

Experiences of Nursing Students with a Learning Access Plan (LAP)

Submitted by

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Statement of Authorship

Excerpts where references have been made in the text of the thesis, this thesis contains no material published elsewhere or extracted in whole or in part from a thesis accepted for the award of any other degree or diploma. No other person's work has been used without due acknowledgment in the main text of the thesis. This thesis has not been submitted for the award of any degree or diploma in and other tertiary institutions.

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Christine Baker
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Ethics Statement

Ethics approval to conduct this study was granted by the La Trobe University Human Ethics Committee (Approval Number: HEC18369). All participants have been advised of the purpose of the study, and ethical issues, including confidentiality and the maintenance of anonymity, were discussed before any data collection. Participants granted voluntary, informed consent, and were provided with the opportunity to withdraw from the study at any time before the conclusion of the participant interview.

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List of Terms, Abbreviations

ABS	Australian Bureau of Statistics
Accommodation	a modification or adjustment [also known as reasonable adjustment]
ADCET	Australian Disability Clearinghouse on Education and Training
AHPRA	Australian Health Practitioner Regulation Agency
AIHW	Australian Institute of Health and Welfare
ATAR	Australian Tertiary Admission Rank
DDA	Disability Discrimination Act
DEET	Department of Employment Education and Training
DEST	Department of Education Science and Training
DLO	Disability Liaison Officer
Disability	a limitation, restriction or impairment, which has lasted, or is likely to last, for at least six months and restricts everyday activities. May include sensory, intellectual, physical, psychosocial or acquired brain injury (Australian Government, 2018a)
Discrimination	treating, or proposing to treat someone unfavourably on the basis of prejudice (Victorian Equal Opportunity & Human Rights Commission, 2019)
EDD	Equity & Diversity Department
IRs	Inherent Requirements – essential abilities, knowledge, and skills needed for admission to and progression in a program
LAP	Learning Access Plan
LTU	La Trobe University
Unjustifiable hardship	based on an assessment of what is fair and reasonable in the circumstances.
Reasonable adjustment	a measure or action taken to assist a student with a disability to participate in education and training on the same basis as other students (Victorian Equal Opportunity & Human Rights Commission, 2019)
SES	Socioeconomic Status
TAFE	Technical and Further Education
VET	Vocational Education and Training
WHO	World Health Organisation

Abstract

Nursing education has been conducted in higher education since the early 1980s, transitioning from a hospital-based, apprenticeship model. At the time of the transition, considerable change was occurring in the higher education sector and equity inclusion criteria, resulting in increased enrolments. Particularly significant was an increase in students with a disability. This study used a descriptive approach and qualitative in-depth interviews to investigate the experiences of Bachelor of Nursing and Bachelor of Nursing/ Bachelor of Midwifery students with a Learning Access Plan in one Australian higher education institute. Recruitment targeted students enrolled in a Bachelor of Nursing and Bachelor of Nursing/ Bachelor of Midwifery at La Trobe University, who had completed at least one year of study, with a Learning Access Plan. Thematic analysis of interview transcripts was used to identify patterns in the data to generate categories. The categories were identified through a process of analysis and interpretation and included 1) Personal Battles, 2) Process of obtaining a Learning Access Plan, and 3) Support for participants with a Learning Access Plan. The findings of the study revealed there is, at times, a delay between student enrolment and when the student applies for a Learning Access Plan. Additionally, students identify they experience academic and clinical challenges that compromise their academic achievements and progress when the LAP is delayed. However, findings suggest the learning experience of students improves once the Learning Access Plan is introduced. This study recommends improved communication and follow-up, which could reduce the time between enrolment and applying for a Learning Access Plan. Additionally, increasing academic awareness to ensure the student receives the support they need before academic and clinical hardship is experienced.

Chapter 1: The Research Problem

1.1 Introduction

This study researched the experiences of students enrolled in the Bachelor of Nursing or Bachelor of Nursing/ Bachelor of Midwifery with a Learning Access Plan (LAP). This chapter discusses the research problem and provides an outline of the study purpose, the research question, the study objectives, and the significance of the study.

1.2 Research problem

The education of nurses has changed significantly since the 1860s when Florence Nightingale opened her first nursing school and published the first book on nursing education (Karimi & Alavi, 2015). Traditionally, the education of nurses and midwives in Australia was conducted as an apprenticeship or hospital-based course (Australian Government, 2013). Under the apprenticeship model, a three-year certificate level general nurse qualification was funded by the training hospital in exchange for lodgings and a stable workforce (Australian Government, 2013). Midwifery training was offered as a post-basic certificate or completed in addition to the general nursing qualification (Australian Government, 2013). A position in a hospital training course was highly competitive, with only small cohorts of selected students accepted every year.

However, from the mid-1980s to 1993, nursing and midwifery education slowly transitioned to the higher education sector (Australian Government, 2013). The development of state-based regulatory bodies and the gradual introduction of minimum standards for training, accreditation, and registration (Australian Government, 2013), put increased pressure on hospitals. The viability of continuing to educate nurses and midwives under the apprenticeship model became increasingly more difficult, particularly for the smaller rural schools, leading to their closure (Australian Government, 2013). There was also a growing demand for the professionalisation of nursing and midwifery, which was thought to be achievable if nurse and midwifery education was to become the responsibility of the higher education sector (Duffield, 1986). Additionally, the impact of improved technology and more complex health care needs has resulted in an expanded scope of practice and increasingly higher standards for nurse and midwifery training (Australian Government, 2013; Duffield, 1988; Duffield, 1986).

As the education of nurses and midwives in Australia entered a period of significant change, the higher education sector also began to transform. Higher education in Australia for years was recognised as elite institutions only accessible to people who were highly intelligent and affluent

(Coombe, 2015), with low enrolment numbers, strict entry requirements and high costs (Rizvi & Lingard, 2011). The income potential of the higher education sector, limited by financial barriers, was improved with federal funding, which meant enrolling in higher education became more achievable for all Australians (Coombe, 2015).

From the 1990s, the Australian Government initiated policy changes and reform in the higher education sector (Coombe, 2015). The first of several policy reviews resulted in the Dawkins Report (1990), which introduced strategies for increased inclusivity in the higher education sector. The Dawkins Report (1990) identified six minority groups considered to be under-represented in the higher education sector. These groups included: (a) People from socio-economically disadvantaged backgrounds; (b) Aboriginal and Torres Strait Islander people; (c) Women from non-traditional courses and postgraduate study; (d) People with disabilities; (e) People from non-English-speaking backgrounds; and (f) People from rural and isolated areas (Dawkins, 1990). This report led to amendments to the Disability and Discrimination Act (DDA), 1992, which made it unlawful to discriminate against a person with a disability and promoted equal access and opportunity for people with a disability (Australian Government, 2018b). The DDA (1992) influenced perceptions on who was entitled to tertiary education and started a gradual process of increased inclusivity in the sector.

Despite the Dawkins Report (1990) identifying under-represented groups in the higher education sector, it was the *Review of Australian Higher Education* and the release of the Bradley Review (2008), which led to the most significant policy reforms. While, two additional reviews had been conducted in the intervening years, they focused on funding, and did not lead to significant change for inclusion of equity groups in higher education. The objective of the Bradley Review, was to examine the “future direction of the higher education sector, its fitness for purpose in meeting the needs of the Australian community and economy and the options for on-going reform” (Bradley et al., 2008, p.76). The Bradley Review (2008) identified targets for increased inclusion and provided strategies on how the higher education sector could achieve these goals. Commonwealth funding was made available to higher education providers to support increased enrolments and to ensure they could compete internationally as institutes of excellence (Birrell & Edwards, 2009; Bradley et al., 2008).

The cumulative effect of increased accessibility and the adoption of a more inclusive higher education learning environment resulted in significant growth within the sector. Over the past five years, there has been a 53.6 % increase in enrolments from students with a disability (Koshy, 2018). Specific data on the prevalence of disability in nursing students in Australian higher

education is not currently available. It is, however, reasonable to expect the increase in enrolments across the higher education sector has also led to increased student enrolments for the Bachelor of Nursing and Bachelor of Nursing/ Bachelor of Midwifery. The recommendations have also resulted in more students disclosing a disability when enrolling in higher education, and the onus is now on the education provider to ensure adequate support is available to the student. A Learning Access Plan (LAP) is one of the possible resources to ensure the disability needs of a student are met.

The LAP describes the strategies used to reduce or eliminate practices that are potentially discriminatory (National Disability Coordination Officer Program, 2017). The LAP was introduced as part of the requirements described in the Disability Standards for Education (2005), the standards formulated in response to the Disability Discrimination Act (DDA) 1992. The strategies included in the LAP are adaptations to course requirements, referred to as reasonable adjustment (RA). A reasonable adjustment is described in the Disability Standards for Education (2005), as strategies used by an education provider to ensure a student with a disability can apply, enrol and participate on the same basis as a student without a disability. The reasonable adjustment provided should be specific to the needs of the student and reviewed periodically to ensure it continues to meet the student's needs. A disability practitioner, for example, a Disability Liaison Officer, is most commonly responsible for making decisions about reasonable adjustment after consultation with the student and where required input from academic staff.

However, often the Disability Liaison Officer is not familiar with the specific requirements of a course. For courses where there are not only theoretical components but clinical or practical competency expectations, the decision on appropriate Reasonable Adjustments can be complex. To identify the specific course requirements, and therefore assist with decisions related to Reasonable Adjustment, Inherent Requirements were developed. Inherent Requirements provide a series of statements that specify the compulsory course requirements (Watts et al., 2000). In 2000 a guidance document was released to assist higher education providers in determining the inherent requirements for their courses (Watts et al., 2000). In 2010, specific Inherent Requirements for Bachelor of Nursing programs were identified as part of the Inherent Requirements of Nursing Education (IRONE) program (Allan & Johnson, 2010).

The increase in students with a disability enrolling in nursing programs and the responsibility for higher education providers to treat students with a disability on the same basis as those without a disability makes it important that the processes involved when implementing strategies including the LAP are performed effectively. Currently, there is a paucity of research focused

specifically on the experiences of Bachelor of Nursing and Bachelor of Nursing/Bachelor of Midwifery students with a LAP. The paucity of research in this area highlights a gap in understanding if higher education providers are meeting the needs of students when they disclose a disability and apply for a LAP. This research aims to address this gap and provide an insight into the experiences of the Bachelor of Nursing and Bachelor of Nursing/Bachelor of Midwifery students with a LAP.

1.3 Purpose of this study

The purpose of this study was to explore the experiences of students enrolled in the Bachelor of Nursing and Bachelor of Nursing/Bachelor of Midwifery at one higher education institute with a LAP.

1.4 Research question

The overall research question for this study is: What are the experiences of nursing students enrolled in either a Bachelor of Nursing or Bachelor of Nursing/Bachelor of Midwifery at La Trobe University with a Learning Access Plan (LAP)?

1.5 Aims and objectives

This study investigates the experiences of students completing either the Bachelor of Nursing or the Bachelor of Nursing and Midwifery at La Trobe University, who have a LAP. The objective of this study was to propose recommendations that would assist with the improvement of the student experience of the LAP at La Trobe University for Bachelor of Nursing and Bachelor of Nursing/Bachelor of Midwifery students. The study aims were to (a) investigate the reasons for the student enrolled in the Bachelor of Nursing and Bachelor of Nursing/Bachelor of Midwifery obtained a LAP, (b) identify who recommended the LAP, (c) clarify the process involved for students applying for a LAP, (d) classify the reasonable adjustments made, and (e) identify the influence of the LAP on the student's learning experience and progress in the course.

1.6 Significance of the study

Early support and intervention via the reasonable adjustment identified in a LAP can prevent the student from experiencing academic hardship (Naylor, Baik, & James, 2013). Evidence from research also indicates early support and relevant, reasonable adjustment can ensure the learning experience in higher education is positive and successful for the student (Felsing & Byford, 2010; Naylor et al., 2013). Additionally, it is crucial students gain the most benefit from the timely support of academics and a Disability Liaison Officer (Lambert & Dryer, 2018). The findings of this study will assist in identifying areas for improvement in the LAP process at La

Trobe University, and be significant to wider tertiary education facilities by providing a better understanding of the student experience when obtaining a LAP.

1.7 Overview of this thesis

This thesis comprises seven chapters. The first chapter introduces the study and outlines the research problem and the significance of the research to nursing and midwifery undergraduate education. The second chapter provides additional background to the study and discusses the growth of higher education, the inclusion of students with disabilities, the support required, and how this has influenced nursing and midwifery education. The third chapter provides an overview of the available literature on disability in nursing students enrolled in Australian Higher Education and the current information available regarding LAPs and the student experience. The fourth chapter discusses the research methods used in this study. It also outlines the ethical considerations in this study and how they were addressed. Chapter Five presents the results of the study and the themes identified in the interviews. Chapter Six provides a discussion of the findings in relation to current literature. The final chapter concludes the thesis, outlining the key findings, and identifying recommendations for future research.

1.8 Conclusion

This chapter has provided an overview of the thesis by highlighting the changes that have occurred in nursing and midwifery education and the higher education sector. The chapter identified there had been an increase in students disclosing a disability enrolling in the higher education sector and the use of LAPs to determine the reasonable adjustment requirements of these students. A more detailed background on the transition of nurse education to the higher education sector, the changes to the higher education sector, and the impact of increased disability in students enrolling for undergraduate nurse education programs are discussed in Chapter 2.

Chapter 2: Background

2.1 Introduction

This chapter provides a more detailed description of the impact of the transition from hospital-based registered nurse and midwifery training to the higher education sector. The chapter then discusses how Australia's higher education sector has evolved from the small, relatively under-utilised facilities, where less than 5% of school leavers chose to go into higher education, to the thriving communities of practice (McNaught, 2013) that exist today. It includes a discussion on the higher education sector to increased enrolments from students with a disability. It also outlines the requirements for the higher education sector, prescribed by documents including the DDA (1992) and the Disability Standards for Education (2005), to ensure students with a disability do not experience unjustifiable hardship because of their disability. The chapter also discusses the role of the LAP and how recommendations for reasonable adjustment are decided. It concludes with a description of the process a student studying the Bachelor of Nursing or Bachelor of Nursing/Midwifery at La Trobe University must undertake to obtain a LAP.

2.2 Higher education in Australia

The higher education sector has undergone significant growth, particularly in the last three decades. In the 1940s, the sector comprised an elite, small group of universities, with one university in each Australian State (Forsyth, 2014). Applicants were almost exclusively male (Norton & Cakitaki, 2016), with only an estimated five percent of the population continuing to university (McNaught & Beal, 2012). Course options for applicants were limited to a niche group of professional courses. In contrast, in 2017, there were an estimated 170 higher education providers in Australia (Tertiary Education Quality and Standards Agency [TEQSA], 2017) with multiple universities located in each state. Additionally, most universities now offer an extensive list of courses to students.

This increase in higher education providers can be directly related to a surge in demand. Enrolment numbers increased to 1.3 million in 2013 (Department of Education, 2018), and 1.5 million in 2018 (Tertiary Education Quality and Standards Agency [TEQSA], 2018). Several factors have contributed to the increase in student enrolments, including changing public perceptions on family structure, gender equality, job roles, and a greater emphasis on the importance of getting a university qualification (McNaught, 2013). Additional to these factors are the higher education sector reviews and the Disability and Discrimination Act (DDA, 1992).

2.2.1 Review of the higher education sector

Between 1988 and 2014, seven reviews were commissioned by the Australian Government to look at the higher education sector and funding (Table 2.1). The Dawkins Report (1988) initiated a period of reform in higher education. The most recent review of the higher education sector is the Kemp-Norton Review in 2014, which focused on the demand-driven funding system (Australian Government, 2015). The Bradley Review (2008), however, continues to have the most significant influence on the higher education sector as targets to increase inclusion for many equity groups have not been achieved, and therefore continue to have relevance to the higher education sector (Naylor et al., 2013).

Table 2.1: The focus of higher education reviews between 1988 and 2014

Year	Title of Review/ Report	Focus of Review
1988	Dawkins white paper	Detailed the Hawke Government's strategy for long-term development of Australia's higher education system (p11). Central concern of the white paper was to identify reforms to expand capacity and effectiveness of the HE sector.
1998	West Review (Learning for Life)	Examined the processes of shaping higher education. Aimed to identify options for financing HE teaching and research and providing Commonwealth funding to HE providers.
2002	Nelson Review (Review of HE in Australia)	Announced by the Howard government – produced the discussion paper <i>Higher Education at the Crossroads</i> , which focused on financing HE and identifying the pressures on the sector.
2008	Bradley Review (Review of Australian HE)	Examined Australia's HE system against international best practice (p19). Explore future direction of the sector, capacity to meet the needs of the Australian community and economy.
2011	Lomax-Smith Review (HE Base Funding Review)	Identified principles to underpin public investment in HE.
2014	Report of the National Commission of Audit	Conducted to review the performance, functions and roles of the Commonwealth and make recommendations for improved efficiencies, productivity and savings across Commonwealth expenditure (p23)
2014	Kemp-Norton Review (Review of Demand Driven Funding System)	Examined the impact of the demand driven funding system on provision of HE in Australia.

(Australian Government, 2015)

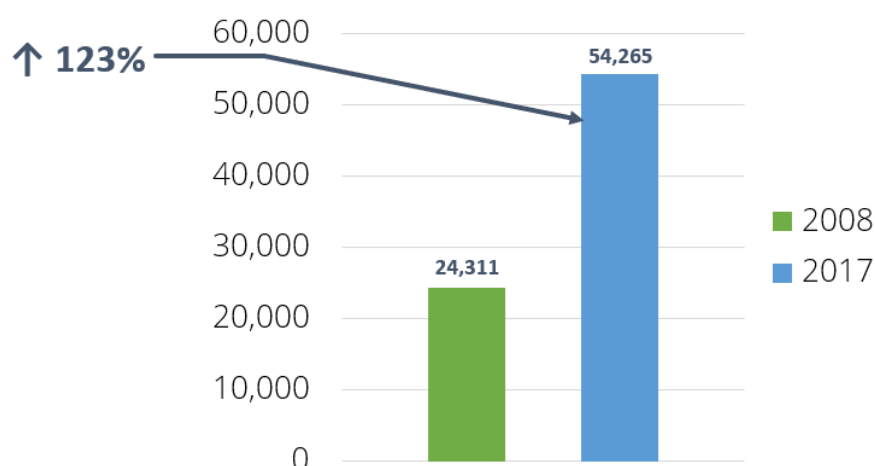
The focus of the Dawkins Report (1988), was to identify ways to “expand capacity and effectiveness of the higher education sector” (Australian Government, 2015, p. 11). The review identified a strategy for the long-term restructure of the higher education sector and resulted in two discussion papers titled *A fair chance for all: A discussion paper* (DEET, 1990) and *Higher education that's within everyone's reach* (DEET, 1990). The review identified national objectives to promote equitable participation of students in higher education and explicitly focused on six equity groups found to be under-represented in higher education (Coates & Krause, 2005). These groups included students from non-English speaking backgrounds (NESB); students with a

disability; women; Aboriginal and Torres Strait Islanders, students from low socio-economic backgrounds (SES); and students from regional or remote locations (Coates & Krause, 2005).

The purpose of the Bradley Review (2008) was to determine the standing of Australia's higher education system in the globalised economy (Birrell & Edwards, 2009), and to determine if there was a capacity to meet future needs (Australian Government, 2015). The review identified the need to undertake major reform in the higher education sector, leading to the introduction of demand-driven funding and financial incentives to increase access and participation and to promote enrolment of students into priority courses, including nursing and education (Australian Government, 2015). The Bradley Review (2008) also highlighted the continued low representation of the six minority or equity groups initially identified in the Dawkins Review (McNaught, 2013). Based on recommendations in the Bradley Review (2008), the Government also increased Commonwealth supported places for domestic students. A Commonwealth supported place is a position at a higher education provider where a portion of the fees are paid as a subsidy by the government (Australian Government, 2020).

Following the Bradley Review (2008), national targets for inclusion of students from the six minority groups were introduced to stimulate increased enrolment. Bradley et al. (2008) set the goal to increase student enrolments by 20% by 2020 and to also increase the number of Bachelor level qualifications for 25-34-year-olds to 40 % by 2025 (McNaught, 2013). The success of higher education providers in achieving these targets is shown in Figure 2.1, depicting a 123% increase in enrolments for students with a disability. Additionally, a move to demand-driven enrolments meant the removal of the enrolment threshold, and universities were able to accept as many students as they wanted (Stokes, 2012). The changes brought about by the adoption of a demand-driven higher education system and a more inclusive, equitable student demographic, resulting in a significant rise in student enrolments (Altbach, Risberg, & Rumbley, 2010; Clancy & Goastellec, 2007).

Figure 2-1: Growth in domestic undergraduate enrolments for students with a disability in Australian universities (adapted from Jackson, 2019)



2.2.2 Legislative reform in the higher education sector

Another factor contributing to the increased number of enrolments in higher education from students with a disability was the release of legislation that was fundamental to ensuring equity in higher education (Australian Government, 2018b). This legislation was the Australian Disability Discrimination Act (DDA), 1992. Under the DDA (1992), it is unlawful to discriminate against a person on the grounds of their disability. Discrimination can occur when the higher education provider either refuses or fails to accept an application to enrol from a student with a disability, denies or limits access or develops curricula or courses with content that may exclude a student from being able to participate (Australian Government, 2018a, Section 22). The requirements of the DDA (1992) are the foundation for the education standards, developed for higher education. The standards state higher education providers must provide services that are supportive of increased student participation, including enrolment, participation, curriculum development, accreditation standards, support services available, and providing an environment free of discrimination (Dickson, 2007).

2.3 Nurse education in Australia

The higher education pathway for the student considering a career in nursing or midwifery in Australia includes the Bachelor of Nursing, the Bachelor of Midwifery and the double degree that combines both the Bachelor of Nursing and the Bachelor of Midwifery. The length of time required to complete a Bachelor of Nursing or Bachelor of Midwifery at an Australian University is three years full-time, or four years if completing the double degree in nursing and midwifery. Upon completion, the student is eligible to register with the Australian Health Practitioners Regulation Agency (AHPRA) as a Registered Nurse and Registered Midwife in the double degree.

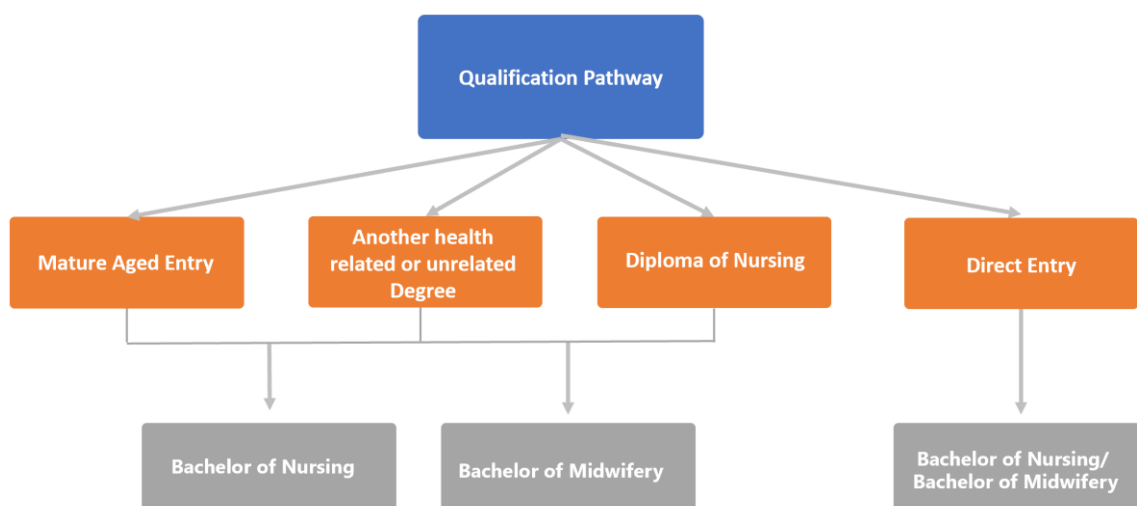
As previously discussed, the education of nurses in Australia was conducted under an apprenticeship-based model, primarily funded by the training hospital. A benefit of the apprenticeship model was the provision of a continually regenerating workforce as the trainee nurse was often re-employed as part of the on-going clinical staff (Duffield, 1988). However, as newly established state-based regulatory bodies began to impose more stringent education standards and the resultant increased costs, hospital-based nursing schools found it more difficult to continue delivering nursing programs (ANMAC, 2012). The desire to adopt a more professional academic standing for the conduct of nurse education also contributed to the Bachelor of Nursing and Bachelor of Nursing/ Bachelor of Midwifery transitioning to the higher education sector. It was believed an improved professional academic standing was only possible if the higher education sector conducted the Bachelor of Nursing and Bachelor of Nursing/ Bachelor of Midwifery (ANMAC, 2012). Other factors that strongly influenced the transition to a higher education model of nurse education included increased health care costs, projections for significant growth in healthcare workforce's needs (Duffield, 1988), and a desire for a more theoretical base to nurse training (The Department of Health, 2013). The move was considered a positive step towards the professionalism of nurses, with the hope the graduate would gain a better theoretical background and better critical thinking and problem-solving skills (Duffield, 1988).

The transition from a hospital-based model of training nurses, to the higher education model, commenced in the mid-1980s and took several years to achieve. The transition occurred State-by-State, with Queensland the last to make the change (The Department of Health, 2013). By the end of 1993, all registered nurse and midwifery education was the responsibility of higher education providers (Australian Government, 2013) and principally funded by the State Government. There are currently 36 higher education providers offering at least one nursing qualification in Australia (Australian Health Practitioners Registration Authority [AHPRA], 2019).

In 2019, there exist multiple entry pathways into the Bachelor of Midwifery, however many Bachelor of Nursing/ Bachelor of Midwifery double degrees only have one entry pathway. In the Bachelor of Nursing or Bachelor of Midwifery, a student can be a direct entry student after completion of their secondary schooling or as a mature age student if they exit the education system and possibly enter the workforce, travel, take a gap year or start a family. Additionally, the student can be accepted into a Bachelor of Nursing or Bachelor of Midwifery program from the vocational education sector after completion of the Diploma of Nursing. The student who pathways from the Diploma of Nursing can be awarded advanced standing. Alternatively, the student can be accepted into the Bachelor of Nursing after completing a prior bachelor's degree

and be granted advanced standing in the course. The available pathways for students wanting to enrol in a Bachelor of Nursing, Bachelor of Midwifery or Bachelor of Nursing/ Bachelor of Midwifery are summarised in Figure 2.2.

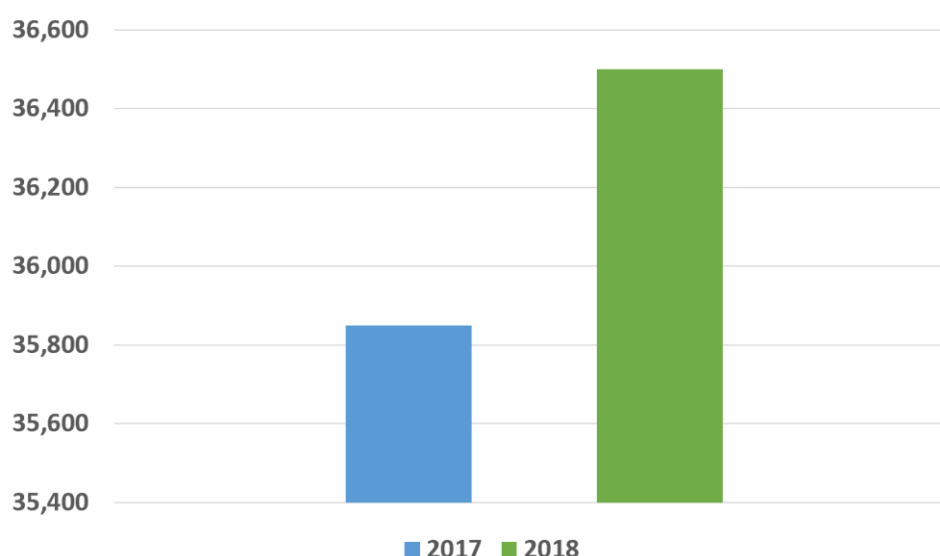
Figure 2.2: Potential qualification pathways for the Bachelor of Nursing, Bachelor of Midwifery, and Bachelor of Nursing /Bachelor of Midwifery in Australia



Pathways into higher education are important for students from equity groups as they allow flexibility to transition from a vocational level qualification (Australian Institute of Health and Welfare (AIHW), 2014). Students with a disability are less likely to complete their secondary schooling, which can prevent them from entering higher education as a direct entry student (The Organisation for Economic Co-operation and Development (OECD), 2012). Opportunities to pathway into the Bachelor of Nursing or Bachelor of Midwifery may occur via the Diploma of Nursing in the vocational sector (PwC's Skills for Australia, 2018). Alternatively, a student can take a pathway from another degree program where the entry requirements were more achievable at enrolment (Australian Institute of Health and Welfare (AIHW), 2014).

Each provider enrolls hundreds of undergraduate students into a nursing program every year, with applications for nursing rising every year. Between 2017 and 2018, the applications for nursing and midwifery courses rose by 1.8% (Figure 2.3) (Australian Government & Commonwealth of Australia, 2018).

Figure 2.3: Applications for the field of nursing (Adapted from Australian Government, 2018c)



2.3.1 Nursing at La Trobe University

La Trobe University is an Australian higher education provider with multiple campuses in Australia and overseas. The principal Melbourne campus is in Bundoora, Victoria. Additional Australian campuses for La Trobe University are located at Albury-Wodonga, Bendigo, Mildura, Shepparton, Sydney and Melbourne city. Undergraduate and postgraduate courses, including the Bachelor of Nursing, are conducted at all campuses, excluding the city campus and Sydney. The Bachelor of Nursing/ Bachelor of Midwifery is undertaken only at the Melbourne and Bendigo campuses. The Bachelor of Nursing at La Trobe University is conducted over three years full-time, and the Bachelor of Nursing/ Bachelor of Midwifery is a four-year full-time degree.

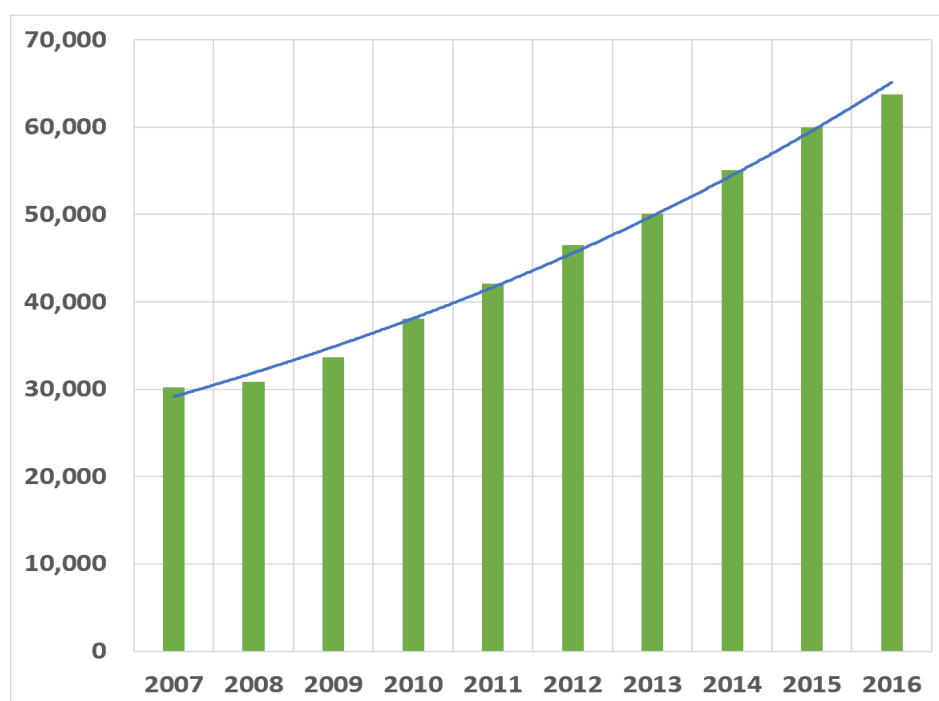
2.4 Disability in higher education

Disabilities are described as any limitation, restriction or impairment, which restricts a person's ability to participate in normal activities for at least six months (Australian Bureau of Statistics [ABS], 2015). A disability can either affect a person's mobility, communication, or the ability to learn (ABS, 2015). It can present as either a mental health condition, a chronic illness, or a physical disability (ABS, 2015). A person with a disability can often experience a decreased capacity to earn an income, engage in education, and be socially active (ABS, 2015).

An estimated 15% of the world's population is reported to have some form of disability (WHO, 2011). In Australia, it is estimated one in five people have a disability (ABS, 2019), equating to 4.2 million or 18.5% of Australians, with 21.5% of those experiencing mental health or behavioural problems (Australian Institute of Health and Welfare (AIHW), 2017).

Correspondingly, the proportion of students in higher education with a disability has steadily increased since the implementation of equity Acts and policies. More than half the students enrolled in higher education are estimated to come from one of the under-represented equity groups identified in the Bradley Review (Lomax-Smith, Watson, & Webster, 2011). The increase in student enrolments between 2007 and 2014 was 73.2% (Koshy & Seymour, 2015). In 2007, the enrolment number from students with a disability was 4.4% compared to 5.8% in 2014 (Koshy & Seymour, 2015). The increase represents a 98.1% growth in students with a disability between 2007 and 2014 (Figure 2.4) (Australian Government, 2018d, 2018c). More recent data for the enrolment of students with a disability show an increase to 6.8% in 2017 (Koshy, 2018).

Figure 2.4: Percentage of domestic students in higher education with a disability (Data adapted from the Commonwealth of Australia, 2018)



2.4.1 Disclosure of a disability

While there has been an increase in students with a disability enrolling in higher education, it is understood the actual number is under-represented (Grimes, Scevak, Southgate, & Buchanan, 2017), as many students do not disclose their disability. Ideally, the disclosure of a disability should occur at, or before enrolment to ensure support is available as early as possible for the student (Majoko, 2018). Disclosure can be achieved by simply ticking a box on the enrolment form, stating the student has a disability.

The timing of when a student discloses a disability can have significance to course progress and success, particularly if the disclosure is delayed (Kendall, 2016). Disclosure of disability on

enrolment is important to ensure a student has access to all the available supports from the date of their course commencement (Kendall, 2016; Majoko, 2018). A disability that is obvious or visible, such as the need for a mobility aid, impaired speech, physical deformity, use of hearing aids, or cochlear implant, usually have a higher probability of disclosure on enrolment (Gerber & Price, 2012). Alternatively, there is less likelihood of disclosure for a 'silent' disability such as a mental or chronic health condition or a learning disability (Kranke, Jackson, Taylor, Anderson-Fye, & Floersch, 2013). The 'silent' disability may go unseen for some time while the student struggles without the required academic support to assist them during the course (Ryan, 2016).

The main reasons why students are reluctant to disclose a disability is a fear of discrimination, stigmatisation, and negative experience from disclosure in the past (Barney, Griffiths, & Banfield, 2011). Also, a student may delay disclosing their disability because they do not identify with the title of having a disability (Cole & Cawthon, 2015; Couzens et al., 2015; Mullins & Preyde, 2013; Ryan & Struhs, 2004). A delay in the disclosure can also occur if the student believes they can manage their condition or disability without the need for disclosure (Morris & Turnbull, 2006), or if the student is fearful of the stigmatisation associated with a disability (Naylor & James, 2015). The student may also believe disclosing a disability can jeopardise their academic progress as well as their chances of employment on completion (Barney et al., 2011).

Disclosure of a disability can occur at any time during the student's enrolment (Majoko, 2018). The student can, however, be most vulnerable during the first year of university when the student is required to make the most adjustment (Kift, 2014). In the first year is when the student has either transitioned from their secondary schooling, the workforce, or unemployment to higher education (Eckes & Ochoa, 2005; Schechter, 2018). For many students, the transition into the higher education sector is a time of academic, social, personal, financial and cultural challenges (Cheng, 2011). These challenges can put added strain on the student with a disability who may need additional structure and support to succeed (Grimes et al., 2017).

2.4.2 Types of disability

The classifications of disabilities seen in higher education are either mental health conditions, chronic illness, a physical disability, neurological condition, learning disability, or a sensory condition affecting a person's vision or sight (Hughes, Corcoran, & Slee, 2016). The following paragraphs discuss each of the classifications.

2.4.2.1 Mental health

The WHO defines mental health as “a state of well-being in which every individual realises his or her potential, can cope with the normal stressors of life, can work productively and fruitfully, and can make a contribution to his or her community” (Galderisi, Heinz, Kastrup, Beezhold, & Sartorius, 2015). Mental illness often refers to a clinically diagnosed condition that significantly impedes a person’s cognitive, emotional, or social capacity (Slade et al., 2009). Mental health disabilities in Australia are estimated to affect one in four people (Jureidini, 2012).

In higher education students, the prevalence of mental health issues is believed to be significantly under-reported (Leahy et al., 2010) and considered much higher than in the general population (Stallman, 2010). It is estimated that at least one in four students studying in higher education experience mental ill-health at some point in any one year (Orygen, 2017). It is believed approximately half of the students enrolled in higher education have a pre-existing diagnosis of mental illness, while the remaining half are diagnosed after commencing their studies (Megivern, Pellerito, & Mowbray, 2003).

A mental health disability can vary in its severity and may be episodic. One of the triggers for the onset of mental ill-health in the student in higher education can be the stressors of university life (Hussain, Guppy, Robertson, & Temple, 2013). Factors that contribute to mental ill-health can be associated with financial stress, lack of sleep, poor diet, and the experience of living away from family, often in student accommodation, which can be extremely isolating for the student (Orygen, 2017). The onset of symptoms may lead to risky health behaviours, poor academic performance, and attrition, physical illness, anti-social behaviour, and suicide (Hussain et al., 2013).

The number of students with a mental health disability who register for support has increased dramatically in higher education (Storrie, Ahern, & Tuckett, 2010). However, many students with mental ill-health still choose not to seek help because of the feeling of anxiety, shame, or because they are afraid of the potential repercussions (Wynaden et al., 2013). It is estimated less than 40% of these students are comfortable seeking professional help (Dean & Yeomans, 2017). Many students also attempt to hide their mental ill-health, often at the risk of being unable to meet academic requirements (Martin, 2010). For the student with a pre-existing mental health issue, a well-established support network has often developed before their enrolment (Orygen, 2017). For this reason, they may not access the supports offered at the university due to the perceived fear of being treated differently and jeopardise their reputation and academic progress (Orygen, 2017).

2.4.2.2 Chronic conditions

A chronic illness is defined as having a complex causality, multiple risk factors, long latency periods, a prolonged course of illness, and functional impairment or disability (Australian Institute of Health and Welfare, 2019). Just under half (47.3%) of Australians currently have one or more chronic conditions (Australian Bureau of Statistics, 2018). These statistics, however, include both medical conditions as well as mental health disability.

It is difficult to determine the impact of a chronic health condition on the students' progress through a course. Often chronic illnesses have no visible signs, and therefore, it is difficult for educators to know how the student is affected (White, 2015; Yates et al., 2010). Chronic health conditions can result in substantial amounts of missed engagement in a course (Kaffenberger, 2006). To date, limited statistical data is available on the prevalence of students enrolled in undergraduate nursing programs, with chronic health conditions (White, 2015).

2.4.2.3 Physical & sensory disability

For the purpose of this study, a physical disability refers to conditions affecting a student's mobility and includes sensory disabilities that include decreased visual acuity and hearing loss. The percentage of higher education students enrolled with a physical disability are included in the overall disability data for the sector and were between 8% and 12% of enrolments during 2007 to 2013 (Kilpatrick et al., 2017). The enrolments for undergraduate nursing programs from students with a physical disability are considered to be lower due to the perception the student will be unable to "meet the physical requirements for the program" (Neal-Boylan & Smith, 2016, p.1).

It is a legal requirement for higher education providers to provide a learning environment that supports students with a disability. On-campus infrastructure should allow for ease of access, with the provision of ramps, elevators or escalators to ensure the student in a wheelchair or on crutches can engage in the classroom and use campus facilities. Access to adaptive technologies including the ability to tape-record lessons, use a laptop in the classroom or access to a notetaker should also be available for the student with low vision, or hearing impairments (Marks & McCulloh, 2016a, 2016b).

2.4.2.4 Neurological and learning disability

A learning disability is defined as life-long and neurologically based (National Joint Committee on Learning Disabilities [NJCLD], 2011), and can present as difficulties with listening, speaking, reading, writing, reasoning or mathematics (NJCLD, 2011). According to Smith, Carroll, & Elkins (2000), the percentage of students in higher education identifying with a learning disability has increased substantially. There is an improved diagnosis of learning disabilities, which is contributing to the increase (Hees, Moyson, & Roeyers, 2015). In 2003, it was estimated 5-30% of students in higher education were receiving support for a learning disability (Payne & Irons, 2003). Data for the proportion of students with a learning disability currently participating in higher education are currently not available (MacCullagh, 2014). However, similar to other categories of disabilities, the numbers continue to be under-reported (Elcock, 2014; MacCullagh, 2014).

These students may experience problems with understanding lectures, completing assignments, and performing well in examinations (Heiman & Precel, 2003). They may also experience higher levels of anxiety and need to spend more time studying than their peers to keep up with study-loads (Trainin & Swanson, 2005). Students are also more likely to delay or avoid disclosure due to the associated stigma and fear of disclosure, lack of awareness of the supports and services available, and confusion about what is considered a learning disability (Elcock, 2014). These students try to manage their symptoms or issues with self-prescribed solutions (Evans, 2014b). The student is also more likely to need to re-negotiate or make increased attempts to request a reasonable adjustment for their studies (Lambert & Dryer, 2018), as they identify the areas where additional support is required.

2.5 Attrition of students with a disability

An area of concern in higher education is the attrition of students with a disability, suggesting students with a disability are not accessing the necessary academic support to facilitate continuation in the higher education sector (Kilpatrick et al., 2017). It is estimated the completion rate for students with a disability is 4% (Australian Institute of Health and Welfare (AIHW), 2014). High attrition rates are always a concern. In an equity group such as disability, where the emphasis is on attracting more students and implementing the supports to maintain engagement, it is even more significant. Students with a disability may discontinue their course because of several factors including: unmet expectations and experience of the student, unsuitability of the course, teaching, learning, assessment requirements, academic difficulties and student preparedness, personal factors (including student age, sexual orientation, employment, finances, health, and familial responsibilities), social and academic support from

the university community (Coates & Krause, 2005). Health issues and stress also contribute to approximately 37% of student withdrawals (Coates & Krause, 2005). For undergraduate nursing students, the most common reason is psycho-social factors (Coates & Krause, 2005) including the need to meet academic and clinical requirements while maintaining social, family and financial commitments (Deasy, Coughlan, Pironom, Jourdan, & Mannix-McNamara, 2016).

To support the continued progress of the student in the course, strategies to ensure equity and create a more inclusive higher education community, are required. To support the student with a disability and communicate reasonable adjustment requirements, the LAP was introduced.

2.6 Disability Action Plans

The DDA (1992) recommends the use of a Disability Action Plan for students with a disability.

The goal of the Disability Action Plan (DAP) is to increase participation in components of a course where the student is likely to encounter difficulties and identifies strategies to assist the student in overcoming these (National Disability Coordination Officer Program, 2017). Disability Action Plans are used widely by most higher education providers and TAFE institutes (National Disability Coordination Officer Program, 2017), many adopting the title for the document. At La Trobe University, the plan is called a Learning Access Plan (LAP).

The student experiencing difficulties with their course because of a disability or chronic health condition can seek support by applying for a LAP, which is developed in conjunction with the university's equity and disability support department. The LAP assists academic staff in supporting the student experiencing difficulties as a direct result of a disability. The LAP reduces the academic disadvantage by identifying the areas of a course where reasonable adjustment requirement is likely to assist the student with a disability.

The DDA (1992) describes 'reasonable adjustments,' as modifications to the learning environment determined by the student, in conjunction with disability support, after assessment using supporting documentation (Lovett, Nelson, & Lindstrom, 2014). According to Kendall (2016), the reasonable adjustment often recommended for students can be generic and is not assessed based on the specific needs of the disability. The LAP outlines the reasonable adjustment strategies for a student and must be fair and not compromise the integrity of the course or cause disadvantage (Harris, 2018). The adjustments also need to be within the capacity of the student to achieve (Cumming, Dickson, & Webster, 2013). Input from academic staff is generally not sought when developing the LAP. The reasonable adjustment provided may include adaptive equipment and assistive technologies, more accessible course materials,

alternative assessment or teaching arrangements, and physical access support (La Trobe University, 2019b).

Disability support departments exist in higher education facilities to work with the student with a disability to provide advice on assessment, advocacy, and support. They also educate, advise, and support institutional staff on issues related to disability. Disability staff make decisions on reasonable adjustment using supporting documentation provided by the student, with consideration of the inherent requirements for the course. The challenge for equity and diversity staff is to ensure the accommodations made to facilitate a student, are conducted fairly.

Once the LAP is developed, the onus of advising academic staff that a LAP exists lies with the student. The same fears that potentially delayed the student seeking support may also be the reason why the student does not take advantage of the LAP (Kilpatrick et al., 2017). It may take a significant event such as failing an assessment before a student admits they need support and decide to get a LAP (Lightner, Kipps-Vaughan, Schulte, & Trice, 2012). Students may postpone seeking support, particularly during the first year, when they are acclimatising to university life. The delay can place the student at higher risk of mental health issues (Ivancic, Perrens, Fildes, Perry, & Christensen, 2014) and the potential of increased attrition for universities (Coates & Krause, 2005). The LAPs popularity in higher education, suggests a positive move towards formalising procedures involved when responding to the needs of a student with a disability (Kilpatrick et al., 2017).

2.6.1 Learning Access Plans at La Trobe University

At La Trobe University, the Equity and Diversity Department (EDD), is responsible for supporting the student through the process of disclosing their disability and developing the LAP. La Trobe University cites that approximately 7% of their student population identified a disability or registered with disability support services on enrolment (La Trobe University, 2019b). There is currently no available data on the use of LAPs for students with a disability completing a Bachelor of Nursing or Bachelor of Nursing/ Bachelor of Midwifery.

At La Trobe University, there are two methods available for students if they wish to apply for a LAP. The student can confidentially register online, or they can contact EDD by phone, after which an appointment for an initial meeting is arranged. Before the meeting, the student needs to complete a registration form, sign a confidentiality agreement and bring to the first meeting medical documentation such as a medical impact statement that outlines how the student's

health condition/ disability impacts or impedes their ability to engage in the course. The LAP is valid for two years, after which a new LAP is negotiated.

As previously outlined, it is the responsibility of the student to ensure academics are aware of the LAP. Students can meet with the academic to provide a copy of the LAP, or they can email the document to them. When the student meets with the academic, they are required to discuss the reasonable adjustment recommendations provided in the LAP with their lecturer. This ensures the academic understands the importance of the reasonable adjustment requirements and can provide suitable support to the student. It is also an opportunity for teachers to identify if the reasonable adjustment recommendations are excessive or compromise the integrity of the course. If this occurs, the teacher should discuss their concerns with staff from EDD.

2.7 Conclusion

This chapter has discussed the transition of nurse education to the higher education sector to increase the theoretical understanding of graduates and to improve the professional standing of nursing (Duffield, 1988). The chapter discussed changes in the higher education sector and their effect on the delivery of education to students. It identified how reviews of the higher education sector produced the Dawkins Report (1990) and Bradley Review (Bradley et al., 2008) and the introduction of a demand-driven enrolment system, which has led to increased student enrolments. The chapter has also discussed the impact of legislative changes, including amendments to the DDA (1992), leading to the introduction of higher education standards for the inclusion of students with a disability and led to a more equitable and inclusive university environment.

This chapter has also discussed the cumulative effect of changes in the higher education sector and the focus on increasing the inclusion of equity groups, which has led to increased enrolment from students with a disability. It discussed why LAPs were introduced to support students with a disability and how the plans provide reasonable adjustments, ensuring the student does not experience unjustifiable hardship because of the limitations of their disability. The next chapter provides a review of the related literature. It includes a summary of studies examining the assessment of reasonable adjustment, examples of reasonable adjustment strategies, and the limitations or benefits of using reasonable adjustment.

Chapter 3: Literature review

3.1 Introduction

The previous chapter established the background to the research problem, including the diversification of student enrolments with a focus on the student with a disability in nursing and midwifery education. It identified the LAP as a strategy to support equity in higher education. This chapter outlines a literature review conducted to explore the experiences of undergraduate nursing and midwifery students with a LAP. It presents the current evidence regarding the increase in students with a disability in nurse and midwifery education and the emerging concerns related to this increase. This chapter also discusses the influence of LAPs on the nursing and midwifery student learning experience and the assessment of reasonable adjustment requirements for the nursing and midwifery student.

3.2 Literature search strategy

A preliminary search of the La Trobe University Library resources was undertaken with the guidance of a librarian, at the end of 2018. The search aimed to determine an appropriate literature review strategy for the research question: What are the experiences of nursing, and midwifery students on a LAP? The initial search strategy used the electronic database CINAHL to determine the breadth of the available literature. The search later expanded to include the electronic databases ProQuest Nursing and Allied Health, ERIC, and PsycINFO. Trove was also used to search for grey literature. The review was conducted using the subject headings and key terms listed in Table 3.1. This search produced a large number of results; hence Boolean logic was used to combine the search terms, refine the literature search and eliminate articles that did not meet the inclusion criteria.

Table 3.1: Summary of literature review strategy

Subject headings	Key Terms
Nursing students	<ul style="list-style-type: none">• Nurs* N3 student*• Nurse* N3 university• Nurs* N3 higher education• Midwi* student*
Disability	<ul style="list-style-type: none">• Disab*• Dyslexi*• Depression*• Anxiety disorders*• Mental health• Chronic health

Subject headings	Key Terms
Learning Plan	<ul style="list-style-type: none"> • Learning access plan • Learning plan* • Access plan* • Disability plans* • Academic adjustment plan* • Academic Integration Plan* • Accommodation* • Reasonable adjustment* • Support plan* • Inherent requirements*

The literature review process continued with an evaluation and analysis of the articles. The inclusion criteria were: (1) peer-reviewed, (2) published in English, (3) focused on disability in nursing and midwifery students, (4) provided information about the use of LAPs in nursing and midwifery education, and (5) focused on the use of reasonable adjustment in nursing and midwifery students. Articles that focused on disability and reasonable adjustment for nurses or midwives in the workplace were excluded from the review. No date restriction was applied to the review as the number of relevant studies is limited. Generally, literature had been published within the last ten years.

The literature review strategy was then composed of an evaluation of abstracts and search of their bibliographies for relevant articles. Additional peer-reviewed articles were generated during this process, which was subject to inclusion and exclusion criteria. Other sources included various government department reports and higher education sector reports, which were considered reliable sources of factual information.

3.3 Literature search results

The two main databases used in the literature search, included CINAHL and PsychINFO, with the databases ProQuest Nursing and Allied Health and ERIC, adding no additional literature. Grey literature including government department reports and higher education sector reports were also included in the search results. The key terms were combined, grouping searches of the same thing, and producing a final list of results. The search of the CINAHL database provided a total of 72 references, while the PsychINFO database search returned five references. The combination of searches for all key terms, revealed there are currently no articles discussing the experiences of nursing and midwifery students on a LAP.

A copy of the abstract for each journal article was downloaded to create a reading list, and the student researcher reviewed the relevance of the article. If the article met the inclusion criteria, a copy was saved into both Endnote and Mandalay. The journal articles were then subject to a more intensive review to identify the themes of Disability in nurse and midwifery education, emerging concerns in nursing and midwifery education, and assessing reasonable adjustment needs for nursing and midwifery students with a disability. Of the 77 articles reviewed, 10 articles met the inclusion criteria for disability and assessing reasonable adjustment in general nursing programs. The student researcher screened all articles and decided which articles to include in the Literature Review. There was no reference to midwifery programs.

3.4 Discussion

3.4.1 Disability in nurse and midwifery education

Research has identified enrolments for nursing, and midwifery students have grown by 79% since 2008 (University Australia, 2019). Data is currently not available on the proportion of the enrolments that come from students with a disability. Data is available for the UK, with the finding that 6.5% of full-time and 3.5% part-time students receive a Disabled Student Allowance (Higher Education Statistics Agency, 2014; Howlin, Halligan, & Toole, 2014a). In Ireland, there has been an increase from 3.1% in 2008 to 6.2% in 2013-2014 (Association for Higher Education Access and Disability [AHEAD], 2013; Howlin et al., 2014a).

3.4.1.1 Defining disability in nurse education

Literature has commonly defined disability as it affects nursing and midwifery students using a medical model approach (Table 3.2). The medical model describes a disability as “a condition or illness that deviates from the social norm” (Howlin, Halligan, & Toole, 2014, p570). Under the medical model, the belief is that the nursing or midwifery student with a disability cannot succeed because of their ‘impairment’ and under this model, nurse educators see the student with a disability as a liability (Neal-Boylan & Smith, 2016). This belief has led to the perception that the nursing or midwifery student who has a disability, will not be able to meet the education requirements to fulfil the role of a nurse, which literature identifies as the basis of discrimination (Neal-Boylan & Smith, 2016). This discrimination is further hindered by the inability of educators to adequately support the student in the clinical environment because they are unsure of how to provide this support (Neal-boylan & Smith, 2016). Marks & McCulloch (2016) state “despite the presence of legislation to prevent discrimination, disability bias continues to be deeply embedded in the pedagogy of healthcare” (Marks & Mcculloh, 2016 p9). Additionally, this bias or discrimination can be the reason why students elect not to disclose their disability.

Table 3.2: Summary of peer-review literature for defining disability in nursing and midwifery education

Author	Content
Ashcroft et al. (2008) Nursing students with disabilities: One faculty's journey	Health care professionals often use the medical model of disability.
Cook, et al. (2012) Supporting students with disability and health issues: Lowering the social barriers	Recommends a move from the traditional 'medical' model to a 'social' model to remove unnecessary barriers to learning through flexible provision.
Evans, W. (2015) Disclosing a dyslexic identity	Dyslexia is viewed under the medical model
Gibson, S. (2015) When rights are not enough: What is? Moving towards new pedagogy for inclusive education within UK universities	Disability has been depicted as a medical model instead of promoting the social model
Majoko, T. (2018) Participation in higher education: Voices of students with disabilities	The medical model views disability as the inability to function normally
Marks, B. (2000) Jumping through hoops and walking on eggshells or discrimination, hazing, and abuse of students with disabilities?	Common myth held by health practitioners is that disability is primarily a medical/illness issue. Consequently, the definition for disability is too narrow.
Marks, B. & McCulloch, K. (2016) Success for Students and Nurses with Disabilities	Nursing academics need to examine the use of the medical model for nursing education and practice as it marginalises with students and nurses with a disability
Neal-Boylan, L. & Miller, M. (2018) Building Academic Communities to Support Nursing Students with Disabilities: An Integrative Review	Faculties evaluate nursing students with disabilities using a medical model and not a social model.
Olkin, R (2002) Could you hold the door for me? Including disability in diversity	Disability is defined using either the moral, medical or social models
Ryan, J. (2011) Access and participation in higher education of students with disabilities: Access to what?	The medical model is dominant in nursing and nurse education

The consensus in the literature (Table 3.2) is to shift away from the medical model and to adopt a social model that provides a more applicable definition for disability in nursing and midwifery education. The social model defines a disability as “a social construct, based on patterns of thoughts and actions that in combination, create barriers to education” (Neal-boylan & Smith, 2016 p15). These barriers can “limit a person’s ability to function effectively in everyday life” (Howlin, Halligan, & Toole, 2014 p570).

The argument to change the definition of disability from one based on a social model is to ensure the most appropriate support is provided to the student (Shpigelman, Zlotnick, & Brand, 2016). The assumption being that under the medical model, the focus is on the disability, which limits the student, and the reasonable adjustment provided to the student is not specific to the limitations and needs of the student (Neal-Boylan & Smith, 2016). A social definition of disability is more reflective of the higher education sectors move towards a more inclusive environment (Konza, 2008). There are, however, barriers to the adoption of the social definition for disability, including societal perceptions of who fits the stereotypical image of the nurse, particularly if academic and clinical staff act as gatekeepers to the nursing profession (Anthony & Wickman, 2015; Leiman, 2014; Leiman & Ankor, 2013).

The available literature discussed disabilities as either learning, physical, or psychological. The disabilities discussed under these categories included physical impairments using the possible scenario of a nursing student on clinical placement who only had one arm or possibly the student that relies on a wheelchair to ambulate (Neal-Boylan & Smith, 2016). Disabilities may, however, be more discreet, such as hearing loss or decreased visual acuity (Marks & Mcculloh, 2016 p11), or the effects of chronic health conditions with periods of exacerbation, to emotional and psychological or mental health issues and learning disabilities (Griffiths, Worth, Scullard, & Gilbert, 2010; Meloy & Gambescia, 2014). Howlin et al. (2014a) state the most commonly disclosed learning disability is dyslexia (Howlin et al., 2014a p558), which presents as difficulty with literacy and the ability to organise care that could impact on clinical performance (Howlin et al., 2014a p558). The literature argues conditions, including dyspraxia and dyscalculia, should also be included when discussing learning disabilities (Griffiths et al., 2010; King, 2018). The incidence of students with both dyspraxia and dyscalculia in higher education have increased (Koca-Atabey, 2017). Dyspraxia is commonly associated with clumsiness and poor motor concentration (Grant, 2017), and dyscalculia presents as poor numeracy skills, specifically the inability to determine the difference between more and less (Grant, 2017). Learning disabilities can be exacerbated by the high stress and pressure of the higher education

environment and lead to the learning disability that was not apparent on enrolment limiting the student's academic progress (Wray, Aspland, Taghzouit, & Pace, 2013).

3.4.1.2 Barriers to disclosure

Cole & Cawthon (2015), De Cesarei (2015), and Majoko (2018) highlight the preference for students to declare the presence of a disability as soon as possible after enrolment to ensure support is available. Regardless of the area of study, Howlin et al. (2014a) and Neal-Boylan & Smith (2016) recommend disclosure of a disability should occur before a student enrolls. Early disclosure is essential to ensure the assessment process for reasonable adjustment is completed as soon as possible and to allow the academic or clinical staff to start planning for the implementation of the student's reasonable adjustment. This preparation is particularly important for the clinical environment where the implementation of reasonable adjustment is not as straight forward as when the student remains on campus for the duration of their education (Howlin et al., 2014a; Neal-Boylan & Smith, 2016).

The nursing or midwifery student is, however, less likely to disclose their disability if their disclosure leads to concerns about their competence and fitness to practice, or the ability to meet regulatory standards (Howlin, Halligan, & Toole, 2014a). General barriers also prevent the nursing or midwifery student disclosing a disability; these can include a fear of being treated differently, being stigmatised, misunderstood or discriminated against (Howlin et al., 2014a; Beth Marks & McCulloh, 2016). Alternatively, disclosure is more likely if the nursing or midwifery student feels supported or has the empathy of academics and their peers (Howlin et al., 2014a).

3.4.2 Emerging concerns

Concerns about the potential effect of increased nursing and midwifery students with a disability on the competence of the emerging workforce arose in the reviewed literature. These concerns relate to whether the nursing or midwifery student with a disability can develop the required technical skills, and therefore the ability to provide safe patient care and remain safe in the clinical environment (Ashcroft, Davis, & Dean, 2008; Howlin et al., 2014a).

3.4.2.1 Technical skills

Nursing and midwifery are highly regulated professions with a strong emphasis on the achievement of technical skills and the need to meet competency standards. In nursing, technical skills refer to skills including the "cognitive, affective, and psychomotor domains" (Ijiri & Kudzma, 2000 p152), and reflect the skills when performing patient care in the clinical environment. Neal-Boylan & Smith (2016) describe technical standards as the 'physical ability' of the nurse or midwifery student. The nursing or midwifery student with a physical disability may

be of specific concern to education staff due to the perception they are not able to meet the physical requirements in a nursing program (Neal-boylan & Smith, 2016). Concerns related to the nursing or midwifery student's ability to meet the technical skill standards expected of the course may lead education providers to stipulate all students sign an agreement before commencing their course. The document verifies the student is capable of meeting the academic and clinical requirements of the Bachelor of Nursing or Bachelor of Nursing /Bachelor of Midwifery (Neal-Boylan & Smith, 2016).

3.4.2.2 Safety of patients and safe patient care

Neal-Boylan & Miller (2018), King (2019), and Clouder, et al. (2016) discuss concerns regarding the ability of nursing or midwifery students with a disability to provide safe patient care. The inference being that the nurse with a disability may compromise the safety of their patients, and are unable to work as safe practitioners (King, 2018; Neal-Boylan & Smith, 2016). This suggests the nursing or midwifery student with a disability is less skilled than the student without a disability (Howlin et al., 2014a). While academics and clinical educators identified a concern regarding the potential risk to patient safety, there was, however, no evidence to support the claim (Neal-boylan & Smith, 2016; Griffiths, Worth, Scullard, & Gilbert, 2010).

3.4.3 Assessing reasonable adjustment

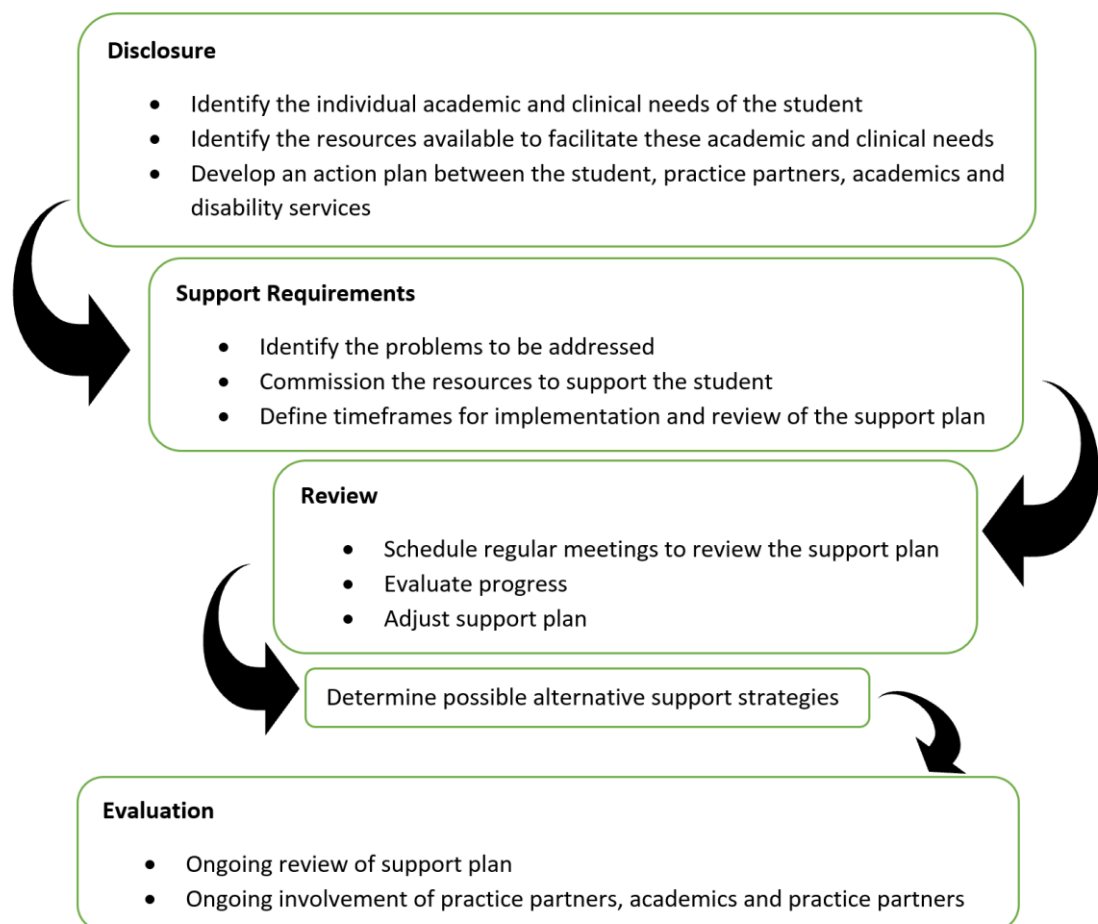
When assessing and deciding on the most appropriate reasonable adjustment for a student with a disability, literature provides several viewpoints. Harris (2018), Marks & McCulloh (2016) and Griffith et al., (2010) discuss the assessment of reasonable adjustment as a collaborative or systematic approach. Alternatively, Ijiri & Kudzma (2000), believes the student should decide reasonable adjustment.

3.4.3.1 The collaborative and systematic approach

Power (2017) believes academics should be part of the discussion when making reasonable adjustment decisions to ensure academic integrity is maintained because the academic is more familiar with the academic requirements of the course. Griffiths et al. (2010), identifies the collaborative team involved in the assessment of reasonable adjustment should also include disability services, clinical partners and the student. Griffiths et al. (2010), state the use of a collaborative approach when assessing reasonable adjustment requirements ensures parity between all parties in an education environment, particularly when the complexity of the disabilities and their needs are increasing. An adaptation of Griffiths et al. (2010), six-phase tripartite model (Figure 3.1), can be used when assessing reasonable adjustment.

Harris (2018) discusses the student with a disability as a 'neurodiverse learner,' and focuses specifically on the student with Attention Deficit Hyperactivity Disorder [ADHD], learning disabilities, and those with problems with written or spoken language. Harris (2018) states that enrolments from neurodiverse learners are increasing. However, the resources to support them are limited (Harris, 2018). Harris (2018) recommends the use of a Universal Design for courses whereby the course is constructed and designed for delivery without adaptation to the greatest number of people (Harris, 2018). The concept of Universal Design is not to focus on disability but to approach nurse education with a more practical, sustainable approach that recognises the diversity of the students that exist today (Harris, 2018).

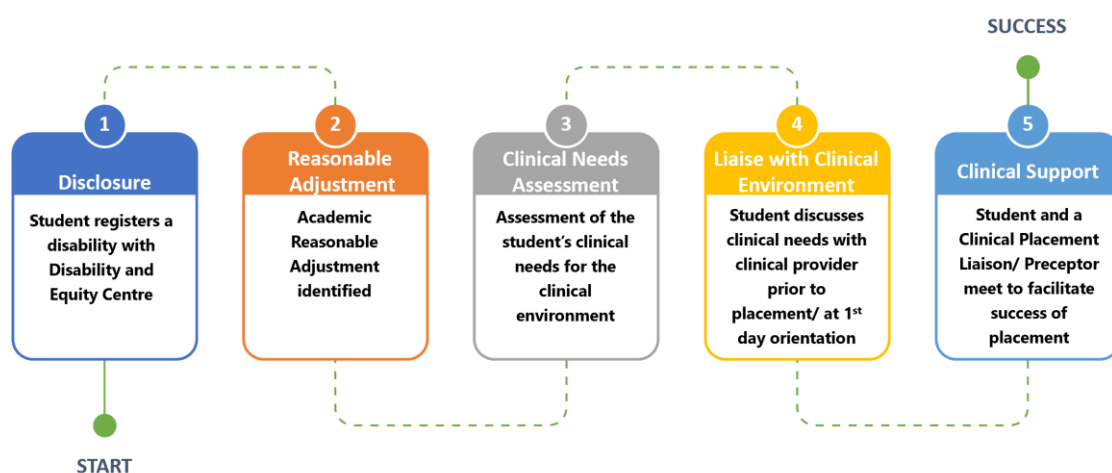
Figure 3-1: Adaptation of the tripartite model of working (Griffiths et al., 2010 p134)



Howlin et al. (2014b, 2014a), uses a Clinical Needs Assessment to assess the reasonable adjustment requirements of nursing and midwifery students with a disability. The tool was initially designed for use in the first year of the student's enrolment, as this was when it was determined the student would receive the most benefit (Howlin et al., 2014b). The tool is used to ensure academic reasonable adjustment requirements are also available in the clinical environment (Howlin et al., 2014a). The premise of the Clinical Needs Assessment is a 'tripartite

model of support', used to conduct a risk assessment that identifies the student's potential to meet competency requirements. It also helps academic staff to identify the supports that may be needed to facilitate a successful placement or transition through the course (Howlin et al., 2014b). Figure 3.2 shows the support pathway for clinical practice based on the key features of support pathway for the tripartite model of support used by Howlin et al., 2014a.

Figure 3.2: Support pathway to clinical practice in (Adapted from Howlin et al., 2014a)



3.4.3.2 Student-based Approach

A slightly different viewpoint is provided by Ijiri & Kudzma (2000), who believe the onus is on the student to identify the supports to assist them during their studies. Ijiri & Kudzma (2000) discuss the difficulties students with learning disabilities experience in the learning environment and describe metacognition to identify support requirements in a nursing or midwifery program. Metacognition is described as a process by which the student is self-aware of their cognitive processes and the need to “constantly monitor and regulate these processes” (Ijiri & Kudzma, 2000 p150). Ijiri & Kudzma (2000) reveal that students with a disability, particularly those with a learning disability, lack the skills to identify strategies to approach assessments and to plan or organise their learning environment. Ijiri & Kudzma (2000) acknowledges the need for student's to work with academic staff and develop a repertoire of strategies early in their studies that will assist them throughout their course (Ijiri & Kudzma, 2000).

Alternatively, Cumming, Dickson, and Webster (2013) argue the nursing or midwifery student is not the best person to make decisions on the reasonable adjustment requirements, because they are not adequately informed about the academic and clinical requirements for their course. The student is often relying upon their “limited experiences of traditional school assessment” (Cumming, Dickson, & Webster, 2013, p.298). Health professionals involved in the treatment of students with a disability, including psychologists, physiotherapists, and doctors, have the diagnostic skills to identify the limitations of the disability. It is argued, health professionals do

not have the academic knowledge to make decisions about the most appropriate reasonable adjustment for nursing or midwifery (Cumming et al., 2013). Alternatively, academics understand the requirements of a nursing or midwifery course and therefore, can make reasonable adjustment decisions. A review of disability support policies for higher education providers, however, recommends the student contact their university disability support department to ensure the reasonable adjustment is made available (La Trobe University, 2019b).

Another issue when assessing reasonable adjustment requirements is to ensure the decisions address the unique needs of the student. A common thread throughout the literature is the inability to support all students in the same way. Neal-Boylan & Smith (2016, p14) states there is not a “one size fits all” answer, and the needs of the student must be managed on a case-by-case basis (Harris, 2018; Ijiri & Kudzma, 2000). The reasonable adjustments commonly provided to students are assessment modifications, including extensions for assignments and additional reading time for examinations (Weis, Dean, & Osborne, 2016). This type of reasonable adjustment may assist the nursing or midwifery student in the classroom environment, but in a clinical environment, timeframe extensions may not be appropriate (Harris, 2018).

3.4.4 Determining reasonable adjustment requirements

Reasonable adjustment assists the student in achieving the requirements of their course. Meloy & Gambescia (2014, p141) states one of the reasons a student decides to disclose their disability and seek reasonable adjustment is because they are not receiving the “type of instruction or flexibility that complements their learning styles and needs.” They argue “flexibility should be something that is provided to all students regardless of whether a disability is disclosed or not” (Meloy & Gambescia, 2014 p141). This is supported by Marks & McCulloh (2016), who believe in the 21st century, the creation of an environment that is innovative, and capable of supporting diverse learners should be best practice. Meloy & Gambescia (2014) describe the granting of reasonable adjustment as being ‘judge and jury’ with at times a fine line between what is reasonable or fair, and what is an unreasonable adjustment.

As previously discussed, the most appropriate person to determine reasonable adjustment requirements remains undecided. It could be argued the student needing reasonable adjustment is in the best position to know where they are having the most difficulties and, therefore, where the reasonable adjustment can have the most benefit. Health practitioners see the reasonable adjustment needs of a student from the perspective of the medical model. Academics see the reasonable adjustment needs from the perspective of assessment and competency requirements. For this reason it is recommended that the process of deciding reasonable

adjustment for nursing and midwifery students should be a collaborative process shared between academic, clinical educators, and the disability support staff (Griffiths et al., 2010).

Griffiths et al. (2010) believe that for staff to make decisions on appropriate reasonable adjustments, they must have training. If staff are trained to assess reasonable adjustment requirements, they know when to 'draw the line' with academic considerations (Meloy & Gambescia, 2014) and can tell when a student is "exploiting the process" (Meloy & Gambescia, 2014 p140). In the classroom environment, Meloy & Gambescia (2014) argue academic staff should be provided with the opportunity to resolve student requests for reasonable adjustment in-house as they are the people with the most time invested in the outcomes and have familiarity with the curriculum and requirements for the course. When it comes to nursing courses, Meloy & Gambescia (2014), state disability staff should not make decisions on reasonable adjustment because they are not nurses. It may be possible for disability staff to apply generic reasonable adjustment in the academic environment. However, they do not have the technical expertise to make reasonable adjustment decisions for the clinical environment as the decisions are more complex (Meloy & Gambescia, 2014).

The provision of reasonable adjustment in the clinical environment was a common concern throughout literature. Howlin et al. (2014b), explains the difficulty lies with the inability to implement the same reasonable adjustment for the academic environment in the clinical environment. As previously discussed, literature identified the learning disability, dyslexia as the most common condition managed in higher education. In the case of the student with dyslexia, waivers can be provided in the academic environment to address poor spelling and grammar or the use of extra time for examinations (Howlin et al., 2014b). However, impaired literacy and the ability to organise care, may cause concern over clinical performance and require additional clinical educator and academic support (Howlin et al., 2014b). Both King (2018) and Griffiths et al. (2010) discuss the use of a link lecturer in the clinical environment. The link lecturer is a clinical educator employed by the education facility with the responsibility of being a liaison between the academic and clinical environments. This person is conversant with the requirements for both environments and negotiates the reasonable adjustment necessary to support the student while completing clinical practice. The link lecturer approach is used in the UK for nursing programs, and in some cases, the person employed is a member of the academic staff who has a requirement to follow students into the clinical environment. This makes it possible to transfer for knowledge of a student's reasonable adjustment needs from the academic to the clinical environment. In Australia, clinical placement facilitators tend to be

employed by the hospital and often not advised of a student's reasonable adjustment requirements because of confidentiality.

In the academic learning environment, reasonable adjustment to students often conforms to what is considered generic strategies (Figure 3.3). In addition, the reasonable adjustment may include the use of automated reminder apps to aid students by sending reminders about submission dates; the use of captions for videos and podcasts, to improve comprehension and content retention for students with a hearing impairment; the use of optimised text in documents or slide presentations ensuring the needs of students with low vision or colour-blindness (Harris, 2018). Harris (2018) also suggests the use of a study process that involves Reading the paragraph, Asking what the passage means then Paraphrase the passage, or 'RAP'.

**Figure 3-3: Examples of reasonable adjustments offered in universities
(Amended from Ijiri & Kudzma, 2000)**

Category	Examples
Textbooks	<ul style="list-style-type: none"> • Large print books • Books on tape
Notetaking	<ul style="list-style-type: none"> • Notetakers • Taped lectures
Examination	<ul style="list-style-type: none"> • Extended reading time • Separate room • Use of assistive aids (computer, calculator, spell check) • Oral examinations/ scribes • Alternative assessment forms (multiple choice/ essay)
Assignment	<ul style="list-style-type: none"> • Extension on submission date • Use of assistive aids
Course	<ul style="list-style-type: none"> • Extension on course completion date • Late withdrawal • Course requirement waivers

3.5 Conclusion

This chapter has discussed the research strategy used to review the current evidence related to disability in nursing and midwifery programs, the reasonable adjustment requirements, and the use of LAPs. It has reviewed literature discussing the emerging concerns associated with nursing and midwifery with disabilities that require a reasonable adjustment to facilitate the student's participation in the course. The available literature identified the need for a collaborative approach when making decisions regarding reasonable adjustment and the requirements for the academic environment differ when the student is in the clinical environment.

Currently, there is limited research focusing on the experiences of bachelor's degree-level nursing and midwifery students with a LAP. Available research focuses on the increase in nursing and midwifery students with a disability and on the increasing need for reasonable adjustment for students in both the academic and clinical learning environments. Available research did not specify a difference between the general nurse and the midwifery student. It is expected that the information obtained in this study can help fill this gap. The next chapter discusses the methodology used for this study. The chapter also discusses the qualitative study design, including the recruitment of participants, the data collection strategies, the analysis of data, and the limitations for the study.

Chapter 4: Methodology

4.1 Introduction

The previous chapter presented a review of the literature and summarised what is currently known about the nursing and midwifery student experiences of a LAP. Literature has identified a gap in the available research exploring the experiences of nursing and midwifery students with a LAP, which this study aims to address. This chapter describes the methodology for the study and has seven sections. The first section discusses the study design and restates the study purpose and research question provides a rationale for the selection of the design and identifies the phases in the study. Section two describes the study population, focusing on the participants, and sampling techniques. A description of the data collection strategies used in the study is included in section three. The fourth section focuses on the data analysis approach used. Ethical considerations are discussed in the fifth section, followed by the study limitations, and the final section focuses on the study's trustworthiness.

4.2 Research design

The purpose of this research study was to provide an insight into the experiences of nursing and midwifery students with a LAP. With limited research focusing on the experiences of bachelor degree-level nursing and midwifery students with a LAP, this research study was designed to fill the gap in the literature. This study used a descriptive approach to explore the experiences of Bachelor of Nursing and Bachelor of Nursing/ Bachelor of Midwifery students with a LAP. The research aimed to (a) investigate the reasons students enrolled in the Bachelor of Nursing and Bachelor of Nursing/ Bachelor of Midwifery obtained a LAP; (b) identify who recommended the LAP; (c) clarify the process involved for students applying for a LAP; (d) classify the reasonable adjustments made; and (e) identify the influence of the LAP on the student's learning experience and progress in the course.

The study was conducted using a descriptive, qualitative research design incorporating semi-structured, face-to-face individual interviews to capture the experiences of Bachelor of Nursing and Bachelor of Midwifery/Nursing students. According to Kumar (2019), qualitative research is an "open, flexible and unstructured approach to inquiry" (p.16) and presents its findings in a narrative rather than an analytical way. Qualitative research requires the researcher to explore and describe the perceptions, opinions, and beliefs (Maudeley, 2011; Sullivan & Sargeant, 2011). A goal of qualitative research is to use an inductive approach to explore and give meaning to the emerging themes or categories (Creswell, 1998; Sullivan & Sargeant, 2011) identified in the data.

Descriptive research aims to identify current issues and describe the characteristics of a problem or phenomenon, using a process of data collection that provides a straight-forward descriptive summary of the analysed data (Lambert & Lambert, 2013). A descriptive approach was appropriate for this study as it focuses on 'discovering the nature of specific events' (Lambert & Lambert, 2013, p.256). A descriptive approach also commonly uses data collection methods, including open-ended questions and semi-structured interviews to generate factual responses that reflect the feelings of participants (Colorafi & Evans, 2016; Lambert & Lambert, 2013).

4.3 Population

The research study was conducted at La Trobe University. Students were invited to participate from all campuses where the Bachelor of Nursing or Bachelor of Nursing/ Bachelor of Midwifery qualification was offered. The target population for the study was nursing and midwifery students with a disability who had been enrolled for at least 12 months and receiving reasonable adjustment described in a LAP.

4.3.1 Sample size

The number of Bachelor of Nursing and Bachelor of Nursing / Bachelor of Midwifery students with a LAP studying at La Trobe University was not revealed by EDD. The initial participant target for this study was 10, with the option to accept additional participants, or the research team considered data would reveal additional themes. Malterud, Siersma, & Guassora (2016) argue the sample size in qualitative research is dictated by the number of participants it takes to elucidate the aim of the study. There were six participants included in the study after two rounds of recruitment.

A purposive sampling technique was used in this study. According to Etikan, Musa, & Alkassim (2016), purposive sampling is when the selection of participants is deliberate and based on the qualities they add to the study. Purposive sampling is a non-probability technique (Patton, 2002) that is non-random, (Etikan et al., 2016), and chosen because the study focused on a vulnerable population, relied on participants disclosing their disability and they are a rich source of information (Patton, 2002). Despite a sample size of six participants, the study provides a valuable voice to an increased population of vulnerable students in higher education, and contributes to a gap in literature.

4.3.1.1 Inclusion criteria

The inclusion criteria for the study required participants to have completed at least one year of the Bachelor of Nursing or Bachelor of Nursing/ Bachelor of Midwifery and to have a current enrolment. This decision was based on research indicating students with a disability often lack the self-motivation skills to seek support when they first transition to higher education (Ju, Zeng, & Landmark, 2017), and are more likely to seek online support or wait until they are experiencing increased psychological stress, their first clinical placement or at risk of academic failure (McAuliffe, Boddy, McLennan, & Stewart, 2012). All participants were also required to have a current LAP, which was specific for the course they were completing. This criterion was to ensure that the LAP was specific to the complex requirements of the nursing or midwifery qualification. The inclusion and exclusion criteria for this study are summarised in Table 4.1.

Table 4.1: Inclusion and exclusion criteria

Inclusion	Exclusion
Current enrolment in either the Bachelor of Nursing or Bachelor of Nursing/ Midwifery at La Trobe University.	No current enrolment in the Bachelor of Nursing or Bachelor of Nursing/ Midwifery at La Trobe University.
Have completed one year of the relevant Bachelor program and be an ongoing student in either the second, third, or fourth year.	Have not applied for a LAP or LAP is not current
LAP specifically for the Bachelor of Nursing or Bachelor of Nursing/ Midwifery at La Trobe University	LAP not relevant to the Bachelor of Nursing or Bachelor of Nursing/ Midwifery at La Trobe University.

4.3.2 Recruitment

Ethics approval was granted to utilise the EDD database of nursing and midwifery students registered with a LAP. The manager of EDD sent a targeted email to Bachelor of Nursing and Bachelor of Nursing/ Bachelor of Midwifery students, asking for volunteers to participate in the study (see Appendix A). The purpose of the targeted email was to ensure only Bachelor of Nursing and Bachelor of Nursing/ Bachelor of Midwifery students received the email, eliminating students enrolled in other courses or those completing postgraduate courses that did not comply with the inclusion criteria. An information flyer was attached to the email, providing a brief overview of the study purpose and provided the contact details for the researcher's (see Appendix B). Interested students were required to contact the researcher directly using their La Trobe University email.

Pre-screening was conducted for all students who provided an initial expression of interest. The purpose of the screening was to ensure all participants met the inclusion criteria for the study.

Pre-screening was conducted by email and involved the researcher confirming the student was completing a Bachelor of Nursing or Bachelor of Nursing/ Midwifery and was on a LAP. No financial incentive was provided to participants in the study. A certificate of appreciation was emailed to each participant on completion of the interview.

Recruitment of participants occurred at the end of two academic semesters which may have impacted on the participant size as students were either no longer on campus, completing clinical placement or completing examinations and assignments.

4.3.3 Confidentiality

Once eligibility to participate in the study was confirmed, a suitable date and time to conduct the interview were negotiated via student email. Upon acceptance of the meeting invitation, participants were assigned a unique, alpha-numeric identifier that would be used to identify them for the remainder of the study. This unique identification number was the only method of identification for the participant. Any notes taken during the interview were recorded with the unique identification number as the only method of identifying their source.

4.4 Data collection

Qualitative data were collected using individual, semi-structured interviews. Open-ended questions were used to collect data. The semi-structured interviews allowed for a rapport to develop that would enable participants to feel comfortable when disclosing sensitive details (DiCicco-Bloom & Crabtree, 2006). They also allowed the researcher to adapt the direction of the interview and to ask follow-up questions. Participants were advised the interviews would take an estimated 45-60 minutes. Interviews were conducted over 12 months.

Interviews were conducted using the video conferencing software Zoom™, or face-to-face as convenient to the participant. Zoom™ is a video conferencing system that operates similar to Skype and provides cloud-based software for remote conferencing and meetings (Zoom Video Communications, 2019). Where interviews were conducted using Zoom™, a user guide providing a step-by-step process for the downloading and use of the software was developed by the researcher. This user guide was disseminated to participants and provided details on how to participate in a zoom interview. Interviews conducted face-to-face were either in a private library study space or an interview room at the participant's nominated campus.

4.4.1 Tools used

An interview guide that comprised demographic questions (see Appendix C), and a schedule of interview questions (see Appendix E), were developed for the study.

4.4.1.1 Demographic data sheet

The demographic data sheet enabled the diversity of the student participants to be recorded. Data collected from participants included 1) age group, 2) gender, 3) campus, 4) course, 5) year of course commencement, 6) stage of current enrolment, and 7) year of LAP implementation.

4.4.1.2 Interview schedule

The interview schedule included pre-determined open-ended questions and probes. Each participant was asked the same questions in a way that allowed the interview to take a natural progression and provided the participant with an opportunity to freely discuss their experiences (McIntosh & Morse, 2015) without losing the focus of the research. This was particularly pertinent if a student struggled to provide a response with sufficient depth or length. The interview schedule provided a useful strategy to ensure all questions had been answered, particularly when the participant provided answers out of sequence (McIntosh & Morse, 2015). The semi-structured, individually conducted interviews also allowed a rapport to build between the researcher and participant, and enabled the researcher to reframe questions when necessary, which is essential for good quality data collection (Oates, 2015).

4.4.2 Procedures

Interviews were conducted using a separate demographic data sheet for each participant, which was marked with the participant's allocated identification number. Confirmation of written and verbal consent and for the interview to be recorded, occurred before the interview commenced. The researcher also provided a brief overview of the study, allowing the participant to ask questions related to the study.

Notes were taken throughout the interview to supplement the information provided in the recording. The notes taken during the interview were useful to formulate follow up questions on points of clarification (Patton, 2015). The notes were also an informal record of observations made by the researcher related to facial expressions, body language, distractions, or technical issues observed by the researcher — this information providing a useful memory prompt during the transcription of the interview (Patton, 2015). The interview was concluded with an opportunity for the participant to ask questions and confirm any information provided (Clifford, French, & Valentine, 2010).

4.5 Transcription

A dedicated portable recorder was used to tape each interview including those conducted via Zoom™. The audio files were saved on a password-protected computer. A copy of each audio file was uploaded into the software NVivo™ qualitative data analysis software (QSR International Pty Ltd Version 12, 2018). All data collected at the time of the interview was transcribed by the researcher and saved using a unique identification number to a dedicated folder on a secure password-protected computer. The unique identification number, assigned for each participant at the time of pre-screening, was used to identify all saved electronic data and documentation for the participant. A spreadsheet listing all the documents kept for the participants was stored with the identification number in a secured file on the researcher's computer. Field notes taken during the interview pertained to observed behaviours, and the issues that impacted on the interview, such as difficulties with technology, and interruptions were either added to the participant's interview transcript or saved as an additional file. Field notes assisted the researcher when asking questions of clarification and with recall during the analysis process.

4.6 Data analysis

Thematic analysis was used to answer the research question – *What are the experiences of Bachelor of Nursing/ Bachelor of Midwifery students with a LAP?* Methodologically, thematic analysis suits this study as it requires the researcher to continually revisit collected data, to code this data into emergent categories, and is suitable for studies using a single method of data collection (Hewitt-Taylor, 2013). It can be used to enhance understanding, increase awareness, test theories and help solve problems (Esser & Vliegthart, 2017). The thematic analysis method involves systematically comparing and contrasting the collected data from verbatim accounts of individually transcribed interviews to identify the common themes. The process continues until there is consensus no further categories or themes exist in the data (Harding, 2019; Larkin et al., 2006). According to Erlingsson & Brysiewicz (2017), the objective of thematic analysis is to systematically transform data into an organised and concise summary of results, or categories using several analysis steps, to develop meaning from the data. Thematic analysis in this study was used to identify, analyse, and report on patterns or categories recognised within data (Castleberry & Nolen, 2018).

There are several recommendations on the number of steps involved when conducting a thematic analysis. Noon (2018), describes seven distinct stages when analysing data. Whereas, Yin (2011) believes there are only five phases in data analysis. Data analysis for this study was conducted based on the six phases identified by Nowell, Norris, White, & Moules (2017). These

phases include: 1) Familiarisation of the data, 2) Generate initial codes, 3) Identify categories, 4) Review categories, 5) Finalise and name the categories, and 6) Produce the final report

4.6.1 Phase one: familiarisation of the data

For this study, the first stage in data analysis involved the researcher becoming immersed with the data. Before data analysis commenced, all participant interviews were transcribed. All interviews were transcribed verbatim in a format that identified when the researcher asked a question and participant response. Transcription was conducted solely by the researcher, which is believed to enhance immersion in the data and to ensure the researcher develops a closer bond with the data (Castleberry & Nolen, 2018).

The researcher listened to each interview and read the completed transcript to check for consistency several times before the researcher was satisfied the transcript was a true reflection of the interview content. Personal comments related to observations during the interview, were added as notations separate from the transcript. As the transcript was checked for consistency with the audio file, the initial phase of data interpretation was taking place, and the first level of coding was conducted. Sparkes & Smith (2014), states this method of checking the transcript and audio files ensures a more in-depth interpretive analysis of data. The researcher continued to return to the transcripts throughout the analysis of data to maintain the intimate connection between the researcher and the data. This connection is important as it helped the researcher to gain a greater understanding of the meaning or background for the phrasing of answers. The researcher was also able to reflect on the cues not picked up on the audio recording such as body language, facial expression, and mannerisms. Once all the data had been transcribed into a consistent format, the audio files and transcript were uploaded to NVivo (QSR International Pty Ltd v12) in preparation for the next phase. NVivo (QSR International Pty Ltd v12) is a software program used to facilitate the organisation of data. It was then possible to progress to the next phase of analysing the data, to generate initial codes.

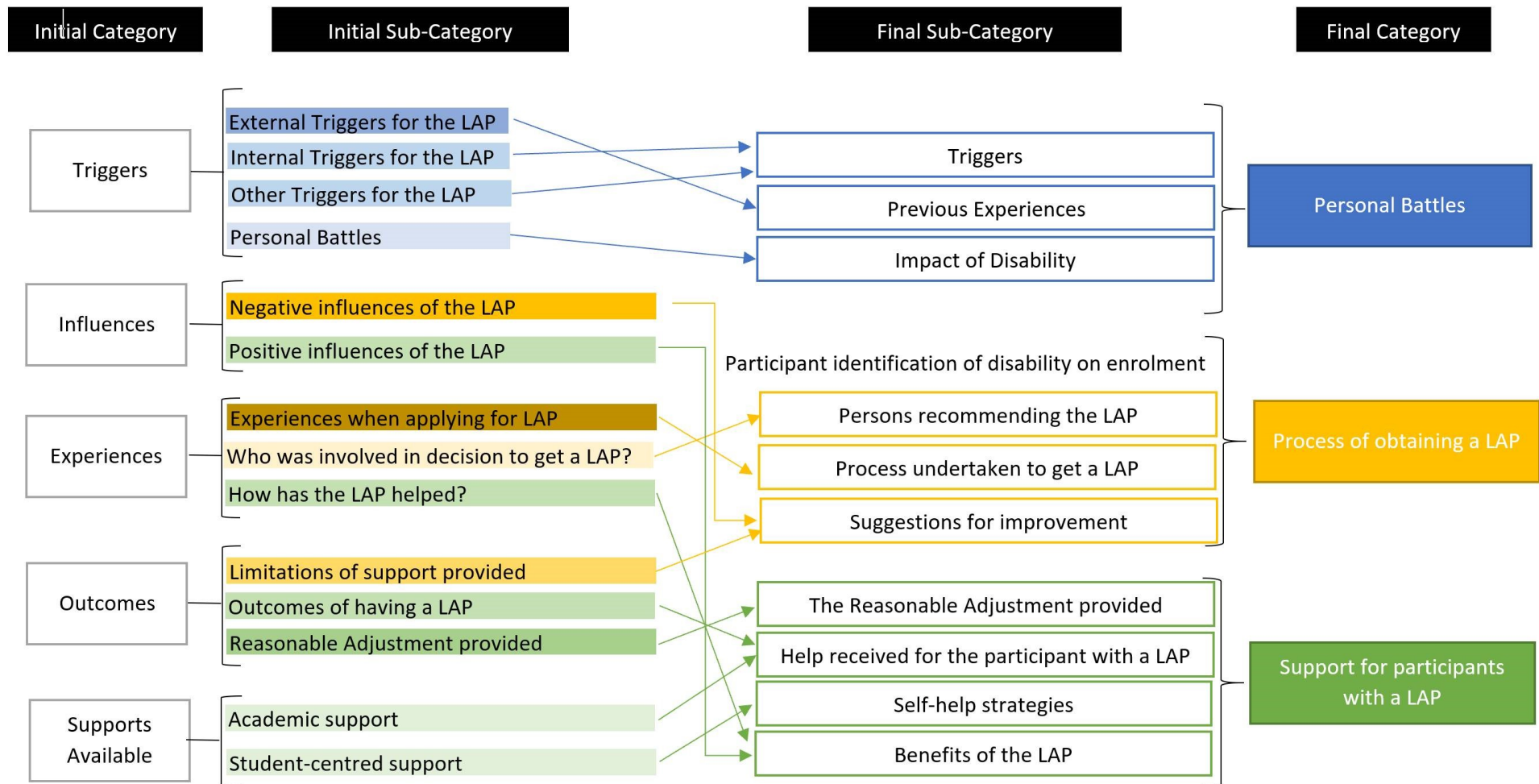
4.6.2 Phase two: generate initial codes

This phase required the researcher to return to the interview transcripts and start deconstructing the data to identify similarities and patterns, and to code the data to potential codes (Nowell et al., 2017). Coding in qualitative research is defined as the process of converting raw data into useable data by identifying categories, concepts, or ideas that have some connection to each other (Castleberry & Nolen, 2018). A code is a label or name that describes a meaning unit and is usually one or two words long, while a theme is considered to be an expression with an underlying meaning and are generally descriptive names (Erlingsson & Brysiewicz, 2017). Bengtsson (2016) describes the process of identifying meaning units, as

identifying the code, and ensuring the process is 'open-ended'. This phase is considered to be mostly inductive as the meanings are encouraged to emerge from the data (Kuper, Reeves, & Levinson, 2008) and are not pre-conceived. The codes used by the researcher in this study represented areas of significance derived from the collected data (Basit, 2003).

The coding and identification of emerging codes was protracted as the research team worked through each transcript to achieve a consensus of the codes and categories. One transcript was randomly selected and provided as an electronic copy to the research team. Each member of the research team conducted an independent, manual analysis of the transcript to identify words or sentences in the data considered salient or evocative. Once this was completed, the research team met to discuss the emerging codes in the data (Figure 4.1). Initial consensus on the potential codes was reached based on the coding of one transcript, and the researcher used these codes for the remaining transcripts. When the student researcher had coded all transcripts, the data was provided to the research team to assess if the coded data was consistent, coherent and aligned with the identified category. Consensus was not achieved until after the third transcript had been analysed and data coded and the fifth meeting of the research team. These codes were used to identify categories and relationships that inform on the participant's view (Basit, 2003) in phase three.

Figure 4.1: Coding decisions process for categories and sub-categories



4.6.3 Phase three: identify categories

In the third coding cycle, transcripts were re-read, and the data manually extracted using highlighters, pens, and paper. The process of reading, highlighting, and making notes on the transcripts was repeated before converting the information into an electronic format. This process reduced the number of codes from 16 to five broad categories, with several sub-categories under each. A further revision of the categories was conducted by the researcher to ensure the coded data aligned with the five potential categories.

4.6.4 Phase four: review the categories

A final discussion between the research team reduced the number of categories to three, with three to four subcategories included for each. Consensus on the categories for this study was reached by the end of this meeting. The final categories were decided based on the consistencies of themes in participant data including personal battles experienced prior to their LAP, the process of obtaining a LAP and the support they had received. Sub-categories were decided by refining the content of each category. Once the research team had reached consensus on the categories to emerge from the data, the student researcher created nodes in NVivo to reflect each category. Definitions were developed for each of the categories to ensure consistency for coding of data. The definitions also enabled the researcher to determine if the data belonged in the category. Data from each transcript was then coded to each of the nodes. A copy of the completed coded data for each category was provided to the research team on completion. The data was then reviewed to confirm consistency, coherence, and fit of the data to the categories. All data was saved in the NVivo software to consolidate all data to one repository.

4.6.5 Phase five: finalise and name the categories

The coded data was contextualised to create a set of useable categories and subcategories. The original transcripts and the table of categories were reviewed by the research team to ensure the categories were as 'true' as possible (Larkin et al., 2006) to the data. The length of time taken to achieve consensus on the categories and to code all the data was three months, a process that ensured inter-coder reliability. Inter-coder reliability is defined as determining the level of agreement in the data and is achieved by two or more coders (Castleberry & Nolen, 2018).

4.6.6 Phase Six: produce a report

The sixth phase of the data analysis process involved summarising the findings, comparing the findings to the literature, a discussion of the findings, and stating the limitations and future research (Creswell & Creswell, 2018). Field notes compiled during the conduct of interviews were helpful during the interpretation of the data, as they provided information related to non-

verbal and environmental issues and provided the researcher additional context (Sutton & Austin, 2015).

4.7 Ethical considerations

Ethics approval was provided (HEC18369) by the La Trobe University Human Ethics Committee. This study carried a low ethical risk. It specifically focused on nursing students completing a Bachelor of Nursing or a Bachelor of Nursing/ Midwifery, with a LAP. As the LAP is generally in-place because the student has a disability that may reduce their capacity to engage fully in aspects of their course, the participants for this study were considered a vulnerable population. Participation in the study was voluntary, and every effort was made to maintain the confidentiality of the participant. Confidentiality was achieved by only using La Trobe University student emails for all communication throughout the study. The use of any 'true' names was avoided during the interview and transcription. Only the student researcher handled the raw data from the study and de-identified the data, before making it available to the research team to ensure confidentiality.

The personal nature of the data collected during participant interviews was an ongoing consideration throughout the research process. It was, at times, necessary for participants to reveal information that could lead them to feel uncomfortable or emotional and often meant they needed to disclose the nature of their disability. The student researcher focused on creating a safe and non-judgemental environment from the start of the interview, an essential ethical consideration in this study. Additionally, the student researcher focused on ensuring the confidentiality of participant data, particularly where it was possible members of the research team were actively involved in teaching or coordination of their course.

Interviews were conducted following the strategies identified by Dempsey et al., (2016), which include good preparation for the interview, building relationships with participants, protecting vulnerable participants, and planning for the conclusion of the interview. All interviews were conducted during work hours, ensuring contact with a counsellor if a participant became distressed. The welfare of participants was also checked after each interview. During on-campus interviews, if a participant became distressed, the student researcher could have walked the participant to a campus counsellor for support. The student interviewer recommended participants contacted their psychologist or support person following interviews conducted electronically.

4.7.1 Consent

Consent was obtained after providing all participants with a full explanation of the study to confirm participation in the study. Each participant was sent a copy of an information sheet that

detailed the purpose of the study, the data collection procedures, and the assurance of confidentiality. A consent form was sent to each participant before the interview, and this was collected before commencing the interview. Each participant was informed of their right to withdraw from the study before the interview commenced.

4.7.2 Power relationships

Participants were given the option of using a private space on their campus, or for the interview to be conducted using video conferencing. This allowed participants to choose an area where they felt comfortable (Sivell et al., 2019). The researcher also aimed to develop a rapport with participants before starting each interview to establish trust and to ensure the student would be comfortable sharing their experiences (Sivell et al., 2019). Students participation was not coerced, with all participants voluntarily agreeing to be interviewed and providing informed consent.

4.8 Strength and Limitations

It is a responsibility of all researchers to ensure the findings of their research are reported as accurately as possible. According to Long & Johnson (2000) and Rolfe (2006), assessing the quality of qualitative research and what constitutes a trustworthy study has been a topic of considerable debate. The criteria for evaluating the rigour of qualitative research were first identified by Lincoln and Guba (1985), and include the standards of trustworthiness, credibility, transferability, dependability, and confirmability (Forero et al., 2018; Grove, Gray, & Burns, 2015; Korstjens & Moser, 2018; Noble & Smith, 2015).

4.8.1 Trustworthiness

Trustworthiness in qualitative research is defined as 'how accurately the accounts represent participant's realities of the social phenomena and is credible to them' (Creswell, 2000).

Trustworthiness uses a combination of detailed transcription techniques, systematic coding, and the use of computer programs to ensure the trustworthiness of the research and to reduce the effects of researcher bias (Bengtsson, 2016; Gunawan, 2015). Transcribed data were reviewed independently by the research team, and all parties met at regular intervals to discuss results and to reach consensus. Creswell (2000) describes this process as 'peer debriefing' where the reviewers provide support and challenge the researcher.

4.8.2 Credibility

Lincoln and Guba (1995) described the standard of credibility as confidence in the research findings to represent a true reflection of the participant's views (Korstjens & Moser, 2018). When appraised, the research findings should be confirmable and dependable and be

transferable to other settings with similar participants (Grove et al., 2015). Lewis (2017), also states that credibility of research findings comes from analysing several sources of data, interpretation by others and predicting outcomes based on relevant theoretical frameworks. The use of member checking strategies including returning the interview transcript to participants or returning the analysed data to participants are often used to demonstrate credibility in qualitative research (Birt, Scott, Cavers, Campbell, & Walter, 2016). Member checking is used to check for errors and ensure the interpretation and representation of data is correct (Goldblatt, Karnieli-Miller, & Neumann, 2011), however, it was not used in this study. This decision was based on the potential for a low response rate and to the vulnerability of the participants (Karnieli-Miller, Strier, & Pessach, 2009). Goldblatt, Karnieli-Miller, & Neumann (2011), state there is very little difference between interpretations after member checking. To prevent the risk of compromising sensitive data and the anonymity of participant's during transcription, the researcher was rigorous when providing a rich description of the data. The transcription was then checked against the recordings to ensure accuracy.

4.8.3 Transferability

Transferability relates to whether qualitative research can be transferred to another setting with a different set of participants (Lincoln & Guba, 1985). Judgement on the transferability of the study can be determined with the use of thick description (Korstjens & Moser, 2018). This research study provided an account of the setting, participants, inclusion and exclusion criteria, the interview strategy and the use of interview questions. The use of rich descriptive data when discussing the data collected in this study ensures the results are transferable to other research settings and participants.

4.8.4 Dependability

The standard of qualitative research dependability is assessed by the stability of the research findings and recommendations (Lincoln & Guba, 1985). Dependability may be determined by how well the steps in the research process are documented and how decisions are made during analysis (Grove et al., 2015). In this study, dependability was assured by ensuring the research team agreed with all steps in the coding of data and identification of themes. The research team discussed and verified the coding of data routinely throughout data analysis. It was important to code data to categories, that were consistent and reliable from transcription through the process of data analysis (Soiferman, 2010) to ensure the dependability of the research.

4.8.5 Confirmability

Confirmability is the extent to which the findings in the research can be confirmed by other researchers (Lincoln & Guba, 1985). Confirmability is determined by assessing the findings, and

ensuring there is a logical record of the research process provided, and ensuring the findings are a reflection of the collected data (Korstjens & Moser, 2018). After data collection and analysis was completed, the research team reflected on the process and provided feedback on the process.

The strengths of the study included the transparency of the research process. Throughout the study, the research team remained faithful to the data. This study was also reliant on the quality of the individual responses provided by participants (Creswell & Creswell, 2018). Interviews were able to yield in-depth information that informed on the experience of participants. During data analysis, the research team continued discussions until consensus on the themes and categories was achieved.

The limitations of this study included the length of the recruitment phase and the scale of the research. Conducting the recruitment phases at different times in the academic year may have yielded additional participants. Recruitment for the study was confined to participants from La Trobe University, and the participants only came from three of the La Trobe University campuses where the Bachelor of Nursing and Bachelor of Nursing/ Bachelor of Midwifery are offered. Results may, not be generalisable to other populations, and there was decreased transferability to different higher education settings.

4.10 Conclusion

This chapter provided an overview of the methodology and discussed the qualitative research approach of thematic analysis and its use in this study. It described the methods used for data collection, including semi-structured interviews, intending to explore the experiences of Bachelor of Nursing and Bachelor of Nursing/ Midwifery students with a LAP. The limitations, ethical considerations and a discussion on how the study strived to maintain validity and transparency were included. The next chapter addresses the findings and the categories that emerged from the study data.

Chapter 5: Findings

5.1 Introduction

The previous chapter described the methods used to conduct this study, including the recruitment of participants and the collection of data. Thematic analysis was used to examine transcripts collected during semi-structured participant interviews and identify categories in their content. This chapter reports on the collected data from six (n=6) participants, enrolled in either a Bachelor of Nursing or Bachelor of Nursing/ Bachelor of Midwifery with a LAP. The chapter provides a summary of the findings and an overview of the categories to emerge. The findings are presented in two sections. The first section provides a summary of the demographics of the research participants. The second section focuses on the experiences of participants concerning the three main categories to emerge: *Personal Battles*; *Process of obtaining a LAP*; and *Support for participants with a LAP*.

5.2 Description of the study findings

5.2.1 Participant data

Six students agreed to participate in this research study. Three participants were enrolled at the Bundoora campus, and three were enrolled at two of La Trobe University's rural campus. Five participants were enrolled in the Bachelor of Nursing, and one was completing a Bachelor of Nursing/Midwifery. All participants were classified as mature-aged students, with one participant in the 19-29 year age group, three participants in the 30-39 year age group and two participants in the 40-49 year age group. The youngest participant was 23 years of age, and the oldest participant in the study was 45 years of age. There were two males and four females. All participants had been enrolled at La Trobe University for more than 12-months, with one participant commencing the course in 2014, two participants for both 2016 and 2017 and one participant commencing their studies in 2018. Two participants were enrolled in first-year subjects with an enrolment in-excess of 12-months. Three participants commenced as full-time students, and three participants commenced as part-time students. At the time of the interview, the status of participant enrolments had changed to reflect five part-time and one full-time. The change of enrolment status for two participants was due to the need to repeat subjects, preventing course progression. While several participants stated they had taken time away from their course due to disability, only one participant was provided formal Leave of Absence (LOA) for twelve months.

Three participant interviews were conducted face-to-face, and three participant interviews were conducted using digital video conferencing. The duration of the face-to-face interviews ranged from 40 to 57 minutes. The interviews conducted using the digital video conferencing ranged from 26 to 34 minutes.

Four participants stated they had accessed the LAP in the first year of the course, one student indicated they accessed the LAP in their second year, and another student accessed their LAP in the third year of the course. A summary of the study's participant data is included in Table 5.1. One of the four participants enrolled at a rural campus, and two indicated there was a delay between enrolment and getting a LAP. For both participants, the time between enrolment and applying for a LAP was in-excess of 12-months. However, one participant from a metropolitan campus did not get a LAP until the third year of their course, which was six years after their initial enrolment. A summary of the study's demographic data is included in Table 5.1

Table 5.1: Participant data

Participant #	Age Group	Gender	Location	Course Code	Year Commenced	Current Year Level	Year LAP Gained
001	30-39	Male	Rural	RBN	2017	1	1
002	40-49	Female	Rural	HBN	2016	1	1
003	30-39	Male	Metro	RBN	2017	2	1
004	19-29	Female	Rural	HBNPRW	2016	3	1
005	40-49	Female	Rural	HBNUP	2018	3	2
006	30-39	Female	Metro	HBN	2014	3	3

Key: Course codes identify the course discipline and campus.

RBN –Bachelor of Nursing (pre-registration) - Bendigo
HBN - Bachelor of Nursing (pre-registration) – Melbourne (Bundoora)
HBNPRN – Bachelor of Nursing (pre-registration) – Albury/ Wodonga
HBNUP - Bachelor of Nursing (pre-registration) - Shepparton

All participants confirmed they either had a confirmed diagnosis or were receiving support for a disability or health issue before enrolling at La Trobe University. Data revealed the underlying factor leading to obtaining a LAP included mental health, chronic illness and learning disabilities. The main reasons participants applied for a LAP are shown in Table 5.2. However, participants often had more than one reason for getting a LAP, with two participants revealing the presence of an additional underlying condition or disability. For example, one participant principally got

their LAP for clinical placement but also had a mental health disability. The LAP assisted this participant in managing their underlying disability as well as clinical placement requirements.

Table 5.2: Reason for the LAP

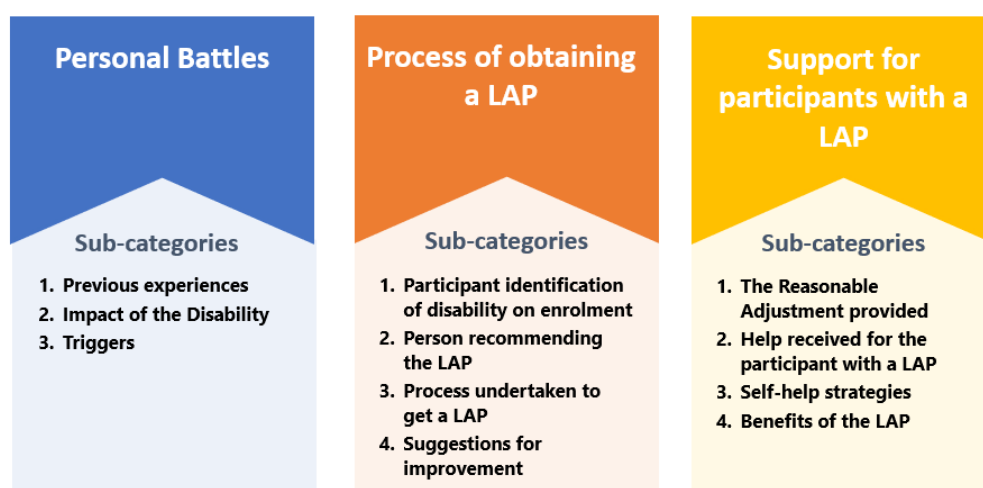
	Anxiety & Depression	Health-related disability	Learning disability	Clinical placement
Participant 001	X			
Participant 002	X		X	
Participant 003	X		X	
Participant 004		X		
Participant 005	X			X
Participant 006		X		

The research team discussed the assigning of a pseudonym for each participant during transcription. Pseudonyms are used to protect the confidentiality of participants and to anonymise the data (Allen & Wiles, 2016; Saunders, Kitzinger, & Kitzinger, 2015). The decision not to use pseudonyms was made due to the small participant numbers, and the use of numbers did not detract from the participant's story or from the research.

5.3 Categories

When analysing the transcripts of participant interviews, three main categories, with 11 subcategories were identified. The first category, *Personal Battles*, had three sub-categories and the second category, *Process of obtaining a LAP*, had three sub-categories. The final category, *Support for participants with a LAP*, had four sub-categories. Each category and associated sub-category are identified in Table 5.3. The following paragraphs discuss each of these categories in more detail.

Table 5.3: Categories & sub-categories to emerge from data



5.3.1 Personal battles

The first of the categories to emerge from the data was Personal Battles and related to the significant events or experiences in the lives of the participants that occurred before the course and potentially influenced the participant's ability to engage in the course. The category explores the participant's history before the introduction of their LAP. The category had three sub-categories: *previous experiences*, *the impact of the disability*, and *triggers*. Each of the subcategories is outlined, with examples from the interviews.

5.3.1.1 Previous experiences

The first sub-category '*Previous experiences*' relates to how participants managed their disability before commencing the Bachelor of Nursing or Bachelor of Nursing/ Bachelor of Midwifery, the issues they may have encountered, and the supports they established. The category explores the participant's history before the introduction of their LAP. This sub-category focuses on events, including the onset of a disability, secondary schooling, and relationships.

The study revealed all participants either had a confirmed diagnosis or were receiving support for a disability or health issue before enrolment at La Trobe University. Five of the six participants identified they had struggled with personal issues and their disability for several years before enrolling at La Trobe University. All five of these participants revealed they sought additional support that went back to their childhood or adolescence, as demonstrated in the statement, "*Yeah, like even at school, I always had help*" (P002). One participant with a diagnosed disability described the difficulties experienced in their course were related to family issues, as demonstrated in this statement "*I was really stressing out with having to work and with the kids and having to juggle everything*". (P005).

As indicated, most participants indicated they had experienced issues since they were young, including childhood and adolescence. One participant stated, *“I’ve got other things going on from when I was six years old – That’s 41 years ago”* (P002). Another participant indicated their experience went back to when they were in secondary school *“It started in grade 10 ... difficult to concentrate and low confidence”* (P003) further clarifying:

“I used to be first in the class ... I was one of the brillianter students.... I was so hopeless about my studies and about my problems.... I put pressure on myself... at the time I became to understand about the financial situation of my home which was not good, and I think all those things also contributed to my depression and anxiety” (P003)

One participant identified they had an on-going health issue that had affected them for most of their life, and they were aware of the challenges their disability would have both academically and clinically. As they were aware of the possible difficulties, this participant sought a LAP early in their course to ensure the reasonable adjustment and accommodation would be available.

“Specifically I got it to be able to use a laptop.. because I don’t have a lot of collagen in my left thumb, I can’t really handwrite” (P004)

Participants with previous experiences of a disability identified the supports they received, including, seeing a psychologist as described in the *“I had been seeing a psychologist since I had the quarter-life crisis”* (P001). Another participant reinforced the need for long-standing support, as demonstrated by the statement *“All my life I’ve needed to see psychologists on and off all my life”* (P006). Four of the six participants described a relationship with their psychologist as a significant role model or positive influence, encouraging them to pursue their aspirations.

Additionally, these participants indicated they had managed the on-going limitations of their disability for most of their life and, as a result, had an understanding of how their disability might affect their studies. Consequently, the participants had developed good management strategies, including an understanding of the supports available to them as a student, as described in the statement *“Sometimes I can feel myself getting on edge, and I know I need to get some help”* (P006). However, some believed their options for support were limited by what the Nursing and Midwifery Board would allow when determining the course standards and where modifications to accommodate their disability could be applied. This is illustrated in the following statement.

“umm. It has sort of been made pretty clear that even with a LAP, there is not much they can do. It’s sort of what the Nursing and Midwifery Board decide” (P004)

Four participants had completed or attempted prior studies before enrolling in the Bachelor of Nursing or Bachelor of Nursing/ Bachelor of Midwifery. Two of the participants identified

undertaking a Diploma of Nursing at the vocational education level before enrolling in a bachelor's degree. One participant completed this qualification while the second discontinued their course due to academic difficulties, stating their learning disability was not supported at the vocational education level. This is demonstrated in the statement, *"I didn't finish that because I didn't get much support"* (P002). The participant described their attempts at finding work in the aged care sector, as unsuccessful, resulting in being unemployed. The participant who had completed the Diploma of Nursing is currently working as an Enrolled Nurse (EN) while they complete their university studies. This participant also identified the support for their disability when studying in the vocational sector was lacking. This resulted in the need to extend their completion date as described in the following statement.

"It took me a little longer to finish my course. They didn't have the supports such as a LAP, so I had to cope on my own" (P005)

The influence of significant role models was important for participants, particularly as they traversed their way through their secondary schooling. Participants described the personal pressure to succeed and to be praised for their achievements from significant role models, including parents, friends, and peers, was essential to develop their self-confidence. One participant described the pressure they put onto themselves as *"...I had pressure on myself as well... because I was doing so good..."* (P003).

5.3.1.2 Impact of the disability on learning

The second sub-category, the *Impact of the disability* relates to how the participant's disability was affected by the exacerbation of symptoms. The impact of exacerbations of the disability on the participant's ability to cope in the academic and clinical environment, and the ability to engage in all aspects of the course, which ultimately affects the participant's progression the Bachelor of Nursing or Bachelor of Nursing/ Bachelor of Midwifery.

Participants described symptoms, including a feeling of being overwhelmed, being easily distracted, an inability to sleep, sleeping through alarms, 'locking up,' lacking confidence, poor concentration, being stressed, being in a 'black hole', being depressed, becoming emotional, and distressed. One participant summarised the impact of their disability in the following statement:

"My anxiety has kept be sleeping through an alarm completely for an exam before I've barely slept at night because of the anxiety...." (P001)

Symptoms experienced by participants led to difficulties maintaining course engagement, difficulty completing assessments, unsuccessful results with assessments, a need to complete additional hours in clinical placement, and extended periods of leave to concentrate on health

issues before returning to study. The following statement describes the experience of one participant:

"it just means that I do a lot of make up at the end of the year... if we say that placement is, on average, three weeks. I usually have to make up at least four days of that" (P004).

Another participant described symptoms, including becoming overwhelmed during their studies. The symptoms affected their ability to participate in aspects of the course that caused them to relive experiences of their hospitalisation due to illness. The following quote describes one participant's experience:

"I can get overwhelmed, or I can get depressed. Sometimes just unsure... A big part of it has been the unknown. The going back into an acute hospital and not knowing how I'm going to react." (P006)

As the following quote shows, for one participant, the symptoms of their disability were at times, so significant classroom attendance and the ability to attend an exam were affected.

"There are a few times I did not make it into classYes, there were days I was late for placement because I've slept through an alarm." (P001)

The disabilities also impacted the participant's ability to participate in clinical placement. The impact may be the ability to perform tasks on the clinical placement if the environment is not conducive to the limitations of the disability. One participant described their disability as being unpredictable, with exacerbations that made it difficult to attend clinical placement due to an inability to walk without the use of crutches or to use their hands due to pain and limited movement of their fingers. While the participant stated their disability also impacted on their ability to engage academically, their disability mainly impacted on their ability to engage in clinical placement. The unexpectedness of exacerbations of their condition meant they frequently needed to make-up placement hours, and this often occurred when other students were on a school break, reducing their break time. This is described in the following statement.

"I don't have a lot of collagen in my thumb. I can't really hand write... sometimes it will flare-up. I've had to stop placement for various reasons.. which means I do a lot of make-up at the end of the year" (P004)

Engagement in the course was also impacted by the participant's confidence and ability to ask for help when clarifying academic requirements and participating in the classroom. For one participant, this difficulty was a feature of their learning disability *"It's just I know what I want to say, and it gets muddled"* (P002). Two participants believed their reluctance to ask for help as part of their depression and anxiety. One of the participants described putting on a brave front and denying they need help when asked, while internally knowing they should have accepted the offer to help. This is demonstrated in the following statement.

"I guess for me. I do have trouble reaching out when I need help...Sometimes I lock up, and even if someone asks, I will just have that anxiety build-up, and I'll go 'Oh no I'm fine'.. and then sit there and go 'No I really should have been honest'" (P001)

Whilst another participant describes this lack of confidence as never being at their best, which meant they missed important information in the classroom, which later made it difficult to complete assessments and tasks, as the following statement shows.

"You are not always 100 percent all the time. It's a bit hard to get all the information you need for your assignment or other activities... You don't communicate at your best, which means you lack certain things to do your activities and assignment" (P003)

For three participants, the impact of their disability meant they had to repeat subjects, with one participant attempting subjects for the third time. In contrast, another participant needed to repeat their clinical placement for the second time. In the experience of one participant who developed a medical condition while enrolled in the Bachelor of Nursing, there were significant barriers to their continuation in the course. On several occasions, the participant needed to stop studying for extended periods which resulted in the need to repeat subjects or subjects resulted as a fail grade due to the late withdrawal from the subject, as demonstrated in the following quote.

".. I hadn't completed the placement and had another assignment. There was no way I could get that done. I just had to withdraw and just fail that part of the course, or that subject.... and went back to uni to complete the same subject I had failed." (P006)

5.3.1.3 Triggers

The third sub-category, *Triggers*, examines the events that prompted participants to get a LAP. Each participant identified personal events or battles that triggered them to obtain a LAP. The most common personal trigger identified were assessments, including assignments, online delivery and examinations.

It became apparent during the interviews that while participants may initially identify one trigger for most, multiple events contributed to the participant obtaining a LAP. The triggers cited by participants as a reason for getting a LAP are summarised in Table 5.4.

Table 5.4: Triggers for the LAP

	Exams	Online Delivery	Assessments	Medical Condition	Psychologist	Clinical Placement
Participant 001		X	X		X	
Participant 002	X					
Participant 003	X				X	
Participant 004	X			X		
Participant 005	X					X
Participant 006					X	X

One participant stated assignments were a problem, and they had difficulty meeting submission deadlines due to procrastination, increased anxiety, and being easily distracted, as described in the following statement.

“Essays are number one... because of the fact that they’re a long-planned thing, I think. If you’ve got a fair bit of time. A lot of planning goes into it, and my anxiety stops me from even starting it, and by the time I start, I realise how much work is involved, and I’m behind the eight-ball already, and I lock up. Just the ball of anxiety...Yeah, I get the ball of anxiety, and my brain just switches into procrastination mode.. Before I know it that 2-3-hour window, I had to try and get some study done has been procrastinated away...” (P001)

One participant identified online learning as a trigger. While participants acknowledged the convenience of online learning, this participant identified the inability to interact and engage with the teacher and other students made it difficult to remain focused and to meet timeframes for completing online assessments, as highlighted in the following statement.

“ahh, the e-learning, and online learning... I wish there was more face-to-face time. The laptop is pretty much always involved in study these days. It can be a bit of a trigger device” (P001)

This participant stated they would have preferred face-to-face lectures so they could receive clarification and answers to questions as part of the lecture

“.. the face-to-face time, and someone looking at you and going No you haven’t got that, I’ll explain it a different way.” (P001)

Several participants also expressed the feeling of being overwhelmed and lacking confidence when in examinations. In the case of one participant, these feelings are described as *“confidence, it started getting low, and during exams, what used to happen It was difficult to concentrate And that’s why I’m on a LAP” (P003)*. Two participants identified they were slow

readers. One had a learning disability, and this was a feature of their disability. The other participant was a slow reader because English was their second language and they were concerned the extra time needed to read exam questions would jeopardise their ability to finish the exam. The following statement supports this.

"I am a slow reader, and I was worried that I would not have enough time to finish my exams and assignments" (P005)

From the perspective of the trigger that ultimately resulted in the participant getting a LAP, three participants stated they had been under the care of a psychologist external to the University before they commenced their nursing studies. Two participants identified they had discontinued seeing their psychologist or stopped taking medications before starting at La Trobe University. Within the first year of admission, participants returned to see their psychologist or recommenced medications, to stabilise the symptoms of their disability. One participant stated, *"in the first six months I felt good, then without the medication... it was no good. Since then, I've started taking medication, and it is better."* (P003). The trigger for the LAP was an exacerbation or continuation of symptoms related to their disability, and for two participants it was the recommendation of the psychologist to get a LAP, and not due to a specific event. For the third participant, the decision to get a LAP occurred after having failed subjects' multiple times. This is evident in the participant statement.

"I failed a few subjects... I tried for 12 months and failed half my subjects in the first semester and another in the last semester. Then this year, I've managed to re-fail one of them and then just re-fail another... Yeah, I've had a really tough year this year." (P001)

In the case of two participants, the trigger for getting a LAP was their clinical placement. One of the participants identified the challenges in travelling to attend placement, and another participant highlighted the potential difficulties in coping with placement after experiencing a serious personal illness.

One participant described the difficulty of juggling parental responsibilities and meeting both the academic and clinical placement requirements for their course. While the participant had a diagnosis of depression, the primary trigger for the LAP was not due to their disability, but due to the possibility, they may be allocated clinical placement a long way from their home. The LAP ensured their allocated placements were closer, as highlighted in the statement *"They were going to send me on placement in Melbourne, but with my LAP I was able to have my placements in which is only an hour away, so that has been good (P005)"*. The participant felt conflicted by the responsibilities of both their family and student roles, leading to feelings of self-doubt. This is evident in the statement *"I just have all these doubts about whether I can do it and*

whether I should stop and have to convince myself that its' okay" (P005). The participant identified the main trigger for the LAP was to enable them to maintain their parenteral role, stating *"I got it for placement so they wouldn't send me too far away" (P005)*

5.3.2 Process of obtaining a LAP

The second category explored the *Process of obtaining a LAP*. There were four sub-categories which were: identification of the participant's disability on enrolment, who recommended the participant get a LAP, the process undertaken when applying for a LAP and suggestions from the participant to improve the LAP application process.

5.3.2.1 Identification of disability on enrolment

Five of the six participants in this study enrolled at La Trobe University with a pre-existing disability. Four of the participants stated they had checked a box on the enrolment form at enrolment disclosing they had a disability. Two participants did not recall ticking this box on enrolment. Of the two, one of the participants stated they did not want to be contacted as they already knew what supports were available to them. The second participant initially believed they would be able to complete their studies without the need for support, stating, *"I thought I might be able to complete my studies without help, but then it was not like that" (P003).*

When asked if La Trobe University had made contact to follow-up on this declaration, three participants stated this had not occurred and expressed surprise that this had not occurred, which is supported by the following statement. *"I did check the little box that says do you have a disability or something that will impede... and I did check that box... but nobody contacted me" (P006)*

5.3.2.2 Persons recommending the LAP

The second of the sub-categories relates to the people who were instrumental in the participant's decision to obtain a LAP. Three participants received a LAP because their psychologist, who had been a significant supportive presence before commencing at La Trobe University, had suggested it would help them. Interestingly, in one case, even though the psychologist was part of the participant's life before enrolment, the interview data revealed the psychologist did not recommend the participant get a LAP until more than 12-months had passed since their enrolment. For one participant, the recommendation was a result of having failed several subjects several times, and they were about to re-enrol for these subjects for the fourth time.

"I tried for 12 months and failed half my subjects in the first semester and another one in the last semester. Then this year I've managed to re-fail one of them and then just re-fail another" (P001)

One participant had a family member who worked at La Trobe University and ensured they applied for a LAP soon after commencing their course. This participant had a long-standing medical condition for which they had been provided reasonable adjustment when completing their secondary schooling. When this participant had enrolled at La Trobe University, they had not identified their disability but had attended EDD soon after commencing their course to have a LAP developed. This participant offered the following statement.

"Well, not from anyone in my course... that I can remember. I don't think I can remember it being talked about. Um I knew because my father works at La Trobe University" (P004)

One participant stated they were provided information about the LAP and how it may assist them by an academic after the participant had revealed the difficulties experienced in the course. After this discussion, the academic had emailed the participant and referred them to EDD. The following statement is provided by a participant to support this.

"I think how I actually managed to meet with them is through one of the lecturers. I had a talk with her and saying how I was having difficulties with my studies, with concentration and all those things, and that's when she sent me an email answering about E&D..." (P003)

Another referral method identified in the data was a friend. In this case, the participant had been advised by the friend who was already on a LAP, suggesting it may help juggle their academic, social, work and family obligations, as demonstrated in the following statement.

"...referred by a friend. It was a friend who suggested I go speak to someone about getting a LAP to help me out" (P005)

5.3.2.3 Process undertaken to get a LAP

This sub-category looked at the process each participant went through to obtain their LAP and focused on how the participant first became aware of the LAP. The sub-category also looked at the documentary evidence required to support their application for a LAP, whether participants found the process easy and the requirements to keep the LAP current.

Data highlighted that most participants were unaware that the LAP existed before they were advised to get one by their psychologist, friend, or an academic. Participant's remembered being surprised it took so long for someone to speak about the LAP with them. One participant indicated they were aware of the availability of a LAP at enrolment. The remaining five participants did not recall an academic speaking to them about LAPs in the intervening time between enrolment and when their application was lodged. Participants stated they did not remember it being discussed as part of orientation to the course, during classes, or when it was

apparent, they were struggling to meet academic requirements. *"I didn't know about them... It wasn't offered to me by the university" (P006)*. Participants did not recall being advised of the LAP at the commencement of each subject in the course.

Four of the six participants completed the process via email. Ongoing communication between the participant and EDD has continued to be through email with minimal need for face-to-face contact with EDD staff. Two participants completed the LAP application process in-person, with follow-up conducted through emails. One participant described the process for getting their LAP as:

"I emailed the equity and diversity or called them and told them that I wanted to get one. Then I had a phone interview.... I just did it all on the phone" (P006)

In the case of one participant, the process of getting a LAP was simply a matter of having the LAP they had for a previous course at La Trobe University updated for their nursing course. As illustrated in the following statement, this participant describes this as a simple process.

"I did one year of another course and got it for that, then I sort of just maintained it. Yeah, basically, it's pretty much the same. When I got it... they would allow like a physio to talk about it. Which makes sense because they are the ones I go see.... I did not have to get new reports and stuff... I think I had a meeting again when I changed courses... I think I just communicated with them on email" (P004)

A requirement of the application process for a LAP at La Trobe University indicates students must provide supporting documentation. One participant provided supporting documentation from a physiotherapist, one supplied documentation from a medical officer, and four provided documentary evidence from their psychologist. The supporting documentation took the form of a letter. Participants did not indicate difficulty when requesting the supporting documentation and believed the ease of getting the supporting documentation made the process simpler and less stressful. The statement below describes the importance of ensuring the content of the supporting documentation covers all the participant's requirements.

"...A doctor's letter. The doctor had to fill out the form. What am I good at? What am I not good at? Like writing, communication, and things like that... He had to make sure I was not going to miss anything" (P003)

Similarly, the following statement reinforces from a participant's perspective the ease in obtaining supporting documentation. *"I had to see my doctor and get some forms. Then I went to see disability support and told her what I needed" (P005)*.

While participants stated they were unaware they had access to a LAP, when asked if they found the process involved in applying for the LAP challenging, participants revealed the process was not complicated, as the following statement demonstrates.

"I emailed the equity and diversity or called them and told them that I wanted to get one.. and then I had a phone interview, and I had my psychologist fill out a form, and it was pretty straight forward once it got rolling" (P006)

Once a LAP is implemented, it remains valid for 12 months before it is reviewed. Participants identified they can request a review of their LAP at any time, as described in the following statement:

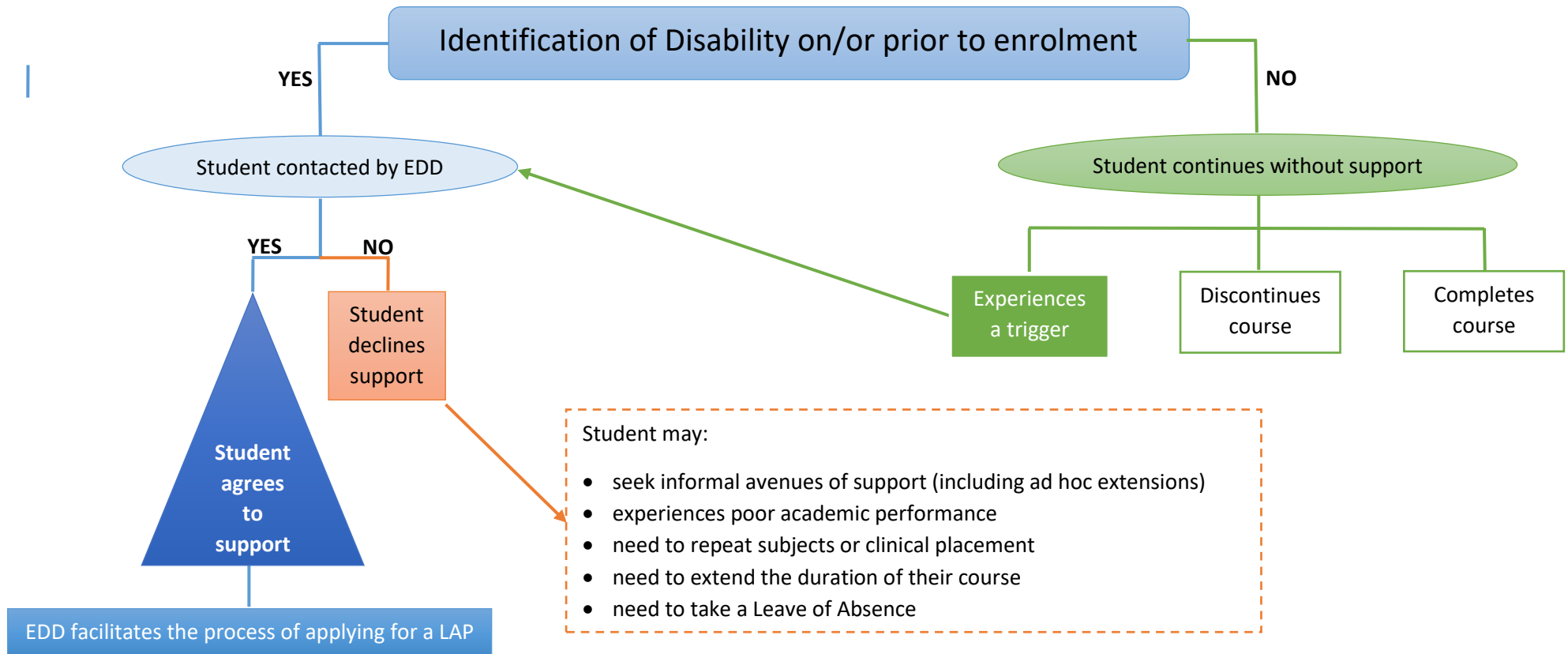
"I don't need to see him often. If I wanted, I can see him or email as well. But it's like once the LAP is done. I think it is for one year. I think he told me I must go to him every year. Yeah, I think that's what he said to me... and if I want to get something else for my learning access plan, I just need to go ask.." (P003)

Participants identified they were contacted periodically throughout the year, particularly at times of increased stress, such as during exam times. One participant stated, *"I think they contact you during exam time. Send an email with some tips or advice on how to prepare. They email you in the middle as well"* (P003). Another participant stated the emails also provided tips for exams, and a method of checking that the LAP remains applicable to their needs, as shown in the following statement.

"it's usually the email before exam periods to say your exam considerations. If you don't get it contact us. Then at the end of the year, they will send you the same... it's like a questionnaire asking if anything has changed" (P004)

As clinical educators are generally not part of the La Trobe University staff and therefore do not receive a copy of the LAP unless specifically provided by a student, statements from participants relating to their experiences were particularly pertinent. Three participants chose to disclose they were on a LAP to their clinical educators, believing it was essential if they were to be treated fairly on clinical placement and to get the support they needed in the way of reasonable adjustment. One participant who chose to reveal they were on a LAP describes the response to their disclosure as positive stating: *"I sent her an email to say I was on a LAP, and she responded like ... Yeah okay you're on a LAP, if I can help you in any way let me know"* (P003). Based on the data provided, Figure 5.5 is a representation of the decision-making process involved when a student applies for a LAP.

Figure 5.5 Representation of the process involved when applying for a LAP



- Student submits supporting documents for their disability
- Student interviewed by EDD
- Reasonable adjustment decided
- A LAP is developed & provided to the student

5.3.2.4 Suggestions for improvement

The fourth sub-category was titled *Suggestions for improvement*, where participants indicated the process of applying for a LAP could be improved. This category addresses elements, including increasing student awareness of the LAP, which would facilitate early intervention by EDD.

One participant believed there was insufficient promotion of the LAP as a resource or support tool, which can lead to a delay in liaising with EDD to get a LAP. The following statement supports this.

"I feel that it's not really known about or at least talked about to first years. Not even just the first years, it should be continuing... it's all well and good to say in first year if you need a LAP, but things happen that you will need assistance for" (P004)

There were several suggestions from participants when it came to how to promote the availability of LAPs. Recommendations included telling all students about the LAP at the start of every class and discussing the LAP as part of the general introduction to a subject when talking about assessment requirements. The following statement presented one participant's recommendation on how to promote the availability of LAPs better.

"I think having things not just emails and things, but reminders in lectures for every subject to tell you about them in orientation. The orientation is kind of like. This is the assessment, and this is the placement, now onto the content. Whereas if they also said, if you need .. particularly this degree.. if you need counselling services or you need disability services or any of the many things that La Trobe University do, then this is the way you can contact them. I think that would be really good.... I don't think it is as well promoted as it should be" (P004)

A final statement relates to the delay before a participant was told about the LAP. For this participant, they had returned from an extended period of illness, and like several other participants, the advice to get a LAP had been from their psychologist and not one of the La Trobe University staff.

"I was surprised when I learnt about them from the psychologist that when I came back after [first illness], one hadn't been offered to me then" (P006)

5.3.3 Support for participants with a LAP

This category relates to the different types of support provided to the participants while on their LAP. The supports may include the type of reasonable adjustment included in their LAP, and it may be the support provided by academics, teachers, and others. It also discusses the self-help strategies the participant had adopted to assist them with the effects of their disability.

5.3.3.1 The reasonable adjustment provided

This sub-category focuses on what type of reasonable adjustment had been recommended for each participant. The area that most participants describe having reasonable adjustment was for assessment, which may cover extensions on assignments, additional time for reading, and completing exams. Reasonable adjustment was also provided for laboratory and clinical placement.

Participants were generally very open when discussing the nature of their disability and the need for reasonable adjustment during the interviews. Participants also appeared to have a clear understanding of the type of reasonable adjustment provided and how the reasonable adjustment worked. The following statement demonstrates the kind of the response supplied:

"..so I get an extra 15 minutes for every half hour.. and then I am allowed to bring in medications and stuff because if I have done something...it will flare up, and I will need regular pain medication" (P004)

All six participants provided statements indicating they had been offered reasonable adjustment for exams. Two participants identified they had been offered additional reading time in exams, as demonstrated by: *"I had extra time for my exams but didn't need it."* (P005). Reading time is usually provided at the start of an examination; however, one participant indicated they were provided flexibility where this time was used, as demonstrated in the following statement:

"when I'm sitting an exam, I get sort of an extra half-hour per hour of reading time... and it's usually in a smaller room... with at the most ten students.... usually for the same subject. Then at least I've got the extra reading time.... Then I've got the time to sort of read through it. Even though I've got the extra 15-minutes reading time, it's more at the end" (P002)

Other adjustments for examinations included a small classroom environment and permission to take in supportive equipment including a laptop as shown in this statement *"I got it to be able to use a laptop..... I can't really hand write.. to type my exams" (P004).*

An additional two participants were provided reasonable adjustment for assignments, which included an extension on the due date and opportunity to clarify questions before submission, as seen in the following statement.

"I haven't had any exams so far, but definitely gives extra time for assignments, and if I get any questions, confusers, you know you can approach the lecturer. You don't have the embarrassment that ... you know... why didn't you ask earlier...? I get about a week" (P003)

Two participants discussed situations where they had asked for a reasonable adjustment to allow them additional opportunities to complete a compulsory online quiz. The quiz had been open for completion for a set timeframe, and the participant had completed it by the time it closed. Both participants asked for the online quiz to remain open for them to complete. *“I asked for an extension, and my lecturer was happy to give me one-week extension” (P003)*. The extension provided allowed one participant to complete the online assessment successfully. In contrast, the second participant was not able to complete the assessment despite several extensions, with the participant stating, *“I struggle with the delivery platform” (P001)*.

Reasonable adjustment was also provided for clinical assessments based in clinical laboratories. The reasonable adjustment provided allowed one participant a reduce workload when preparing for clinical laboratory activities, and meant they only needed to prepare for half the case studies expected of other students, as described in the statement below:

“It helped me in the lab.. so I know that if all the students are given more options for the practical, then I would be given two. If others are given four or five, then I’ll be given two, and I can prepare only on those topics” (P003)

All participants identified they were also provided reasonable adjustment for the clinical environment. In the case of one participant, the reason for the reasonable adjustment in the clinical placement was to ensure the placement was closer to their place of residence. During the interview, it was revealed there were other reasons for the participants’ LAP and the need for reasonable adjustment, but these were provided as secondary reasons.

“they were going to send me on placement in [a location two-hours away] ... but with my LAP, I was able to have my placement ... which is only an hour away, so that has been good” (P005)

Another participant required reasonable adjustment to facilitate the limitations of their disability, while on placement, which made it difficult to use a pen and therefore found it difficult to write the required patient documentation. The participant was allocated a clinical placement with a facility that did not have electronic documentation. Reasonable adjustment was not provided in this situation as it is a legal requirement that patient documentation is completed at the time of care. As described in the following statement, the participant was encouraged to start writing progress notes early in the shift to allow time to ensure this task was completed.

“So one of my coordinators said start writing your notes early. You know start writing at say 10 if you can so that at least you can come back to it.” (P004)

Another reasonable adjustment was when one participant was on clinical placement at the same time as the due date for an assignment. The participant indicated they became stressed by the fatigue from working in the clinical environment and the need to produce a written assessment. The participant used the LAP and reasonable adjustment to get an extension of the submission date for the assignment, as seen in the following statement.

“...it was only one assignment last year that sort off rolled of the back of another one, and I was attending placement at the time, and I was just too tired, and then it was good because I knew that I did not need to put myself into a stressful situation and I got an extension just so that when I finished placement then I could really delve deep into my assignment and the uni was really understanding of that. So it just took that layer of stress of...”(P006)

5.3.3.2 Help received for the participant with a LAP

This sub-category identified the support participants received from others while on a LAP. This sub-category looks at the negative and positive aspects of the support provided to participants, and who provided the support.

Overall, participants felt the support they had received from EDD, academics, and clinical staff to be positive. Participants reflected on the understanding received when they provided a copy of their LAP to academics and clinical staff, and how, in most cases, their requests for reasonable adjustment were facilitated without question. *“...so letting them know [the academics/ clinical] does help, and some of them have been really good and really understood” (P001).*

The EDD staff are the main level of support for the student when applying for a LAP, as they are the ones who meet with the student, collate the evidence, and negotiate the reasonable adjustment. All participants stated their communications with EDD staff were helpful and positive. *“They’re amazing. Nothing is too much trouble... I can’t speak highly enough for the ... disability people.” (P002).*

In the clinical environment, the support provided to participants was overall positive, with clinical educators following up with participants and offering practical solutions to resolve potential issues. In the case of a participant experiencing anxiety about returning to an environment they had spent time as a patient, the following statement was provided. *“...they were great. For the first couple of days, they were coming to check on me” (P006).*

However, one participant while they did not have any issues with getting the support they needed from academics, they did experience initial reluctance in the clinical environment, which altered the quality of their experience on placement. In the clinical environment, the participant needed to explain the reasons for the LAP before the reasonable adjustment strategies were adopted.

"I was struggling in the beginning, and then with the help of the teachers, I did pretty good...I think the teachers or most of the teachers do understand, but for the placement, it was a bit hard for me to make her understand. I don't know she didn't maybe know it earlier, but once I had a chat with her about it and what help I might need she was good... so later I really enjoyed my placement" (P003)

One participant who was susceptible to flashbacks from their own experience when in hospital, valued the support provided by clinical educators, who they found to be very open and understanding as the following statement describes.

"[placement]... of course, they wanted to talk about it when it came through [the LAP], and we spoke, and they just made sure that.. they assured that I would have an open line of communication with them" (P006)

The external support of people, such as the participant's psychologist, has been critical. As highlighted in previous sub-categories, the participant's psychologists played an active role in the decision to get a LAP, and their ongoing support throughout the participant's journey has meant they have been able to continue in the course.

"I sought help externally through my psychologist. I found a very good psychologist that I work with. To be honest, she's the one that enabled me to get past the point of even applying for uni... So her support has been critical, and I've continued external support through her the entire time. I had a moment early this year when I thought I had a handle on it all. But yeah, I've gone back and continued some sessions to keep on track. Prevent my mind from getting overloaded" (P001)

However, some participants perceived some academics to be dismissive of the LAP and may have doubts over its legitimacy.

"I can see sometimes coordinators are just .. they've heard a lot of it that day, and they can't determine who's genuine and who's just trying to pull their leg" (P001)

Some participants also believed the applicability of the reasonable adjustment strategies provided to support the participant's learning when on campus was also at times questioned in the clinical placement environment.

"..probably one thing is, in the beginning, my coordinator.... not really resistance but tried to say like on placement there isn't really very much you can do. If you miss it ... you can't alter the workplace too much... you can't just bring in a laptop to type things" (P004)

Participants' expected academics and clinical educators to be fully conversant with why they were on a LAP and that the reasonable adjustment would be automatic. Participants found the need to continually remind academics they were on a LAP to be tedious. However, they acknowledged that it was part of the process. One participant described the process as *"I just take the LAP to each of my teachers, and then they know..." (P002).*

5.3.3.3 Self-help strategies

The self-help strategies used by participants to support themselves through their university studies were deemed necessary by participants. The interviews revealed participants used several self-help strategies to help them get through their course.

One participant used relaxation techniques, which included *"..get out and go into the garden. I love getting out into the garden...Pat the dogs" (P001)*, as a distraction or way of getting rid of their anxiety. This participant also used the technique of slow breathing to reduce their anxiety when confronted with one of their triggers, as the following statement explains.

"look at the laptop without that ball of anxiety... A few techniques I have been trying... I'm not great at breathing exercises because by the time I've gone ... I'm anxious, I do breathing exercises, and I go ... this is a stupid thing to do" (P001)

Another participant relied on the strategy of maintaining a positive attitude when dealing with challenges throughout their course. This was because of a desire to prove people who had doubted her abilities in the past, wrong. The following statement describes this:

"I don't say if I'm going to pass. I say when I'm going to pass... I'm just determined to pass because when I was doing the Diploma of Nursing one of the teachers actually told me 'oh you can't do nursing' So I want to sort of prove to myself.." (P002)

Other strategies were to be very open about their disability and need for support, as shown in the following statements:

"..I'm going to do a different approach where I can have feedback every day because then at least I've got time to rectify it" (P002)

"I think being very up-front and saying it's there [the LAP], and I don't think there will be any issues, but I would discuss them if there is. I think they were reassured [the educators] that I had it under control. Not under control but that I felt that I was empowered to speak to them if there was any problems" (P006)

In some way, confronting others with the fact that the participant had a disability and making people accept this fact was a way of managing the potential stigmatism directed to the participant.

"I don't often disclose that I have difficulty with handwriting... I say yeah well I'm disabled.. and they say oh I'm sorry" (P004)

5.3.3.4 Benefits of the LAP

The final sub-category for this theme explores whether participants believed having a LAP had improved their learning experience. Overall, participants found the reasonable adjustment provided in their LAP had benefitted them academically.

One participant described just knowing the LAP was available, and all they needed to do was provide a copy to their teachers as good support, stating *"I could talk to the lecturer that I have a LAP and that I need more ... that I need more help, and they would be willing"* (P003). While another participant described the LAP as an acknowledgment by the university that their disability was real, and they might need to get help occasionally. This participant offered the following statement.

"they're only perceived barriers though.. I'm getting through it, and I know that I've got support. I just like to know that I've got that extra layer ... and it's acknowledged that it's harder at times" (P006)

Conversely, there was only one statement from a participant who believed they had not benefitted from having a LAP. This participant found the need to re-negotiate their reasonable adjustment with academics and the lack of face-to-face time with academics. For this participant, this was also one of their triggers.

"I haven't found the LAP has helped with that either [talking about communication with academics] I had to ask for help last year and generally got it if I requested it.... there is no personal contact. It's all just through email" (P001)

However, on further discussion, the participant did acknowledge they generally received any reasonable adjustment requested without difficulty.

5.4 Conclusion

This chapter provided a summary of the emergent categories in a qualitative study exploring the experiences of six Bachelor of Nursing and Bachelor of Nursing/Bachelor of Midwifery students with a LAP. The chapter started with a review of the demographic data, including the age of participants, length of time participants had been enrolled at La Trobe University, and when in their enrolment, they applied for a LAP. An analysis of the transcripts of interviews revealed three main categories and 11 sub-categories in the data. These categories reflected the experiences of the participants, and focused on their personal battles, the process of getting a LAP and the support provided to the participant.

The summary of findings indicated most participants had enrolled at La Trobe University with a pre-existing disability and had been receiving external support to help manage the symptoms of the disability that would lead them to get a LAP. The triggers for the participants were often a series of events, and participants found the process of applying for a LAP uncomplicated. The main influence when deciding to get a LAP was the participant's psychologist, who was also one of the main support people followed by family, friends, academics and clinical staff. Participants believed they had benefitted from having a LAP, with the reasonable adjustment provided, enabling them to continue engaging in the course knowing there were accommodations to aspects of the course that their disability made difficult for them to meet. Key quotes from the transcript of the interview were used to support the findings throughout the chapter. The next chapter discusses these findings and their relationship to the research question.

Chapter 6: Discussion

6.1 Introduction

The purpose of this qualitative study was to explore the experiences of Bachelor of Nursing and Bachelor of Nursing/ Bachelor of Midwifery students with a Learning Access Plan. The previous chapter described the findings from six participant interviews and aligned these with three categories in the data, which were *Personal Battles*, *Process of obtaining a LAP*, and *Support for participants with a LAP*. The findings of Kendall (2016 and Majoko (2018), state disclosure of a disability at or soon after enrolment can ensure support is available before the onset of academic difficulties, and before an impact of course progress is experienced. This chapter provides a summary of the study's main findings from the demographic data and categories in the interview data and discusses their relationship to previous research.

6.2 Participant data summary

The youngest participant in this study was 23 years of age, three participants were in their thirties, and two participants were in their forties. A mature age student is described as a student commencing a course at the age of 21 years or older (Kenny, Nankervis, Kidd, & Connell, 2011; La Trobe University, 2016; Laack, 2013). According to this definition, all study participants were classified as mature aged students.

Kenny et al. (2011) indicated the mature aged student demonstrates better academic success, despite the need to balance life and study because of their life experiences had provided them with the skills to succeed. A study by Ofori (2000), found mature-aged students are more likely to utilise opportunities, including one-on-one tutorials to develop a rapport with academics that enable them to develop better study skills. Literature suggests the mature-aged student is more persistent and less likely to allow the struggles of attending university and maintaining a family life to impact on academic performance (Hayden, Jeong, & Norton, 2016; J Kevern & Webb, 2004; Newton, Kelly, Kremser, Jolly, & Billett, 2009). The relationship between the mature aged student and the academic lead to an increased willingness to seek support compared to a younger student (Ofori & Charlton, 2002).

Before the enrolment, the participant may be exposed to experiences that contributed to how they manage their disability and how they access or accept the supports available to them. In this study participants actively sought support from clinical educators and discussed the specific needs of their disability to negotiate the reasonable adjustment to facilitate success in their clinical environment.

6.3 Interview data summary

Three main categories emerged from the research data, *Personal Battles*, *Process of obtaining a LAP*, and *Supports for participants with a LAP*, each with subcategories. Each category and subcategory will be discussed in turn.

6.3.1 Personal battles

Personal Battles was the first category to emerge from the data. This category relates to the significant events or experiences that influenced the participant's ability to engage in their course. It also included the impact of the disability and the triggers leading to the participant applying for a LAP. This category focused on the experiences of participants before their enrolment at La Trobe University and the time between enrolment in the Bachelor of Nursing or Bachelor of Nursing/ Bachelor of Midwifery and initial contact with EDD.

6.3.1.1 Previous experiences

The experiences of students during their secondary schooling can have a significant effect on outcomes in their higher education course, and the results achieved during a student's secondary schooling are a predictor of success in higher education (Norton & Cakitaki, 2016; Shulruf, Wang, Zhao, & Baker, 2011). The student who experiences difficulties during their secondary schooling, and has consequently struggled to complete their secondary schooling often move into the higher education sector without the skills to succeed (Cavilla, 2017; Gale, Ooms, Grant, Paget, & Marks-Maran, 2016). Factors that contribute to this may be a direct result of the student's disability or because of poor study skills adopted during secondary schooling, which have ongoing implications for the student transitioning to higher education (Moriña, 2017). Poor study skills developed during compulsory schooling can spill into the higher education environment, leading students to request extensions for assessments and poor academic results (Ryan, 2007). This study reinforces the findings that students who experienced challenges during their secondary schooling may also experience challenges in higher education. All except one participant (006) in this study identified their disability was a pre-existing condition, which they had experienced throughout their childhood or adolescence. The five participants who had enrolled with a pre-existing disability described a history of difficulties during their compulsory schooling and the need to access supports including a psychologist, physiotherapist and doctor.

The learning environment in higher education can also differ significantly to what the student was accustomed to in their secondary schooling or vocational education (Harris et al., 2006).

Goode (2007) states the student with a disability who experienced academic difficulties in secondary school may meet their first educational obstacles after enrolment in higher education. The learning environment during a student's secondary schooling is one that actively seeks students with a disability and provides the necessary support framework to meet their educational needs. In contrast, the higher education environment relies on the student self-disclosing their disability before the student can access reasonable adjustment (Lovett et al., 2014). Thompson-Ebanks & Jarman (2018), states this process can be limited by the fear of discrimination and perceived stigma. This study reiterates that students need to self-disclose their disability in higher education. However, while opportunities were provided for participants to disclose their disability on enrolment and resources were available on the La Trobe University website, at times, there are delays in student's seeking help. These findings indicate that to enable the student with a pre-existing disability to succeed in higher education, providing support and avenues to self-disclose and take steps to address their disability early safely are important.

6.3.1.2 Impact of the disability

The findings of this study indicated engagement in the nursing program was affected by the participant's disability, leading to changes in study patterns as participants moved from full-time to part-time study. These findings align with literature, which states students are choosing to study part-time due to increased academic demands, disability and social factors limiting the student's ability to engage in full-time study (Morgan, 2013). The AIHW (2017) has also reported 47% of undergraduate students with a disability in Australia choose to study part-time. In-addition Baik, Naylor, & Arkoudis (2015), state academic difficulties as the reason for 38% of students with a disability withdrawing from at least one subject in their first semester. Reducing the number of enrolled subjects can extend the length of the student's course by between one to two semesters for students with a disability (Lombardi, Murray, & Gerdes, 2012; Wessel, Jones, Markle, & Westfall, 2009). Findings from this study also indicate the length of the participant's course is impacted due to changes in study patterns, and the impact of time away from study.

Reduced engagement in the course due to absence from the clinical environment may also delay a participant's progress in the course, particularly when they needed to repeat components of the course or make up uncompleted clinical hours. Participants who were unable to complete the clinical hours required during placement were often required to complete additional hours when their peers were on term break. The need to make up clinical hours and repeat subjects also delayed progression in the course, mainly when successful completion of a subject was

reliant on completing clinical hours, or the subject is a prerequisite for future units of study. Participants who needed to repeat placement or complete additional hours when their disability preventing their engagement described feelings of increased stress.

All except one participant (006) in this study identified their disability existed before enrolling at La Trobe University and stated their disability was stable before enrolment. However, several participants described an increase or reoccurrence of symptoms from the disability which resulted in difficulties with assessments and course attendance, feelings of becoming overwhelmed with the expectations of their course, leading to alterations in the status of the participant's enrolment, and course progression. This was most significant for two participants (001, 005) who needed to reconnect with supports, including their psychologist when their academic and clinical difficulties began to impact their progress in the course. Literature supports these findings with a study by Pedrelli et al. (2015) stating students often experience the exacerbation, a relapse or the first onset of mental health problem in the first year of their higher education enrolment. The exacerbation of symptoms for participants in this study was the reason why participants needed a LAP.

Enrolments from students with a learning disability have increased for undergraduate nursing courses (Ecuyer, 2019; Evans, 2014a), and a link to poor academic achievement due to undiagnosed learning or attention issues (L'Ecuyer, 2019). Learning disabilities can present as dyslexia, dyscalculia, dysgraphia, auditory or visual processing disorders (L'Ecuyer, 2019), and present challenges not only in the classroom but may also become evident in the clinical environment. These findings are also supported by Wray et al. (2013), who states an estimated 12% of nursing students have a diagnosis of dyslexia. It is believed this percentage is under-represented (MacCullagh, Bosanquet, & Badcock, 2017). In this study, one participant (002) identified they had a formally diagnosed learning disability, which they described as affecting them throughout their schooling. The issues experienced by the participant in this study ranged from poor study skills, being a slow reader, becoming muddled, and needing extra time to process information. Evans (2014b), states many of these symptoms are considered common manifestations of a learning disability. In this study, the participants learning disability affected their ability to engage academically and in the clinical environment, subsequently leading them to withdraw from the course.

6.3.1.3 Triggers

The findings of this study revealed several triggers impacted the participant's decision to apply for a LAP. These triggers were either events that caused an exacerbation of their disability or

were the reason why they sought support. These findings align with literature which reveal triggers can include the transition to higher education (Taylor, Baskett, & Wren, 2010). Increased personal and academic stressors (Oswalt & Riddock, 2007; Seaward, 2002), including assessment requirements and the risk of academic failure (Dante, Fabris, & Palese, 2013; Madriaga, 2007; Majoko, 2018; Mutasa, Goronga, & Tafangombe, 2013), and different modes of course delivery (McManus, Dryer, & Henning, 2017) can also be triggers.

The transition to higher education can be challenging for any student (Taylor et al., 2010). It is a time when the student is searching to find their identity in the world (Briggs, Clark, & Hall, 2012), which can be challenged by academic, social, personal, financial, and cultural issues (Cheng, 2011; Majoko, 2018). This can also be a time of loneliness, self-doubt, anxiety, academic and family stressors (Gerrard & Roberts, 2006; Kenny et al., 2011; Kevern & Webb, 2004; Lin, 2005; Orygen, 2017). As the student balances work, family and study needs, the conflict between family demands and class schedules can be challenging (Harris et al., 2006). These findings are supported in this study with one participant (005) receiving a LAP to support family demands, ensuring placement allocations were within an hour radius of their home, which allowed them to fulfil work, family, and study demands. Another participant (006) stated the requirement to submit an assignment while on clinical placement was a trigger as the demands of attending placement, balancing study, and family commitments, made it challenging to meet the submission deadline. For the Bachelor of Nursing or Bachelor of Nursing & Midwifery student, clinical placement and skill development requirements can be the cause of additional stress (Enns, Eldridge, Montgomery, & Gonzalez, 2018) as students attempt to find a balance.

For the student with a disability, a smooth transition to higher education may be further challenged by the onset, recurrence or exacerbation of symptoms associated with their disability (Pedrelli, Nyer, Young, Zulauf, & Wilens, 2015; Stallman, 2008). Four participants (001, 003, 005, 006) in this study with a diagnosis of depression or anxiety, described their symptoms as well managed before they enrolled in the Bachelor of Nursing or Bachelor of Nursing and Midwifery and had been able to reduce the frequency of contact with their psychologist, or the use of medications. All four, however, experienced an exacerbation of symptoms after enrolment. One participant (001) described the reoccurrence of symptoms as unpredictable and often prevented engagement in academic or clinical requirements. This exacerbation of symptoms eventually resulting in the participant recommencing medications and therapy with a psychologist. Pedrelli et al. (2015), also found students with mental health disabilities often experience exacerbations in the first year after enrolling in a higher education qualification and states the exacerbations

commonly occur because students have discontinued treatment or have poor compliance with their treatment.

The transition to higher education may also be a time of significant stress for students (McCarthy et al., 2018). Students must come to terms with the need to be more self-directed and responsible for their actions (Enns, Eldridge, Montgomery, & Gonzalez, 2018; Harris et al., 2006; Kahu, Stephens, Leach, & Zepke, 2015). Stress is defined as “an inability to cope with a perceived (real or imaginary) threat to one’s mental, physical and spiritual well-being, resulting in physiological responses and adaptations” (Oswalt & Riddock, 2007; Seaward, 2002). Stress in university students is common, with a recent study identifying almost half of the students (46.5%) experience symptoms of stress, which includes becoming overwhelmed at least seven times in a year (Oswalt & Riddock, 2007). All participants in this study identified they experienced stress or anxiety at some time during their course, with participants describing feelings of being overwhelmed, particularly during peak times of assessment. The

According to McCarthy et al. (2018), the student enrolled in health-related education experience both academic and clinical challenges. These challenges are associated with the academic environment and include assignment deadlines, examination requirements, heavy workloads and the requirement to participate in clinical placement (McCarthy et al., 2018). Balancing the academic and clinical demands of a course can be challenging to achieve for any student, however, if the student has a disability the challenge may be increased (McCarthy et al., 2018). In this study, participants experienced reduced class attendance, inability to complete assessments, and difficulties with online learning tasks. Participants also experienced decreased academic performance, academic failure, which was one of the reasons participants contacted EDD. Assessments can be a cause of significant stress and anxiety in any student. However, for the student with a disability, they can be an increased challenge (Mutasa et al., 2013). The findings of Majoko (2018) and Madriaga (2007) indicate the use of written assessments, including examinations can put all students, particularly those with learning difficulties at a disadvantage, as they often have difficulty expressing their thoughts in written form (Pavey, Meehan, & Waugh, 2010). These findings are consistent with this study which found participants experiencing increased anxiety, feelings of being overwhelmed, and lacking confidence which led to assignments not being completed, or the student requesting an extension.

Scoggin & Styron (2006), states admitting to academic difficulties can be challenging for students as they do not like to admit they are not coping and having a disability that impacts on the student’s ability to integrate into the course can exacerbate these difficulties. Additionally,

students will often actively conceal they are having difficulties due to a fear of discrimination, preferring to give the impression they are self-reliant and do not need help (Hughes et al., 2016; Martin, 2010). These findings are consistent with those of at least one participant (001), who resisted admitting they were having academic difficulties, describing it as “putting on a brave face” and not asking for help, telling themselves they would be alright. The participant also delayed disclosure of their disability, despite academic and clinical difficulties leading to the need to re-enrol in the same subjects several times, and to change from full-time to part-time study.

Lectures and tutorials are made available to students using an online learning platform. Online learning is used to enhance accessibility on remote campuses (Department of Education and Training, 2018). Students can access the lectures on their personal computers at their convenience and provides improved access to educational resources (Kent, Ellis, & Giles, 2018). Current research, however, suggests online education disadvantages the student as this learning environment provides increased opportunities for avoidance (McManus et al., 2017). For the student with a disability there is a risk of increased stress, and academic difficulties as the disability becomes invisible, and the needs of the student are not often met (Kent, 2015; Kent et al., 2018). The online learning experience of the majority of participants in this study was positive. However, one participant (001) stated they would have preferred face-to-face classes with academics so they could seek clarification to questions during classes and the thought of completing online assessments triggered an exacerbation of symptoms associated with their disability. Walker et al. (2013) describes the need to engage with academics as ‘belongingness’ when students with a disability feel they are in a positive and supportive learning environment where they can be valued for their contribution.

6.3.2 Process of obtaining a LAP

The second category was the *Process of obtaining a LAP*. This category related to the process participants undertook to get a LAP. It focused on whether the participant identified their disability on enrolment, the persons recommending the LAP, the procedure for applying for a LAP, and suggestions for improvement.

6.3.2.1 Identification of disability on enrolment

According to Hopkins (2011) and Majoko (2018), students disclosure of a disability should occur before, or at the time of enrolment, to ensure support is provided from the beginning of a student’s university experience (Chataika, 2008; Jacklin, 2011; Madriago, 2007; Majoko, 2018). Literature states students may choose not to disclose their disability on enrolment because of a

fear their disclosure will negatively affect their admission and registration (Hughes et al., 2016; Jacklin, 2011; Majoko, 2018; Redpath et al., 2013). Additionally, Hughes et al. (2016) report the decision not to disclose at enrolment may be because the student does not identify as a person with a disability (Grimes et al., 2017). In this study, two participants (003 & 004) chose not to disclose their disability on enrolment, and four participants identified they had a disability on their enrolment form. One participant (003) did not disclose their disability because they hoped they could traverse the course without making their disability known. In contrast, the second participant (004) stated they already knew about the supports available to them. It is significant that the four participants who did disclose they had a disability on their enrolment as it demonstrates a level of self-awareness and comfort that their disclosure would not negatively affect their enrolment.

It is a legal requirement for students to be asked on enrolment if they have a disability and include a disclosure question as part of the enrolment process (Australian Government, 2005). At La Trobe University, the enrolment process requires the student to check a box beside a statement that asking if they have a disability or medical condition. However, findings from this study highlight that students who disclose a disability by ticking this box do not receive any follow up from the EDD. Participants stated they were surprised when they were not contacted. It is essential optimal and timely support is provided to students. If this is to happen, EDD must use the opportunity provided on enrolment, to follow up with the student and either start the process of developing a LAP and give the student with the individual support required to navigate their way through their course.

6.3.2.2 Persons recommending the LAP

There is a gap in the literature discussing the source of referrals to EDD and the reasons why students apply for a LAP. According to Lightner et al. (2012) students often apply for a LAP in response to an 'academic crisis', which may be an "academic failure or reduced academic achievement that has prevented them from continuing in the course or participating in activities" (P.153). The findings of this study identified referrals to EDD were received from three main sources. One participant (003) was referred by an academic, one participant (005) was referred by a friend, one participant (004) was referred by a family member, and three participants (001, 002 & 006) acted on the advice of their psychologist, who were external to La Trobe University. Despite experiencing reduced academic and clinical achievements, participants identified almost 12-months had lapsed since their enrolment and being referred to EDD. These findings were significant as it highlights a gap in the visibility of the on-campus supports available and a lack of awareness of the LAP by students. This is supported in the findings of Ganguly,

Brownlow, Du Preez, & Graham (2015), who recommend services should be more visible across the higher education sector.

6.3.2.3 Process undertaken to get a LAP

The process students need to undertake to get a LAP in higher education is not well documented in literature. Research findings indicate there are inconsistencies in approaches adopted by higher education providers when providing students with a LAP, and these inconsistencies relate to how reasonable adjustment is assessed and the process students must undertake (NCSEHE, 2017). This study identified the process participants took to get their LAP, including the documentary evidence required and any challenges experienced.

The process of applying for a LAP at La Trobe University (2019a) is explained in a guide available to students using the 'Help and Support' tab on the university website, or attending EDD for face-to-face assistance. Once a LAP has been implemented, it remains current for 12-months and then it is reviewed (La Trobe University, 2019). Participants in this study stated they went to EDD to get advice about getting a LAP and then took some time to collect the documentary evidence needed to support their application. Two participants (002 & 005) met with EDD to submit their application for a LAP. While four participants applied for their LAP using an online application process and were provided a copy of their LAP once the process had been formalised. Follow-up by EDD usually occurred at least once a year, with emails usually coinciding with times of increased stress including assessment periods, and clinical placement. All participants described the application process for the LAP as straight forward and found supporting documentation provided by the participant's treating psychologist, physiotherapist, or general practitioner, was provided willingly, which meant students felt supported throughout the process.

6.3.2.4 Suggestions for improvement

Overall, participants in this study described the process of obtaining a LAP positively. Areas where participants suggested improvements included increasing student awareness of the LAP, which would increase the uptake of the LAP earlier in the course and improving academic and clinical learning environments understanding of the LAP and reasonable adjustment.

Felsing & Byford (2010), suggests creating an environment that encourages disclosure and willingness to access supports will increase student awareness of the LAP. They also recommend the use of poster campaigns, induction events and advertising disability services on the higher education provider's learning management platform. In this study, participants stated they were

unable to recall a time during their orientation or introduction to their subjects when the LAP was discussed. Research findings indicate the format of orientation programmes are often unsuitable for students with disabilities as they are overwhelmed with information, and students are unable to determine what was pertinent (Couzens et al., 2015). In addition, research findings indicate that despite universities providing information on their websites and during orientation, students remain unaware of the services available or how to access these (Matthews, Milgate, & Clarke, 2019). Literature provides a variety of suggestions on how higher education providers can ensure students access to required supports. Briggs et al. (2012), recommends reducing the amount of information provided during orientation to the higher education learning environment and spreading the content over one or possibly two semesters. Alternatively, Thompson-Ebanks & Jarman (2018) suggest conducting programmes to introduce students to the services available on campus.

Once EDD has provided the student with their LAP, it is their responsibility to approach academic and clinical staff and discuss the need for reasonable adjustment (La Trobe University, 2019a). This means students may need to approach several academics multiple times over the academic year to ask for reasonable adjustment, which one participant (001) stated was a cause of frustration. The research of Fuller, Healey, Bradley, & Hall (2004) and Kendall (2016) support these findings, stating it is difficult to keep track of who is on a LAP because of the large classroom sizes in higher education. Majoko (2018), states the large classroom sizes make it difficult for academics to identify the individual learning needs of all students, a problem which is compounded by insufficient time to prepare additional learning resources to meet the individual learning needs. One participant (001) also stated academics were at times hesitant to implement reasonable adjustment when first approached, resulting in the need to explain the reason for the reasonable adjustment. Smith (2012) states regular workshops for academic staff to increase awareness of disabilities and related reasonable adjustment strategies can improve academic attitudes and preparedness. Thompson-Ebanks & Jarman (2018), suggests these workshops can be inter-disciplinary and inclusive of both academics and students to facilitate improved understanding of the issues experienced by both sides.

6.3.3 Support for participants with a LAP

The last category to emerge in this study was *Support for participants with a LAP*. This category relates to the reasonable adjustment provided, the help received by participants with a LAP, the self-help strategies participants used, and the benefits of the LAP. Participants generally believed lecturers were supportive and made an extra effort to facilitate their needs, whether it was with ensuring reasonable adjustment was provided or being generally supportive. This is

consistent with a study completed by Kendall (2016) and Reinschmeidt et al. (2013), who found student satisfaction was linked to the reasonable adjustment provided.

6.3.3.1 Reasonable adjustment provided

Reasonable adjustment intends to equalise the playing field and not to advantage the student with a disability (Marks & Ailey, 2015; Symes, 2015; Walker, 2017). According to Elcock (2014), for reasonable adjustment to be effective, it should be specific to the individual student's disability and their education requirements. However, according to Grimes et al. (2017), reasonable adjustment is often generic and not disability-focused, and may not benefit the specific needs of the student's disability (Cole & Cawthon, 2015; Couzens et al., 2015). In this study, findings indicated three (001, 002, 005) participants received reasonable adjustment for examinations and assignments, that was non-specific to the participant's disability. Additionally, three participants (004, 005 & 006) received reasonable adjustment that specifically addressed disability requirements including consideration of the clinical placement location, and the use of assistive equipment, including reasonable adjustment for assessments.

In this study, the reasonable adjustment for the conduct of examinations included additional time and the use of a single room when completing an examination. Weis et al. (2016), states 90% of the reasonable adjustment allocated to the student with a disability is for additional time in exams. The decision to provide a student additional reading time for examinations should be based on whether the reasonable adjustment will help the student achieve better academic results (Weis et al., 2016). Weis et al. (2016), also state the student should have a history or evidence of a limitation with reading, and the reasonable adjustment should not be indiscriminately provided because the student picks it from a list of possible reasonable adjustment options or because it may help the student. Conversely, literature has shown additional time for examinations benefits all students, and in the case of the student with a disability, the benefits for students may be greater (Lovett, 2010; Lovett & Leja, 2013). Weis et al. (2016), also states 19% of students are provided reasonable adjustment that allow the use of a separate room when completing an examination. The benefit of using a single room to conduct assessments reduces the auditory and visual distractions and creates an environment conducive to the student completing an examination (MacCullagh et al., 2017). However, Liasidou (2014) and Majoko (2018) argue the use of a smaller room does not support the student, as it segregates them and is likely to cause stigmatisation as it singles out the student with a disability as being different from their peers. In this study, four participants (002, 003, 004, & 005) identified examinations to be an issue affecting their disability. However, the LAPs for all six participants included additional reading time which for one participant ranged from 15 minutes

to 30 minutes, as a reasonable adjustment strategy. Two participants (001 & 003) were also provided additional time to complete an online quiz, with one participant (001) offered several additional opportunities to complete the online quiz after the quiz had closed. One participant (002) was also provided with a smaller room when completing an examination. The participant had a learning disability who described knowing what they needed to say but becoming muddled and did not indicate they felt disadvantaged by the reasonable adjustment. It was unclear in this study whether the academic outcomes for participants were improved by the allocation of additional reading time and a separate room. Participants did indicate the reasonable adjustment reduced their anxiety. The need to provide additional opportunities to complete an online quiz, may be an opportunity to review the appropriateness of the assessment method and make modifications to better support the needs of the student.

Extensions of the submission date for assessments was also provided as a reasonable adjustment. The findings of Hussain & Sultan (2010), identify the common reasons for the student delaying the completion of academic work is procrastination due to factors including poor study skills, inappropriate time management skills, emotional stress, and disinterest in the subject matter. These findings are supported by the findings of Zu (2013), with distractions, competing priorities and decreased motivation, stated as reasons why students are unable to submit assignments by their due date. Literature supports the use of extended due dates for assignments, stating it provides the student extra time to plan and complete an assignment (Majoko, 2018). Conversely, when academics do not extend due dates for submission, students can become disengaged (Pavey et al., 2010). In this study, one participant (001) identified their reasonable adjustment included extensions for assignments. One participant (006) was provided with an extension on the due date for submission when on clinical placement, allowing the assignment to be submitted after the placement. A third participant (003) was given a reduced case study load for tutorial preparation. The findings of this study are supported by Mafa (2013) and Mutasa et al. (2013) who found students generally received extensions for due dates or flexibility when requested and course engagement was not affected by the provision of the reasonable adjustment.

Reasonable adjustment that specifically addressed the limitations of a participant's disability included the use of assistive devices such as laptops and clinical placement requirements. Assistive devices are a well-documented method of providing reasonable adjustment when a student is unable to engage without this support (Majoko, 2018; Walker, 2017; Walker, 2017). In this study, one participant (004) who had difficulty writing due to their disability used a laptop during lectures, and examinations. While the reasonable adjustment needs of the participant

were met in the academic environment, they were allocated a placement at a clinical facility where access to a computer for clinical documentation was limited, which incurred clinical hardship. Additionally, one participant (005) received reasonable adjustment specifically for their clinical placement, ensuring placements were allocated at a facility close to where they lived because of family commitments. Providing a positive clinical experience is essential as it is vital to the development of a safe and competent nurse (Killam, Luhanga, & Bakker, 2011). Tee & Cowen (2012), states providing reasonable adjustment for clinical placement can however be difficult as the clinical environment is less predictable than the academic environment, which makes assessing specific reasonable adjustment needs for clinical placement difficult. The findings of this study reveal a gap the communication of reasonable adjustment and the need for transparency of reasonable adjustment to clinical administration staff, to ensure the needs of participants are also met when in the clinical environment.

6.3.3.2 Help received for the participant with a LAP

The support received by the student with a disability can be important to help them overcome the academic obstacles of their course (López Gavira & Moríña, 2015). In this study, participants received support from several sources, including EDD, academic and clinical staff, and family. Literature examining the disability support services available to students found a majority of students rate the level of support provided to be of a high level (Weis et al., 2016). These findings are supported in this study, with all participants expressing they were satisfied with the support received for EDD. Literature also states students found academics and clinical staff were positive role models and held in high esteem due to their clinical and educational expertise (Mckendry, Wright, & Stevenson, 2014). The participants in this study stated the support received from both academic and clinical placement staff was generally positive. One participant (004) identified once they had explained to their clinical educator how their disability limited their ability to perform tasks, the educator liaised with them throughout the placement to ensure they received the support they needed.

Griffiths et al. (2010), Horkey (2019) and Tee & Cowen (2012) state students often enter clinical placement without reasonable adjustment due to discrepancies between the academic and clinical environments. Storr, Wray, & Draper (2011), states discrepancy occurs when the specific needs of a student are not communicated unless there is a perceived risk. Confidentiality prevents the disclosure of a student's disability to external clinical providers, and the student must, therefore, disclose their reasonable adjustment requirements. Rankin, Nayda, Cocks, & Smith (2010), states disclosure is an obligation even if it occurs against the wishes of the student, particularly if non-disclosure prevents the student from being well supported. Connor (2013),

also states the disclosure of reasonable adjustment should occur early or risk the non-disclosure negatively impacting on the success of the student. The findings of this study identified two participants (004 & 005) had been provided reasonable adjustment specifically for clinical placement. All participants felt positively supported throughout their placement, although one participant (004) experienced a lack of support at the start of their clinical placement which improved once they had explained their LAP to their clinical educator. These findings support research indicating the communication gap between the academic and clinical environment prevents the student from receiving the help they need during clinical placement.

Research by Hayden et al. (2016), also state the support of family and friends is essential, as they were often a source of motivation, pushing the student to continue when things got difficult. In this study, participants discussed the support received from family and friends was necessary, however for several participants the main source of support was their psychologist which was expected considering they were the reason for the participant applying for their LAP.

6.3.3.1 Self-help strategies

Despite multiple barriers, the student with a disability is generally extremely resilient (Moriña, 2017). According to Thomas & Revell (2016), resilience is something that develops with the support of family, friends, and academics, who offer encouragement and the desire to overcome the hurdles the student may encounter. Previous research has also shown the value of strong relationships, particularly in the first year of university can lead to ongoing support for the duration of a course (Thomas & Revell, 2016). Peer relationships can be particularly important to maintain the student's motivation to meet academic deadlines and to listen when the student is venting frustrations (Novak, Costantini, Schneider, & Beanlands, 2013; O'Brien, Keogh, & Neenan, 2009). A study by Couzens et al. (2015) also found when progress was restricted, the friendships developed in the first year of study were lost and the student must rely on self-help strategies and resilience. This was highlighted by the experience of one participant (006) who lost the support of their original peer group when illness prevented their progress in the course, resulting in the student becoming isolated and unable to develop strong relationships. The experience of this participant is pertinent as it demonstrates the social isolation that can make it harder for students to remain resilient (Martinez, 2015). In the case of this participant, the effort required to maintain the original peer relationship and to form new peer relationships was too difficult, and potentially putting increased significance on external relationships with friends and family.

Self-help strategy, including relaxation techniques, exercise, and a positive attitude, were used by participants in this study to reduce stress and anxiety when studying or completing assessments. Literature has shown students will often use exercise, use relaxation techniques and interactions with family to manage or reduce stress (Ganguly et al., 2015; D. C. Lambert & Dryer, 2018), and Kift (2014), and advocates all students be taught relaxation techniques during orientation to higher education. One participant (001) in this study used relaxation techniques, including breathing exercises and going for walks, which they found beneficial for reducing anxiety. While another participant (002) refused to let negative experiences, including poor academic achievement from previous and current studies, prevent them from progressing with their studies. The approach of another participant (004) was to disclose their disability in the first interaction with academics and clinical educators, so starting a dialogue on how they can be supported. All three participants described their self-help strategies as essential to their ability to deactivate stress and anxiety and fundamental to their continuation with the course.

6.3.3.4 Benefits of the LAP

The findings of Kendall (2016) state the benefits of a LAP include the ability to negotiate submission extensions for assignments, and additional time for examinations, which reduced pressure and anxiety and helped students meet assessment deadlines. Participants in this study also found their LAP benefited them, as it gave them the confidence to negotiate assignment extensions and reasonable adjustment for examination procedures. Several participants used the LAP as a backup when needed, choosing to engage in their course without reasonable adjustment and only using the LAP when self-help strategies were ineffective, finding that simply knowing they had a LAP, was comforting. All participants believed the LAP had improved their learning experience, especially the participants who had experienced difficulties passing subjects from their first year. There was only one participant who initially stated the LAP had not benefited them, and this was because of the frustration of needing to remind academics they were on a LAP. These findings indicate students are benefiting from the reasonable adjustment provided by their LAP, and the knowledge support was available when needed by the student was of comfort.

6.4 Conclusion

Enrolments from students with disabilities in Bachelor level nursing and midwifery courses are increasing every year (Lombardi et al., 2012). Several factors can impact the experiences of the nursing and midwifery student as they try to navigate through the academic and clinical challenges of the course. The first of these challenges is when to disclose a disability and receive a LAP that identifies the student's reasonable adjustment requirements (Huger, 2009; Vickerman

& Blundell, 2010). Research has shown the earlier the student discloses their disability the more likely their experience in higher education will be positive, the sooner support can be provided and a LAP introduced (Dryer, Henning, Tyson, & Shaw, 2016). The attitudes, knowledge, and understanding of peers, academics, and clinical staff towards the student's disability also lead to a more positive experience for the student (Vickerman & Blundell, 2010).

Delays in receiving a reasonable adjustment can lead to the student being exposed to the unnecessary stress of failing a subject and having to re-enrol, gaining poor academic results, and difficulties in the clinical environment. While students have an opportunity to access support, including EDD from enrolment, participants in this study did not get a LAP on enrolment. Participants were surprised when told about the LAP and acknowledge that it may have benefited them if they had known sooner. This research study indicates students are receiving academic reasonable adjustment and attempting to use these in the clinical environment a process which Couzens et al. (2015) and Kendall (2016) describe as a “one size fits all” approach which does not benefit the student. This study also identifies the need to reconsider how and who should be involved in reasonable adjustment decisions to ensure the specific requirements of the course and the student’s disability are adequately met.

Chapter 7: Conclusion

7.1 Introduction

The previous chapter discussed the personal battles of participants, including previous experiences, the impact of their disability, and the triggers that resulted in the participants applying for a LAP. The chapter discussed the process of obtaining a LAP, including whether participants identified they had a LAP on enrolment, the people involved in recommending the LAP to participants, the process of applying for a LAP and suggestions for improvement. The support available to participants with a LAP was discussed in terms of the reasonable adjustment received, the help received, the self-help strategies used by participants and the benefits of the LAP. This chapter summarises the findings in-relation-to the study objectives, briefly discusses the significance of the research and identifies potential areas for future research.

Enrolments from students with a disability in the Bachelor of Nursing and the Bachelor of Nursing / Bachelor of Midwifery have steadily increased since nurse education transitioned to the higher education sector. Contributing to the increase were amendments to the DDA (1992) and a series of reports, including the Bradley Review (2010), which made recommendations for a more inclusive learning environment in the higher education sector. These recommendations aimed at attracting enrolments from people from poorly represented equity groups, including those with a disability, groups that previously would not have considered enrolling in the higher education sector. A shift towards demand-driven enrolments also had a significant impact on enrolment.

An increase in the enrolment of students with a disability subsequently increased the demand for LAPs to identify reasonable adjustment requirements and reduce any hardship the student may experience due to limitations imposed by the disability. Increased enrolment for undergraduate nursing qualifications has resulted in an increasing demand for reasonable adjustment and the LAP to assist the student meet the complex academic and clinical requirements.

7.2 Summary of findings

The objective of this study was to explore the experiences of Bachelor of Nursing and Bachelor of Nursing/ Bachelor of Midwifery students with a LAP at La Trobe University. The objective of the research was to propose recommendations that would assist with the improvement of the student experience of the LAP at La Trobe University for Bachelor of Nursing and Bachelor of Nursing/Bachelor of Midwifery students. The study aims were to (a) investigate the reasons for

the student enrolled in the Bachelor of Nursing and Bachelor of Nursing/Bachelor of Midwifery obtained a LAP, (b) identify who recommended the LAP, (c) clarify the process involved for students applying for a LAP, (d) classify the reasonable adjustments made, and (e) identify the influence of the LAP on the student's learning experience and progress in the course.

How the study objectives and research findings align is discussed below.

7.2.1 Reasons for the LAP

Ideally, a student should disclose their disability when they first enrol in the Bachelor of Nursing and Bachelor of Nursing/ Bachelor of Midwifery. As research has shown, the first year of a student's enrolment can be challenging with the added responsibility of having to balance work, social, family and study commitment. Disclosure of a disability on enrolment should trigger follow up from EDD, and the creation of a LAP to identify the support requirements, reasonable adjustment and adaptive technologies needed.

In this study, all students enrolled in the Bachelor of Nursing and Bachelor of Nursing/ Bachelor of Midwifery with a pre-existing disability. Most of the students identified they had a disability on enrolment; however, did not apply for a LAP for at least one-year after commencing their course. In the interim between enrolment and applying for a LAP, students experienced both academic and clinical difficulties including failed assessments and clinical requirements, that resulted in students converting from full-time to part-time study, repeating subjects and clinical placement hours. This culminated in a delay in the student's progress to the next stage, leading to an extension to the course duration. The recommendation to apply for a LAP came from a family member, an academic, a friend and psychologists external to La Trobe University.

7.2.2 Process for getting a LAP and the type of reasonable adjustment

Students found the process of applying for a LAP at La Trobe University was uncomplicated, with several options available to commence the application process. These options included contacting EDD directly by email, phone or in-person or the student could apply through the La Trobe University website. This provided the student control over the mode, frequency and timing of all communication. Evidentiary requirements to support the application could be completed by the student's treating health practitioner, which in this study was commonly their psychologist. This was beneficial to students as it meant the person most familiar with the limitations of their disability, was the person who was providing the supporting evidence for their LAP. A case manager from EDD would discuss potential reasonable adjustment needs once all evidence had been provided, and then created the LAP. Once the LAP is created, it is the responsibility of the student to provide a copy to academics and negotiate ongoing reasonable adjustment needs.

The reasonable adjustment provided for most participants included additional reading time for examinations, a separate room to complete examinations, and extensions for assignments. This reasonable adjustment has been identified in previous research studies as standard examples of reasonable adjustment provided for a wide range of disabilities. In this study, the reasonable adjustment addressed impaired processing due to anxiety, stress and learning difficulties and was generally of benefit to the student. Disability specific reasonable adjustment was provided to one student who needed assistive technology to complete assessments. In the academic learning environment, the reasonable adjustment worked well, allowing them to use a laptop. However, the reasonable adjustment did not extend to the clinical learning environment where the student should have been provided clinical placement at a facility that used electronic documentation and reporting, rather than at a facility that completed these tasks manually.

7.2.3 Influence of LAP on learning experience and progress

The LAP is of benefit to students, allowing them to continue their learning experience with the knowledge they have reasonable adjustments that can call upon when it is needed. Without the LAP, there was a risk they would continue to struggle with academic and clinical requirements, achieving poor academic results, which may ultimately lead to them discontinuing their studies. In the academic learning environment, students who had been struggling because their disability found allowances for extra time to complete examinations or submit assignments were of significant benefit. Assessments which cause increased stress and anxiety or were difficult to complete due to limitations of a chronic illness could be approached with more confidence. While most of the reasonable adjustment provided in LAPs addressed academic limitations, there were examples where the reasonable adjustment was beneficial in the clinical learning environment. Except where the LAP specifically addressed either the need to use a laptop to write or to ensure the allocation of a student's clinical placement facility to be within one hour of their residence, most of the reasonable adjustment provided in the clinical learning environment was supportive of the student's needs. Which meant the clinical educators provided more focused emotional support to the student to ensure their ongoing wellbeing.

7.3 Recommendations

There are four recommendations to enhance the experience of students with a LAP. These are: (1) reduce the delay between enrolment and applying for a LAP; (2) improve the skills academic's to improve their ability to recognise when a LAP is needed; (3) increase the available information about the LAP; and (4) involve clinical environments when making decisions about reasonable adjustment requirements and in the communication of when a student will need additional support.

7.3.1 Reduce the delay between enrolment and applying for a LAP

There is a delay between the enrolment of the student and when they apply for a LAP. The student must have a good support structure in the first year of university. As evidenced in this study, the student without support encountered both academic and clinical challenges during the time between course commencement and the implementation of a LAP. This study did not reveal whether the identification of a disability on the student's enrolment prompted follow-up from EDD, which could lead to the initiation of the first step toward implementing support and a LAP. It was also outside the scope of this study to explore the orientation process and identify what students are told about the support available if they have a disability, including if the student is advised a LAP is available to them. Without this information, it is impossible to identify when information about the LAP is provided to a student. This is an opportunity for future research, to determine the best way to communicate information about the LAP to students, and the application.

7.3.2 Improve the academic's skills when recognising the need for a LAP

Growth of the higher education sector has led to increased student enrolments for the Bachelor of Nursing and Bachelor of Nursing /Bachelor of Midwifery. The increased number of students in the classroom can make it difficult to identify students who need extra support. Most students in this study applied for a LAP after a recommendation from someone external to La Trobe University. This recommendation is coming after the student had already experienced academic and clinical difficulties which could have been reduced if the student's need for support was identified earlier. Academics require increased skills to assist in recognition of a potentially undisclosed disability. These increased skills may help in earlier identification, particularly in the first twelve months, when a LAP could benefit the student.

7.3.3 Increase the availability of information about the LAP

Most students stated one of the reasons for not applying for a LAP earlier in their course was because they were unaware a LAP was available to them. The information provided to students at the time of enrolment, and during their orientation to La Trobe University, was outside the scope of this study. Students with mental health, chronic health, and learning disabilities may not associate their academic difficulties as part of their disability and are reluctant to disclose their disability. The first year in higher education can also be an overwhelming time for the student. Ensuring information about LAPs is easily accessible to students, without the need to navigate through multiple layers in the La Trobe University website, and providing the information is available when the student can recognise they need support is essential.

7.3.4 Involve clinical environments

This study revealed reasonable adjustment for the clinical learning environment was poorly addressed. This could be due to clinical placement facilities not being part of the higher education sector, and students not communicating they are on a LAP to clinical educators. One recommendation would be to use a clinical liaison that is familiar with the academic and clinical requirements of the Bachelor of Nursing and Bachelor of Nursing /Bachelor of Midwifery. The liaison could participate in the decision process when a LAP is developed to ensure clinical needs are represented. Their familiarity with the reasonable adjustment requirements of the student would ensure the allocated clinical facility was appropriate and would provide support throughout the clinical placement. Alternatively, the student should be encouraged to communicate their need for reasonable adjustment to clinical staff before the commencement of their clinical placement or during the first day of orientation to the clinical environment.

7.4 Limitations

Two limitations were identified in this research study, including the size of the sample and the method of data collection.

7.4.1 Sample size

The first limitation was the small participant sample. The reason for this can be attributed to the timing of the interviews, which was at the end of two academic semesters when students were no longer on campus and were either preparing for exams or clinical placement. The study also focused on a vulnerable student population who may not be willing to participate in a study that required them to disclose their disability.

7.4.2 Method of data collection

The study relied on the use of video conferencing to conduct interviews. Video conferencing was offered as a convenient option for participants, particularly if they were studying at a rural campus. It was also more convenient for participants who were not on campus. The use of video conferencing software, Zoom, was unfamiliar to participants. The loss of at least one potential participant can be attributed to this data collection method. Interviews conducted in the participant's home provided an opportunity for them to be in a familiar environment; however, it also provided interruptions and distractions.

7.5 Conclusion

This chapter has provided a summary of the findings in relation to the study objectives which included the reasons why a student gets a LAP, the process of getting a LAP and the reasonable adjustment provided, and the influence of the LAP on the students learning experience and

progress. The chapter also discussed the contribution of these findings to current knowledge and provided recommendations for future research.

The experiences of Bachelor of Nursing and Bachelor of Nursing/ Bachelor of Midwifery students with a LAP could be improved. The study revealed a delay of at least one year before the student with a disability applied for a LAP. The strategies that could be used to reduce this delay included follow up after disclosure of disability on enrolment, increased information about the LAP made available to the student and improving the skills of academics when identifying and recommending the need for a LAP. The study revealed a need to improve how the LAP and reasonable adjustment is used in the clinical learning environment.

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Appendices



Invitation email

Project Title:	Experiences of Bachelor of Nursing and Bachelor of Nursing/ Bachelor of Midwifery Students with a Learning Access Plan (LAP)
Ethics ID:	HEC18369
Student Researcher:	Christine Baker La Trobe University Student
Associate Researchers:	Dr Julie Ellis Ms Monica Peddle

Dear Bachelor of Nursing and Bachelor of Nursing/Bachelor of Midwifery student,

I have agreed to send this email on behalf of the student researcher (Christine), who is enrolled in the Master of Applied Science (Research) at La Trobe University (LTU). Christine will use this study as part of her research thesis and aims to investigate your experiences with the Learning Access Plan (LAP) whilst at LTU.

What is involved? You will be invited to participate in a face-to-face, informal interview lasting approximately 45 minutes. Interviews will be conducted at a convenient time and place with the student researcher (at a LTU site).

Responses will be kept confidential between student researcher and yourself. Participation in the study will have no impact on your academic standing at LTU or on your relationship with the Equity and Diversity Department (E&D). The E&D Department will have no further involvement in the study other than to send the attached flyer and this email.

Information on the project can be found in the attached flyer:

If you are interested in participating in this study please contact the Student Researcher Christine at 19083997@students.latrobe.edu.au.

Regards, Shannon Kerrigan



I am looking for Bachelor of Nursing and Bachelor of Nursing/Bachelor of Midwifery students to participate in a Research study

WHAT IS YOUR EXPERIENCE OF THE LEARNING ACCESS PLAN (LAP)?

(ETHICS ID: HEC18369)

What is the study about?

I am conducting a research study to find out the student experiences of a LAP.

Who can participate?

Participants in the research will:

- Be enrolled in a Bachelor of Nursing or Bachelor of Nursing/Bachelor of Midwifery at LTU
- Have a current LAP

What is involved?

A face-to-face, informal interview, lasting approximately 45 minutes. Interviews will be conducted at a convenient time and place with the student researcher.

- Your responses will be kept confidential between yourself and the student researcher
- A letter of appreciation will be provided to acknowledge your participation.
- Your contribution to the study will be invaluable to my research and may benefit future students with a LAP.

If you are interested in participating, please email me (Christine) student researcher using the details below.

Contact Information:

Student Researcher: Christine Baker on email
19083997@students.latrobe.edu.au



Associate Researchers:
Dr Julie Ellis
Ms Monica Peddle

Demographic Data Questions

(To be completed by Student Researcher at the start of the interview)

1. What is your age group?

- ☐ 18 years or under
- ☐ 19 to 29 years
- ☐ 30 to 39 years
- ☐ 40 to 49 years
- ☐ 50 to 59 years
- ☐ 60 years or over

2. What gender do you identify with?

3. What is your postcode?

**4. Are you currently enrolled in the Bachelor of Nursing or Bachelor of Nursing/
Bachelor of Midwifery?**

- ☐ Yes
- ☐ No

5. What year did you start your course?

- ☐ 2013 or prior
- ☐ 2014
- ☐ 2015
- ☐ 2016
- ☐ 2017
- ☐ 2018

6. What year level are you currently enrolled?

- ☐ 1st year
- ☐ 2nd year
- ☐ 3rd year
- ☐ 4th year

7. Do you have a current Learning Access Plan?

- ☐ Yes
- ☐ No

8. What year of your course did you get a LAP?

- ☐ in the 1st year
- ☐ in the 2nd year
- ☐ in the 3rd year
- ☐ In the 4th year

Interview Schedule

A. Establish a Rapport [Shake hands]

Hello, my name is Christine thank you for agreeing to meet with me today

B. Introduce Project

(Purpose) I would like to ask some questions about your course and experiences whilst at La Trobe University.

(Motivation) It is hoped the information gained from this study will help improve the student lifecycle whilst enrolled at LTU.

(Timeline) The interview should take approximately 60 minutes to conduct.

C. Consent For

You received an electronic copy of the consent form. Do you have any questions? Are you happy to sign the consent form?

(Prompt)

- For your information, only the researchers involved in this study will have access to the tapes. Once the interview has been transcribed they will be destroyed. You have also been asked to sign a consent form which states that (1) all information will be held confidentially, (2) your participation in the study is voluntary and you may withdraw at any time. It is possible that you may become distressed whilst discussing your experiences in the interview. All care will be taken to minimise your distress. If you become distressed during the interview, you can (a) have a break, (b) terminate the interview and re-schedule for another time or (c) withdraw from the project. Access to LTU counselling and support can be organised if should you experience any distress. and (3) we do not intend to inflict any harm.
- Thank you for agreeing to participate.

The next step will be to complete a few demographic questions (refer to separate question sheet).

D. Informal Interview

To facilitate our note-taking, I would like to tape our conversation today.

The interview has been allocated 45 minutes. During this time, there are several questions that will be asked.

Prompts

1. Why did you decide to study nursing or nursing/midwifery? (Probes: Are there other nurses in your family?)
2. Are you enjoying your course so far? (Probes: What parts of the course have you enjoyed the most? Not enjoyed?)
3. What do you plan to use your nursing or nursing/midwifery qualification for once you finish?

4. When did you start your course? (Probes: What things have slowed your progress through the course?)
5. When did you decide to get a LAP? (Probes: what were the factors leading up-to your decision?)
6. How did you find out about the LAP?
7. Can you tell me what was involved in getting a LAP?
8. What has changed since you received the LAP? (Probes: what have been the benefits or negative aspects of having a LAP?)

Closing

(Transition: Well, it has been a pleasure finding out more about you.

(Summarize) During our conversation you have told me _____ .

Is this an accurate summary of what was discussed?

I would like to confirm that you are happy for this information to be part of the study, as agreed to in signing the Consent Form?

(Maintain Rapport) I appreciate the time you took for this interview. Is there anything else you think would be helpful for me to know?

(Action to be taken) I should have all the information I need. Would it be alright to email you using your LTU student email if I have any more questions?

Thanks again