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MAKING THE INVISIBLE VISIBLE

SUPPORTING STUDENT NURSES WHO DISCLOSE HIDDEN DISABILITIES

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Introduction

Since the introduction of the Equality Act (2010) it is illegal – based upon their condition alone – to refuse admission on a nursing degree course to students who declare a disability. Students with disabilities may indeed become valuable members of the nursing profession when provided with appropriate support and reasonable adjustments to enable them to practise safely, competently and in compliance with Nursing and Midwifery Council (NMC) requirements (Tee and Cowen, 2012). This article explores the adjustments that both academic and clinical staff can make to provide learners with hidden disabilities with a positive learning experience, as well as some of the barriers learners with hidden disabilities may face in academic and clinical practice.

Background

In recent years there has been a steady increase of students with disabilities admitted to university to study nursing and midwifery, and reasonable adjustments are made to ensure they have a positive experience and are not disadvantaged (Howlin *et al.*, 2014). For degree programmes in nursing and midwifery, these adjustments relate not only to the academic environment, but also to clinical placements in hospitals or in the community as all prospective nurses spend an equal amount of time in taught lessons at university, and in practice environments such as hospital wards or community nursing settings. Lecturers support students with disabilities during taught lessons, and provide support with academic writing and exam preparation. Support in the clinical environment is provided by mentors who are registered nurses and who have achieved a mentorship qualification. Their role it is to assess student nurses during placements to ensure they meet their competencies in clinical settings. Mentors provide supervision and teach students practical skills such as medicine administration, care planning, record-keeping and wound care.

Learning with a disability

A disability can be defined as any condition that may have a significant adverse effect on a person's daily life and could cover aspects such as physical disabilities, mental health problems and learning disabilities, as well as long-term health issues (Tee and Cowen, 2012).

Whilst some disabilities are easily identifiable to others because they are visible – such as use of a wheelchair or loss of limbs – others may be more difficult to ascertain as they are hidden. Some of these conditions may include dyspraxia, dyslexia, diabetes, anxiety disorder, epilepsy, bipolar disease, dyscalculia or myalgic encephalopathy. Academic tutors and mentors of nursing students that are affected by any of these disabilities rely on the student to disclose the hidden disability in order to be able to make reasonable adjustments. Disclosure in clinical placements is also voluntary and some may be hesitant to disclose a disability for fear of stigmatisation (Morris and Turnbull, 2007). Lecturers and mentors must therefore promote a positive learning environment, which is accepting of disability, to counter discrimination of students and practitioners with disabilities, and prevent the various forms of social and educational exclusion this entails (Thomas, 2014).

Despite legislation and awareness-raising campaigns in the media, some educators and mentors still hold deeply entrenched prejudicial views on student nurses with disabilities (Evans, 2014; Tee and Cowen, 2012) which may negatively impact on their learning experience. Support should be provided in a holistic manner tailored towards the individual needs as failure to adequately support nursing students could have a negative effect on a university's reputation and could lead to a student withdrawing from his/her studies. In most universities in the UK, a specialist team provides advice on funding, diagnostic assessments, and reasonable adjustments.



Problems with disclosure

Whilst students often see disclosure of a condition as a positive step they can take to ensure they will receive adequate support with their academic work, students make this decision based on their own assessment of the perceived risk of doing so (Morris and Turnbull, 2007). If an individual fears negative repercussions or stereotyping, he/she may decide not to inform clinical colleagues of any reasonable adjustments that are needed. Feeling psychologically unsafe on placement and experiencing increased anxiety or stress levels can lead to absenteeism and sickness.

A recent qualitative study by Ridley (2011) showed that participants of the study perceived a lack of empathy towards students affected by dyslexia in the nursing profession. The author found that the student nurses who participated in the research project felt more comfortable to disclose their disability to academic staff than to practice colleagues. Student nurses were however very aware of their professional duty to safeguard patients and this often led to them making a disclosure to mentors, despite their fear of being stigmatised.

Student nurses who have had previous negative experiences when disclosing their hidden disability have reported incidents where mentors voiced doubts about their ability to perform. Furthermore, individuals encountered a lack of knowledge from both tutors and mentors on how to provide support; in some cases student nurses were expected to work without the provision of reasonable adjustments. Other students also felt patronised by being referred to as 'brave' when disclosing their disability (Tee and Cowen, 2012).

The way forward

These accounts highlight the complexity of disclosure and the need for academic and clinical staff to be aware of the support that available to students with disabilities (Ridley, 2011) in order to provide a positive learning experience.

Academic lecturers can provide reasonable adjustments for students with disabilities by allowing extra time for exams and adapting assessment submission deadlines. They can provide additional assistance by arranging one-to-one support meetings with individuals and referring them to specialist teams for further guidance. Universities where lecturers have close links to practice placement areas, which involves regular visits to allocated clinical areas may help provide some beginnings of an answer to this issue in the site of practice. Visits provide opportunities to resolve any issues a student or mentor may experience, and to provide advice on how to support a learner with a disability. Furthermore mentors may not be aware of all the resources available to make reasonable adjustments, so a pro-active approach by academic staff could help preventing problems.

Clinical placement mentors could be advised to support students with visible and hidden disabilities by demonstrating a non-judgemental attitude and maintaining confidentiality if a learner chooses to disclose their condition. Students themselves may be able to suggest reasonable adjustments if they feel safe to disclose their disability and are encouraged to discuss any support that may benefit their learning experience. White (2007) suggests that clinical

mentors should compile a personal development plan with students, and allow them to discuss any difficulties or anxieties they have. Additionally, constructive feedback focusing on positive achievements, as well as areas for development should be put in place. Students with disabilities may also benefit from regular breaks and rest periods, as well as mentors granting them time to attend meetings with support services and specialist advisors.

Conclusion

Students with a disability can be an asset to any profession and nursing is no exception if adequate support is provided to them and their mentors. Through raising awareness of the adjustments available to students with hidden disabilities, particularly in the workplace, academic staff can provide a supportive learning environment where prejudices and discrimination are dispelled, and help student nurses with disabilities develop into competent practitioners.



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References

- Evans, W. (2014) 'If they can't tell the difference between diphthalac and digoxin you've got patient safety issues': Nurse Lecturers' constructions of students' dyslexic identities in nurse education. *Nurse Education Today* 34 (2): 41-46
- Howlin, F., Halligan, P. and O'Toole, S. (2014) Development and implementation of a clinical needs assessment to support nursing and midwifery students with a disability in clinical practice: Part 1. *Nurse Education in Practice* 14 (5): 557-564
- Morris, D. and Turnbull, A. (2007) The disclosure of dyslexia in clinical practice: Experiences of student nurses in the United Kingdom. *Nurse Education Today*, 27 (1): 35-42
- Ridley, C. (2011) The experiences of nursing students with dyslexia. *Nursing Standard* 25 (24): 35-42
- Tee, S. and Cowen, M. (2012) Supporting students with disabilities: Promoting understanding amongst mentors in practice. *Nurse Education in Practice* 12 (1): 6-10
- Thomas, C. (2014) Disablism and Impairment. In J. Swain, S. French, C. Barnes, C. Thomas (eds) *Disabling Barriers: Enabling Environments*. London: Sage: 9-16
- White, J. (2007) Supporting nursing students with dyslexia in clinical practice. *Nursing Standard* 21(19): 35-42

About the author

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Keywords

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