Nursing Students with Learning Disabilities". Mrs. Steele, a faculty in the Ida V. Moffett School of Nursing, is currently a doctoral student at the University of Alabama and is pursuing her EdD. Because of nursing schools nationwide are seeing an increase in enrollment of students with learning disabilities, this study will provide valuable data for faculty as they work with this student population.

Kind regards,

APPENDIX C
INTERVIEW QUESTIONS

Table C1

Interview Questions

Topic	Question
Introduction	1. What is your age? Sex?
	2. Is this your first college experience? If not, do you currently hold another degree?
	3. Are you a traditional student (began as a freshman and have continued through the traditional college trajectory) or a transfer student?
	4. Tell me about your learning disability(ies).
	5. What is your perception of what disability is and how people with disabilities are viewed in society?
	6. When were you diagnosed with a learning disability?
	7. Talk about the testing you went through to discover your disability. Cost? Insurance coverage? Out of pocket?
	8. When did you begin utilizing testing accommodations?
	9. What are your current testing accommodations?
	10. Tell me about some of the things in which you struggle?
	a. Describe the things that you do well (excel in).
Struggles of the student	11. What support do you have? (people, groups, resources)
	12. While in nursing school, describe your daily challenges as a nursing student.
	13. Have there been times you felt marginalized (singled out/mistreated/made to feel different) because of your disability?
	a. Have other students treated you different? Faculty? b. How did this make you feel?
Academic barriers	14. Have there been times you did not want to disclose or didn't disclose because of the fear of being marginalized?
	15. What are barriers you have had to overcome in the academic setting?
	16. How helpful/not helpful have faculty been to assist you in obtaining the testing accommodations you needed?
Clinical barriers	a. Give examples.
	17. What people/techniques/situations have been the most helpful to you in living with a learning disability?
	18. Are there things faculty or the school of nursing
Positive experiences	19. Do you receive clinical accommodations for your disability? If yes, describe those.
	20. How has your learning disability impacted you in clinical?
	21. Do you feel that accommodations could have enhanced your learning in clinical? Give examples.
Future plans	22. What people/techniques/situations have been the most helpful to you in living with a learning disability?
	23. Where do you see yourself in 5 years? How do you see your disability impacting your professional practice?
	24. Do you think you will disclose your disability in your professional practice? Why or why not?

APPENDIX D
PARTICIPANT DEMOGRAPHICS

Table D1

Participant Demographics

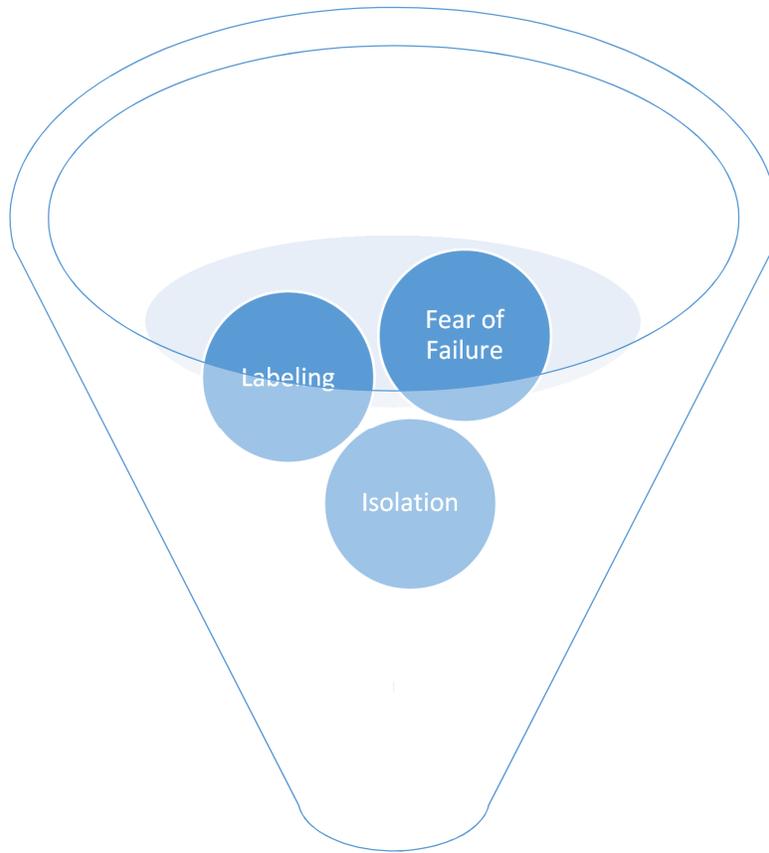
	Int 1	Int 2	Int 3	Int 4	Int 5	Int 6	Int 7
Age	21	21	22	23	21	33	23
Disabilities	Anxiety	Overactive bladder, ADD	ADHD, primarily attentive type, short term memory loss, eye tracking problems	ADHD	ADHD, combined type–slow processing	Traumatic brain injury, memory loss/affects	ADD
Accommodations	1.5 times, distraction reduced	1.5 times, permission to take breaks during test	1.5 times, distraction reduced	Distraction reduced, note-taker	1.5 times, distraction reduced, use of calculator	1.5 times, distraction reduced, recording of lectures, note taker	1.5 times, distraction reduced
When diagnosed	2015	4th grade	Elementary school	13 years old	4th grade	17 years old	2013, sophomore year of college
Things in which you struggle	Putting pressure on self, anticipatory questions during clinical, fear of failure, anxiety about anxiety	Getting side-tracked while studying	Memory problems, forgetful, scattered thinking	Anxiety, distancing self from others, depression	Math, focus, slow processing, work takes longer	Math,	Terrible anxiety, puts a lot of pressure on self
Things you do well	Perform patient care well without preclinical	Organization	Good multi-tasker	Organized	Relate well with others, sympathetic, hard-worker	Gift of encouragement, communicator, compassionate	Hard-worker, empathy, stick with commitments

	Int 8	Int 9	Int 10	Int 11
Age	22	22	24	21
Disabilities	ADHD, predominately attentive type, processing disorder	Anxiety	ADHD, residual effects from concussions, dysautonomia	Reading comprehension issue
Accommodations	1.5 times, recording of lectures, note-taker	1.5 times, distraction reduced	1.5 times, walk around room, 1–2 five-minute breaks	1.5 times, spelling accommodation, recording of lectures, distraction reduced
When diagnosed	December 2014	Spring 2015	2007: concussions, 2009: ADHD	2000, kindergarten
Things you struggle with	Figuring out how to study, how studying works best for me	Being a perfectionist, hard on myself	Family dysfunction, ability to pay for my life	Slow processing, have to have people repeat things to me
Things you do well	Good self-determination	Good time management	Committed, persistent, extremely compassionate	Hard worker, good work ethic

Note. ADD = attention-deficit disorder; ADHD = attention-deficit/hyperactivity disorder.

APPENDIX E

GRAPHICAL REPRESENTATION OF THEMES AND SUBTHEMES



APPENDIX F
SAMPLE RESPONSES BY THEME

Table F1

Sample Responses by Theme

	Spiraling anxiety	Need for counseling	Labeling	Fear of failure	Isolation	Proactive Educational Environment
Interview 1	“I’ve always had it (anxiety) . . . but at certain points there’s just no return”	“I am going to counseling. That has really helped. Just not telling anybody made it a lot worse.”	“I think sometimes . . . it automatically marks you as somebody that is maybe not as competent.”	“It’s hard for me to listen to anybody else telling me it’s ok . . . that was a huge issue, feeling like I was just not going to pass nursing at all.”	“I’ve been doing more quality over quantity. But, 30 hours and getting a C is not good, but 5 or 6 hours and you get a B. That’s much more helpful.”	“Considerate, encourage, I think faculty in general here want you to do well and want you to come to them if you are having problems.”
Interview 2	“I just already have like so much anxiety over taking a test—my OAB was just making me even more nervous—like what if I have to leave the room and I’m not allowed—it can be made worse and make urination more frequent.”	n/a	“They (peers) think if you are not quick enough or you’re not smart enough to like do something fast or do it the way everybody else does it then you can’t do it.”	“I was just making like barely ok grades—not really enough. I was just kind of like darn, I have to do better than that. (On test 4) I made like a 69 and I was like, I can’t fail this class.”	“I’ll get side-tracked . . . here’s lots of things going on so I have to be a little bit more aware of keeping track, and making sure I am doing things in a timely manner . . . time management is a challenge.”	“They’ve kind of worked with me what they think is best for their individual class . . . it’s kind of like they roll with it, they do things they think is best for everyone.”
Interview 3	“I just couldn’t pay attention. And I had anxiety because I couldn’t remember . . . nothing would sink in . . . then I would get anxious because I couldn’t remember anything.”	“I see a psychologist who gives me medicines, and I see her quite a bit.”	“I was like I don’t know anybody here and they’re going to think I’m stupid. . . . I was so embarrassed.”	“My teacher would ask me anything and I’d get all freaked out. I’d be hiding in the corner. I hate being wrong. I’m so worried I’d do something stupid.”	“I have to write everything down—to remember. I have to do constant repetition or flashcards. It takes me longer to study than most people.”	“They’ve (faculty) have been really helpful. They’re always understanding.”

Interview 4	“I stress. I have huge anxiety. I’ll be extremely stress and anxious. I’ll spend like literally 10 hours a day studying.”	“I didn’t have any support so the depression got worse. . . .And, I’ve never gotten help up until this week for anxiety, because it’s just not something I like to admit.”	“it’s not something I like to tell anyone because it really makes me feel like I’m stupid. . . . It’s kind of like you’re getting on the short bus.”	“and our last test, one girl didn’t even study. . . .She made like a 90. And I don’t get it. It makes me think what am I doing wrong?”	“the biggest thing is if there is disorder in my room. I have to have colored pencils, everything printed out, labeled and divided accordingly.”	“I have professors that will literally text me or email and ask like where I’m at, how I’m doing, can they help me with anything. I had one professor who knew I needed visuals and she would like make dosage visuals for me.”
Interview 5	“I’ve definitely been there with depression and anxiety. . . . So, when you’re sitting in class and feeling really anxious, and it’s not appropriate to cry, what can we do?”	“I go to counseling. It’s called dialectical behavioral therapy . . . we can put a cold can on your neck and lower your body temp., or some paced breathing. It’s really action based.”	“I thought I was dumb. . . . I had not self-esteem, no confidence. Sometimes it can be so embarrassing.”	“work takes me longer. I live in the library. I’ve got to completely isolate myself.”	“We started changing classes and that threw me off. I could not just change classes, I would forget everything. Just very unorganized and I was doing horrible.”	“I think if faculty is semi-aware at least of what’s going on, and then making an effort to realize people who have extended time aren’t doing it for fun or to do better, it’s because it’s needed.”
Interview 6	“I just like I have all this anxiety which is unnecessary, but I do. I can’t help it. I just can’t help it.”	n/a	“Probably the hardest thing— like when you have to stand up in class and then everybody knows you have disabilities. Then you do feel marginalized, like, oh yeah, you’re weird.”	“and I think that I get so mad at myself when I study so hard and then I do poorly and I think, well, I’m not even going to pass.”	n/a	“The faculty is amazing. Samford has been the first school that has almost embraced me and said, ‘Hey there’s options out there.’”
Interview 7	“Because I have really bad anxiety. Like I get really bad	“I was really having a hard time just sitting down. . . . I was	“Like if someone had accommodations they were	“I put a lot of pressure on myself. . . so now if I’m	Challenge: “Definitely needing the motivation to sit	“The Samford environment to is—it’s not like a normal school

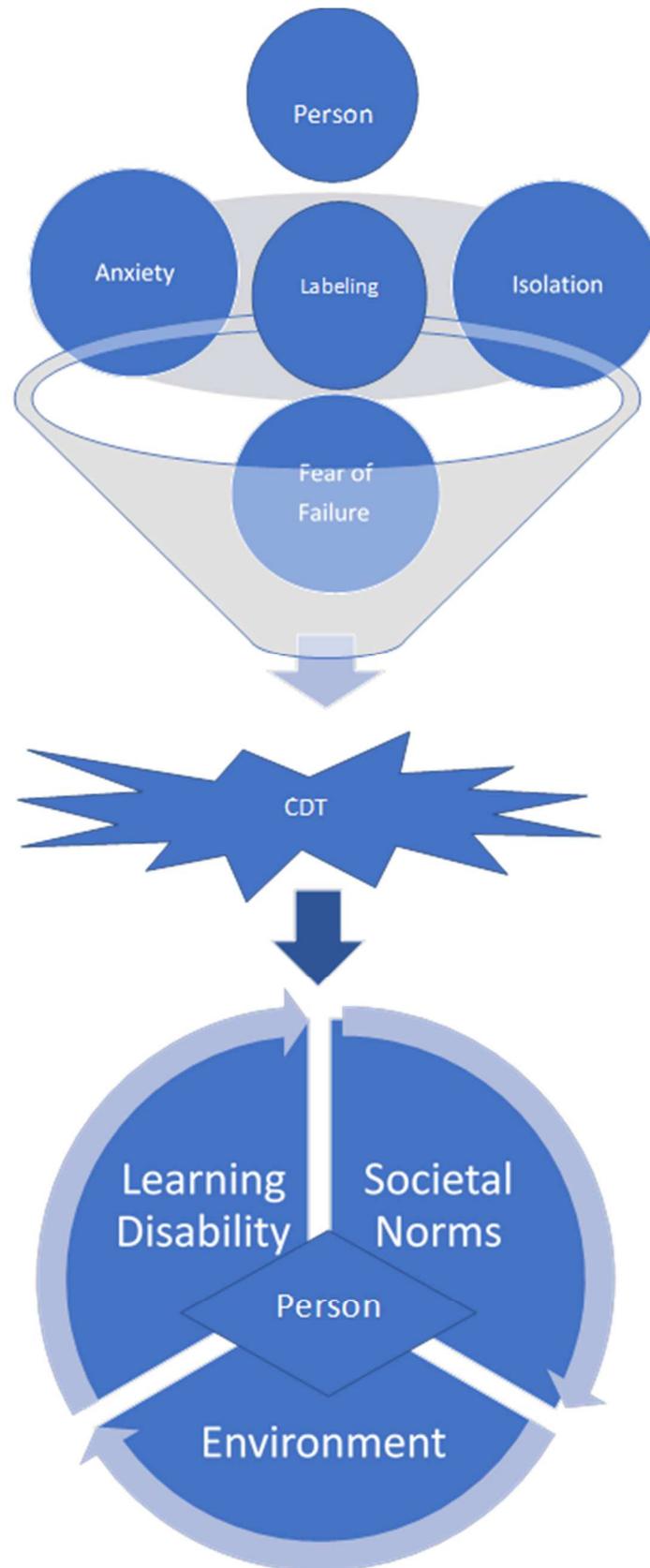
	panic attacks when I'm in really high stress mode, I can't even sleep. . . . My anxiety was so bad I literally broke down and started balling my eyes out."	supper depressed my first semester of college, so it really wasn't until college when I started meeting with my psychologist weekly and I could talk to her about my issues."	definitely viewed differently. And I think that stigma can kind of follow them."	borderline in a class. What would I do if I fail out?"	down and study, but somehow I end up doing it every day."	just because ya'll are so Christian. . . . Everyone's caring and I think it's a different environment."
Interview 8	"It was very stressful because nursing school is something that I wanted to be successful at because I wanted to be a nurse."	"I had therapy with the psychologist. . . and, so it helped me figure out different ways to study."	"I don't want a boss or supervisor to look down on me in that situation."	"It was very stressful because nursing school is something that I wanted to be successful at because I wanted to be a nurse."	"I think I spend more time than others might (preclinical). I think that was hard and not being able to work on other things as well."	"they have been very helpful. Samford is very accommodating and respectful as well."
Interview 9	"I found myself really focusing on the time that I had and not the questions, and I would get really nervous and freaked out and have to read it two or three times."	"The psychiatrist gave me some deep breathing techniques. . . he tried to help me reframe my thinking."	n/a	"I was stressed I was not going to pass nursing school or that I could not be a good nurse because I could not take the test."	Challenge: "I think time management and trying to prioritize what is most important to get done each day."	"Faculty has been great. I meet with teachers a lot. They have been so supportive."
Interview 10	"my test from the first one or two semesters in nursing school when I had not gotten accommodation s yet. . . . I was so rushed and stressed."	"I have a counselor that I have been with for six years now. She's become an extended part of me and how I get through life."	I think that overall society's perception of disability is frustration, skepticism, just maybe like general annoyance—they discredit it."	n/a	Challenge: "Time management is definitely number one. It takes me so much longer to do things or process them or to organize it. That can really be exhausting."	"I would say I didn't and haven't felt truly helped or like advocated for until this semester."

Interview 11	<p>“I would say that more anxiety comes with testing. When I cannot prepare, oh my goodness. It’s just not good.”</p>	n/a	<p>“If I’m trying to deal with it myself, they’re going to think I’m lazy and not doing my work. That’s how it initially comes across.”</p>	<p>“I have learned I have to put in twice as many hours as anyone else. I have learned a lot of time management with myself because when I first got into nursing school I didn’t have as much.”</p>	<p>“I would say extremely helpful. Once y’all are aware of who has them, y’all seek out and really help encourage that.”</p>
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APPENDIX G

PRINCIPLES FOR WORKING WITH INDIVIDUALS WITH DISABILITIES

- Isolation



APPENDIX H
DEFINITIONS

1. *Rehabilitation Act of 1973* provided a guiding framework that established policies, procedures, and processes to address the individual needs of students with disabilities.
2. *ADA of 1990* overturned a series of Supreme Court decisions that interpreted the Americans with Disabilities Act of 1990 in a way that made it difficult to prove that impairment is a “disability.”
3. *The ADAAA of 2008* made significant changes to the ADA’s definition of “disability” that broadened the scope of coverage under both the ADA and Section 503 of the Rehabilitation Act.
4. *Disability* (as defined by the ADAAA of 2008) as “physical or mental disabilities in no way diminish a person’s right to fully participate in all aspects of society. . . includes but not limited to caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working” (p.).
5. *National Council of State Boards of Nursing* is an independent, not-for-profit organization through which boards of nursing act and counsel together on matters of common interest and concern affecting public health, safety and welfare, including the development of nursing licensure exams.
6. *Technical Standards in nursing* are traditional performance standards required by nursing programs (abilities in dexterity, oral and written, visual, auditory, touch, smell, and olfactory senses, critical reasoning capabilities).
7. *Culturally diverse nursing students* differ in ethnicity, race, nationality, gender, language, age, mental ability, socioeconomic status, and life experiences.

APPENDIX I
IRB APPROVAL LETTER

September 12, 2017

Jennifer Steele, MSN, RN, CNE
College of Education/Nursing
The University of Alabama
Box 870358

Re: IRB # 16-OR-247-R1 "The Lived Experience of Nursing Students with Learning Disabilities"

Dear Ms. Steele:

The University of Alabama Institutional Review Board has granted approval for your renewal application. Your renewal application has been given expedited approval according to 45 CFR part 46. Approval has been given under expedited review category 7 as outlined below:

(7) Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.

Your application will expire on September 11, 2018. If your research will continue beyond this date, complete the relevant portions of the IRB Renewal Application. If you wish to modify the application, complete the Modification of an Approved Protocol Form. Changes in this study cannot be initiated without IRB approval, except when necessary to eliminate apparent immediate hazards to participants. When the study closes, complete the appropriate portions of the IRB Study Closure Form.

Should you need to submit any further correspondence regarding this proposal, please include the above application number.

Good luck with your research.

Sincerely,