The impact of dyslexia on nursing students in Higher Education

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Abstract

Students with dyslexia often face challenges and barriers within Higher Education (HE). They may not be aware that they are dyslexic, they often feel stigmatised and therefore do not make a declaration, and further feel that it may negatively affect their career prospects. Policies and practices that are in place to support students and the adjustments that are required to be adhered to by HE institutions are investigated. Nursing students with dyslexia face the same barriers and challenges but also unique ones due to the specific demands of their role. The challenges, and support they receive are further discussed and recommendations are made.

Key words: nursing students, dyslexia, support services, adjustments, barriers, stigma

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Introduction

This article will discuss the challenges faced by nursing students with dyslexia in Higher Education (HE). Policies and practice regarding assessment, diagnosis and reasonable adjustments that are should be adhered to by HE educational institutions, will be investigated. Further analysis of the support service and the student’s experiences of them will be considered. Nursing as a profession requires accuracy of data collection and use, especially for safeguarding patients for example prescribing medications, these critical challenges will be investigated using nursing students as a case study.

What is dyslexia?

Dyslexia dates back as far as 1872 where a German physician had a patient with acquired dyslexia, due to a brain injury. In 1896 an ophthalmologist, Dr Morgan introduced a different concept of ‘congenital word blindness’ which was developmental dyslexia, not ‘acquired’. It was first claimed in 1917 by Hinshelwood that dyslexia was hereditary as well as it being characterised as an acquisition of storage in the brain, (Gayan, 2001). Even though there have been significant advances in research, diagnosing and assessment, has improved over time which has aided policies and practice, yet there is no universal definition of what constitutes dyslexia. Further students with dyslexia face unique challenges, nursing students will be discussed to investigate these issues in more detail.

Dyslexia is an often-misunderstood, confusing term. “The word dyslexia is made up of two different parts: dys meaning not or difficult, and lexia meaning words, reading, or language. So quite literally, dyslexia means difficulty with words” (Catts, Adlof, Hogan & Weismer, 2005). There are two types of dyslexia; developmental and acquired. Developmental is described as a failure in ‘normal’ development. While acquired dyslexia arises as a result of neurological damage, typically during an incident that has caused some form of brain trauma. People who suffer with acquired dyslexia tend to lose the ability to read and write, due to their injuries (Vinegard, 1992).
There are many theories which have sought to define dyslexia. However depending on the researcher’s ontology the definition varies and there is no common agreement. Many of the researchers agree dyslexia is a type of learning disability, affecting specifically language and reading skills, attention deficits, or motor problems. More than 50 definitions can be found within academic literature (Ott, 1997), demonstrating the difficulty of defining dyslexia (Pavey, Meehan, & Waugh, 2010). The definitions exist dependent upon the different characteristics, behavioural, cognitive and biological levels (Reid, 2009). The British Psychological Society (BPS) (1999) includes predominantly behavioural characteristics of reading and spelling. Although, the British Dyslexia Association (BDA) (n.d) focuses there definition on single word levels, such as, phonological difficulties. Reid’s (2009) centres his definition on difficulties with memory, speed of processing, time management, coordination as well as automaticity and suggests visual and/or phonological processes may be involved. McLoughlin, Leather and Stringer (2002) emphasise working memory to be one of the key feature for adults with dyslexia.

The term dyslexia is used amongst researchers, clinicians, specialist teachers and medical personnel. The BPS (1999) and the BDA (2012) use it for research purposes because they apply clear and measurable dimensions. Whereas McLoughlin et al. (2002) definition is most useful for working with adults. Reid’s (2009) definition is practitioner-oriented, aimed at raising awareness and informing intervention. The variation in definitions is due to, what the application is intended for. The wide variation in definition can make supporting people with dyslexia more challenging, eg communication between different support services, and their varying definitions.

Dyslexia can be studied using two models; the medical and social model. The medical model suggests people are disabled by their impairments or differences. Whereas the social model suggests the disability is caused by the way society is organised rather than the person’s impairment or differences (Hughes and Paterson, 1997). For example society assumes that individuals have no disability, such as dyslexia, this then means that if it goes undiagnosed it can become a barrier to an individual’s learning and development.

What Policies and Practice are in place?

By using policies, procedures and practices, society can support individuals by providing a framework to guide support. Dyslexia as an impairment is included in the Equality Act (2010), which states; “You’re disabled under the Equality Act 2010 if you have a physical or mental impairment that has a ‘substantial’ and ‘long-term’ negative effect on your ability to do normal daily activities”. According to the BDA (2012) dyslexia is a hidden disability thought to affect around 10% of the population, however 4% are said to be severely affected, furthermore it is the most common of the Specific Learning Difficulties (SpLD). According to Pennington (1991) one in six adults has the reading skills equivalent to an 11 year old. Under the Equality Act (2010), reasonable adjustments, (social model) must be made by all employers and educational institutions, in order to include and not discriminate against any person with a disability. In a study carried out by Gibson and Leinster (2010) nursing students with dyslexia that were given extra time to complete an assessment, performed better than students that were not granted an adjustment. This is an example of an adjustment that can positively impact on students with dyslexia attainment.

The British dyslexia policy on the early identification of specific learning difficulties (BDA, p.2, 2007) highlights the need for more to be done to ensure there is support for the learners, by enabling the resources to be more accessible for the students. “It will be ensuring that the early identification and support of children with SpLD is an issue which will be addressed by all of the education regulatory bodies in their inspection of education provision”. This statement takes the sole responsibility away from just the teachers and implies everyone who is involved with the decision, such as the government and education regulatory bodies, have a responsibility to address the process of diagnosis and support. This is inclusive and brings together different stakeholders. The BDA has campaigned for years, for awareness training to be part of all teachers training. It was put into place in 2007 that, specialist teachers need to have a level 7 qualifications and a practising certificate issued by an approved professional body in order to conduct assessments especially for Higher Education (HE) (Jamieson and Morgan, 2008).
In practice according to Wray et al. (2011) despite barriers, more students with SpLD including dyslexia, are entering the nursing profession. Screening in either the workplace or placement and in education, allows for the early identification of the condition. This needs to be linked to both learning and support strategies. By providing support and reasonable adjustments to students with dyslexia, Higher Educational institutions need to allow students to demonstrate their knowledge and skills that will help reduce none progression rates. For financial reasons, retaining all students is a key priority of education providers and employers. However Wray et al. (2011) further suggests that screening more students has implications for resources within institutions (assessment and support costs) and can slow the system down, however these can be offset by the benefits of increasing progression rates and retaining revenue from students. In the long term students can be supported through a more inclusive curriculum and better trained staff to support students.

The government policy for special educational needs and disability (SEND) 2010 to 2015 identified the need for more support to ensure students reach their full potential. They acknowledged students with SEND need the same rights and protection for further education (FE) as they have when they are less than 16 years old. Higher Education Institutions (HEIs) by law have to make reasonable adjustments to accommodate disabled people and their needs. More than responding to a student or member of staffs needs, they have to be proactive towards any new students with a disability who enrol on any of the courses they offer, and members of staff working within the institution.

The Special Educational Needs and Disability Act (SENDA) (2001) also required HE institutions to make ‘reasonable adjustments’, which had a major impact on students, support services and academic staff (Fuller, Riddell, & Weedon, 2008). In practice, SENDA includes proactive duties, which requires learning, teaching and assessment practices to be made more inclusive in anticipation of student needs (Hurst, 2009).

Many institutions offer help through their learning support services (Singleton et al. 1999, in Michail, 2010 ). Universities generally have a Student Enabling Centre (SEC) which offers help, advice and support for students. They should provide a document detailing the Dyslexia Assessment Policy. This document provides information about dyslexia and the guidelines the University is required to adhere to. For example the Quality Assurance Agency [QAA] for Higher Education and the Disability Discrimination Act [DDA] are included. The document also highlights the reasonable adjustments, that make it more equitable between those with the condition and those without, complying with educational standards that all students are measured by. All university employees are expected to adhere to this policy in order to provide inclusive practice.

Howlin, Halligan and O’toole (2014) research into the experiences of student nurses found that the support they received was not uniformed and students do not always receive the accommodations they require. It is important that students with dyslexia have an equitable basis to learn as other students. By achieving this progression rates can be improved, staff that support student should be advised by regulatory organisations who can provide guidance to improve uniformity and consistency. The Nurses and Midwifery Council are one such organisation. Students and staff could also be further supported by an improvement in the relationship, communications, and completing demands between academia, clinical areas and the student. A Balance is needed between the interests of patient’s safety and a student’s right to disclose.

Students with dyslexia require support and adjustments to be made to be able to overcome their disability and maximise their academic potential. Dyslexic students are capable of achieving the same academically as students that do not have dyslexia but face more challenges, such as reading tasks can take longer, sentence structure may be confused, erratic spelling and short-term memory problems (Farrar & Young 2007). These policies help to reduce discrimination by providing support and making reasonable adjustments. They are not intended to give students with dyslexia more of an advantage, than those without, but to give them a level playing field to develop their learning and achieve the same outcomes.

How does dyslexia affect adults in Higher Education (HE)?

The exact number of students in HE with dyslexia has not been identified because it will vary between every institution. However if 10% of the population
have it then it is not unreasonable to assume 10% of all students in each academic in take would potentially be dyslexic (BDA, 2007). In medicine according to the British Medical Association (BMA) (2009) the percentage of students declaring with SpLD showed an increase from a 1.3% in 2003 to 1.7% in 2007. Conversely some courses have higher percentages, for example the Art and Design degree at a local HEI (n.d) has three times the national UK average meaning 30% of their students are identified as dyslexic, in just one year group. Research has shown many children and adults with dyslexia are diagnosed at a later stage of their life rather than when they were at school (Riddick, Farmer and Sterling, 1997). Riddick (2010) found after assessments, dyslexic students express a feeling of relief. The diagnosis of dyslexia has finally given them the answer to their problems. Research has shown adults who have been assessed later on in life for dyslexia, were resentful for having gone through life feeling unintelligent, they grieve the loss of opportunity, which has detracted from their future (Morgan and Klein, 2000).

The fear of having a label of a disability, can be concerning. Declaration of SpLD for nursing students once they had qualified and had gone on to employment was difficult. There perceptions were that it would have a negative impact on their future careers (Morris and Turnbull, 2007).

However having dyslexia can be a positive. Research into the attributes of students on nursing course suggests that students with dyslexia are more intuitive, innovative, creative and multidimensional thinkers and have greater oral recall which will allow then to perform better in clinical settings than non-dyslexic students. These students perform better in classical teaching situations (Sanberson-Mann and McCandless 2006). Students, who are aware that they have dyslexia, can better understand the difficulties that they had experienced in the past (Riddick et al. 1997). They also present different strengths, such as, creativity (West, 1997) and lateral thinking or visual perceptiveness (Loncraine, n.d.). Moreover it can help the person to gain access to resources to improve their educational experience via the Disabled Students Allowance (DSA). According to Morris and Turnbull (2006) nursing students with dyslexia face a range of difficulties that create stigma and therefore barriers to disclosing their condition and taking up support services. Factors include: co-worker attitudes; patient safety concerns; expectations of support; confidentiality issues; and potential discrimination. These barriers affect the students learning experience. Solutions include the need for work place based disability awareness training and more educational support services. Work place barriers are more prevalent than in education where they were more support, and therefore work placed self-disclosure is more difficult.

The Department of Health (DoH) (2001) produced a strategic document, “Looking Beyond Labels”. This examined dyslexia as a disability in a health care setting. More generally, the SpLD Working Group (2005) set out tests to be used for identification purposes by educational psychologists and specialist teachers, which helped implement the regulations that came into effect in 2008. According, to Rice and Brooks (2004) when applying for Disabled Students Allowance (DSA) there is a lack of clarity and identified boundaries in dyslexia assessments for HE students. In order to be eligible for DSA, the students need to have a full dyslexia assessment by a psychologist or specialist teacher (Meehan, 2010). DSA make funds available to dyslexic students to purchase equipment, such as computers, dictaphones and/or any other devices that are useful for their studies, as well as access to 1:1 support by a specialist teacher. However the funding for the DSA is currently undergoing scrutiny and massive cuts, the National Union of Students (NUS) (n.d) suggests this will be detrimental to disabled students. It will reduce their opportunity to attend university as the resources will not be as readily available and put them at risk of not being able to gain a first or upper class second honours degree. Although, there have been clear boundaries identified between those who qualify and those who do not, once in receipt of a diagnosis, institution must adhere to the required reasonable adjustments, including; extra time in exams and additional tutorial support for coursework (Riddell & Weedon, 2006).

Despite the improvements in dyslexia awareness, students still face difficulties. The BDA (2012) describe these challenges as still being unresolved. The Disability Discrimination Act (DDA) (1995) and other disability legislation has had an important influence on HEI and other support services which has increased the numbers of students identified as dyslexic entering HE. According to Weedon & Riddell (2006) the percentage of students diagnosed with dyslexia increased from 15% in 1994/5 to 49%
in 2002/2003. Whereas, Fuller et al. (2005) suggests 32% of disabled Higher Education (HE) students were dyslexic. It is necessary to consider further, that the late identification of dyslexia has been partly due to lack of teachers’ training and knowledge and/or the lack of school resources (Michail, 2010). More research needs to be done to prevent students from not being assessed in mainstream education and further education (FE).

According to Fuller, Riddell and Weedon (2005) disability policy varied between institutions, with one university having a good understanding of dyslexia and others questioning the boundaries between disability and factors arising from disadvantaged backgrounds. The co-existence of social disadvantage and dyslexia is clearly a complicating factor. Weedon and Riddell’s (2008) research found student’s levels of access to support and reasons for requesting it, also varied between universities and they suggest one reason for this variation is how students perceive dyslexia and their level of need. Michail (2010) study found some of the mature students noticed a vast difference since the days they were at school and they were impressed with the help and support that current younger students receive once they were diagnosed. This suggesting differences in learning history and previous experience of support will impact upon the students opinion. These discrepancies in support for example in nursing students were in factors such as, students not receiving accommodations. According to Howling et al (2014) better coordination is required between the different stake holder, such as academia, clinical areas and the student, in areas such as communication and interdependent demands. Their research also suggested that regulatory organisations, such as nursing and midwifery council (NMC) should provide guidance to those who support students with dyslexia and how they can make reasonable accommodation.

University can be daunting for all students, especially students with dyslexia who on average face additional challenges. Due to the structure of courses, lectures may be given at speed (Rice & Brooks, 2004). Dyslexic students often find taking notes during lectures can be overwhelming, whilst trying to concentrate on writing something down and listening to the lecturer (Rice & Brooks, 2004). Further rapid reading and writing can fatigue the eyes and brain more than students without dyslexia. During revision periods, dyslexic students become distressed, highlighting reading as one of their main problems at university (Weedon & Riddell, 2008). Dyslexic students require more time to read a page than their peers, Riddick, Farmer and Sterling (1997) examine automaticity in dyslexic children and concluded if skills take around 100 hours to master, it would take a dyslexic child around 1000 hours (10 times as long) to reach the same level. According to Rice & Brooks (2004) students with dyslexia also find assessment and exam conditions stressful as they find the pressure of writing, working to deadlines, and reading carefully very tiring. Specific challenges are encountered by nursing students, there needs to be accommodation made between the rights of students to disclose and receive support and the rights of patients to be safeguarded (Howlin, Halligan and O’toole, 2014). For example, Morris and Turnbull 2006) found in their study that dyslexic students had problems with, clinical documentation, patient handover, information recall and drug calculation. However it could be argued that transparent systems, procedures and policies contribute to patient safeguarding as disclosure is more likely, subsequent support can be given and patient safety improved.

Summary
There are a wide variety of definitions that are used within different specialist areas, theories and models. How, the policies that are adhered to within educational establishments, are essential, to ensure all students (including students with a disability) are able to complete their education, to the best of their ability. More work is needed to be done to ensure children are identified at school and the process of support can begin. HE students have to deal with being assessed and getting a diagnosis of dyslexia, students then have to deal with labelling and the application of DSA. Whilst still potentially trying to overcome their earlier learning experiences and establishes how to access any available support and contend with day to day university expectations. More research needs to be done, to investigate, how dyslexia affects mature students’ and whether students are getting the relevant support within HE. However, with the appropriate support students have the ability to empower and enrich their lives through education. Dyslexic graduates can be assets for helping the economy grow. University life can be challenging for these students but with appropriate support they can overcome the barriers created by their dyslexia. However, this can only occur if: staff are trained and are made aware of the difficulties
students with dyslexia face, staff and HE institutions must make reasonable adjustments, and teach in a more holistic and inclusive manner, and to include people who process information differently to their peers. A co-ordinated approach is required between all HE staff, students and specialist practitioners, to reduce the difficulties experienced, in order to support all students to reach their true potential.

All these challenges that are faced by all students in HE and are more universal in there nature, the challenges faced by Nursing students demonstrate that specific groups of students face specific challenges such as discussed in this literature review. For example the need to prescribe accurately medications and keep accurate records as it is essential for patient safety. It is not that other careers do not require these skills; it is the fact that errors can have the severest on consequences for patients that creates an additional level of stigma and an incentive not to disclose. Professional bodies need to provide guidance to its members on how they should support Students with dyslexia. By creating a more transparent, incentive driven, and supportive environment these barriers can be tackled and a more positive outcome for all can be achieved.

References


