ORIGINAL RESEARCH

Faculty attitudes towards nursing students with disabilities in the clinical setting

Susan B. Prude*, Rhonda K. Pecoraro, Dari K. Calamia, Eileen L. Creel

Nursing, Southeastern Louisiana University, Hammond, United States

Received: April 5, 2021 **Accepted:** May 5, 2021 **Online Published:** May 19, 2021
DOI: 10.5430/jnep.v11n9p52 **URL:** https://doi.org/10.5430/jnep.v11n9p52

ABSTRACT

Objective: The purpose of this phenomenological study was to explore nursing faculty attitudes towards students with disabilities enrolled in baccalaureate nursing programs. Additionally, we aimed to describe the types of accommodations provided to students with disabilities in the clinical setting.

Methods: In two institutions of higher education in the southeastern United States, purposive and snowball sampling was used to recruit 14 nursing faculty with experience teaching in clinical courses. One-on-one interviews were conducted using a semi-structured interview guide. Data were transcribed and analyzed using Colaizzi's process for phenomenological data analysis. The social model of disability served as the conceptual framework for the study.

Results: Six themes emerged from the data analysis: 'Math is a basic required skill,' 'You can't just skip clinical,' 'It's my job to help them learn,' 'I'm not prepared for this,' 'What type of job will they get,' and 'overcoming obstacles.' Nursing faculty reported positive attitudes towards students with disabilities, but also voiced concerns about patient safety and the ability for a student with a disability to find success. Several barriers including disclosure, lack of accessibility in hospitals, nursing culture, and faculty workload were identified.

Conclusions: A lack of clear policies and guidelines leaves nursing faculty unsure of what accommodations are appropriate for students with disabilities and how to implement accommodations in clinical courses. The study demonstrates a need for continuing education regarding teaching methodologies that are effective and meaningful for students with attention deficit hyperactivity disorder, diagnosed anxiety, and specific learning disabilities. Further research is warranted to identify appropriate accommodations for students with disabilities in the clinical setting.

Key Words: Nursing students with disabilities, Accommodations, Nursing faculty, Clinical placement

1. INTRODUCTION

The exact numbers of students with disabilities enrolled in postsecondary education are challenging to assess; however, trends over the last decade indicate enrollment is increasing. In the 2011-12 school year, 11% of students enrolled in postsecondary institutions reported some type of disability.[1] Among the disabilities reported, 31% were categorized as specific learning disabilities, including dyslexia, dyscalculia, and dysgraphia (SLD), 18% were categorized as attention deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD), 15% were categorized as a mental illness or a psychiatric condition, 11% were categorized as health impairments/conditions, 7% as mobility or orthopedic impairments, 4% hearing disabilities, and 3% were categorized as visual impairments.[2] The 2015-16 National Postsecondary Student Aid Study estimates that 19.5% of undergraduates

*Correspondence: Susan B. Prude; Email: susan.prude@selu.edu; Address: Nursing, Southeastern Louisiana University, Hammond, United States.

report some type of disability.[3] The most commonly reported disability is mental illness/depression (40%) followed by attention deficit disorder (26.4%), orthopedic disability (5.9%), hearing disability (3.9%), visual impairment (4.2%), and SLD (3.5%). With an increase in enrollment of students with disabilities in postsecondary education, it is likely that nursing schools will also see an increase in this student population. National nursing organizations also advocate for diversity in nursing which may attract more students with disabilities into nursing programs.

The Americans with Disabilities Act (ADA) and the Americans with Disabilities Acts Amendment of 2008 (ADAA) prohibit discrimination against disabled persons and ensure equal opportunities for employment and participation in government programs and services, including education.[4] Section 504 and the ADA also mandates accommodations for qualified individuals with disabilities. Postsecondary schools are required to make programs accessible to disabled students by providing reasonable accommodations based on individual needs.[4] Students with physical disabilities such as orthopedic impairments, SLD, information processing disorders including ADHD, and visual and hearing deficits who meet the eligibility criteria for disability are protected from discrimination under the current law. Unfortunately, specific examples of reasonable accommodations for nursing clinical courses have yet to be found.

Students with disabilities and accommodations in nursing education is not a new phenomenon. Early research by Eliason explored appropriate accommodations for nursing students with SLD.[5] At the time of publication, 6% of college students reported at least one disability. Accommodations recommended by the author included providing a reading list before the start of the semester, encouraging the use of a calculator for drug calculations, and maintaining the student's self-esteem.[5] Another early researcher, Colon, conducted a descriptive mixed methodology study to determine if students with SLD were enrolled in nursing schools, how they are identified, what accommodations are being provided, and how the institutions prepare graduates with SLD to take the registered nurse licensing examination.[6] Types of classroom accommodations reported by the respondents included counseling, tutoring, tape recorder, and computers. A clinical assignment change in location was the only accommodation reported in the clinical setting; however, no description of the type of change was mentioned.

More recent studies examined faculty attitudes towards students with disabilities. A qualitative study by Morina and Orozco found positive interactions between health science faculty and students with disabilities noting that teaching students with disabilities promoted the use of new teaching skills.[7] The study did not specify if the interactions with students were didactic or clinical experiences. Other researchers indicated nursing faculty and school of nursing administrators might have an unconscious bias towards students with disabilities. Elting, Avit, and Gordon explored nursing faculty perceptions of students who use wheelchairs for mobility.[8] Faculty agreed that the students could meet program outcomes pertaining to the cognitive-affective domain, but they were less positive about meeting outcomes pertaining to the psychomotor domain. Interestingly younger faculty seem to be more positive about student success suggesting this generation may be more accepting of disabilities.[8,9]

There is a lack of consensus regarding what, if any, accommodations are appropriate for clinical courses. A scoping review conducted by Horkey examined the implementation of accommodations in the clinical setting for students with physical disabilities. Specific recommendations for accommodations are primarily hypothetical, leaving faculty with few resources and guidelines.[10]

The review of literature supports the need for further research in the discipline of nursing. Very few current studies explored the experiences and perceptions of nursing faculty, especially in clinical settings. The numbers of students with disabilities are increasing in postsecondary education.[3] Nursing programs will likely experience an increase in enrollment with this student population. Investigating the attitudes of nursing faculty towards students with disabilities and exploring the use of accommodations in clinical courses may help provide insight into best practice and enable faculty to assist students with disabilities as they enter the profession of nursing. The purpose of this study was to explore nursing faculty attitudes towards students with disabilities enrolled in baccalaureate nursing programs. Additionally, we aimed to describe the types of accommodations and modifications provided to students with disabilities in the clinical setting of baccalaureate nursing programs.

Because the social model of disability focuses on attitudes and barriers, it was used to guide the research process to explore barriers faced by students with disabilities, including faculty attitudes, access to education and equipment, devaluation and stigma, and lack of autonomy.[11] Traditionally applied to physical disabilities, the social model is also applicable for SLD.[12–14] The study addressed four research questions about nursing faculty attitudes and the provision of accommodations in the clinical setting of baccalaureate nursing programs.

1) What are the attitudes of nursing faculty towards students with disabilities enrolled in baccalaureate nursing programs?

2) Do nursing faculty have the knowledge and training to provide accommodations and modifications for nursing students with disabilities in the clinical setting of baccalaureate nursing programs?
3) What accommodations and modifications are nursing faculty providing to nursing students with disabilities in the clinical setting of baccalaureate nursing programs?
4) What barriers to providing accommodations and modifications in the clinical setting exist for nursing students with disabilities in baccalaureate nursing programs?

2. METHODS

2.1 Design

The research design for this study was descriptive qualitative phenomenology. Phenomenology, rooted in psychology and philosophy, provides meaning to the individual's lived experiences.[15] Based on the review of literature, a better understanding of the attitudes of nursing faculty and practices pertaining to accommodations in the clinical area was needed. Using one-to-one audio recorded interviews with participants, a qualitative approach allowed the researcher to find a more profound understanding through interactive discussions.

2.2 Setting and sample

The setting for the study included two institutions of higher education in the southeastern United States. Selection of the institutions was based on recruitment access of the researchers. One institution was a private, faith-based university, approximately 30 faculty, while the other was a public state university, with 48 faculty. Both Schools of Nursing offered baccalaureate nursing degrees of study.

Purposive and snowball sampling of nursing faculty employed in each postsecondary institution was used to recruit participants. Fourteen faculty agreed to participate in the study. An equal number of subjects from each institution were sought for accurate representation, but an equal number was not obtained for the study. Four faculty from the private, faith-based university and ten faculty from the public state university agreed to an interview. Inclusion criteria consisted of full-time or adjunct nursing faculty with prior or current experience teaching in the clinical setting in a baccalaureate nursing program. All participants were female and worked full-time in academia. Two were African American, while the remainder were Caucasian. Years of teaching experience ranged from 3 years to 22 years. The participants had expertise in various nursing specialties, including pediatrics, adult critical care, obstetrics, psych/mental health, and general adult medicine. Six participants were in the 36-45 age group, six were in the 46-55 age group, and two were in the 56-64 age group. All participants had a minimum of a master's degree in nursing. Three participants were enrolled in a doctoral program at the time of the study. Five participants had either full tenure or were on tenure track. Experience in academia varied from less than five years to 22 years.

2.3 Ethical considerations

Ethical approval was obtained from the institutional review boards (IRB) from each participating university. Participation in the study was voluntary, and informed consent was obtained prior to data collection. Confidentiality was maintained by using a system of participant coding and pseudonyms chosen by the participants. Participants in the study received no monetary benefit.

2.4 Collection and analysis

The researcher created an open-ended interview guide after careful review of the literature and consultation with experts in qualitative research and disability services. Demographic information was obtained by completion of a questionnaire. Audio recorded semi-structured interviews were used to gather the remaining data. Interviews lasted approximately 30- 45 minutes.

After each interview, the researcher transcribed the audio recordings verbatim. Data were then analyzed using Colaizzi's 7-step analysis method and included: 1) read and reread all interview transcripts to obtain a general feeling about the experience 2) identify significant statements and phrases from the transcripts 3) describe the meaning of the statements and phrases 4) categorize into clusters or themes 5) create rich and exhaustive descriptions of the lived experiences 6) conclusive and clear integration of clusters and themes 7) return to the participants for validation of the findings.[16]

2.5 Trustworthiness

Rigor in qualitative research is most often addressed with actions related to the four areas of trustworthiness: credibility, confirmability, dependability, and transferability. Amankwaa provided concrete examples of how researchers can increase trustworthiness.[17] Techniques to improve credibility, the ability to believe the findings are "true", used for this research study included peer debriefing done weekly during the interview and data analysis phases with a small group of fellow researchers knowledgeable of qualitative methods. This allowed for the identification of possible researcher bias and provided insight into the analysis process. Member checks were conducted; however, a limited number (6) of participants responded due to the holiday season. Those six who did respond indicated that the findings represented their voices

in a truthful manner. One participant said, "This is an accurate description of my experience and feelings about these students." Techniques used to increase confirmability related to the reduction of researcher bias and included the verbatim transcription of all interviews, and the researcher closely examined personal assumptions around the research topic and bracketed those (held them to the side) during data analysis. Because the primary researcher had limited minimal experience with qualitative research, consultation with a peer group and an experienced qualitative researcher on thematic results was completed. This also decreased researcher bias by triangulation of final thematic findings. An experienced qualitative researcher also reviewed the methodology, research questions, and interview guide. Dependability, which relates to the ability to repeat the findings, was supported by the researcher's detailed decision trail on the thought processes behind the development, a reiteration of themes, and a final consensus of thematic findings. And transferability, the ability to transfer findings to other settings/populations, was obtained by providing a rich description of the setting and participants to allow readers to hear these voices of the participants at their places of work. Sampling was conducted purposely to capture thoughts, feelings, and opinions across a multidisciplinary spectrum, and themes are supported with the participants' own words.

3. RESULTS

Fourteen participants were included in the study and saturation was achieved after interview 11. The remaining three scheduled interviews were conducted and added to the data's richness. Six themes and three sub-themes emerged from the data analysis: (a) "Math is a basic required skill" (b) "You can't just skip clinical" (c) "It's my job to help them learn" (d) "I'm not prepared for this" (e) "What type of job will they get" (f) "Overcoming obstacles." Participants' responses were reflected in these themes with no outliers contradicting the collective views.

3.1 "Math is a basic required skill!"

Nursing faculty voiced concerns about the students' ability to provide safe and timely care for patients, especially those with SLD. Medication administration was noted to be a particular area of concern. One participant summed up the apprehensions of nursing faculty:

> Math is a basic required skill in nursing. You have to do calculations quickly and correctly. If you are responsible for giving a medication, you have to give the right amount. If you are the one giving it, you have to ensure the dosage calculation is correct. You cannot rely on another person or pharmacy to do that for you.

All 14 participants reported teaching students with ADHD in the clinical setting and expressed concerns about how ADHD may impact patient safety, especially in high acuity areas such as intensive care and labor and delivery.

There were also concerns with hearing and visual acuity deficits and patient safety. One participant noted, "You have to see to be a nurse. What if they make a mistake with reading an order or a dosage of a medication?"

3.2 "You can't just skip clinical!"

Nursing faculty attitudes towards individuals with physical disabilities were generally positive; however, they did feel that the disability may be an indicator of success for the student. Participants felt that students with significant vision and hearing losses faced the biggest challenges in the clinical setting and were less likely to complete the nursing program than students with mobility disabilities and SLD. Although adaptive devices such as special stethoscopes are available, nursing faculty recognized that auscultation is a small part of the assessment process. Responses included, "Nurses can use adaptive devices to hear breath sounds and heart sounds, but how would they hear alarms or communicate effectively with the patient and other team members? I can't think of any area that doesn't involve hearing." Meeting core competencies set by the nursing program was also a concern for faculty, especially for students with physical disabilities that limit the amount of bending and lifting the student can perform. Some of the difficulties identified included tasks related to direct patient care and mobility. Faculty were concerned that students with physical disabilities might not be able to perform specific skills such as bathing, repositioning, and lifting patients, turning patients, and completing a physical assessment. Participants identified these physical tasks as examples of the required tasks of nursing programs. One participant pointed out,

> In clinical, students must move and transfer patients. There are areas in nursing where you do not need to be able to do that, but you cannot just skip the clinical portion of nursing school because you want a desk job. You must go through the entire program.

Participants had limited first-hand experience with students with physical disabilities, with one participant stating, "I wonder if maybe we deter people from applying to nursing. I mean, when most people think of a nurse, they picture someone in scrubs running down the hall to help a patient." All participants had experienced students with ADD/ADHD either in lecture courses or in the clinical setting. Attitudes towards SLD, ADD/ADHD, and mental illnesses were split

amongst the respondents as voiced by this participant,

> One of the biased things that pop into my head is ADD because we see that so much in students. I know it's a disability, but I still have problems thinking of it as a real disability. I guess when I think disability, I get this picture in my head of a person in a wheelchair or someone on crutches.

Other nursing faculty were more sympathetic. As one participant said, "I've had several students in clinical who have ADD. I think they are very intelligent and capable. We just need to encourage them and not let the diagnosis define them." Participants also shared concerns about the increase in the number of students with ADD/ADHD in nursing programs. One participant who noted an increase in the diagnosis stated,

> I think if they truly have a problem, then it's OK. I think there are some that truly have a problem. The thing that bothers me is that it's so prevalent. I wonder if some of the students really have a diagnosis. It seems like if you have a student who is not on medication, they are the minority.

Another participant reported increasing prevalence of ADHD with clinical students by stating, "ADD and anxiety is so prevalent. Everyone is going out and getting diagnosed and getting accommodations."

Four participants included chronic illnesses, such as back problems and hypertension, in their discussion of physical disabilities. "If the student receives proper health care, follows the prescribed treatment regimens and medications, the illness could be managed, and the student could successfully finish a nursing program."

3.3 "It's my job to help them learn"

A few participants stated they used teaching strategies such as concept mapping, modeling, organization, and prioritization. These teaching strategies suggested that some faculty used inclusive teaching methods to engage learners.

Nursing faculty acknowledged the demanding curriculum, especially in the high stress environment of the clinical setting. A supportive environment for the student was aimed at reducing stress and encouraging the student. The feelings about the high stress environment were reflected in one participant's comment, "Clinical is a nerve-wracking and intimidating situation in itself. If a student has something that makes it harder to perform, that's a source of anxiety and frustration."

Some participants suggested using simulation as an alternative to clinical experiences, but participants also had some reservations about using simulation. Comments about simulation varied from positive "Simulation is great because it lets them make mistakes in a safe environment" to hesitancy "It's not a substitute for real patients, and they have to perform in simulation like they would in the hospital." One nursing participant offered a different approach to nursing education altogether by suggesting,

> If we had some type of alternate track of the program that graduated a non-clinical nurse, then that may be a place for a student with disabilities. There are many roles that nurses hold that are not direct patient care. If we had a program that provided that, it would open an opportunity for students with disabilities to enter nursing programs.

Although no formal accommodations were identified as consistently used in the clinical setting, faculty were concerned about helping students succeed. "Even though we do not give them accommodations like the theory courses, we can still give them a good learning experience. They are still teachable, and it's my job to help them learn."

3.4 'I'm not prepared for this'

Nursing faculty could articulate basic information about ADA and their legal responsibility to students in the classroom setting, especially when dealing with hidden disabilities. All participants stated their responsibility as faculty was to adhere to ADA laws to avoid discrimination; however, only three participants could articulate an example of an accommodation or modification that could be provided for students with physical disabilities under ADA laws. All participants stated that clear guidelines or written policies specific to the nursing program would be helpful. Participants who reported experience in teaching students with physical disabilities in the clinical setting worked closely with the student, the department head, and the office of disability services. However, most of the participants had little to no experience with this type of student. One participant stated, "I really don't know. I don't know what I would be required to do, legally. I haven't had that situation come up yet."

Nursing faculty wanted clear guidelines for clinical, especially regarding evaluation when the student cannot perform a particular skill such as a bed bath or providing CPR during simulation. As one expressed,

> I guess I would not be able to evaluate them on certain things. Nursing is a very physical job,

> and students with disabilities may not be able to perform certain tasks. I guess you could look at other things and evaluate them on those skills. If there were clear guidelines on the tasks that had to be performed and evaluated and those that did not, that would help.

Another participant asked, "Is changing how we evaluate them fair for the other students?" None of the nursing faculty could recall formal training or in-services for ADA laws provided by their institutions, and none could remember specific courses in their graduate education that prepared them for teaching students with disabilities. One participant who was a nurse practitioner stated,

> I don't have an MSN in nursing education. I am a nurse practitioner, and although we did have some classes on education, we didn't really focus much on the disabled student. I have no idea how to teach dosage calculations to a student with dyscalculia.

3.5 "What type of job will they get?"

All participants felt that because clinical courses involve real world-situations, students needed to learn to function in a high stress, high distraction environment that is also a highly physical environment. They worried about the future transition from student to nurse. Participants stressed the importance of providing a learning environment that would prepare the students for a job in the hospital setting after graduation.

Participants felt that certain areas of nursing might be challenging for students with disabilities. "Intensive care areas are fast-paced and require quick thinking and critical thinking skills." One participant stated, "The concern for students is, suppose they finish school, what type of job will they get? Nursing by nature is a physical job requiring the ability to bend, lift, and stand for long periods of time. Will there be a desk job for them?" The concern of most faculty was to ensure the clinical environment reflected actual practice.

3.6 "Overcoming obstacles"

Nursing faculty discussed multiple barriers experienced by both the faculty and the student. These barriers included the hospital environment, disclosure of a disability, and faculty time. As one participant commented, "They'll have to overcome some obstacles. I'm not just talking about care plans. Clinical is much more than that. I'm referring to obstacles like the nurses and physicians, the physical work on the unit, critical thinking. They'll have to work harder than the other students."

3.6.1 *"How will they navigate?"*

Two aspects of the hospital environment were identified as barriers by nursing faculty. Some hospital units' physical layout may not allow for accommodations for some types of disabilities. Accessibility to non-public areas of the hospital may be difficult for individuals who use wheelchairs. Many participants reported that the hospital unit would not fit assistive devices such as wheelchairs in the medication rooms, staff bathrooms, and in and around the nurses' stations. Participants also discussed the difficulties faced by students who use wheelchairs and the gathering of supplies from the supply room. Some concerns included statements such as "How would they be able to navigate around the room? What if the patient had equipment like IV poles, oxygen, NG tube? They wouldn't be able to reach half of that equipment."

The second barrier in the hospitals was the culture of the unit. Participants believed that the nursing staff's attitudes towards students with disabilities might have a negative impact on the students' success. Participants with experience in high acuity areas such as labor and delivery and ICU expressed concern about nurses who were not "student-friendly."

"Some are more accepting than others. In high stress areas where you have to make quick decisions, the nurses are less tolerant of anyone who can't act and think quickly. In L&D, I see that as a challenge for the student." Much like the faculty in this study, nurses in the hospital may not be prepared to help students with a disability, especially an SLD or psychiatric disorder.

3.6.2 *"It's a double-edged sword."*

Disclosure of the disability was another barrier identified by the participants. Nursing faculty felt disclosure would help provide a good learning experience for the student, but they struggled with student privacy and concern over student well-being. One expressed concern this way,

> It's a double-edged sword. Faculty need to know for patient safety. But it might bias our evaluation of them, and it may never even be an issue- the disability may not be something that hinders them. Should we know just in case, or does their right to privacy prevail?

Participants also had concerns about the impact on patient care and evaluation of the student. They felt failure to disclose might cause nursing faculty to see the student as a poor performer when they are really struggling due to a disability. As one participant observed,

> Legally, we can only know what the student discloses to us. I think it would benefit the student to tell us what the problem is. If it's anxiety

> or ADHD, we can help them. If they don't disclose, we may see the trouble as a weakness, not a disability.

Mixed feelings about disclosure of student disabilities to the hospital staff were reported. Participants were uncertain whether disclosure would result in a more sympathetic and helpful environment or whether preconceived notions about disabilities would result in an even more stressful situation for the student. Participants worried that disclosure could alter their interactions and evaluation of the student as revealed by one participant's comment,

> I think knowing about their disability may make me more empathetic in some situations. It may also make me more leery about what types of patient assignments I should give them. That may not be fair to the other students. Maybe I would be too easy on the student with the disability, and then when they get into the real world, they don't have a choice in the type of assignment or situation.

3.6.3 *"[They] need more attention"*

Faculty contact time with students in clinical is limited at best, and faculty found it difficult to provide the one-on-one instruction necessary for some students who are struggling in clinical. "Students with ADD need more attention, and we just can't always do that in clinical. They need repetition and reinforcement, but I can't guarantee they will get that in clinical." Faculty found students with anxiety were particularly challenging and required more attention in clinical. As one participant said,

> I had one student with an anxiety disorder. She cried every time she came to clinical. I spent the first 15 minutes of clinical calming her down. The thing is, she took up a lot of my time. I felt bad for the other students because I spend so much time helping one student. Maybe I missed something important or didn't give the rest of them feedback/instruction when they needed it. It was really frustrating.

4. DISCUSSION

The study provided a closer look at nursing faculty experiences and attitudes towards nursing students with disabilities in the clinical setting. Current practices and barriers in clinical courses were also explored. Although nursing faculty reported positive attitudes towards students with disabilities, they also voiced concerns about nursing students with disabilities in the clinical setting of nursing programs related to patient safety, the student's ability to be successful, and the barriers these students had to overcome.

Participants felt visual acuity and the ability to hear are essential competencies of nursing, and deficits may hinder the student's ability to complete the nursing program. Students with ADD, significant vision loss or blindness, and significant hearing loss or deafness were the most worrisome groups for nursing faculty, particularly in the context of patient safety. Nursing faculty worry about math proficiency and the potential for medication errors. Safety was identified in other studies as a primary concern for both faculty and students with disabilities.[18–21]

However, there is little evidence to support nursing faculty's fears, and all students, not just those with disabilities, pose a safety risk.[14,21] Unsafe behaviors identified by nursing faculty as most egregious included dishonest behavior, lack of theoretical knowledge, and performing procedures for which they had not been trained or were not prepared to do.[22] Unsafe behaviors were not attributed solely to students with disabilities. The students with disabilities themselves had concerns about patient safety. Crouch found students with dyslexia recognized the potential to make mistakes, particularly with medication administration, and tended to be hypervigilant with this task.[19]

Apprehension about student progress, stress, and successful transition into the nursing profession were apparent in the study. There were no consistent accommodations used in clinical courses, and faculty reported a general lack of knowledge about teaching methodologies for students with learning disabilities and what modifications and accommodations are available and appropriate for the clinical setting. This is consistent with other studies that identified a need for education regarding mental illness, anxiety, and learning disabilities.[23] Faculty also desire support and guidance from university administration through evidence-based guidelines and best practices.[10,18,21]

Many barriers for students with disabilities were identified. While the public areas of hospitals are ADA accessible, many staff areas are not. A barrier for students with a physical disability is access to certain hospital areas, including medication rooms, supply rooms, and nurses' stations. Simulation labs may be a viable alternative for students with physical disabilities. They may provide a safe learning environment to test the feasibility of accommodations and modifications for those with physical limitations.[24] Another barrier was the lack of time during clinical to help struggling students. The current faculty to student ratio limits the one-on-one time an instructor can give, and there are concerns about taking time away from other students. Faculty workload should be re-

examined because students with anxiety, mental illness, and learning disabilities need more individualized attention.[23] The last barrier noted was the non-disclosure of a disability from the students. Participants reported that knowing the exact nature of the problem would help them find solutions for any difficulties the students are having. Participants desire to help the student, but without student disclosure, they are just making a best guess. It is common for students with disabilities to hide their disabilities due to fear of stigmatization.[9,21] Students need to be involved in the accommodation process because they know their strengths and limitations.

4.1 Implications and recommendations

The study's findings indicate that more research is needed to give insight into best practices for this group of students. Because a larger proportion of students with disabilities enroll in two-year postsecondary degree programs and community colleges, these nursing schools may have more experience and insight into best practice.[1] Therefore, it is recommended that research into associate degree programs be conducted. It would be interesting to compare the attitudes and practices of BSN and ADN nursing faculty. This study used qualitative methodology to explore the lived experiences of nursing faculty and, in doing so, provided a foundation for future research. A quantitative research design with a larger diverse sample may provide more generalizable findings. Furthermore, studies that capture younger faculty participants may yield useful findings as they seem to be more accepting of students with disabilities.[8,9] Because transition into the workforce was a theme in this study, research into nurse managers' hiring practices and attitudes towards nurses with disabilities should be conducted. As noted, nurse educators feel a responsibility to train a competent workforce, and knowledge of hiring practices and expectations of administrators will give a unique perspective to the field. Lastly, a student perspective can help shape practice. Several studies in the literature review indicate that working closely with students to determine their needs is beneficial to positive outcomes. A qualitative study to examine the lived experiences of students with disabilities may be helpful to determine appropriate accommodations and teaching methods in the clinical setting. Nursing faculty have limited experience providing accommodations in clinical courses therefore guidelines, policies, and support from school of nursing administrators is needed. The findings also demonstrate that many faculty are unsure of what teaching methods are most effective for students with SLD. Continuing education in the areas of ADA laws and teaching strategies is recommended. Expanding the use of simulation and alternate education tracks in nursing is an area worth exploring.

4.2 Limitations

The study is limited to nurse educators working in baccalaureate undergraduate nursing programs and does not provide insight into the experiences of nursing faculty who teach in associates or graduate nursing programs. Another limitation is the small sample size that only included female faculty. Additionally, the two institutions from which the participants were selected had minimal gender or ethnic diversity among the faculty. Similar studies conducted at other universities might yield different findings. Due to time limitations, member checking was not completed for all participants. Lastly, the study is a qualitative design; therefore, the results may not be generalizable or transferable to all nursing faculty.

5. Conclusion

The study provided insight into the attitudes, experiences, and practices of nursing faculty who teach in the clinical setting. Nursing faculty are unsure of what, if any, accommodations should or could be provided for students with disabilities in clinical courses. The incidence of students with physical disabilities may be low; however, nurse educators should be prepared to adequately teach this group. The study emphasizes the need for education in the area of disability laws and guidelines on best practice in the clinical setting for students with disabilities. Faculty also need education regarding the best teaching methods for students with SLD. Although nursing faculty are experts in their areas of practice, they are not experts in special education. Faculty recognize that barriers exist for students with disabilities but are not sure of how to overcome them. This is especially important considering the concern about students transitioning from the student role into professional practice where supports are even less common.

Conflicts of Interest Disclosure

The authors declare that they have no competing interests.

References

[1] Snyder TD, Dillow SA. Digest of Education Statistics 2011 (NCES 2012-001). [Internet]. Washington D: National Center for Education Statistics, Institute of Education Sciences, US Department of Education. 2012 Jun [cited Feb 19]. Available from: https://nces.ed.gov/pubs2012/2012001.pdf

[2] Sniatecki JL, Perry HB, Snell LH. Faculty attitudes and knowledge regarding college students with disabilities. JPED. 2015 Fall; 28(3): 259-275.

[3] Campbell T, Wescott J. Profile of undergraduate students: Attendance, distance and remedial education, degree program and field of study, demographics, financial aid, financial literacy, employment, and military status: 2015-16. Washington DC: National Center for Education Statistics (US); 2019 Jan. 195p.

[4] Americans with Disabilities Act of 1990, 42 USC §§ 12101-12189 (2009). Available from: http://www.ada.gov/pubs/adastatute08.htm

[5] Eliason MJ. Nursing students with learning disabilities: appropriate accommodations. J Nurs Educ. 1992; 31(8): 375-376. https://doi.org/10.3928/0148-4834-19921001-12

[6] Colon J. Identification, accommodation, and success of students with learning disabilities in nursing education programs. J Nurs Educ. 1997 Oct; 36(8): 372-377. https://doi.org/10.3928/0148-4834-19971001-06

[7] Morina A, Orozco I. Facilitating the retention and success of students with disabilities in health sciences: Experiences and recommendations by nursing faculty members. Nurs Educ in Pract. 2020 Nov; 49: 1-8. PMid:33069005 https://doi.org/10.1016/j.nepr.2020.102902

[8] Elting JK, Avit E, Gordon R. Nursing faculty perceptions regarding students with physical disabilities. Nurse Educator [epub ahead of print]. 2020 Nov 12; 1-5. PMid:33196591 https://doi.org/10.1097/NNE.0000000000000940

[9] Harris C. Reasonable adjustments for everyone: Exploring a paradigm change for nurse educators. Nurse Educ Pract. 2018 Nov; 33: 178-180. PMid:30237071 https://doi.org/10.1016/j.nepr.2018.08.009

[10] Horkey E. Reasonable academic accommodation implementation in clinical nursing education: A scoping review. Nurse Educ Perspect. 2019 Jul/Aug; 40(4): 205-209. PMid:30807500 https://doi.org/10.1097/01.NEP.0000000000000469

[11] Tugli AK, Klu EK, Morwe K. Critical elements of the social model of disability: implications for students with disabilities in a South African institution of higher education. J Soc Sci. 2014 Oct; 39(3): 331-336. https://doi.org/10.1080/09718923.2014.11893295

[12] Macdonald SJ. Windows of reflection: conceptualizing dyslexia using the social model of disability. Dyslexia. 2009 Mar; 15(4): 347-362. PMid:19479891 https://doi.org/10:1002/dys.391

[13] Chappell L, Goodley D, Lawthom R. Making connections: the relevance of the social model of disability for people with learning difficulties. Br J Learn Disabil. 2001 Jun; 29(2): 45-50. https://doi.org/10.1046/j.1468-3156.2001.00084.x

[14] Marks B, McCulloh K. Success for students and nurses with disabilities a call to action for nurse educators. Nurse Educ. 2016 Jan/Feb; 41(1): 9-12. PMid:26402910 https://doi.org/10.1097/NNE.0000000000000212

[15] Creswell SM, Eaton C. Accessible simulation: A necessity in nursing education. J Nurs Educ. 2019 Nov; 58(11): 619-621. PMid:31665524 https://doi.org/10.3928/01484834-20191021-01

[16] Abalos EE, Rivera RY, Locsin RC, et al. Husserlian phenomenology and Colaizzi's method of data analysis: Exemplar in qualitative nursing inquiry using nursing as caring theory. Int J Hum Caring. 2016 Jan; 20(1): 19-23. https://doi.org/10.20467/1091-5710-20.1.19

[17] Amankwaa L. Creating protocols for trustworthiness in qualitative research. J Cult Divers. 2016 Fall; 23(3): 121-127.

[18] King L. Exploring student nurses' and their link lecturers' experiences of reasonable adjustments in clinical placement. Br J Nurs. 2019 Sep; 28(17): 1130-1134. PMid:31556734 https://doi.org/10.12968/bjon.2019.28.17.1130

[19] Crouch AT. Perceptions of the possible impact of dyslexia on nursing and midwifery students and of the coping strategies they develop and/or use to help them cope in clinical practice. Nurs Educ Pract. 2019 Feb; 35: 90-97. PMid:30771752 https://doi.org/10.1016/j.nepr.2018.12.008

[20] Levy J. Attitudes of nursing faculty towards nursing students with disabilities: An integrative review. J Postsecond Educ. 2014 Fall; 27(3): 321-322

[21] Epstein I, Stephens L, Mora Severino S, et al. "Ask me what I need": A call for shifting responsibility upwards and creating inclusive learning environments in clinical placement. Nurse Educ Today. 2020 Sep; 92: 1-6. https://doi.org/10.1016/j.nedt.2020.104505

[22] Karlstrom M, Andersen E, Olsen L, et al. Unsafe student nurse behaviours: The perspectives of expert clinical nurse educators. Nurse Educ Pract. 2019 Nov; 41: 113. PMid:31630048 https://doi.org/10.1016/j.nepr.2019.102628

[23] Brown J, McDonald M, Besse C, et al. Anxiety, mental illness, learning disabilities, and learning accommodation use: A cross-sectional study. J Prof Nurse. 2020 Nov/Dec; 36(6): 579-586. PMid:33308558 https://doi.org/10.1016/j.profnurs.2020.08.007

[24] Carroll SM, Eaton C. Accessible simulation: A necessity in nursing education. Journal of Nursing Education. 2019 Nov; 58(11): 619-621. PMid:31665524 https://doi.org/10.3928/01484834-20191021-01