Using a Journal Club to Support Nurse Leaders

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Abstract

Nursing faculty and nursing leaders have little knowledge or experience in dealing with nursing students or nurses with disabilities. The lack of knowledge and experience working with this population impacts entering and staying in the nursing profession. The purpose of this quality improvement project was to address the issue of disabilities by the formation of a journal club. King's Conceptual System and Knowles' Adult Learning Theory guided the discussion and debate of three articles during the journal club. The journal articles exposed nursing leaders to laws associated with the Americans with Disabilities Act, competence of nurses with disabilities, and strategies for success. Nursing leaders participated in two journal club sessions, one that focused on learning disabilities and the other on physical disabilities. Five nursing leaders participated in each journal club meeting. Instructional protocols were also created as a reference for those not attending. Evaluations indicated participants gained knowledge, a level of support, and felt the activity enhanced their ability to work with students and nurses with disabilities. Nursing leaders validated that the social exchange within the context of the journal club made a difference in understanding, supporting and working with students and nurses with disabilities.

Keywords: disabilities, students, nurses

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Introduction and Background

Nursing is a rigorous undertaking for those who have a disability, but can be a rewarding profession if there is support. The fear of stigma, the extra effort, and the additional time to accomplish a task can cause nursing students and practicing nurses to be overwhelmed. The fear of stigma may cause students with disabilities and working nurses not to disclose a disability (Snow, 2007). It makes the faculty and nurse leaders' role more complicated as well.   Faculty and nursing leaders in the community may have little or no experience in dealing with students and nurses with needs that can range from a learning disability to a physical handicap (Ashcroft et al., 2008; Ardary, 2014). It is very fortunate if the institution has disability resources center or disability expert to provide guidance. Often leaders want to know more (Ardary, 2014). This lack of knowledge and experience will impact the competency to support the disabled the student (Murray, Lombardi, Seely, & Gerdes, 2014). Faculty and nursing mentors who are knowledgeable about how to work with students who have disabilities can support the students meet the meet the standards of practice (Dupler, Allen, Maheady, Fleming & Allen, 2012). Nursing leaders and nursing peers who have awareness of disability and accommodations, help nurses "be attracted to and remain in the working force" (Matt, 2011 p. 391).

Significance and Implications to Nursing

The significance of this issue is profound. Disabilities for this paper identifies those "who have a physical disability, such as a visual or hearing impairment; a chronic illness; a learning disability or a chemical dependency problem" (Frank, 2012, p.55). The specific number of nursing students with disabilities (SWD) enrolled in nursing school across the nation is not available.   The National Center for Education Statistics (2016) reports that the number of

students in post-secondary education with reported disabilities is at 11%. Presumably, the

number of nursing students mirrors or is less than that of all students in post-secondary

schooling.

It is unknown how many nurses have disabilities. The estimates for the number of

working adults who have disabilities is about 10% (Neal Boylan, & Miller, 2016). This figure is

possibly larger because of the number of self-employed people with disabilities, and the number

nurses with disabilities (NWD) that may try to hide their disability.

Linked to the success of the SWD is attitudes and not the student capability (Baker,

Boland, & Nowik, 2012). The faculty has the duty and the obligation based on the Americans

with Disability Act (2009) to meet their needs as long the accommodation is reasonable (Frank,

2012).   In addition to being a culturally sensitive role model students are looking at faculty to

help them be successful (Colon, 1997).   Nursing leaders involved in teaching SWD and working

with NWD feel that they have a lack of knowledge about learning disabilities, protocols, and

levels of accommodations (Ardary, 2014).   Attitudes about SWD and NWD are positively

impacted when there is there more experience and exposure to the issues (Matt, 2011).

Nursing educators are not the only ones that grapple with the educating SWD. Staff

members that are involved in the education of nursing SWD also struggle in "attitudinal and

environmental barriers created by society" (Tee & Cowen, 2012, p.7). These attitudes may also

interfere with the ability of a NWD to be hired, and later integrate themselves onto a nursing unit

(Matt, 2008).A shortage of care providers is influencing the field of nursing (ANA, 2014). As a

profession, it is essential that we look toward the future, and see possibilities where there may

have been roadblocks in the past. Nursing needs to reduce barriers for SWD and NWD in the

profession (Ashcroft et al., 2008). By understanding how to educate this population, and

retaining them in the field, nursing benefits the public twofold. By bringing and keeping these nurses into the profession, we increase our numbers, and the public benefits from having nurses who understand issues that patients may face.

Problem Statement

Even though nurses may work with patients who have disabilities on a daily basis, they have little experience in dealing with students and peers that have disabilities (Neal-Boylan & Smith, 2016). It is still the case in many education institutions although "the enactment of the Americans with Disabilities Act (ADA) of 1990 has provided individuals with disabilities an opportunity to integrate into any profession, including the health care professions" (Shipigelman et al., p.442). It is more a lack of situational knowledge and experience that may lead the nursing leaders' noncompliance with Federal laws.

There is a need for awareness of the issue and open support for the faculty, nursing leaders, nursing mentors, peers, and students. The logic behind addressing these issues is to retain nurses. The loss of a student from a program or the loss of a practicing nurse results in a loss to nursing. Nursing continues to be an area where there is a need for additional numbers of aspirants and practicing nurses. The Bureau of Labor Statistics (2016) forecasts a 16% growth in the years 2014-2024 in nursing to meet growing health care need.

The intent of this project is to provide group support to the nursing leaders as they explore the prospect of having SWD in nursing programs and NWD in the clinical practice areas. A journal club was be formed to address the issues involved with admitting nursing students to a baccalaureate program and for nurse leaders in the clinical settings. The articles included those that focused on an understanding of ADA disabilities, expanding the awareness of nurse leaders

in the area to the abilities of the disabled, and strategies that are being in the literature to support SWD and NWD.

The aim of this support is to increase the retention SWD and NWD in the nursing profession through education of nursing leaders. Retention of SWD and NWD is the result of the implementation of supportive relationships and clear direction. Offering education to leaders in academic and clinical situations provides a level of support that creates a feeling of competency when dealing with the issues of SWD and NWD. Leaders who gain expertise about topics they may encounter in the profession are less likely to leave the field (Candela, Gutierrez, & Keating, 2015). The support afforded to the student or nurse allows for an equal opportunity (O'Connor, 2006) offsetting the student's or nurse's disability.

Today's technology support on-line formats. The literature supports web-based platforms that allow forwarding of the articles the participants, and discussions are planned to allow members to participate as they have time (Scherzer, Shaffer, Maccyko, &Webb, 2015; Lizarondo, Kumar, & Grimmer-Sommers, 2016). The major barrier to this method is the loss of social interaction; that participating would become one more task/module to do on the computer.

Purpose Statement

The goal of this project was to make information available to nursing leaders by implementing a journal club and create a protocol that will support them if a SWD is admitted into a nursing program or a NWD is hired.   Colon (1997) reminds us that "by being sensitive to student learning needs and being aware of available resources and accommodations to promote educational success" (p.376), allows caring behaviors to be modeled by nursing leaders. Moreover, the journal club would be an accepting venue for nursing leaders and possibly nursing mentors to explore their feelings in regards to SWD and NDW.

An additional reason to focus on creating a culture of knowledge and accommodation is that nursing needs to train and retain nurses to meet the needs of the community. If we can reduce barriers for SWD and NDW both nursing profession and the public benefits (Ashcroft et al., 2008). Nursing leaders need to "emphasize the need to also consider social barriers, such as stigma, in a way that will enable individuals with disabilities to gain nursing education and become strong, compassionate, and competent nurses" (Shpigelman, Zlotnick, & Brand, 2016, p. 447).

The use of journal clubs is not a new format to enrich learners. Journal clubs employ multiple situations for support purposes. For some, it is "a safe place for open discussion" (Young & Vilelle, 2011, p. 131). The use a journal club allows members to become informed, advance critical thinking, and receive social support (Young & Vilelle, 2004; Krugman, 2009; Honey & Baker, 2011).

Different formats have been used to structure the journal club in the literature. The moderated meeting is the oldest and most common usage. The participants meet at predetermined times to discuss and review a research article about the subject. McLeod, MacRae, McKenzie, Victor, and Brasel (2010) found a moderated journal to be more efficient in teaching medical students "critical appraisal skills" (p.775) when used with medical residents. The benefit of this arrangement for many participants is the "personal interaction" (Young & Vilelle, 2011, p. 131).

Literature Review

The literature review examines the theoretical and empirical literature surrounding student and practicing nurse disabilities and the issues concerning SWD and NWD. This project will further the knowledge of the nursing leaders about disabilities. In turn, the project will

increase the comfort level of the nursing leaders and mentors in the instruction of SWD and the retention of NWD by using a journal club to create a learning environment that supports nursing.

Theoretical and Empirical Literature

The theoretical framework that was used to enhance the confidence of nursing leaders and mentors using journal club builds upon the framework of King's Conceptual System and, the theory derived from this work, the Theory of Attainment. Other theories that has some influence on the work is Knowles Adult Learning Theory, and the concept of social support from the psychology, sociology, and nursing theories.

Kings Conceptual System is the theoretical framework for a proposed project involving the support of the faculty using a journal club. King's Conceptual System suggests interactions within open systems, personal, interpersonal (group) and social systems (society) describe individuals' various trials (King, 2008). The three systems work in concert with each other with interactions within and between each of the systems. Each system can affect the others positively or negatively. The endpoint of this framework is that people can "function in their respective roles" (Fawcett, 2017, p.78). Individuals who are going through disease onset, life changing situations and continuing challenges benefit from the positive relationship of group interaction seen in King's conceptual framework (Frey, 1989).

The introduction of the philosophy of Von Bertalanffy in 1950's guided the formation of the King's Conceptual System. Von Bertalanffy's System Theory is the originator of general system theory which focuses on the interaction between the elements within the system. Her goal as outlined by Sieloff and Frey (2015) was to show the "unity and relationships among the concepts" (p.135).   Her conceptual original design schematic was inspired by of designs of

Howland and McDowell. The schematic illustrates the interaction of influences on the individual (Whelton,1989).

In King's Theory of Attainment, she proposes that the concepts of perception, communication, interaction and transaction within the systems person, interpersonal and society are the process that allows for positive outcomes (King, 2008). "Communication, coupled with learning and education, establishes social significance in both theories as they form conceptual building blocks to understanding and identifying health care issues that are relevant and important to society" (Warren, 2016, p. 9). The coordination of approach of these theories allows for a robust logical framework for examining the translation of the education. Support to the group will result in positive outcomes for the individual and society so they can function in their respective roles (Fawcett, 2017).

Frey (1989) used King's Conceptual System Framework to describe the theory of social support and health. The initial goal is to understand the use of social support in the family of diabetic children. A secondary goal of the study was to contribute to the "testing of test middle range theories derived from conceptual frameworks contributes indirect evidence as to the credibility of the conceptual framework" (Frey, 1989, p.138).

The concept of support using Imogene King's conceptual system framework in Fries Reed's (2007) study of informal social support of older client by friends, family, and neighbors illustrates how support can be a positive outcome for this population. This study postulated that individuals would feel more supported because there is an "exchange of support" (Fries Reed, 2007, p.82).

In this project, Knowles Adult Learning Theory supports King's Conceptual System. This collaboration is depicted in Appendix A. Knowles' assertion is that androgyny has six

precepts that describe the adult student. The first principle of adult learning is that learning can

be self-directed. The second premise is that knowledge builds upon accumulated experiences.

Adult Learning Theory maintains that the need for knowledge changes with expanding social

roles. Inference of the argument concludes that self-interest motivates learning. The fifth precept

is that people are guided to learn by internal motivation. The last assumption that was that

individuals need a reason to learn (Merriam & Bierema, 2013). The premise is a successful adult

learning is a reality when the learner is engaged, attracted to the material, has established a need

for the information, and have some control of the process (Warren, 2016).

The principles of Knowles Adult Learning Theory sustain the use of a journal club as a

method knowledge attainment and support. In the journal club, the members can associate prior

learning and experiences with unfamiliar situations. Participants in journal club communicate,

discussing and debating, and the ensuing collaboration supports the team of professionals

(Bowers, 2006). The group learning demonstrated in a journal club helps the nursing leaders in

their understanding of the educational process of students who have a variety of disabilities.

Disabilities

The word "Disabilities" define a variety of conditions. The American with Disabilities

Act (ADA) defines a person with a disability as a "person who has a physical or mental

impairment that substantially limits one or more major life activities" (United States Department

of Justice, n.d.). The search for literature on disabilities revealed a variety of information

sources. The Cinahl database was queried with the word "disabilities," "students with

disabilities" and "nurses with disabilities." Research articles, reference articles, editorials,

guidelines, unpublished dissertations, and one white paper was obtained in the search. The

limitations that post-secondary education may encounter can include mobility, hearing, visual,

and speech impairments; chronic illness; learning disabilities; mental or emotional disturbances (Frank, 2012; U.S. Department of Education, National Center for Education Statistics, 2016). As many as 11% post-secondary students have some level of disability (National Center for Education Statistics, 2016).

The signing of the ADA protected disabled individuals since 1990. The 2008 amendments to the original legislation to provide more definition to the term disability and provide protection (United States Department of Justice-Civil Right Division, n.d.). The subsequent changes to this Act have reinforced the ability of individuals "with disabilities an opportunity to integrate in any profession, including the health care professions" (Shpigelman, Zlotnick, & Brand, 2016, p.442).

The exact number of nursing SWD admitted into nursing programs is not reported. It could be as much as the 11%, which is the number of post-secondary students accepted into colleges (US Department of Education, 2016); or it could be lower. The last study that dealt with numbers did not measure the number of students directly but the numbers of schools that were admitting students (Watson,1995).   The survey of the members of the Association of Colleges of Nurses found that 53% of the respondents admitting SWD to nursing schools with a measure of success. (Watson, 1995). That number grew to 87 percent in 1999 (Imparato, 2003).

Many nursing schools have a partnership with a department of disability services, and many clinical sites have human resources to meet this demand. The disability resource services "is responsible for evaluating requests for accommodations, informing faculty members of the approved accommodations, and facilitating student understanding of program expectations" (Ashcroft, et al., 2008, p.6). The assessment of the disability service office generates a plan for accommodations that promotes and supports the learning needs of the student (Ashcroft et al.,

2008). The problem nurse leaders face isn't the provision of the accommodations. It is an

understanding of the policies and laws associated with accommodations and an integration of

that knowledge that complicates SWD's nursing education and the NWD's practice.

The concerns that influence nursing leaders in the education of SWD are time, academic

standards, nursing standards and patient safety (Sowers & Smith, 2004). In respect to the issue

of time spent adapting learning activities, a study by Persaud and Leadom (2002) asked

academic leaders if they were asked to "make accommodations they felt unreasonable" (p.350).

Sixteen percent answered yes, and several of the specific comments pointed out that time that

associated with the accommodations made it difficult. The keys words related to the education of

SWD or with the practice of NWD is "reasonable accommodations" (ADA, 2009). Reasonable

accommodations refer to a change in the work environment that assists the individual in

performing their job (Neal-Boylan, 2013).

The question of allowing SWD into nursing school has caused some nurses and nursing

faculty query if academic standards have become compromised. The literature does not support

this view. The standards of the nursing curriculum build upon liberal arts and science, it

involves a connection between" the curriculum and what is required for graduation" (Marks,

2005, p.13). Nursing schools that admit SWD are expected to meet all the requirements of

course work, attendance, participation and knowledge requirements (Levey, 2014).   A study by

Baker et al., (2012) indicates three-quarters of the faculty viewed students admitted to the

nursing program as being successful in meeting requirements of the academic standards. The job

of educators then becomes to meet students' needs without compromising standards (Marks,

2005). "Nursing faculty must see beyond one proper way of completing a task" (Ashcroft et al.,

2008, p.9). It is logical that this could also be said about NWD in a clinical setting.

Sowers and Smith (2004) report that faculty struggle with the idea that SWD will be successful in nursing. This conflict causes some to believe that people with disabilities cannot be nurses (Neal-Boylan & Smith, 2016). There is no support for this view. In fact, many people believe that the "what" (Marks & Ailey, 2014, p.6) is more important than the "how" (Marks & Ailey, 2014, p.6). Nursing programs have been conditioned to believe that each graduate needs to be able to all perform all possible jobs open to a nurse. Neal-Boylan (2013) emphasizes that the ability to show empathy, design care for a patient or meet a patient's needs are not dependent on physical ability. The fact is that educational standards are not as restrictive as technical standards required by an employer (Marks & Ailey, 2014). It is not the responsibility of the educational program to make sure the student is employable; it is the responsibility of the program to educate to meet the objectives of the program. Once the student has graduated from the program, it will be up to the employer to determine if the inability to do a particular skill will prohibit them from taking the job (Neal-Boylan, 2013).

Citing patient safety is one reason to regulate the inclusion of SWD into educational programs and NDW in clinical practice. The literature does not support this; no compromise in patient care has occurred during the care by a student with a disability. As for NWD, "it seems clear that nurses with disabilities are no more likely to jeopardize patient safety than nurses without disabilities" (Neal-Boylan, 2013, p.116). As pointed out by Arndt (2004) in an early article on the subject, not every nurse has the competency of starting an IV, and not every nurse will start their career on a Medical-Surgical unit. "The nursing profession would be enhanced by people who could show us, every day, that a disability is not something wrong that needs to be fixed" (Arndt, 2004, p.206). Nurses will often offset their disability by learning how to achieve the same result by being creative and doing the task differently (Neal-Boylan, 2016).

Journal Clubs

Many studies have looked at journal clubs. Cinahl was used to institute the search for literature. Using the search term "journal clubs" found articles (21), research articles (14) and editorials (4) in the last five years. Of the number of studies that used journal clubs, the much research concerned medical practitioners. They are used to teach medical students, update practicing nurses about evidence-based change, and keep physicians abreast of changes in health care. Clinical journal clubs have been in existence throughout many different countries, facilitated in a variety of ways for over 100 years (Bilodeau, Pepin, & St-Louis, 2012; Honey & Baker, 2010). Journal clubs present information, best practice, research, "hot topics and evolving trends" (Young & Villelle, 2011, p.130). Participating in a journal club allows the members to discuss, deliberate and dialog about the issue presented (Scherzer et al., 2015). "Nurses learnt from each other's questions and appreciated encouragement to reflect on their own experiences" (Mattila, Rekola, Koponen, & Eriksson, 2013). Achievement of knowledge translation is through the process of shared interaction that encourages social interaction and participation (Nesbitt & Barton, 2014). The supportive nature of the journal club is inherent in its function and expressly affirmed by an editorial by Krugman (2009).

The purpose in the formation of this journal club is information and social support; the methods can be diverse. One method that is prevalent in the literature is the journal club that deliberates in a physical location, mediated by a member of the group. One of the most common uses of journal clubs is for knowledge acquisition during orientation (Mikos-Schild, Endara, & Calvario, 2010). Another is the use of journal clubs to teach research methodology to students (Davis, Hendry, Barlow, Leonard, White, & Coetzee, 2014).

A more technological method is also prevalent in the literature. Use of websites allows the participants the "opportunity for asynchronous discussion, with each member contributing at a time and venue of their convenience" (Lizarondo et al, 2016, p.17). Use of an internet-based format allows for those who work in isolation from peers to interact (Sortedahl, 2011)

McLeod et al. (2010) looked at the effectiveness of the moderated journal club in comparison to an internet journal club for teaching critical evaluation skills to a group of surgeons and medical students. The study looked at the increase of understanding measured by a Likert scale and by the completion rate of both groups. While there was little difference in the scores that measure critical evaluation, there was a substantial difference in the rate of learning activity completion with the use of a journal club. The students who were part of the mediated journal club were more likely to complete the learning activity than those who were part of the computer-based intervention.

In addition to the research studies that looked at the use of journal clubs and its effectiveness in promoting knowledge, also available were studies that focused on the set up of the journal club. Essential to the formation of a journal club, whether meeting in a physical location or online is the creation of goals (Lizarondo et al., 2016). Lee et al. (2005) performed a review and elicited characteristics of successful journal clubs. Suppositions made from this study found that journal clubs that are mandatory, sponsored by the department or company, had regular meeting times, and made food available are effective. Other characteristics identified in the literature include the designation of an individual who is responsible for organizing the activity and making sure that the participants have the article available before the meeting (Mattila 2013; Lachance, 2014). A study of respiratory therapists by Hinkson, Kaur, Sipes, & Pierson (2011) illustrated that providing continuing education units increased participation in the

journal club. Laaksonen, Paltta, von Schantz, Ylönen, and Soini (2015) performed a study that

paired nurses with nursing students, leading to a discussion that there may not be a perfect

number of participants in a journal club.

Matching a journal club with the topic of NWD or SWD was not seen in the literature,

although many subjects pair with this adult learning style successfully. A journal club is a

method for gaining knowledge about the issue and providing support for the faculty. A faculty

that has knowledge and support is one that can create a positive learning environment.

Social Support

Social support is a relatively common term used in psychology (Turner & Brown, 2010;

Rollins, Bond, Jones, Kukla, & Collins, 2011; Leach, 2015), sociology (Gottlieb, Gordon,

Cohen, & Fetzer, 2000; Bae, 2015), and nursing (Frey,1989; Fries Reed, 2007). Gottlieb,

Gordon, Cohen & Fetzer (2000) provides this definition, "social support is used to refer to the

social resources that persons perceive to be available or that are provided to them by

nonprofessionals in the context of both formal support groups and informal helping relationships

"(p.4). These resources are instrumental in decreasing the stress associated with work or life

challenges. Workplace social support increases job satisfaction and retention (Leach, 2015).

Increasing nursing faculty and leaders' perception of availability of resources lessens

professional stress levels allowing coping mechanisms to develop (Turner & Brown, 2010;

Yusoff, Khan, Rusheed, & Aamir, 2014).

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The Project Question

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Students and nurses with disabilities have the right to accommodation by federal law;

evidence supports that when the appropriate accommodations are instituted, it results in positive

outcomes. Evidence shows that leaders play a significant role in the support but because they

have little experience or specific knowledge in accommodations for SWD and NWD, they, in turn, feel the lack of support. Will nursing leaders report an enhancement in their confidence as to their ability to interact and provide direction to SWD and NDW after participation in a journal club and formation of a protocol? It is the belief of this author that this method will support and inform the nursing leaders faculty creating a positive environment for the SWD and NWD.

The aim of this project is to engage nursing leaders in a journal club that focuses on providing information associated with working with SWD and NWD. This will be accomplished by delivering supportive articles that explore nursing leader's role in SWD and NWD and examples in the literature of methods that are successful. A protocol created using best practice will be disseminated and made available to all leaders when the need arises.

Objectives

1. By the end of the DNP Project, a protocol for nursing leaders will be created to assist in working with SWD and NWD.

2. By the end of journal club, the participants will demonstrate an increased knowledge of three key points associated with working with nursing students or nurses with disabilities.

3. By the end of journal club, participants will verbalize an increased level of perceived support.

Project Design

The project design for this DNP project is based on the idea that nursing leaders need information and support to help them understand and assist students and nurses with disabilities. Faculty who perceive that they have support are more likely to stay in their position (Candela, et al., 2015). They are also more liable to advocate for their students. The same is a believed by this author about the response of nurse leaders about NWD. This can be construed by the fact that nursing faculty are nurse leaders only with a different practice site. The project design

consisted of a questionnaire answering the objectives outlined in in the project to facilitate education and support using a journal club (See Appendix C).

An assessment of the literature needs assessment shows that nursing leaders, as well as nursing educators, have a lack of understanding of the accommodations and responsibilities related to SWD (Ashcroft, et al., 2008) and NWD. The variables involved are the journal club, education process, and support. Journal clubs are a way to disseminate information to people to who have little time to search to keep current in an ever-changing health care environment (Thompson, Estabrooks, & Degner, 2006). The premise of andragogy is that adults need to be actively involved in their education, understand the need for the education and can apply the education being offered (Chan, 2010). Sharing in the discussion in a journal club format "promotes group cohesiveness and understanding, often fostering teamwork and group morale" (Betz, Smith, Melynk, & Rickey, 2005, p.377).

The journal club was be designed to present three different journal articles during each meeting. One setting focused on learning disabilities and nursing. The second journal club meeting focused on physical disabilities and nursing. The articles were distributed prior to the journal club to allow the nursing leaders to read the articles, allowing the journal club meeting to be a time of reflection and group discussion (Betz et al., 2005).

The information collected from the questionnaire examines the impact that journals presented in a collegial manner, with the ability to question, discuss and collaborate among nurse leaders. The primary purpose of this DNP project is designed to describe the role that a journal club could have on the nurse leaders.

Implementation

Population of Interest and Stakeholders

The population of interest is the nursing leaders of a medium sized town in the western United States. The stakeholders involved in the project are the faculty and the administration of the Nursing School, the librarian specialist, and the Disability Resource Center. The primary stakeholders, defined by Shirey (2012) are those people that are identified as those that are indispensable; that a loss of the stakeholders would cause the project not to go forward. Nursing leaders are the focus of the project, and without them, there would be no project. The administration of the School of Nursing has sponsored, advocated and supported this project. Secondary stakeholders, identified as those who have an interest in the project but not essential to the project would be the librarian specialist who collaborated with this author to provide structure to the program. An additional secondary stakeholder is the Disability Resource Center associated with the Nursing School who advocated for continued learning on this subject. The quality of the project was made better by the collaboration of all the stakeholders (Hughes, 2008).

Recruitment

The population of interest is nursing leaders. The participants of this project were the nursing leaders in the community who choose to participate in the journal club. An invite was be forwarded through the Directors of Education of the various hospitals in the region. The invite asked that notification of the journal club to be advanced to the respective nursing leaders including administration in their hospitals. There is no expectation that any one individual is likely to participate more than another (McMahon, 2002). No one was be excluded from this

activity. Permission was given for this activity to take place at the Nursing School, which is central to all the hospitals.   Recruitment of nursing leaders was based on an agreement to participate in the journal club and fill out the anonymous questionnaire online.

The questionnaire was presented on Survey Monkey platform. While not being a traditional form of validation, this a process allows the nurse leader to perform the questionnaire without bias. It protects the respondent (Lowry, D'Arcy, Hammer, & Moody 2016).

Advertisement of the offering included the posting of a flier to publicize the journal club (See Appendix B) meetings, which occur twice, two weeks apart, using different journal articles. An Email announcement reminder was be created to send out to all Nursing Education Directors and leaders with links to the articles and the forum.

Tools/Instrumentation

A specific questionnaire was created. An extensive search of a tool to measure support for faculty was undertaken using, EBSCOhost, Google Scholar, and PUBMED. Although there is considerable literature on social support of patients, there is not a particular tool that has been used to validate support of the nursing leaders using a journal club. In response to this need, a specific tool was created to answer the questions posed in the objectives. The content experts in the stakeholder group evaluated content validity of the questionnaire.

Data Collection Procedures

The objectives of this project were validated using a questionnaire. The collected observations was collated and evaluated by the objectives identified in the scope of the project.

Data collection from the questionnaire was used to substantiate the premise that education and

support acquired from a journal club activity is effective. The literature suggests that nursing

leaders who have received professional development on this topic have enhanced comprehension

and a greater willingness to work with students and nurses who have disabilities (Park, Roberts,

& Stodden, 2015).

A Survey Monkey questionnaire collected the results electronically. During the journal

club activity, an informational flier was distributed to describe the process on how to access the

website and log on to complete the questionnaire. The Survey Monkey questionnaire was open

for a week after the journal club activity. After the close of the questionnaire, access was not

permitted.

The information collected from the quantitative questionnaire was examined to measure

the impact that journals presented in a collegial manner has on nursing leaders (Betz, et al.,

2005). Leaders had a chance to question, discuss and collaborate over the topic of educating

SWD and working with NWD. The primary purpose of this DNP project has been to describe the

educational and supportive role that a journal club could have on the nursing leaders.

Timeline

A schedule for this project was developed to order to have an understanding what exactly

needs to be accomplished during this project on a week-to-week basis (Holly, 2014). The project

span was estimated to be eight weeks. The eight weeks allowed for the full preparation,

implementation, and completion of the project (Moran & Burson, 2014). The creation of a

timeline details the actions associated with the project identifies all the tasks that were completed during the project (White & Zaccagnini, 2011).

The project took placed during summer and fall semesters at the host site of a medium sized nursing school in Northern Nevada. The participants were nursing leaders from the community who were invited to participate through informational email promoting the journal club. In addition, advertisement of the offering was accomplished by posting the flier by email to the Directors of Education of the local hospitals as well as to nursing faculty.

Before the implementation of the timeline, several things were accomplished. One is that rooms were secured for the journal club gathering through the university room reservation system. The reservation system is easily accessed by the project manager and allows for a variety of rooms throughout the campus. Before the implementation of the planning phase, a review of the articles were completed for consideration. These articles were examined by the TUN School of Nursing before approval of the project was given.

Planning allowed eight weeks for the project. During the first week, the focus of the work was the formation of an email that includes the invitation for participation in the journal club. The email to nursing faculty contained a meeting invite that can link up with calendars on the participants' end upon acceptance. The email was sent to Nursing Education Directors of the local hospitals surrounding the host site, in order that it could be forwarded to the appropriate leaders for consideration.

Once the invite was sent out, three tasks remained on the agenda for a meeting with the stakeholders. Stakeholders identified for this project included the administration of the school of

nursing, the librarian specialist and a member of disability resources. It was vital to the success

of the project that stakeholders remained part of the planning and be involved in the preparation

process (LaRose, 2016).   The stakeholders during this meeting reviewed and provided input

regarding the questionnaire, validating that the questionnaire met the objectives identified for the

project. This meeting also served as a forum that the stakeholders could have input to the

timeline, and viewed an initial draft of the protocol for nursing leaders regarding the inclusion of

SWD and NWD.

The task for the second week included the creation of the paperwork necessary for the

submission for continuing education units (CEU)s. During this time, a review of protocol draft

and feedback was collected for consideration. The third week was focused on working on the

protocol draft using the feedback of the stakeholders.

The fourth week culminated in the journal club presentation of the chosen articles. The

journal club met for one hour to discuss the articles. At the end of the presentation, each member

that attended received one CEU and was invited to participate in the Survey Monkey

questionnaire related to the goals of the project.

The fifth week of the project timeline involved meeting with stakeholders to review the

articles chosen for presentation. An examination of the final draft of the protocol created for

nurse leaders also happened during this meeting (See Appendix E and F). If during this

inspection, approval were not given, an additional meeting would have been set for week six.

The journal club met in the sixth week and went over the chosen articles for one hour.

Each nursing leader attending earned one CEU and was invited to participate in the Survey

Monkey questionnaire to evaluate the objects of the project. A conditional meeting was on the

calendar for stakeholders to finalize the protocol if it had been needed.

Retrieval of the data from the questionnaire occurred in week seven. The information

gained from the questionnaire and objectives were validated. The information collected was

evaluated using descriptive statistics using statistical software SPSS.

Week eight concluded the project. At that time letters of appreciation were sent to

stakeholders. A written evaluation of the project was started.

Table 1

DNP Project Timeline

Week	Action
Week 1	Sent out information email to potential participants regarding the project. Formulated a flyer to advertise the journal club. Provided an initial draft to the committee for consideration and feedback.
Week 2	Met with Stakeholders to define specifics to the timeline. Set up Survey Monkey questionnaire for participants to respond to post journal club. Created the learning objectives, article(s), methods of review, and CV as necessary for Continuing Education Credits. Reviewed with stakeholders the draft of the protocol for nursing leaders who are working students and nurses with disabilities.
Week 3	Continued work on draft for protocol using input from stakeholders.
Week 4	Journal Club implementation. Survey Monkey evaluation made available.

Week 5	Review the second articles with stakeholders. Final review of protocol for leaders on the teaching SWD and working with NWD was concluded.
Week 6	Journal Club implementation. Survey Monkey evaluation made available.
Week 7	An analysis performed of the questionnaire. Evaluation of the project started.
Week 8	Finale of Project. Letters of appreciation written to stakeholders for their support.

Ethics and Human Subject's Protection

This project was submitted to the TUN School of nursing to determine if submission to the Institutional Review Board (IRB) was needed. The TUN School of Nursing determined that this project was associated with quality improvement, and as such did not constitute a need to be submitted to the Institutional Review Board (IRB) associated with TUN. This author is anticipated little risk. Although, because specific learning disabilities was part of the discussions, there was the possibility of a participant self-identifying with the disability causing harm to their self-perception. To minimize any harm articles were selected on groupings of disabilities, learning versus physical, and submitted in different journal club sessions.

The incentives of coffee during the journal club and CEUs granted on the completion of the one-hour journal club attendance amounted to the full amount of compensation a participant received. There was an open-door policy and participants had the ability to leave the area at any time upon entering the classroom. It was made clear to the nursing leaders that participation and

opinions were voluntary and confidential. The completion of the Survey Monkey questionnaire was anonymous and without compensation. The on-line questionnaire was structured in such a manner, that the identities of those participants protected from view.

Analysis/Evaluation

The evaluation of the quality improvement project included a post activity on-line questionnaire that was completed by the participants at their leisure. The anonymous questionnaire was then linked to a site in where those completing an evaluation could obtain a CEU for their participation. By having these activities linked and yet be separate no participant's name was directly associated with a specific questionnaire. (See Appendix A)

The questionnaire consisted of 13 questions. Three questions were focused on demographics, and ten questions were based on content. Two of the content driven questions on content focused on the learning objectives, if they were clearly presented, and if they were met. One question was specifically about the organizer, if the mediator was knowledgeable about the topic. Other questions focused on the relevance of the articles, learning, support and confidence associated with working with students and nurses with disabilities. Nine of the ten questions on the questionnaire were formatted using a 1-5 Likert scale. One question was formatted to have the participant list three facts that they took away from the activity, thus supporting the tenant that learning occurred because of their participation in this project (See Appendix D).

Evaluation of the objectives linked to this quality improvement project were analyzed using a Likert scale that allows for conversion of the data into categories transforming them into ordinal variables. This in turn allows data from this source to be analyzed using descriptive techniques (Pallant, 2016). Likert scales supports the participant's understanding that a lower

ranking number demonstrates a lower quality has been assigned compared to a higher-ranking number. The space between numbers is not specific, as the distance between each value is not determined (Bottie & Endacott, 2005). The results found in Survey Monkey were uploaded into an excel file and transferred to SPSS for analysis. After coding into SPSS frequencies were determined (Sylvia, 2014). Analysis of Likert scales are limited to descriptives using frequencies. The nature of ordinal variables (Pallant, 2016) is such that a mean and standard deviation would not give true meaning to the values. Further evaluation of the data using nonparametric tests like Kruskali-Wallis, is hampered by the number of participants in this quality improvement project (Sullivan & Artino, 2013). Based on these considerations, data analysis was conducted using descriptive analysis, specifically frequency to compare the responses of the participants.

Ten nurse leaders participated in the journal club activities that took place over two weeks. Data was collected from nine of the participants with a Survey Monkey questionnaire as the primary source of information. All of those who participated in the quality improvement project were female. Most of the nursing leaders were over the age of 60 (44%). Many of nurse leaders had been in nursing for over 15 years (67%). (See Table 2).

Table 2

Demographics

Question		n=9	%
Gender	Female	9	100%
	Male	0	0
Age	21-30 years	0	0
	31-40 years	3	33.3%
	41-50 years	1	11.1%
	50-60 years	1	11.1%

	60 + years	4	44.4%
How long have you been in nursing?	0-3 years	0	O
	4-6 years	0	0
	7-10 year	2	22.2%
	11-15 years	1	11.1%
	15 + years	6	66.7%

Each question was presented with five possible rankings from 1-5. A ranking of one demonstrated a low value of "strongly disagree", "not informative", or "not at all" depending on the question being asked. A ranking of five, represented scores of "strongly agree"," very informative" and "very much".   The results of this project were encouraging. Of the nine questionnaires that were completed, all the respondents validated that participation in the journal club increased their ability to work with student and nurses. Eight (88.9%) of the participants answered with a score of five, the highest possible, and one participant answered with a score of four (11.1%). The question that asked the attendee if participation in the journal club enhanced their feeling of support, all participating nursing leaders responded that it did "very much "(100%). A third question that is especially heartening was that participants felt that participation in the journal club increased their knowledge in dealing with nurses and students with disabilities. This is represented by the seven (77. 8%) of the participants answered with a score of five, and two (22.2%) answered with a score of four. This finding validated the earlier question of support, because knowledge of disabilities is related to support of support to students and nurses with disabilities (Dupler et al., 2012; Krugman, 2009). See Table 3.

Table 3

Knowledge, Feeling of Support, and Increased Ability to Work with Students

Question	n=9	%

Did the information reviewed in the journal club increase your knowledge on the subject?	Not at all	1	0	0
		2	0	0
		3	0	0
		4	2	22.2%
	Very much	5	7	77.8%
Did your participation enhance your feeling of support in working students or nurses with disabilities?	Not at all	1	0	0
		2	0	0
		3	0	0
		4	0	0
	Very Much	5	9	100%
Do you feel that participation in the journal club increased your ability to work with students or nurses with disabilities in the future?	Not at all	1	0	0
		2	0	0
		3	0	0
		4	1	11.1%
	Very Much	5	8	88.9%

An area in the questionnaire was provided to include narrative answers, to record important takeaway facts from the knowledge sharing in the journal club. Responses from participants varied. The comments were associated with students and nurses with disabilities. The most common take away from the participants was the importance of self-identification of a disability. Only by self-identification of the disability are accommodations made in the educational process (Leavey, 2014). In the workplace, it is a request for accommodations that generates the action, although in some cases nurses may self-accommodate and have no need to request additional accommodations (Wood, & Marshall, 2010). One participant alluded to the barrier that often comes up with self-identification (See Appendix D). This was evidenced in the following statement: "Students and nurses are scared of the repercussions of sharing their disability."

The second most common theme indicated as a takeaway from participation in the journal club was directly linked to accommodation. The comments themselves vary, even though the overarching topic remained the same. One participant made the point that

"accommodation doesn't always equal success." While another participant noted that "students

are the experts on their needs. Faculty are the experts on the clinical safe practice expectations

and requirements". From these diverse insights, one can assume that participant focused on the

actual accommodation and these related to supporting an individual with a disability.

Five other themes were identified by nursing leaders in the questionnaire in response to

the journal club session. One theme is that providing accommodations are the law. No insight as

the participant's feelings associated with such were evidenced. The second theme focused on the

response of the nursing leader. The direction that these comments took were reflected in the

overall statements how to react when dealing with students and nurses with disabilities. While

cost was the third additional theme, comments associated with this theme supported the idea that

cost was not a prohibitive factor in offering support those with disabilities. The fourth theme is

associated with the types of disabilities noted most often within the academic and work setting

for nursing students and nurses. This theme indicated that participants responding to the

questionnaire understand that chronic diseases coupled with learning and mental disabilities are

areas more common than physical disabilities. The final theme validates that student and nurses

with disabilities have a role in nursing. This is evidenced by comments such as "There is no

reason to exclude a student with a disability from nursing courses because accommodation are

available," and "people with disabilities have a place in nursing." (See Table 4).

Question	n=27	%
Self-Identify	8/27	29.6%
Accommodations	7/27	25.9%
About the law	3/27	11.1%

Response of the leader	3/27	11.1%
Cost	2/27	7.4%
Disability	2/27	7.4%
Student and nurse role in disability	2/27	7.4%

Table 4

The responses noted on the questionnaire affirm that participation in the journal club was valuable for those who attended. Responses reflected that participants felt that the journal club provided support, that participation enhanced their ability to work with nurses and students with disabilities, and that participation in the journal club increased their knowledge on the subject of disabilities. As noted from these findings, the quality improvement project supports the belief that journal clubs increase knowledge (, Chong, Brigidear, & Profetto-McGrath, 2005; Harris et al., 2011; Bilodeau et al., 2012; Generali, 2015). This in turn supports foundational evidence that this project format from conceptualization that knowledge promotes support (Neal-Boylan & Smith, 2016; Lizarondo et al., 2016; Krugman, 2009). Thus, findings from this project and evidence with results from current literature indicates that this format and the support received from such increases nursing leader's ability to work with student and nurses with disabilities.

Limitations

The small group size of the journal club session is the most likely limitation associated with this project that would in turn decrease the generalizability (Harvey, 2014, p.73). While there is no specific number of participants that is required to make a journal club successful, Davis et al. (2014) suggests that the number of participants in a journal club should be small, with no more than ten participating. Although only five nursing leaders attended each of the

journal club activities, this number made for an interactive conversation, in which each participant took part.

The small number of individuals attending the journal club may have been a response to the scheduled meeting time. This finding leads this author to assume that a limitation may be timing. This project took place in late summer, on a weekday, midmorning. The timing of the sessions were based on the availability of rooms for the presentation. It would be possible to conclude that this time was not convenient for nursing leaders in the community to attend. Nursing leaders in schools of nursing were preparing for the start of semester, and nursing leaders in the hospitals may not have been able to leave a busy nursing unit. There may be no optimal timing; one suggestion from the literature is to plan the journal club at 8:00 a.m. (Londsdale, Pennington, Rice, Walker, & Dashnow, 2016) on a day that is agreed upon by the group.

Recruitment may have played a part in the low turnout rate. The flier and invitation was sent to the Directors of Education (DOE) at the local hospitals. In the body of the email, there was a request that the flier be distributed to the nursing leaders. Responses were returned by three of the four DOE's. A limitation may be that, for whatever reason, the information did not make it to the desk of the nursing leaders we sought to recruit. Another explanation is that in a busy hospital, there may not be any optimal time unless the class is made mandatory for the attendees. If that is the case, many more sessions would have been needed to meet the needs of the four hospitals in the area. In an attempt to increase the number of attendees, by making the activity mandatory generates a sense of obligation, resulting in a negative tone for the activity (Lachance, 2014). It might be further said that making learning mandatory diminishes the

motivation of the participant and defeats several of the principles associated with Knowles

Theory of Androgyny (Cochrane & Brown, 2016).

Sustainability

The ability to continue a DNP project is a function of the target population (Schriener &

Bemker, 2016). The ability for the project to withstand depends on whether it was able to meet

the needs of the population. On the positive side, flexibility is a strength of using a journal club

(Bilodeau et al., 2012). Based on the responses, the sustainability of this project is a likely

possibility. Although, leaders have limited time, by taking an hour to talk about topics of

interest, research can be brought to practice (Vadaparampil et al., 2014). Times and topics need

to change in order to meet the requirements of the leaders, but the discussion, debate,

conversation and collegiality will remain (Scherzer et al., 2015).

Dissemination

Dissemination is representative of the learning and professional responsibility that has

occurred during a DNP project (Brown & Crabtree, 2013). To further this mission, the initial

dissemination of this project has been through presentations to key stakeholders. The project has

been submitted in an abstract form and accepted for a poster presentation at a statewide

conference held by the Nevada Nurses Association with the Nevada Organization for Nurse

Leaders in late November of this year. Immediate plans include submission of abstracts to the

2018 National Doctors of Nursing Practice Conference and the Western Institute of Nursing

Conference for poster and podium presentations.   Further plans include being open to speaking

at conferences and to publishing the findings in a nursing publication.

Conclusion

There is a generous amount of literature on disabilities, on journal clubs, and social support. Unfortunately, there was no one study that incorporated all these concepts. This though does not cause a gap in knowledge because interwoven through the literature was the three important concepts. Communication, education, and support will allow journal club participants to build upon experiences and transfer knowledge to their peers and situations. Imogen King's Conceptual Systems and Theory of Attainment in conjunction with Knowles Adult Learning Theory illustrated the relationships and interactions that enhanced the confidence of faculty in their ability to instruct nursing students with disabilities and nurse leaders interacting and working with nurses with disabilities after participation in a journal club and the formation of a protocol.

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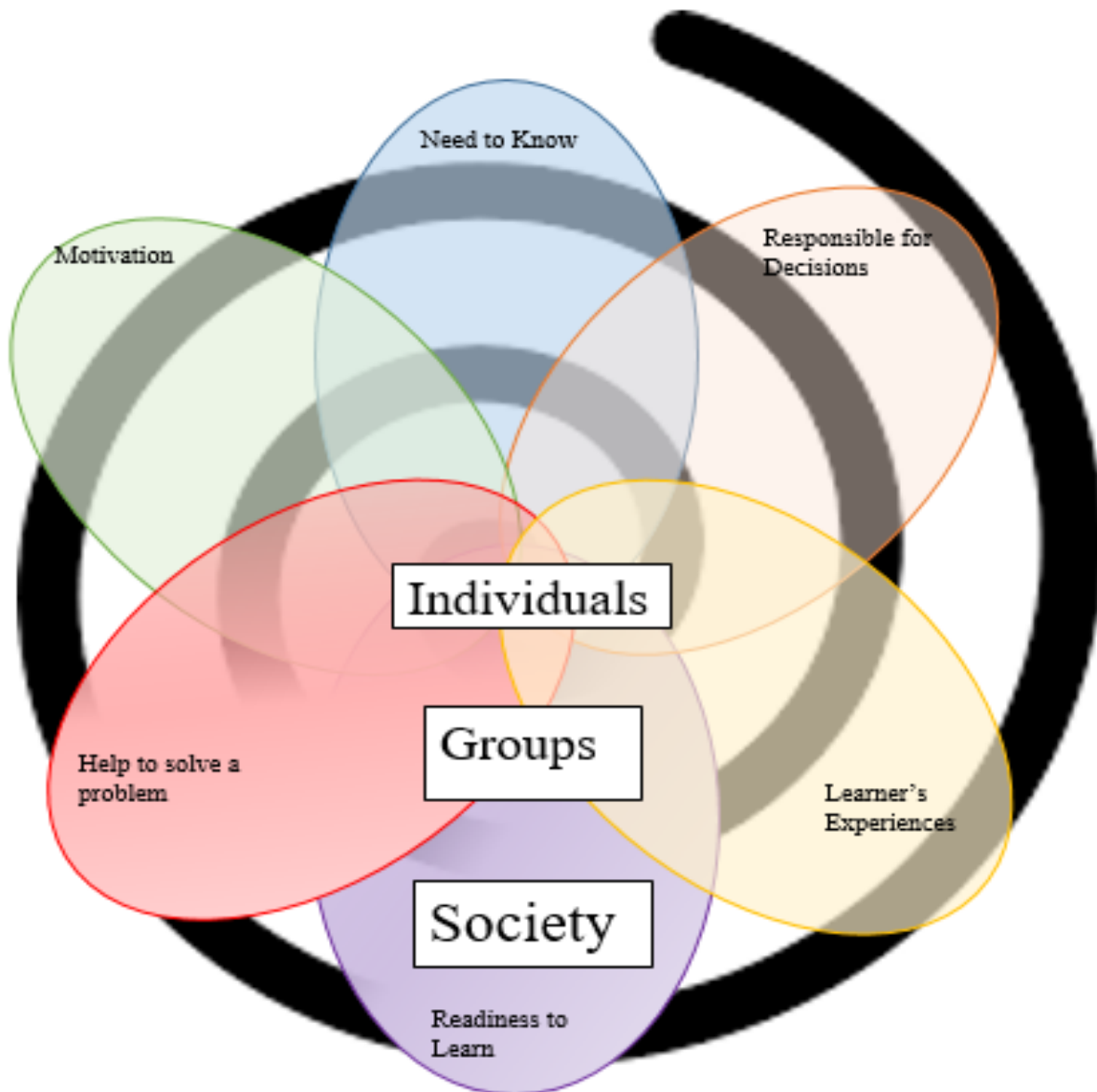
Appendix A

Diagram representation of Imogene King's Conceptual Framework (1971) for Nursing married with Knowles' Adult Learning Theory (1990).

Appendix B

A Journal Club
to Support Nursing Leaders

Please join me for a review of articles and conversation about the topic of nursing students and nurses with

disabilities. Each of the dates will cover different information.

Attend one or both. #1 The focus will be on Learning Disabilities

Pennington Health   8/23/2017

Sciences Room 227 at 10:00-11:00 a.m.

#2 The focus will be on Physical Disabilities

Pennington Health   9/5/2017

Sciences Room 227 at 10:00-11:00 a.m.

1 CEU will be available for attendance at each journal club session.

To RSVP or for more information please email me at rochelleh@unr.edu or call me at 775 530-2829

Appendix C

Using a Journal Club to Support Nursing When Working with Students or Nurses with

Disabilities

This activity is open to all nursing leaders. Consistent with your participation this survey is anonymous.

Participant learning objectives:
Following the activity, the participant should be able to:
1. Demonstrate an increased knowledge of three key points associated with working with nursing students or nurses with disabilities.
2. Verbalize an increased level of perceived support.

Circle the number that best describes the following:	Strongly Agree	Agree	Neither agree or disagree	Disagree	Strongly Disagree
The PLO's listed above were clearly presented.	5	4	3	2	1
The PLO's listed above were met.	5	4	3	2	1
The organizer was knowledgeable about the topic.	5	4	3	2	1
The journals presented were relevant to the practice of nursing faculty/leaders	5	4	3	2	1
If participation in the journal club was not relevant to your practice, explain why and provide recommendations to make the exercise better.					
Overall how informative did you find the journal articles presented?	Very Informative 5	4	3	2	Not informative 1
Did the information reviewed in the journal club increase your knowledge on the subject?	Very much 5	4	3	2	Not at all 1
Key Facts Associated with working with students or nurses with disabilities 1. 2. 3.					
Did your participation enhance your feeling of support in working with students or nurses with disabilities?	Very much 5	4	3	2	Not at all 1
Do you feel that participation in the	Very much				Not at all

Demographics

Gender	Female	Male	Transgender		
Age	21-30	31-40	41-50	51-60	60 +
Years in Nursing	0-3	4-6	7-10	11-15	15+ years

Appendix D

Take Away Facts from Participants

Theme	Comment from Participants
Self-Identify	It is to a student's benefit to self-identify especially to a faculty member who champions their educational endeavors.
	Students must self-identify that they have learning needs.
	Under the ADA, the student must initiate the process. They are not entitled to protection if they do not inform their school of their disability.
	Some students do not self-disclose their disabilities.
	Student do not always self-disclose their disability.
	Only the person can share about the disability.
	To be protected you need to self-identify.
	Students and nurses are scared of the repercussion of sharing their disability.
Accommodations	It is important to be consistent.
	Be careful about informal accommodations.
	Important of only providing DRC sanctioned accommodation.
	Use the DRC to help with accommodations.
	Accommodation doesn't always equal success.
	People tend to create their own accommodations first.
	Students are the experts on their needs. Faculty are the experts on the clinical safe practice expectations and requirements.

About law	It's the law
	Legal requirement of dealing with student and nurses with disabilities.
	It is the law.
Response of the Leader	Confidentiality is important.
	Be open to how to help these students be successful.
	Stay nonjudgmental. Strategies to support learning and clinical skill acquisitions.
Cost	It does not usually cost too much to provide accommodation.
	Accommodations do not have to be complicated or expensive.
Disability	Chronic disease falls under the umbrella of disabilities.
	You may see more mental and learning disabilities than physical disabilities.
Student and nurse role in disability	There is no reason to exclude a student with a disability from nursing courses because accommodations are available.
	People with disabilities have a place in nursing.

Appendix E

Protocol for Nursing Leaders in Education

- **If a student should disclose a disability;**
  - **Refer them the DRC**
    - **Can be verbal, but should be in writing as well. A follow up email should be sent to the student with the DRC contact information.**
- The Disability Resource Center (DRC) determines appropriate accommodations. If the student requests additional or asks for informal disability accommodations you need to refer them to the Disability resource office. If you grant the request, and later a professor does not, it can lead to accusation of discrimination or arbitrary treatment.
- **Don't provide disability accommodations beyond those approved by the Disability Resource Office**
- **Do not accept any medical documentation for a request of accommodations. This information needs to be given to the DRC.** This is different from someone having the flu.
- Once the student has disclosed a disability to a school official, the institution may be deemed to be aware of the disability, and to have provided accommodations.
- **If you think a student may have the disability:**
  - **Resist the urge to suggest to the student that they have a disability.**
    - This could possibly lead to a charge of discrimination. Even if you are a provider that is qualified to diagnose. Your role is an educator. This is the role of the DRC
  - **Have the student seek support from resources on campus**.
- Give them a list of all resources that are available. Include departments like the counseling center, the student health center, the tutoring center. If it is a verbal conversation, follow up with an email.
- **Confidentiality**
  - **Documents need to remain confidential.**
  - **Do not share information.**
    - With your peers, members of the class. If you have a question about how to deal with an issue, call the DRC.
  - **Do not ask the student specifics about the disability or why they need accommodations.**
  - **Shred documents in compliance to school policy.**

Appendix F

Protocol for Nursing Leaders Working with Nurses with Disabilities

- **It is important to work with your Human Resource Representative to make this positive transition.**
  - It is essential to the field of nursing that we encourage and retain nurses who have disabilities.
- **The Definition of a Disability**
  - A physical or mental impairment that impacts one of more life activities is referred to as a disability (US. Equal employment Opportunity Commission, n.d.). Additionally, this term also covers a person who has a record of impairment, or is regarded as having an impairment.
- **Considerations that are important to be aware of once the nurse has identified that they have limitations associated with a disability**.
  - Many people do not disclose their disability due to the stigma and shame associated with having a disability (Marks, 2005). Successful integration into the workplace is greater when nurses are able to communicate about their need for accommodation or by obtaining technology to compensate for their disabilities (Matt, 2008). "Viewing disability simply as a difference and not as a identify, under the broad umbrella of cultural diversity, provides a new perspective for nursing" (Moore, 2004, p.197)
- **What are the limitations?**
  - Depending on the disability and the level of compromise, many disabilities can be accommodated with technology or methodology. Skills should be assessed for the what is needed to be accomplished not how it done (Marks &Ailey, 2015). Neal-Boylan (2016) cites that in no instance has patient safety been impacted by a nurse's disability. Nurses are very good at compensating for their disability by learning to perform skills in a nontraditional method.
- **How does the limitations impact the nurses' ability to do their job? Is there any specific area of their job that is problematic?**
  - In a study by Matt (2011), nurses projected a positive attitude towards nurses with disabilities, indicating that they would assist a nurse with disabilities as needed. Peers having contact with coworkers needing accommodations may benefit by having "positive attitudes towards all individuals with disabilities" (Matt, Fleming & Maheady, 2015, p. 325). Although remaining positive, accommodating attitudes varied between nursing units. Outpatient areas were seen as very positive and intensive care units and the operating room less positive. This may be explained in part by the acuity of the patients (Matt, 2011). Nurses with disabilities are often motivated and have increased productivity when organizations are perceived to demonstrate caring (Matt, Fleming, & Maheady, 2015).

- **Accommodation associated with the disability.**
  - Accommodations range in content as well as degree. Depending on the need of the institution, job descriptions may be changed, reassignment to another area of the hospital, or to another environment (Wood & Marshall, 2010).
- **Have resources been identified to assist potential accommodations?**
  - Human resources departments are often the specialists that managers and directors look to for direction. In addition. Resources are available, for nurses and their employers. One specific one that is available on line or by phone is the Job Accommodations Network.
- **Has the nurses been consulted on the accommodations that may be needed?**
  - It is important to involve the nurse in question; they may have insight into the accommodations that are needed (Wood & Marshall, 2010).
- **If the nurse wants to share with peers, is there training for disability awareness available.**
  - Matt (2008) found that nurses who felt comfortable sharing with their colleagues and by providing their peers education about their disability were able to gain the acceptance.

Resources

American Foundation for the Blind AFB Career Connect Toll Free: (888)824-2184 http://www.afb.org/Section.asp?SectionID=7	Nurse Friendly, The 38 Tattersall Drive Mantua, NJ 08051 Direct: (856)415-9617 info@nursefriendly.com http://www.nursefriendly.com/disabled/
American Nurses Association 8515 Georgia Avenue Suite 400 Silver Springs, MD 20910 Toll Free: (800)274-4262 Direct: (301)628-5000 Fax: (301)628-5001 http://www.nursingworld.org/	Nurses House VMD Center for Nursing 2113 Western Avenue, Suite 2 Guilderland, NY 12084 Direct: (518)456-7858 Fax: (518)452-3760 mail@NursesHouse.org http://www.nurseshouse.org
Association of Medical Professionals with Hearing Losses secretary@amphl.org http://www.amphl.org/about.php	Office of Disability Employment Policy 200 Constitution Avenue, NW, Room S-1303 Washington, DC 20210 Toll Free: (866)633-7365 TTY: (877)889-5627 Fax: (202)693-7888 http://www.dol.gov/odep/

Exceptional Nurse 13019 Coastal Circle Palm Beach Gardens, FL 33410 Direct: (561)627-9872 TTY: (561)776-9442 Fax: (561)776-9254 ExceptionalNurse@aol.com http://www.exceptionalnurse.com	Rehabilitation Institute of Chicago 345 E. Superior Street Chicago, IL 60611 Toll Free: (800)354-7342 Direct: (312)238-1000 TTY: (312)238-1059 http://www.ric.org
Job Accommodation Network West Virginia University PO Box 6080 Morgantown, WV 26506-6080 Toll Free: (800)526-7234 TTY: (877)781-9403 Fax: (304)293-5407 jan@AskJAN.org http://AskJAN.org	Service Animals https://www.ada.gov/service_animals_2010.htm
National Nurses Business Association P.O. Box 561081 Rockledge, FL 32956-1081 Toll Free: (877)353-8888 Direct: (321)663-4610 bemis@nnba.net http://www.nnba.net	Society for Healthcare Professionals with Disabilities info@DisabilitySociety.org http://www.disabilitysociety.org/

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