

## The Americans With Disabilities Act: Effect on Student Admission and Retention Practices in California Nursing Schools

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The Americans With Disabilities Act (ADA), passed by the U.S. Congress in July 1990, prohibits discrimination against qualified individuals with disabilities. According to the ADA, a disabled person is defined as one with physical or mental impairment that substantially limits one or more of the major life activities of that individual; a person with a record of such impairments; or a person regarded as having such impairments. For educational purposes, a qualified individual with a disability is one who is able to meet essential eligibility requirements (academic or technical) despite the disability and furthermore may include individuals who require "reasonable accommodations" to perform "essential" functions. It is estimated that 43 million people in the United States have disabling conditions that interfere with life activities.

The ADA was designed to bring fundamental rights and equality to all Americans. Traditionally, professional nursing education has tied graduation requirements with nurse licensure requirements in each state. Nursing always has been considered a "practice" discipline. In addition to providing students with a solid foundation of nursing's scientific knowledge base, the primary role of an educational program has been to prepare graduates who can perform nursing skills safely and competently. A review of the literature reveals many attempts

have been made to determine what are "essential" nursing functions and "reasonable accommodations" to facilitate disabled students. These factors are complicated by the need to provide all students with appropriate clinical experiences and, at the same time, provide optimal patient safety.

### Literature Review

A review of the literature reveals limited attention to the education of students with disabilities in the nursing discipline. The majority of articles that have addressed this topic have focused on students who have learning disabilities. They have included discussions regarding students with problems doing mathematical calculations, inadequate written communication skills, memory deficits, and auditory processing deficits (Eliason, 1992; Shellenbarger, 1993; Shuler, 1990).

In 1994, Davidson conducted a survey to examine nursing education compliance with ADA provisions. Only 14% of the 164 baccalaureate nursing programs surveyed had designated essential functions that a nursing student must be able to perform to successfully complete the program requirements.

Magilvy and Mitchell (1995) conducted a survey of 86 schools in 44 states. They studied the special needs of chronically ill nursing students and accommodations that had been made. Results indicated most schools have had contact with students with qualified disabilities. Learning disabilities and mental impairments were the conditions most often encountered. Few programs cited problems with visual impairments. It was reported that most programs had little experience working

with specific accommodations, but were aware of accessibility on their campuses.

In 1995, Watson surveyed 247 baccalaureate nursing programs to examine their responses to applicants and students with disabilities. Almost half of the programs that responded reported admitting students with disabilities and making an effort to determine the existing disabilities of students admitted. Learning disabilities were cited as being the most predominant. Fifty-three percent of the respondents in this study reported using a variety of strategies to provide services.

There does not appear to be a consistent approach or model to facilitate the education of students with disabilities. The limited attention to the topic in the literature supports the need for further investigation into this important area of educational concern.

### Method

This descriptive survey was conducted to examine the effect of the ADA on admission and retention practices in nursing schools in California. Specifically, the study examined the methods and practices of educational institutions to assess or recognize a disability (e.g., cognitive, communicative, emotional, immune, physical), and to establish reasonable accommodations for students' learning environment.

### Sample

A questionnaire was mailed to all 102 National League of Nursing (NLN)-accredited schools of nursing in California. Fifty-two questionnaires (50%) were returned. Thirty-three of the schools that responded were ADN programs and 18 were BSN programs. One school did

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**TABLE 1**  
**Applicants and Nursing Students With Specific Disabilities**

Condition or Disability	Examples	Number of Schools
Cognitive	Head injury with memory deficit	7
	Organic brain damage secondary to adverse drug reaction	1
Communicative	Dyslexia	27
	Learning disabilities	15
Emotional	Psychosis	11
	Bipolar disorder	1
	Schizophrenia	3
	Posttraumatic stress syndrome	1
	Recovering alcoholic	3
	Anxiety	1
	Depression secondary to family crisis	16
	Borderline personality disorder	1
Impaired immune function	Suicidal	1
	HIV positive	2
	Drug allergies	1
	Steroid dependent	2
	Latex allergies	13
Physical	Leukemia	1
	Speech impediments	5
	Cerebral palsy	1
	Kidney failure, on dialysis	1
	Missing arm and fingers	1
	Prosthetic leg	1
	Very obese	1
	Back injuries	5
	Hearing loss	19
	Decreased vision	4

not indicate the type of program. The size of the programs ranged from 0 to 99 students ( $n = 17$ ), 100 to 199 students ( $n = 17$ ), and  $\geq 200$  students ( $n = 18$ ). Of these, 10 were rural schools, 6 were suburban schools, and 35 were urban schools. One school did not identify its geographic location. All responses were kept confidential.

#### Instrument

A 6-part questionnaire was developed to be completed by the program director or designee. The instrument addressed the following topics:

- Types of disabilities encountered and description of accommodations.
- Examples of applicants or students for whom accommodations could not be made.
- Accommodations required to be made for students that the school of nursing did not feel were reasonable.

- Accommodations made by schools that they would not elect to repeat.
- Identification of special services on campus to help in making accommodations.

#### Limitations

First, unless students have obvious conditions or disabilities or reveal them, educators may not know there is a problem or concern. The conditions or disabilities may not be known until students have failed or dropped out, if at all. Second, the questionnaire was answered by one individual at each school. That individual might not have had access to all student records. As the directions on the survey indicated it was to be filled out by the director or his or her designee, it would have been helpful to know the position of the person who completed the question-

naire. Last, nurse educators may not always keep accurate records of students with disabilities, their progress, or the accommodations made.

#### Questionnaire

The first question asked whether the school had applicants or nursing students with cognitive, communicative, emotional, physical, or immune disabilities or conditions. Table 1 summarizes the respondents' responses of selected conditions and disabilities. The majority of respondents indicated they had student applicants with "identified" disabilities. The schools identified a variety of disabilities that meet ADA definitions.

The second question asked respondents to describe the accommodations made for disabled students. Table 2 summarizes the accommodations the participating schools made for disabled students. Several accommodations that were acceptable to educators were deemed inappropriate by clinical agencies. For example, a student using crutches was denied access to the mental health facility. The facility had concerns about the crutches being used as weapons.

The third question asked whether the school had applicants or students for whom accommodations could not be made. Thirty-eight respondents (72%) said no, 10 (19%) said yes, and 5 (9%) did not respond ( $N = 53$ ) (Figure 1). Some respondents commented that hospital policies did not make it possible for schools to accommodate the students, including a hospital that did not allow crutches or wheelchairs to be used by students or staff. Another condition the schools could not or would not accommodate included back injuries severe enough that the student could not bend or lift at all.

The fourth question asked whether the nursing school had been required to make accommodations it felt were not reasonable. Forty-two respondents (82%) said no, 8 (16%) said yes, and 1 (2%) did not respond ( $N = 51$ ) (Figure 2). Several respondents said it was easier to make academic accommodations than clinical. Of the respondents who answered yes, the unreasonable accommodations were lowering standards because of learning disabilities and providing a surgical technician with double the length of time to set

up the operating room and scrub. Another example is a student with diabetes mellitus and limited clinical skills who medically withdrew from the program. The student was permitted to return later with a 1:1 faculty ratio. None of the respondents stated who had required them to make these accommodations.

The fifth question asked whether the school had made accommodations it would not elect to repeat. Forty of the respondents (77%) said no, 8 (15%) said yes, and 4 (8%) did not respond (Figure 3). One of the respondents commented on not wanting to constantly repeat skills testing. This respondent believed a set number of attempts should have been set, and if the student had not passed, he or she should have been evicted from the program. Another respondent believed the school's attempt to help one learning-disabled student went beyond logic because the student consistently transposed numbers on calculations and could not consistently correct the problem.

The final question asked whether the school's campus provided special services that helped the nursing program make accommodations. None of the respondents said no, 49 (94%) said yes, and 3 (6%) did not respond (Figure 4). Most of the respondents who said yes provided disabled student services (which verify students' disabilities and liaison with departments regarding specific student needs), especially for students with learning disabilities. Some of the schools had resources to buy special equipment for students, such as latex-free gloves and stethoscopes for the hearing impaired. However, most schools required students to purchase their own special equipment.

## Discussion

Undergraduate schools of nursing prepare students as generalists, rather than for a specific role. Nurse educators are charged with making reasonable accommodations to help students in performing essential nursing functions. Nurse educators have been challenged to identify essential functions in the nursing discipline. Several respondents in this study included essential performance standards developed by their nursing programs. The faculty believed these behaviors were essential to be able to complete a nursing program successfully.

**TABLE 2**  
**Descriptions of Accommodations Made by Schools of Nursing**

Condition or Disability	Accommodations
Cognitive	Audiotaped lectures Classes to improve cognitive skills Note-taking services Special services/testing to diagnose deficit One-to-one learning laboratory for remediation
Communicative	Visual processing: • Read test questions aloud • Quiet testing area • Extended time for test taking Auditory processing: • Audiotaped lectures • Note-taking services
Emotional	Reduced unit loads Referral to campus mental health services Planned educational leaves for medication adjustment (priority for readmission)
Impaired immune function	Use of nonlatex gloves Concerns and risks discussed with students Make-up skills laboratories for remediation Altered laboratory schedules to fit students' medical regimen Required MD release every 4 weeks for clinical participation Did not assign students to care for patients with virulent or resistant pathogens (e.g., vancomycin-resistant <i>Enterococcus</i> [VRE], methicillin-resistant <i>Staphylococcus aureus</i> [MRSA])
Physical	Received a grade of incomplete until able to resume classes Use of assistive devices Speech therapy and accent reduction classes Assigned to clinical site close to home Provided personnel scrubs (very large size) Special stethoscopes and hearing aides, and hearing assistant with special computer so student could read lectures Adapted psychomotor skills for student with missing extremities Allowed extra time on test for visual impairment

The standards provided refer to the need for students to be able to critically think and physically care for patients (i.e., bend, lift, transfer, hear, see, speak). Students must be drug and alcohol free, and emotionally stable to do this. The schools that have these guidelines provide them to all potential students and newly admitted students. In addition, students are counseled on the need to be able to meet the guidelines to successfully complete the nursing program. Accommodations are made on a case-by-case basis. It is important that students accept responsibility for directing the faculty regarding their specific needs.

The authors have experience working with students with latex allergies, an amputated arm, dyslexia, and cognitive and physical disabilities following head trauma. Some of these students were successful and some were not. The difference seems to focus on individual student attributes (i.e., severity and type of disability) and not on the diagnosis. The success of students also depends on the interpretation by nursing faculty of "essential nursing functions," and the faculty's willingness and ability to make reasonable accommodations. The faculty's creativity may be hampered by clinical

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cal agency policies and available equipment.

This study demonstrates the profession continues to struggle with the concepts of "essential functions" and "reasonable accommodations." Nurse educators must continue to examine, explore, and share methods that are reasonable and safe to accommodate students with disabilities. They also must proceed to standardize program requirements so all individuals applying for admission will be fully informed of the expectations both for entry and successful completion of the nursing program. Nurse educators are not health care providers for their students, but must be willing to make reasonable accommodations for student success. In the spirit of the ADA, its role is to create equal opportunities for disabled persons to enter the work force.

## References

- Americans With Disabilities Act of 1990, 42 U.S.C.A. § 12101 et seq. (West 1993).
- Davidson, S. (1994). The Americans With Disabilities Act and essential functions in nursing programs. *Nurse Educator*, 19(2), 31-34.
- Eliason, M. (1992). Nursing students with learning disabilities: Appropriate accommodations. *Journal of Nursing Education*, 31, 375-376.
- Magilvy, J.K., & Mitchell, A.C. (1995). Education of nursing students with special needs. *Journal of Nursing Education*, 34, 31-36.
- Shellenbarger, T. (1993). Helping the dyslexic nursing student. *Nursing Educator*, 18(6), 10-13.
- Shuler, S. (1990). Nursing students with learning disabilities: Guidelines for fostering success. *Nursing Forum*, 25(2), 15-18.
- Watson, P.G. (1995). Nursing students with disabilities: A survey of baccalaureate nursing programs. *Journal of Professional Nursing*, 11, 147-153.

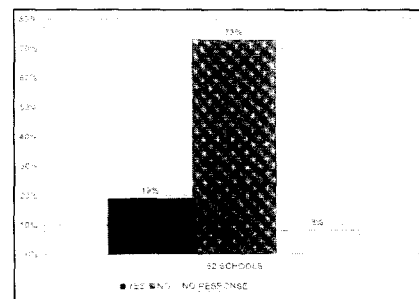


Figure 1. Schools that were unable to make accommodations.

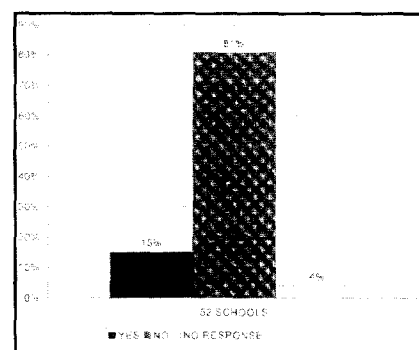


Figure 2. Schools that were required to make unreasonable accommodations.

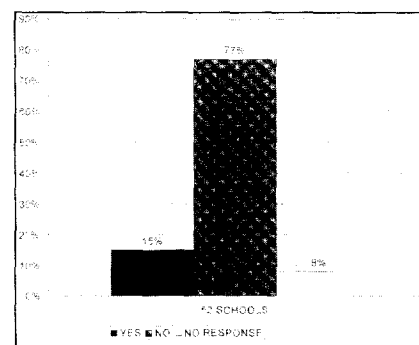


Figure 3. Schools that would not elect to repeat accommodations.

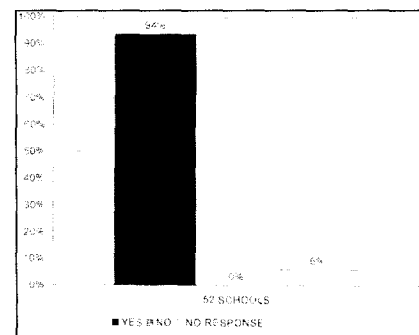


Figure 4. Schools that have special services on campus.

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