

Success for Students and Nurses With Disabilities

A Call to Action for Nurse Educators

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This article presents a “call to action” for nurse educators to identify and implement best practices supporting the success of students with disabilities given recent federal legislative changes. Best practices for educating students with disabilities in nursing education are discussed. Increasing our understanding of disability from a variety of models—not just the medical model—will promote greater diversity and inclusivity within the nursing profession, which will enhance patient care.

Keywords: Americans With Disabilities Act Amendments Act of 2008; disability; diversity; nursing education; nursing students

Identifying and implementing best practices supporting the success of students with disabilities is a timely discussion given recent federal legislative and policy changes. Unfortunately, 25 years after the passage of the Americans With Disabilities Act (ADA) of 1990,¹ the struggle continues within the nursing profession to understand and embrace the ADA as a historic civil rights legislation promoting the full participation of people with disabilities as our peers and our patients. As seen in Meloy and Gambescia,² we continue to have a substantial disconnect between our understandings of the spirit and intent of the ADA and operationalizing rights and responsibilities among students, nurses, and nursing faculty/administrators.

Because disability biases remain so deeply rooted within our pedagogy of care, we perpetuate the following issues in nursing education: (1) inaccuracies relating key disability concepts and frameworks, (2) lack of understanding related to contemporary disability issues, and (3) limited insight regarding the underlying biases frequently experienced by students with disabilities in health profession educational programs. Ameliorating discriminatory attitudes toward people with disabilities requires a coordinated, systemic approach

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guided by nurse educators across all levels of the nursing profession. Nurse academicians across the United States and internationally must vigorously examine how the use of the medical model perspective of disability permeates nursing education and practice, which serves to marginalize students and nurses with disabilities and prohibit nurses with disabilities from joining the workforce.³

Through the medical model lens, students and nurses with disabilities are intrinsically perceived as lacking in the capacity to be successful in nursing education because of their perceived “impairments,” and nursing faculty often assume that they are a potential liability and safety threat in nursing practice.⁴ In fact, no evidence has ever documented a relationship between disability status and medical errors or patient safety.⁵ According to the Institute of Medicine report, when mistakes are made, it is usually due to faulty systems, processes, and conditions, not the result of individual recklessness or the actions of a particular group. Neal-Boylan’s⁶ research documents that nurses with disabilities who stay in nursing choose jobs they can do, know and accept their abilities, have supervisors who are not nurses or who have a disability, and get the accommodations they need to work.

In regard to safety, The National Institute for Occupational Safety and Health in the US Centers for Disease Control and Prevention continues to report that musculoskeletal injuries from overexertion in health care occupations are among the highest of all US industries, almost twice the average for hospital workers (primarily nurses and support staff) (www.cdc.gov/niosh/topics/safepatient/). More states are adopting legislation using evidence-based safe patient handling techniques, which have shown a significant reduction in overexertion injuries by replacing manual patient handling with safer methods guided by “ergonomics” principles. Ergonomics shifts workforce task design to best suit the capabilities of workers. By actively recruiting students and nurses with disabilities, we can begin to restructure policies and practices that meet the needs and abilities of individual nurses, which in turn can be incorporated into patient care and education. For example, a nurse with 1 hand may have

unique skills in teaching an insulin-dependent patient with 1 hand to learn how to do self-injections of insulin.

Developing and implementing best practices within nursing education requires a fundamental shift from a medical perspective of disability that views disability as a personal characteristic disqualifying a disabled person as deficient or abnormal to a social model of disability. A social model focuses on external factors, with an explicit rejection of the notion that being disabled is negative and that disability is a deficiency and/or abnormality.^{7,8} Viewing disability as a difference residing in the inhibiting qualities of the environment is imperative to fully accept and accommodate people with disabilities as nursing students and professional nurses.⁴ Within this paradigm, educators will discover that a student's success is highly dependent on the availability of accommodations, not the type or severity of disability.⁹ Moreover, students with different life experiences have the potential to transform the practice of nursing, and the nursing profession has the opportunity to innovate new health care standards and practices.

Career Trends: A Call to Action

The Health Care Professionals With Disabilities Career Trends, Best Practices, and Call-to-Action Policy Roundtable meeting on March 18, 2014, cosponsored by the US Department of Labor Office of Disability Employment Policy (ODEP) and the National Organization of Nurses With Disabilities (NOND),¹⁰ was a landmark event for health care professionals with disabilities. For the first time on a federal level, attendees from a variety of federal agencies, nursing organizations, and disability rights groups convened to address the following: (1) barriers faced by students and licensed health professionals in nursing and allied health care and (2) the transformative role that people with disabilities may have in changing the landscape of health care.

Federal-level attendees included the Department of Health and Human Services Health Resource Services Administration; Department of Labor, Education and Training Administration; Department of Education Office of Civil Rights and Rehabilitation Services Administration; and the US Department of Justice. Attendees from nursing leadership included the National League for Nursing, American Association of Colleges of Nursing, National Council for State Boards of Nursing, and American Nurses Association. Leadership attendees from the disability community included the Association on Higher Education and Disability and California Committee on the Employment of People With Disabilities.

The ODEP/NOND Roundtable was a "call to action" to begin deconstructing the punitive, demeaning, and damaging policies that continue to restrict students with disabilities and chronic health conditions from working as health care professionals both today and in the future. As noted in the Roundtable Report, health care occupations are the jobs predicted to be in most demand in coming years. More than half of the occupations projected to have the highest percent increase in employment from 2012 to 2022 are in the health care industry.¹¹ Yet, predictions suggest that we do not have enough talent in the pipeline, or "supply," to meet this imminent demand.¹²

Disability Legislation: Nursing's Legacy

In light of the 1979 *Southeastern Community College vs Davis*¹³ case (a nursing student with a hearing disability)

and the National Council of State Boards of Nursing's¹⁴ 1997 document entitled *Guidelines for Using the Results of Functional Abilities Studies and Other Resources*, we implore nurse educators and nursing leaders to examine and deconstruct their unique role in promulgating detrimental practices. As we appreciate the value of diversity that is inclusive of people with disabilities, discriminatory practices related to the admission, retention, and matriculation of students with disabilities across all health professions can be eliminated.

The Americans With Disabilities Act Amendments Act (ADAAA)¹⁵ of 2008 served to rekindle the spirit, intent, and protections of the ADA of 1990. Specifically, ADAAA ushered in a bright new era of equality, independence, and freedom for students and employees with disabilities. Within the nursing profession, we were afforded an opportunity to enthusiastically address the attitudinal issues that increasingly restricted students from being admitted into nursing and allied health programs post-ADA. In fact, the ADAAA was passed to carry out the ADA's original objectives as a national mandate for the elimination of discrimination by "reinstating a broad scope of protection to be available under the ADA (§2b1)."¹⁵ Any current or future discussion about the provision of reasonable accommodations that are legally mandated for students with disabilities must include the ADA and the ADAAA. Dupler et al¹⁶ identify the circumstances under which nursing faculty are legally required to provide reasonable accommodations for students with disabilities under the ADA of 1990 and ADAAA of 2008. The conflation of accommodations requested by students with disabilities versus requests for "flexibility based on personal circumstance" from students who are not requesting formal disability-related accommodations² is both disingenuous and problematic.

The most recent significant regulation impacting people with disabilities in the health care industry is The Office of Federal Contract Compliance Programs (OFCCP) revisions to the current regulations implementing the nondiscrimination and affirmative action regulations of section 503 of the Rehabilitation Act of 1973, effective March 24, 2014.¹⁷ The final rule strengthens the affirmative action provisions by requiring data collection pertaining to applicants and hires with disabilities and establishing a nationwide utilization goal for people with disabilities to evaluate a contractor's affirmative action efforts. Employers with federal contracts and their subcontractors (of which there are thousands) are now required to take affirmative action to recruit, hire, promote, and retain individuals with disabilities.¹⁷

Nurses With Disabilities and Chronic Conditions: Value Added

As discussed at the ODEP/NOND Roundtable meeting, because students with disabilities rarely have nurse mentors who share their disability status, we often fail to view disability from a "value-added" perspective. With the OFCCP rule, we now see aggressive outreach by large corporate health care organizations wanting to hire and retain nurses with disabilities. Thus, a need exists for nurse educators to aggressively seek effective strategies for recruiting and educating students with disabilities and chronic health conditions.

By actively seeking to retain nurses with disabilities and chronic conditions, this most recent landmark day of

the OFCCP Final Rule may serve to promote a more active sense of disability pride among health professionals with disabilities, which is an essential value in patient care. People with disabilities report that the attitudes and reactions of people, often initiated and modeled by health care professionals, are more difficult to manage than dealing with their disability. Nurses reportedly hide their disabilities because of fear of being rejected for employment and being stigmatized by colleagues.¹⁸ In moving forward, nursing educators should actively seek a better understanding of the literature that perpetuates negative attitudes and obstacles for people with disabilities as our patients and our peers.

The ODEP/NOND Roundtable summary report¹⁰ provides contemporary and relevant ideas for understanding barriers and accessing careers in nursing and the allied health professions. In addition, the report discusses the need to diversify the workforce to address growing health care employment demands. Best practices for nursing education in the 21st century must examine and create the following: (1) innovations in nursing education that aim to eliminate discrimination issues experienced by students and nurses with disabilities, (2) Universal Design for practice and Universal Design Instruction strategies for diverse learners and care recipients, and (3) accommodations that enhance clinical experience using technology to transform nursing education, research, and practice.

Scenario 1. A student who has significant hearing loss was admitted into a nursing program. She wore hearing aids but preferred to have a sign-language interpreter for some meetings with faculty. She could read lips but felt insecure. She wanted to ensure she knew the information her faculty members were providing. Once the college learned of the student's disability, she was requested to withdraw from the program because she would not "hear a code blue" in the hospital. Following collaboration between the student and NOND, the student and 2 NOND representatives met in person with the college administrators to provide suggestions for accommodations. Suggestions for accommodations included the student using a Blackberry set on vibrate where she could keep the instrument in her pocket. Clinical instructors, staff, and fellow students could send text messages to the student as needed. When college administrators were queried about whether nursing students actually do cardiopulmonary resuscitation if a code blue team is present in the hospital, the administrators stated that they "did not know." College administrators were informed that the student could file a complaint with the Regional Department of Education Office of Civil Rights regarding the actions of nursing administration forcing the student to withdraw based on her disability.

The student was readmitted into the nursing program. Incorporating accommodations into nursing practice may actually become policy and practice. Having alternative ways of "hearing" using technology, such as vibration, may enhance patient care and safety by eliminating noxious noises for hospitalized patients. In that way, accommodating nurses with sensory disabilities may enhance patient safety¹⁹ rather than the common misconception that nurses with hearing disabilities are "safety threats" to patients.

Scenario 2. A nursing student who used a wheelchair because of a spinal cord injury was denied the opportunity

to be at a specific clinical site because the site staff believed she would be a "safety hazard." A faculty member working with the student met with the clinical site staff. The student was finally accepted at the clinical site, but staff held strong reservations on whether the student could succeed. According to the Department of Education Office of Civil Rights, the Memo of Understanding or Agreement between the school of nursing and clinical site must state that "students with disabilities may be assigned to the clinical site." If the agreement is signed by the nursing school and clinical site, they are informed of and must accept nursing students with disabilities. As evident in this situation, nurse educators may need to facilitate clinical site acceptance of a nursing student with disabilities. Students should not have to do this by themselves. Schools of nursing cannot permit clinical site staff to deny a nursing student with a disability at a clinical site if the agreement between the school and the clinical site states "nursing students with disabilities may be assigned to their clinical site," and the agreement has been signed.

Scenario 3. A nursing student with low vision requested information technology (IT) assistance from her disability services professional at her college. She needed to gain visual access to the computer system at the hospital clinical site. This accommodation was requested a few months before this clinical would begin. Initially, the student was left on her own to problem solve, and she had no idea how to proceed. Confusion ensued as to who would actually provide the accommodation at the clinical site. The student felt intense stress as she knew that she needed to access physician orders, nursing notes, and other information on the hospital computer but could not see this information without computer assistive technology software being downloaded on the clinical site IT system. If she did not receive this accommodation, the student thought she would fail.

It became evident that the college had the responsibility to provide accommodations at a clinical site, not the staff at the hospital or the student on her own. Because the hospital owned and controlled the IT system, a dean intervened, and collaboration was facilitated through the college and IT staff at the hospital and with the nursing student. Just before the clinical course began, the IT staff downloaded a large-print software program into its computer system. The student needed time to educate herself on how to access and work the assistive technology software as she was unfamiliar with the program. The school of nursing is responsible for providing the accommodations for a nursing student with a disability assigned to a clinical site. Collaboration among the clinical site staff or administration, disability services professional, nursing program administrator, and student can reap the benefits of nursing students receiving accommodations in a timely fashion that can assist in enhancing the student's success.

Nurse educators have a unique opportunity to examine the state of nursing science as it relates to people with disabilities and chronic conditions and their impact on nursing research, education, and practice. Innovative approaches and best practices can eliminate barriers for students and nurses with disabilities and chronic conditions. For example, by portraying a range of nurse role models to potential students and undergraduate students, including nurses with disabilities, students with and without disabilities can see a variety of unique individuals contributing to the nursing profession.²⁰

Demonstrating the wide variety of abilities in nursing practice can increase diverse talents and skills within the nursing workforce²⁰

By removing barriers, we can rethink the contributions that students and nurses with disabilities and chronic conditions bring to the profession and decrease the discrimination and marginalization of people with disabilities in the United States and global community. In a study by Korzon,²⁰ nurses with a variety of disabilities ranging from depression, polyarthritis, traumatic brain injury, multiple sclerosis, hepatitis C virus, fibromyalgia, anxiety and panic disorder, and spinal injury were found to be successful, competent, and knowledgeable nurses with enhanced skills and experience who contributed to the nursing profession in a variety of roles. Because of the diverse nature of nursing roles and the range of practice settings, nurses with disabilities were able to negotiate nursing practice pathways that resulted in satisfying, successful careers.²⁰ As nurses, we are afforded an opportunity to create a new legacy by promoting the value of nurses with disabilities and chronic conditions and creating innovative solutions that can improve health outcomes for all people receiving health care services.

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