

# A Survey of California Nursing Programs: Admission and Accommodation Policies for Students With Disabilities

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## ABSTRACT

A survey study was conducted to investigate the admission and accommodation policies of nursing programs for students with disabilities. Surveys were sent to 130 Board of Registered Nursing–approved nursing programs throughout California. Sixty-five (50%) of the surveys were returned and completed. Of the major findings of the study, learning disabilities were the most common type of disability reported. Testing time accommodations and a quiet environment were the most frequently requested and received accommodations. Seventy-two percent of nursing programs reported they have encountered students with disabilities who do not self-disclose or ask for accommodations. Most accommodations requested and received by students were classroom related. Few students with physical disabilities were reported as enrolled in nursing programs, possibly suggesting that prospective students with physical disabilities may not meet the physical requirements for nursing programs. Other reasons for underenrollment of students with disabilities should be explored, as well as reasons for nondisclosure.

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By 2016, the demand for new and replacement RNs will exceed one million. Employment of RNs is expected to grow 26% from 2010 to 2020, faster than the average for all other occupations (U.S. Department of Labor, Bureau of Labor Statistics, 2012). Currently, nursing constitutes the largest group of health care professionals, with 2.6 million individuals (American Association of Colleges of Nursing, 2008; U.S. Department of Labor, Bureau of Labor Statistics, 2010). The Bureau of Labor Statistics (2010) projected that more than a half million new positions in nursing will be created within the next decade due to technological advances, increased morbidity associated with an expanding aging population, and a growing focus on the preventive aspects of health care. These statistics demonstrate the necessity to vigorously outreach to potential new populations of students using innovative recruitment and instructional strategies to address this tremendous workforce need.

Individuals with disabilities represent an untapped group of potential nursing students to target for nursing education, as they represent a group of students whose enrollment in postsecondary programs has been on the upswing for the past decade. For the purpose of this project, *disabilities* refers to individuals with chronic health conditions and disabilities as defined in the Americans with Disabilities Act (1990), American with Disabilities Amendments Act of 2008, Rehabilitation Act of 1973, and Individuals with Disabilities Education Acts of 1990, 1997, and 2004. National surveys of postsecondary students with disabilities demonstrate increasing rates of enrollment in colleges and universities. Data from the 1995-1996 National Postsecondary Student Aid Study indicated that 6% of students with disabilities were enrolled in college (U.S. Department of Education, Office of Educational Research and Improvement, National Center for Education Statistics, 2000). In the academic year of 2003 to 2004, there were 11.3% of students with disabilities enrolled in college; comparable enrollment data were reported for the academic year of 2007 to 2008, with 10.8% of students with disabilities enrolled (U.S. Department of Education, Office of Educational Research and Improvement, National Center for Education Statistics, 2011). Of the postsecondary students with disabilities (based on the survey classification of students having one or more of the following conditions: a specific learning disability, a visual handicap, hard of hearing, deafness, a speech

disability, an orthopedic handicap, or a health impairment), 14.8% of undergraduates and 12.6% of graduate students reported their field of study was health (U.S. Department of Education, Office of Educational Research and Improvement, National Center for Education Statistics, 2011). However, even with these data in mind, the number of health professional students with disabilities (including nursing students) is difficult to estimate, as there have not been national surveys conducted to yield prevalence data by health-related discipline. The purpose of the current study is to explore strategies used by California nursing programs to admit and provide accommodations to students with disabilities, thereby fostering their retention.

The rise in postsecondary enrollment of students with disabilities can be attributed to several factors. The legislative changes as enacted by the Americans with Disabilities Act of 1990, American with Disabilities Amendments Act of 2008, Higher Education Opportunity Act of 2008, Individuals with Disabilities Education Acts of 1990, 1997, and 2004, and Rehabilitation Act of 1973 have created systemic educational and rehabilitation improvements, resulting in improved outcomes for students with disabilities in secondary and postsecondary education. Medical and scientific advances and technological changes have extended the survival rates of children diagnosed with chronic illnesses or congenital impairments. With increased numbers of students with disabilities entering college, there is a significant and growing need to provide the support and assistance that students with disabilities require to be successful in postsecondary settings. College campuses vary considerably in their efforts to be responsive to the needs of students with disabilities. Experts have suggested that there is a significant demand for postsecondary institutions to implement improved support services on campuses for students with disabilities. An effective system of communication that fosters better coordination between the disability support services on campus and academic departments is needed. This exploration involves assessing the type of accommodations requested by and offered to students, as well as investigating the admission policies and criteria. We are also interested in learning about the resources available to support nursing program admission and disability accommodation efforts.

## LITERATURE REVIEW

Although there have been a limited number of studies conducted, several areas of research exploring disability-related issues pertaining to nursing education have been investigated. Areas of inquiry have included the academic experience of nursing students with disabilities and nursing faculty attitudes toward them. Another topic that has been explored pertains to faculty knowledge of the instructional accommodations to address the needs of nursing students with disabilities. This literature is described below.

Maheady (1999) conducted a qualitative study with 10 nurses with disabilities (physical or auditory) to investigate their nursing school experience. Six themes emerged from the data analysis, highlighting the experiences of being a nursing student with a disability. These themes were (a) students' feelings of being supported; (b) other classmates' perceptions that they

had received an unfair advantage because of accommodations; (c) feelings that they had to "jump through hoops" to overcome the barriers of having a disability while completing their nursing education; (d) feeling that they had to "walk on eggshells," as they felt disclosure might negatively affect their instructors' attitude toward them; (e) their beliefs that their own personal experiences were of benefit, as they better understood the needs of their patients; and (f) their desire to be treated as others without disabilities were treated.

Sowers and Smith (2004) conducted a survey study with 88 nursing faculty regarding their perceptions, knowledge, and concerns about nursing students with disabilities. Respondents reported that their highest level of concern pertained to perceptions that accommodating nursing students with disabilities would create additional burdens on their time and effort. Furthermore, faculty members believed that students with learning disabilities required a significant amount of instructional accommodation, making them less likely to be successful in nursing school. Faculty respondents admitted they lacked knowledge about the instructional needs of students with disabilities, especially as they pertained to their clinical placements and legal mandates, as prescribed by the Americans with Disabilities Amendments Act of 2008 and Rehabilitation Act of 1973.

Nursing experts and advocates have offered their insights concerning the barriers to fully including students with disabilities into nursing education programs. One of the problems to effecting change is that there is a paucity of literature on educational models or curricular approaches to successfully include students with disabilities into nursing education programs. This literature is described below.

One nurse educator described the experience of closely examining the essential competencies nursing students are required to achieve, as outlined in nurse practice acts and curricular standards. Arndt (2004) suggested that the competencies deemed essential for nursing practice be revisited using an inclusive prism of practice. She asked, for example, is it necessary that nursing students with disabilities actually perform physically manual tasks, or is it sufficient that they competently supervise the task performance by another? As Arndt (2004) urged, "The list should reflect attributes of caring, integrity, interpersonal skills and cognitive abilities" (p. 205). Others have echoed this sentiment as well. The challenge to admitting greater numbers of individuals with disabilities into nursing schools has been predicated on the concern for patient safety. Concerns have been raised that nurses with disabilities may not have the necessary sensory skills, motor skills, or both, or have learning disabilities that put patients at health risk; however, there has been no evidence to support this contention (Sowers & Smith, 2004).

The National Organization of Nurses with Disabilities (NOND, 2012) supports the recommendation to admit more individuals with disabilities into nursing programs. NOND advocates that the functional abilities criteria that are uniformly used by nursing schools be eliminated or modified. As NOND has pointed out, these criteria restrict the participation of students with disabilities in nursing programs. NOND advocates that educators who have expertise with disabilities should work with nursing schools to develop plans of reason-

able accommodations and instructional adaptations that can be implemented to promote the inclusion of students with disabilities into nursing programs. As Marks (2007) stated, the inclusion of “nursing students with disabilities will foster a new set of knowledge, skills and abilities in the nursing profession” (p. 73).

Nursing education experts have noted that faculty members in nursing “may perpetuate historical attitudes, values and practices that exclude students with disabilities from gaining admission or identifying themselves as people with disabilities” (Marks, 2007, p. 70). Negative attitudes of faculty members and nursing students without disabilities are significant factors affecting the inclusion of students with disabilities into nursing programs, as well as their interactions with other individuals with disabilities. These attitudes are shaped in part by their previous experiences with individuals with disabilities and the pervasive disease-oriented frameworks embedded within nursing curricula that perceive disabilities as illnesses or deficits (Secombe, 2007a, 2007b).

Although the nursing and interdisciplinary literature pertaining to the education of students with disabilities is limited, it largely concurs with findings and conclusions of recognized disability experts. As the literature review and nursing leaders’ opinions demonstrate, a myriad barriers exist that impede the admission of students with disabilities into nursing schools. These barriers include negative or uninformed nursing faculty attitudes toward students and individuals with disabilities, curricular requirements emphasizing the performance of physical and technical tasks that preclude the participation of students with certain disabilities in nursing programs, and the feelings of negativity and defeatism that students with disabilities may have in pursuing a career in nursing (Ardnt, 2004; Maheady, 1999; Marks, 2007; Seccombe, 2007a, 2007b; Sowers & Smith, 2004). Additional research is needed to better understand the admission criteria, school policies, and available accommodations for nursing students with disabilities. An informed recognition of the admission and disability accommodation policies of nursing programs that currently exist provides the basis for program development efforts to more effectively admit and accommodate students with disabilities. We report the first exploratory study to investigate this nursing education issue by surveying nursing programs in California.

## METHOD

### Participants

Our sample consisted of 65 California colleges and universities with nursing programs, which is the result of a 50% response rate from 130 California Board of Registered Nursing–approved schools. Contact information for these schools was derived from the California Board of Registered Nursing Web site (California Department of Consumer Affairs, Board of Registered Nursing, 2011). For the purposes of this study, we surveyed only nursing programs offering at least one of the following types of nursing degrees: associate, bachelor, or master’s. The study was approved by the Children’s Hospital Los Angeles (CHLA) Committee on Clinical Investigations (CHLA Institutional Review Board).

### Tool

A 15-item tool with six to seven open-ended and eight to nine close-ended questions was used. The variance in the number of open- versus closed-ended questions is due to the response to item query on whether the nursing program had documentation detailing technical standards of nursing by which a student is deemed suitable for nursing. If the respondents indicated *yes*, they were prompted to provide additional information; if response was *no*, then no additional detail was needed. After conducting a review of literature related to accommodations for students with disabilities, this tool was developed by the study investigators, who have extensive research and clinical experience working with adolescents and young adults with disabilities. Drafts of the tool were reviewed by an expert panel composed of three nursing professionals (two nursing school administrators with experience in admitting and retaining students with disabilities and a recognized expert on disability-related issues involved with professional nursing practice) until the final version was created.

The survey contained questions regarding the type of nursing program, number of students enrolled (total per program), and number of students enrolled by type of disability. Participants were further questioned regarding accommodations asked for and received by students, disclosure of the disability, eligibility criteria for admittance, school disability policies, and campus resources.

### Procedure

Questionnaires were sent to 130 nursing school representatives who were responsible or have oversight for ensuring that students with disabilities enrolled in the nursing school program have the accommodations needed to fully participate. Surveys and envelopes were coded with study identifiers to ensure anonymity. The nursing school representative or designate was asked to complete the survey questionnaire and return it in a self-addressed, stamped envelope with the address of the principal investigator (C.L.B.). Three mailings were sent at 6-week intervals on October 12, 2010; November 23, 2010; and January 4, 2011. At the completion of our study, we received 65 (50%) responses. Data were entered into a Microsoft® Access database, and frequency summary reports were generated.

### Coding of Closed-Ended Item Responses

As the research team reviewed the survey responses, it became evident that additional analysis of responses was required due to the number of comments written on the survey, wherein no comment field was provided. The majority of comments added were written in place of answering the forced-choice selection of answers; however, there were instances where the comments accompanied the selected forced-choice answers. Examples of additional comments included (a) expressing uncertainty about the answer (e.g., “Don’t know,” “Not sure”); (b) attempting to clarify the forced-choice response (e.g., “Yes, but within reason”); (c) attempting to answer the question through comments when a force-choice response cannot be determined (e.g., “The college has policies—The nursing program does not have separate policies”); and (d) expressing conditions in which more

than one answer may be possible (e.g., “Varies,” “Some of both”).

The research team reviewed and analyzed questionnaire items with forced-choice answers that were accompanied by comments written on the survey. The team members discussed the appropriate coding of the additional written responses until consensus was achieved. The additional analysis involved determining the descriptive intent of the additional written comments, which consisted of the following: (a) additional information that was confirmatory of the selection of the forced-choice answer(s) or (b) not directly related to the selection of forced-choice answer(s), which was then judged to be considered non-answers by the review team. In some instances, these non-answers conveyed a lack of understanding regarding the question being asked. In most cases, we were able to determine the appropriate forced-choice answer based on the additional written information provided to us by the respondent. All original forced-choice responses, as answered on the surveys, are reported in **Tables 1-4**. Responses that were coded and confirmed as nonanswers are reported in **Tables 3-4** as “No answer.”

Open-ended responses were coded independently by each of the team members. Team members then met to review their analysis of responses. In instances where there were differences in coding of responses, the coding differences were discussed until consensus was achieved.

## RESULTS

Sixty-two percent of our sample comprised associate degree nursing programs (**Table 1**). Further, the total number of students enrolled across all three degree types (associate, bac-

**TABLE 1**

**Enrollment of Students and Students With Disabilities Questionnaire (N = 65) Results**

Variable	No. Reported	Frequency (%)
Type of nursing program <sup>a</sup>		
Associate degree (2-year)	40	62
Baccalaureate degree (4-year)	20	31
Master's degree	17	26
Estimate of students enrolled by degree type		
Associate	6,963	45
Baccalaureate	6,118	39
Master's	2,543	16
Estimate of students with disabilities enrolled (in total population of students) <sup>b</sup>		
Associate	823	5
Baccalaureate	235	2
Master's	99	0.6
Estimate of students with disabilities enrolled by type of degree and type of disability		
Associate		
Learning disabilities	452	55
Chronic illnesses	158	19
Mental health conditions	124	15
More than one disability	58	7
Physical disabilities	31	4
Baccalaureate		
Learning disabilities	119	51
Mental health conditions	48	20
Chronic illnesses	41	17
More than one disability	14	6
Physical disabilities	13	6
Master's		
Learning disabilities	33	33
Mental health conditions	33	33
Chronic illnesses	20	20
Physical disabilities	9	9
More than one disability	4	4

*Note.* Frequencies are rounded to the nearest percentage.

<sup>a</sup> Not mutually exclusive. Respondents may have identified more than one response to the item. Nursing programs reported more than one type of nursing degree offered by the nursing program.

<sup>b</sup> Not an actual questionnaire item. Using the denominator of 15,624 (the sum of all students enrolled across all degrees), we calculated a proportion using the sum of all disabilities (by degree type) over this N.

calaureate, master's) was highest in associate programs (45%). As a proportion of all students across all degree types, approximately 5% of students in the associate degree programs had



**TABLE 2**  
Types of Accommodations Requested and Provided

Questionnaire Item	No. of Respondents (N = 65)	Frequency (%)
Most frequent accommodation requested by students		
Additional testing time	54	83
Quiet environment	20	31
Unspecified testing accommodations	8	12
Equipment (e.g., calculator, reader)	4	6
Clinical accommodations	3	5
Counseling services and referrals	3	5
Note taker or recorder	3	5
Tutoring	2	3
Medical withdrawal or incomplete	2	3
Other	1	2
Most frequent accommodation provided to students		
Additional testing time	51	79
Quiet environment	26	40
Equipment (e.g., voice-over videos)	7	11
Unspecified testing accommodations	4	6
Disabled Students Programs & Services	3	5
Medical withdrawal or incomplete	2	3
Different assignment	2	3
Note taker or recorder	2	3
Counseling services and referrals	1	2
Support services	1	2
Tutoring	1	2
Other	1	2

*Note.* Frequencies are rounded to the nearest percentage. Frequencies and numbers are not mutually exclusive.

some type of disability, compared with 2% of students in the baccalaureate degree programs and 0.6% of students in the master’s degree programs. The most frequently reported disability across all types of programs was learning disabilities; 55% of students in the associate degree programs, 51% of students in the baccalaureate degree programs, and 33% of students in the master’s degree programs were reported to have a learning disability. In addition, master’s degree programs reported that an additional 33% of students with disabilities had a mental health disability. Physical disabilities were low in frequency (4% associate, 6% baccalaureate, 9% master’s) (Table 1).

For all types of nursing programs, testing time accommodations (commonly referred to as “time and a half”) were most frequently requested, as well as received, by students with disabilities (83% and 79%, respectively) (Table 2). The next most common accommodation requested and received was a quiet environment (31% requested, 40% received). The third

most frequently reported accommodation was support via assistive devices (e.g., a calculator, reader, voice-over videos) (6% asked for, 11% received). Other less frequently identified types of accommodations included clinical accommodations, counseling services and referrals, having a note taker or recorder, tutoring, receiving a medical withdrawal or grade of incomplete, referral to Disabled Students Programs & Services (DSPS), having a different assignment, and support services.

When determining whether a student with a disability is eligible for admittance to the nursing program, 34% of our sample reported using standard program requirement criteria (Table 3). Other criteria included a medical release (23%) and an evaluation by DSPS (20%). Twenty percent of our sample reported they had no criteria for determining such eligibility. Documented guidelines for determining eligibility for students with disabilities were reported by 60% of programs, and 68% have written policies regarding admission criteria for students with disabilities and the provision of accommodations. Survey respondents indicated a

number of individuals responsible for coordinating efforts with the campus DSPS office: faculty (38%), administration (35%), DSPS (20%), and the program coordinator or manager (15%). When questions arise pertaining to students with disabilities and academic accommodations, common resources used are the DSPS (or similarly titled office), staff (94%), administrators within the nursing program (48%), campus legal services (45%), and colleagues within the nursing program (40%).

We queried respondents about the application of technical standards, which was defined as the ongoing criteria (as opposed to admission criteria), such as being able to move a patient, withdraw medication with a syringe, and manual dexterity. Many nursing programs (60%) have documented technical standards of nursing by which a student is found to be suitable for nursing practice, and of those programs, 87% apply the standards to all applicants (Table 4). Respondents indicated that technical standards were applied during admission

(17%), during the physical examination associated with the admission process (14%), throughout the program (11%), or prior to admission (11%). According to respondents, 80% of nursing programs have students who typically self-identify their disability after being admitted to the program. Seventy-two percent of participants reported encountering students with disabilities who do not self-disclose or ask for an accommodation. Reasons for this may involve the lack of awareness by students with disabilities of their own rights and responsibilities. Another possibility could be the lack of awareness of one's own disability (e.g., in the case of a learning disability). The majority of our sample indicated that their nursing program had an appeals process for students with disabilities (88%) and that program information regarding available accommodations is disseminated (83%).

## DISCUSSION

Across all degree types, most nursing students with disabilities were students with learning disabilities. Few students with physical disabilities were reported. The paucity of students with physical disabilities may be attributed to students' perceptions that a nursing career is not a plausible option due to its perceived physical demands. These perceptions may be validated by faculty advisement; discussions with health care professionals, including nurses; and media depictions of nurses (Ardnt, 2004; Maheady, 1999; Marks, 2007; Seccombe, 2007a, 2007b; Sowers & Smith, 2004). Our findings revealed that few accommodations were offered for clinically related purposes. The majority of ac-

**TABLE 3**

**Admittance Criteria and Resources for Accommodations**

Questionnaire Item	No. of Respondents (N = 65)	Frequency (%)
Criteria used to determine admission eligibility <sup>a</sup>		
Meeting standard program requirements	22	34
Medical release	15	23
DSPS/DSS/DS	13	20
None	13	20
Individual assessment (nonmedical person)	6	9
External criteria: campus and clinical facility	5	8
Patient safety	3	5
Nursing program has document determining student admission eligibility		
Yes	39	60
No	25	38
No answer	1	2
Nursing program has written policies regarding admission criteria and provision of accommodations		
Yes	44	68
No	19	29
No answer	2	3
Individual(s) who serve(s) as a liaison or are primarily responsible for coordination with campus DSPS <sup>a</sup>		
Faculty member	25	38
Administration	23	35
DSPS	13	20
Program coordinator or manager	10	15
Academic advisor	7	11
Staff	2	3
Resources used when students with disabilities or academic accommodations questions arise <sup>a</sup>		
DSPS/DSS/DS staff	61	94
Administrators within the nursing program	31	48
Campus legal services	29	45
Colleagues within the nursing program	26	40
State Board of Registered Nursing	21	32
Disabled student services Web site	15	23
EEOC District Office	6	9
Office for Civil Rights Enforcement	2	3

*Note.* Frequencies are rounded to the nearest percentage. DSPS = Disabled Students Programs & Services; DSS = Disabled Student Services; DS = disabled students; EEOC = Equal Employment Opportunity Commission.

<sup>a</sup> Not mutually exclusive. Respondents may have provided more than one response to questionnaire items.

commodations provided to students were for didactic purposes, such as additional time for testing. The lack of accommoda-

**TABLE 4**  
**Technical Standards and Miscellaneous Questions**

Questionnaire Item	No. of Respondents (N = 65)	Frequency (%)
Nursing program has document detailing nursing technical standards for students		
Yes	39	60
No	25	39
No answer	1	2
Time when technical standards are applied <sup>a</sup>		
Admission	11	17
Disclosure or physical examination	9	14
Throughout	7	11
Prior to admission	7	11
Clinical experience	6	9
Other	4	6
First semester	3	5
Technical standards are applied (N = 39)		
To all applicants	34	87
When issue arises	3	8
Not applicable; no answer	2	5
Time when students self-identify as having a disability		
After they have been admitted to the program	53	82
During the application process	5	8
Both (before and after)	5	8
No answer	2	3
Program has encountered students with disabilities who do not self-disclose or ask for accommodations		
Yes	47	72
No	17	26
No answer	1	2
Program has appeals process for students with disabilities		
Yes	57	88
Don't know	3	5
No	3	5
No answer	2	3
School disseminates information about accommodations available for students with disabilities		
Yes	54	83
No	9	14
No answer	2	3

Note. Frequencies are rounded to the nearest percentage.

<sup>a</sup> Not mutually exclusive. Respondents may have provided more than one response to questionnaire items.

have lacked knowledge concerning the availability of accommodations other than for classroom purposes, as has been reported elsewhere (Sowers & Smith, 2004). It may also be that nursing students did not require or request accommodations for clinically related purposes, as the preponderance of disabilities identified were learning related, not physically related. As Maheady (1999) reported, nursing students may feel compelled not to disclose their disability for fear of negative consequences. As the findings of studies by Maheady (1999) and Sowers and Smith (2004) revealed, faculty expressed concerns that students with disabilities could perform successfully in nursing programs.

Master's programs reported equivalent results regarding type of disability, with 33% of students with disabilities having some kind of learning disability and 33% having some form of mental health disability. Because the total number of students reported in both of these categories was small compared with our associate degree and baccalaureate degree populations, it is difficult to speculate about the causative factors. Possible explanations may be that these students are under more stress; are faced with the challenges of integrating work, school, and possibly family responsibilities that create additional stresses; or have more life experiences and challenges that contribute to mental health issues in this group of students. Other explanations to consider in these students are (a) the disability was not identified until after they graduate from

tions identified for clinically related purposes may be interpreted with these plausible explanations. Faculty members may

the basic nursing program; (b) as experienced nurses, they realized that their disability does not interfere with their career

aspirations; and (c) their career path for pursuing a graduate degree is better suited to their disability (e.g., less physically rigorous).

Aside from demonstrating that most of the accommodations requested and received by students are didactic related, several accommodations were reported as more frequently offered than requested by students. The accommodations offered were the provision of a quiet environment and equipment to assist student learning. The frequency differences may be attributed to the lack of knowledge or awareness that students have about available accommodations to assist them with functioning in academic environments.

When determining whether a student with a disability is eligible for admittance to the nursing program, our findings reveal considerable variability. Approximately half of the programs reported using objective criteria for determining admittance to the nursing program. A significant proportion of the sample respondents stated that no criteria were used to assess students' eligibility or that the decision was referred to the campus DSPS program. These findings indicate a wide variability in criteria for admittance that is not standardized. The majority of respondents indicated that external resources, such as DSPS, were consulted on issues pertaining to questions about working with students with disabilities and the provision of accommodations.

As reported elsewhere (NOND, 2004; Sowers & Smith, 2004), nursing programs can consult their own state's Board of Registered Nursing, campus office of DSPS, or civil rights and disability advocates for guidance in making admission criteria that are more uniform and consistent with the provisions of federal legislation to ensure the rights and protections of students with disabilities enrolled in postsecondary training programs. The California Board of Registered Nursing Web site was searched for evidence of guidance for nursing programs pertaining to admission and accommodations for students with disabilities. Key terms used in the search were *disability*, *student with disability*, and *students with disabilities*. Two guidance advisories were located that pertained to nursing students with disabilities: (a) directions for requesting NCLEX® testing accommodations, and (b) the adoption of a comprehensive screening admission process for associate degree nursing programs that acknowledges the divergent life experiences of individuals, including those with disabilities as mandated in 2008 by California Assembly Bill No. 1559 (California Board of Registered Nursing, 2008). The extent to which these resources meet the advocacy standards for development of uniform and consistent admission and accommodation policies statewide remains a goal to be achieved. An opportunity exists for nurse educators to provide the leadership to promote the inclusion of students with disabilities in nursing education programs. The recent employment alliance enacted between the U.S. Department of Labor, Office of Disability Employment Policy and NOND is an example of a national advocacy effort that could serve as a model for nursing education (U.S. Department of Labor, Office of Disability Employment Policy, 2012).

Most nursing programs reported that students typically self-identify their disability after being admitted to the program. Further, the majority of programs indicated awareness of students enrolled in nursing programs who may have disabilities

but do not self-disclose or ask for an accommodation due to lack of awareness of their own rights and responsibilities. This suggests there are reasons for nondisclosure, which may include perceived stigma, social embarrassment, or personal privacy preferences, as reported in other studies (Maheady, 1999; Seccombe, 2007a, 2007b; Sowers & Smith, 2004). This issue is a potential topic to be explored in future research.

## LIMITATIONS

Despite what we have learned, the full range of knowledge regarding accommodations and policies for students with disabilities may not have been captured fully by the measures used in this study, as the findings of this survey were based on self-report. The following example of the coding procedure exemplifies this approach. Nine participants answered *no* to the survey question "Does your school disseminate information about the accommodations available for students with disabilities?" (Table 4). However, after discussion and further investigation, it was discovered by a research team member (K.B.) that each of these nine schools, as well as the two schools who provided no answer to this questionnaire item, indeed had information regarding accommodations for students with disabilities available on each of the corresponding school's Web sites. The research team agreed that Web sites were a suitable resource for disseminating such information, and although we had intended this survey item to refer to such resources, we found that participants may not have fully understood our purpose in asking this question or that they may not have known about the resources. Thus, for this item, we concluded that all 65 programs (100% of the responding sample) did disseminate information about available accommodations for students with disabilities.

After the data were collected and analyzed, we identified an issue with the wording of one of our questionnaire items. On our survey, one of the questions reads, "Does your nursing program have written policies regarding admission criteria and provision of accommodations?" We found that there was some confusion in that this particular item could have been interpreted as a two-part question, given that two of the participants who did not select an answer commented that they would have answered *yes* to policies regarding admission criteria, but *no* to the provision of accommodations. These two participants were subsequently coded as nonanswers.

Another issue pertaining to findings reported in this study is the number of students with disabilities enrolled by types of nursing programs. This may have led to an underreporting of the number of students enrolled by degree type and disability, as we observed via written comments that some respondents were consciously estimating, were unable to estimate, or did not keep a record of such information. Another explanation is that the estimates represent overreporting of the actual number of students with disabilities enrolled in nursing programs. Of those participants who estimated their numbers for students with disabilities, some gave us rough percentages (which we transformed into proportions based on the total reported number of students enrolled) or ranges (for which we calculated the mean and subsequently used this number for analysis). It is also possible that reported answers reflect a degree of social desir-



ability bias among nursing faculty. Similarly, self-report among students may be an issue. It is possible that some students did not self-disclose their disability, also leading to underreporting of disability status in nursing programs.

Further, our sample consisted only of nursing programs in California. Thus, we cannot make generalizations about the findings to other nursing programs in California that did not participate in this study or to other nursing programs outside of California. In addition, most of our sample consisted of associate degree nursing programs. This overrepresentation makes generalizing the results to other types of nursing academic programs difficult.

### CONCLUSION

Few students with physical disabilities were reported as enrolled in nursing programs, possibly suggesting that prospective students with physical disabilities may not meet the physical requirements for nursing programs. Although it is noted that students may self-select and therefore do not apply to nursing programs, the criteria for eligibility and policies regarding admission are to be further explored in terms of students with disabilities. Most of the accommodations requested by students and received by students, as reported in this sample, were classroom related, indicating an emphasis on learning aids rather than physical aids. Reasons for nondisclosure among students with disabilities should be further explored in future research.

This survey study provides an exploratory view of the admission and disability accommodation policies of nursing programs in California for students with disabilities. It represents a preliminary effort to better understand the profile of students with disabilities enrolled in nursing programs in California and the efforts undertaken to fully accommodate them. Additional research is needed to investigate the admission and accommodation efforts of nursing programs for students with disabilities nationwide. Findings of this preliminary study suggest that additional data are needed to better understand admission and accommodation practices that affect prospective students with disabilities who apply to nursing programs and enrolled nursing students with disabilities.

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