



“If they can't tell the difference between duphalac and digoxin you've got patient safety issues“. Nurse Lecturers' constructions of students' dyslexic identities in nurse education



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SUMMARY

Aim: The paper explores how student nurses with a dyslexic identity were discursively constructed by lecturing staff in nurse education.

Background: An increasing number of students completing programmes of study in higher education are registering and disclosing one or more disabilities to their respective institutional support services. As students with dyslexia enter the nursing profession, they bring with them their own unique identity that situates their disability in a specific light. Nurse lecturers play an integral role in supporting all students including those with a disability; however no previous research has attempted to examine the language they use to construct students with a dyslexic identity. Critically, the internalised views of those with teaching and learning responsibilities who directly interact with students with disabilities have a critical influence on the nature of the supports provided, as well as decisions about students' professional competence.

Design: Discussions that centre on the inclusion of individuals with disability in healthcare education are shaped by language and diverse ways of understanding, therefore, an exploratory discursive design, examining how dyslexic identities are socially constructed by nurse lecturers is an overarching focus of the paper. Using narrative interviewing, twelve nurse lecturers from two higher education institutions in the Republic of Ireland were interviewed during the period February to July 2012.

Results: Discourse analysis was guided by a narrative–discursive approach. Nurse lecturers identified ‘Getting the work done’ as a critical component to becoming a nurse, where expectations associated with efficiency and independence superseded students' right to accommodation. An implicit mild–severe binary existed amongst lecturers while categorising students with dyslexia, with those placed in the latter considered professionally unsuitable. These concerns are individually critiqued.

Conclusion: Critically, policy leaders must continue to consider wider sociocultural as well as individualised understandings of dyslexic identities in order to enhance inclusion prerogatives.

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Introduction

An increasing number of students completing programmes of study in higher education are registering and disclosing one or more disabilities to their respective institutional support services (Association for Higher Education Access and Disability (AHEAD), 2012). Similar to all other healthcare professions in Ireland and elsewhere, nursing is legally obliged to meet the needs of students with disability, and ensure they have appropriate access to a diversity of teaching and learning opportunities (Tee and Cowen, 2012; Halligan and Howlin, 2011). For example, under current Irish equality legislation and akin to what is published in many other countries, any institution involved in educational delivery is required to provide reasonable accommodations (‘adjustments’ in the UK) to support students with disabilities in accessing their chosen course. This responsibility is shared by two distinct and separate entities

involved in nurse education: firstly, those in higher education settings (Nursing Faculty) and secondly, private and publically owned health care service providers (Directors of Nursing).

Dyslexia, the most disclosed disability amongst students in nurse education, is broadly defined as having a variety of difficulties in areas including spelling, reading, writing, day-to-day organisation and short-term/working memory. The prevalence of dyslexia in nursing has not been defined, although one study found a twelve percent incidence amongst undergraduate nursing students (Wray et al., 2011). Dyslexia is also a controversial issue, with conflicting debates and positions about its origins, causes, manifestations and treatments (Stampoltzis and Polychronopoulou, 2009).

Little if any attempt has been made to examine how individuals with disabilities are constructed in talk by stakeholders including nurse lecturers in the area of health care education. The attitudes and perceptions internalised by those interacting with students in an instructional and teaching capacity affect the nature of the supports given and

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received (Roberts, 2009) which can consequently and indirectly influence patient care. Significantly, the discourses and related identities lecturing staff draw upon in debating the inclusion of individuals with disabilities in nurse education has not previously been examined.

Background

Historically the nursing profession has cast a traditionally medical focused lens on how disability is interpreted, using constructs such as individualised care, impairment and rehabilitation to describe the disabled individual (McMillan Boyles et al., 2008). Difficulties remain in successfully implementing appropriate disability accommodations within nursing (Tee et al., 2010). One possible reason for this difficulty is that agreed policy approaches in higher education towards the inclusion of minority groups such as those with disability (social model of disability) are potentially divergent with how disability is viewed within nursing (medical model of disability). This raises critical questions that heretofore have not been addressed including: Are students with disabilities ultimately constructed by nurse lecturers through a medical lens and therefore identified as deviant or impaired? In addition, do caring actions underpin understandings of disability and are individuals deemed unable to exercise choice and control (Morris, 1997), but instead viewed as dependent and non-autonomous (Kroger, 2009)?

The inclusion of individuals with disability in nurse education has coincided with an increase in scholarly debate in areas including: the impact disability has on students (Wray et al., 2011; Sanderson-Mann and Mc Candless, 2006), the facilitation of supports and reasonable accommodations (Halligan and Howlin, 2011; Storr et al., 2011; Tee et al., 2010; Tee and Cowen, 2012; White, 2007) and finally, the professional development of support staff (AHEAD, 2012; Tee and Cowen, 2012; Cowen, 2010). Significantly, debates focusing on the fitness to practice of individuals with disabilities have also emerged within this space. However, fitness to practice procedures have been criticised on the grounds of being discriminatory towards students and staff with disabilities, exclusively focusing on their disability instead of their competency to perform their professional duties (Riddell and Weedon, 2009; Sin and Fong, 2008).

Notwithstanding the advancement in policy on widening participation, there remains a significant amount of debate regards the inclusion of individuals with disabilities in nurse education. The way nurse lecturers draw upon and internalise discourses around inclusion can directly influence subsequent interaction with students. There is a need therefore, to examine how students with disabilities are constructed by nurse lecturers and critique the underpinning discourses that are acquired for this purpose.

The Study

Aim

The aim of this study was to explore how student nurses with a dyslexic identity were discursively constructed by nurse lecturers in nurse education.

Design

Discussions that centre on the inclusion of individuals with disability in healthcare education are shaped by language that can have a locking affect on how others are viewed or described (Alvesson and Skoldberg, 2009). The design aimed to examine language or “ways of speaking” (Tonkiss, 2012, p. 407) used by nurse lecturers in describing students with a dyslexic identity thus, an exploratory discursive design became the overarching guide to the study (Tappen, 2011). Language and texts can be sites from where social meanings are formed and identities are shaped (Tonkiss, 2012); students possibly draw on this form of social meanings to construct their identity (Taylor, 2005) and critically

can become positioned in talk by others (Davies and Harré, 1990) within defined social and cultural contexts (Taylor and Littleton, 2006) such as in nursing for example. Adopting a discursive based design places a central and critical gaze on language and offers a specific socio-cultural context as to how interactions might take place between students and nurse lecturers. Exploring discourses articulated by nurse lecturers about students with dyslexia in nursing, can also assist in revealing wider constructions of how disability is viewed in nurse education. Finally, in attempting to explore language around the inclusion of individuals with dyslexia in nurse education, one is in effect illuminating possible established or “taken for granted realities” that inform educational and public policy (Gergen, 2009, p. 51).

Participants

A purposive sampling strategy, involving the selection of cases that met predetermined criterion was used (Polit and Beck, 2012). The sample was recruited from two higher education institutions engaged in nurse education in the Republic of Ireland. The eligibility criteria included: firstly, being registered as a nurse in any of the nursing disciplines and secondly engaged in the delivery of nurse education programmes for at least two years or more. Nurse lecturers with varying years of professional experience in nurse education were selected, thereby reflecting within reason the typical profile of participants in nursing education sites. This assisted with any future discussions on transferability of findings and the fittingness or the degree of congruence with equivalent sites (Polit and Beck, 2012). Twelve nurse lecturers were interviewed five from site A and seven from site B. (Table 1). For the purposes of presentation, each participant was given an alphabetical identification, for example ‘Lecturer A’. The number of lecturers recruited was guided by the discourse analysis stage of the study and the saturation of themes that subsequently emerged (Rivas, 2012).

Table 1
Interview guide.

Question 1	Can you tell me any stories about previous encounters with students with dyslexia?
Question 2	What are your views in relation to nursing and the inclusion of individuals with disability generally and dyslexia specifically.
Question 3	What do you perceive as the potential opportunities/difficulties of being a nurse with dyslexia? (Vignette A is given to the interviewee once this question is explored – See Appendix C)
Question 4	Given your expertise in nurse education, can you give me your initial impression of the reasonable accommodations (RA) that Pauline has requested?
Question 5	Are they, in your view reasonable?
Question 6	Do the RA's square in your view with what is expected of a student in Year....? (Vignette B is given to the interviewee)
Questions 4, 5 and 6 above are then repeated	(Vignette C is given to the interviewee)
Questions 4, 5 and 6 above are then repeated	
Question 7	Some advocates of inclusion policy in relation to dyslexia indicate that we should focus less on the individual and concentrate more on changing the culture and remove barriers. What are your views of this position?
Question 8	Why do you think it is necessary to provide reasonable accommodations to students during their theoretical/clinical time?
Question 9	Some people would argue that we should take a more open stance and include people with dyslexia and change for example our ‘way of communicating’ to electronic means?
Question 10	What in your view are the leading barriers to inclusion of individuals with disability in nurse education?

Ethical Issues

Ethical approval to engage in the study was granted following review by a higher education institution where the author was completing a doctoral programme of studies. Two higher education institutions in Ireland were contacted and provided formal written consent to gain access to nurse lecturers. Contact was subsequently made with the head of faculty in both sites who acted as a conduit in forwarding information via email to lecturing staff. The email contained two attachments including: firstly, a letter of invitation to participate and secondly, an information sheet, giving an overview of the study, indicating inter alia, the freedom to withdraw from the study. Contact details of the researcher were included in the information sheet and once participants responded to the request, logistics about data collection were discussed and agreed. Prior to interviewing taking place, the aim of the study was outlined, the withdrawal principal was repeated and informed consent was sought.

Data Collection and Analysis

Identities are constituted in the stories we tell (Lawler, 2008) therefore, narrative interviewing of nurse lecturers was employed as a best fit to examine the many discourses used in the construction of dyslexic identities of students in nurse education. The narrative interviewing technique included a semi-structured interview schedule and vignettes which simultaneously retained both a research focus in addition to allowing flexibility for the interviewee to tell their story (Bold, 2012) (Tables 2 and 3). Discourse analysis was completed by employing an adapted analytical framework by Spencer et al. (2003), aided significantly by the organisational and creative potential that NVIVO software affords (Punch, 2009). Spencer et al.'s (2003) analytical tool entailed three stages to discourse analysis including: data management, descriptive accounts and finally explanatory accounts. The analysis focused on

Table 2
Interview vignettes.

<p><i>Vignette A</i> Pauline is a fourth year student and is completing her last theoretical block before commencing her internship placement. She has dyslexia and the following learning accommodations have been forwarded and requested by the Dyslexia Support Department.</p> <ul style="list-style-type: none"> -Pauline does not wish to be asked to read aloud on the spot situations. -Pauline has difficulties around participating in class discussion at the formal academic level. -Pauline wishes lectures to be aware that she has difficulties with academic writing in the areas of structure, spelling and grammar. She is therefore applying to have sympathetic consideration of spelling and grammar – therefore marks should not be deducted for poor spelling, grammar or syntax.
<p><i>Vignette B</i> Steve is a third year student and is completing a theoretical block. He has dyslexia and the following learning accommodations have been forwarded and requested from the Dyslexia Support Department.</p> <ul style="list-style-type: none"> -Steven will have an assisted reader during class examinations. -Steve will be given extra time at 10 min per scheduled hour. -Steve requests that all class presentations be made available before class. -Steve requests that all lectures be taped. -Steve will therefore be given extra time at 10 min per scheduled hour. Example for a 1 h, 50 item MCQ in-class examination, Steve received an assisted reader and also received 10 extra minutes to complete the paper.
<p><i>Vignette C</i> Mary is a fourth year student and is placed as part of her Internship year on St Paul's ward, a busy medical placement. She has dyslexia but has not disclosed this information in her placement area. The following reasonable accommodations have been offered to Eileen during her earlier theoretical block:</p> <ul style="list-style-type: none"> -Mary had an assisted reader during class examinations. -Mary wished lectures to be aware that she has difficulties with academic writing in the areas of structure, spelling and grammar. She is therefore applying to have sympathetic consideration of spelling and grammar – therefore marks should not be deducted for poor spelling, grammar or syntax. -Mary was given extra time at 10 min per scheduled hour.

Table 3
Nurse lecturer and institution demographic.

Lecturer	Institution
Lecturer H	Site A
Lecturer I	
Lecturer J	
Lecturer K	
Lecturer L	Site B
Lecturer A	
Lecturer B	
Lecturer C	
Lecturer D	
Lecturer E	
Lecturer F	
Lecturer G	

the way students with dyslexia are constructed and therefore on the language and embedded patterns of terminology emerging within and across the interview data (Taylor and Littleton, 2008).

Findings and Discussions

Two dominant themes that emerged from the analysis stage of the study reflect the language and meaning nurse lecturers ascribed to students with dyslexia registered on nurse education programmes. These included 'getting the work done' and the 'severe dyslexic student'. Each one is now discussed in detail.

Getting the Work Done

The participants used 'getting the work done' to illuminate firstly, what nursing entails, and secondly, expectations on student nurses with dyslexia while on placement during their training and after qualifying. Important features of this theme entailed a physical adeptness to complete various roles associated with nursing and, as Lecturer A described "If you do the work you'll be alright". Lecturer B, for example, highlighted how there is an expectation that an individual will have the "stamina to be able to carry out the job", while Lecture C described it as being able to "physically get through a day's work". Lecturer E for example highlighted how their nursing school receives positive feedback from hospitals when students make a seamless transition when placed in practice settings, stating "The ones that they pride us on are the ones that literally know their job and get on with it efficiently". Implicitly the message here is unambiguous; students, who fail to get the work done for whatever reason, are viewed as problematic.

The corollary here is that students requiring support are perceived disapprovingly or, as Lecturer C described "We can't be out there minding them". This view is also exemplified by Lecturer E who stated "I don't believe there's the time or the inclination of staff out there to nurture people and babysit people". This babysitting metaphor poignantly reinforces how getting the work done is what matters, while providing support to students with dyslexia by contrast is viewed disapprovingly. In addition, this position can be interpreted as a lack of awareness of the legal obligations associated with supporting students with disabilities in clinical practice (Tee and Cowen, 2012). Furthermore, an equally pressing debate this view draws attention to is the palpable tension that exists between, on the one hand, a duty of care to patients (An Bord Altranais, 2005), while on the other hand, the legal prerogative of supporting students with dyslexia in placement settings. Lecturer F described it as thus: "The duty of care I have to students is not greater than the duty of care that I have to patients". Here we see how 'getting the work done' remains a constant theme but here the focus shifts to the nurse preceptor, whose role of "transmitting knowledge, skills and attitudes" (An Bord Altranais, 2000, p. 5), is viewed as problematic or compromised in this context because of commitments first and foremost to the patient. In other words, 'getting the work done' takes precedence over any rights to which a student with

dyslexia is entitled. Patients cannot be ignored, as Lecturer F stated: “I think the difficulty is that in practice, the student is not the most important person”.

Some lecturing staff believed that there remains opposition to embracing the notion of inclusivity in nursing. This was described as a cultural resistance within nursing by Lecturer L, “Something that’s to be feared....they might not quite fit in”. Lecturer J drew on some historical ties to explain the resistance:

Maybe people are afraid that you know perhaps if people with loads of different backgrounds cultures abilities come into this profession, is it going to affect then this kind of bar that we set maybe.

Lecturer L, pointed out there is a denial in nursing of having links to disability in the first place and, equally, nursing is considered only for the ‘able’. Lecture A described the ‘able’ students as those ‘without dyslexia’ while Lecturer B believed there is an acceptance in the nursing profession that students should have certain characteristics, as outlined in the following extract:

Sort of really physically capable and it would come out like able to walk on their own two feet and yeah, able to read something the minute they look at it without having to think about it.

Malcolm (1989) makes reference to a ‘physical fitness exam’ as a condition of service for qualified nurses in Dublin Swifts Hospital (1746–1989). Equally, in Fealy’s historical overview of The Adelaide Hospital in Dublin, a reference in matrons notes about student nurses not “being ‘strong’ enough to continue” subsequently led to their training being terminated (Fealy, 2009, p. 62). This constructed ideal nurse (Fealy, 2004), is linked to a ‘getting the work done’ narrative and serves to sustain a culture aiming to retain what Lecture B describes as the “young middle class perfect nurse” who is ultimately “fit for purpose and fit to do the job”. Kelly and Watson (2013) usage of the term ‘closed system of thought’ adequately describes such an implicit discourse and is somewhat contrary to aspirations of ‘plurality, diversity and cosmopolitanism’ within nursing (p. 2).

The Severe Dyslexic Student

Although most nurse lecturers emphasised variation in describing what dyslexia is, students were invariably characterised in terms of having either a mild or severe form of the disability. Students’ ascribed a mild dyslexic identity were perceived to need little in the way of support or accommodation. Language used to describe students with severe dyslexia included: ‘profound’, ‘intense’, ‘challenging’ and ‘great dyslexic problems’. Language patterns emerged as to how students with severe dyslexia were constructed and included being linked to one or more of the following: not acquiring appropriate competencies, having patient safety issues and finally students receiving specific academic reader/scribe accommodations.

Students’ failing or not reaching a nursing standard or competency was assigned a severe dyslexic tag. For example, Lecturer G noted “You must pass your five domains in every placement and the severe dyslexic ones go down on the communication domain. In regard to patient safety, Lecturer I described a student as having ‘great dyslexia’ problems and outlines his difficulties as follows:

At the end of third year and the beginning of fourth year they were great concerns in relation to safety in practice and examples of things that he was and wasn’t doing that put patients at danger....he would be an example of somebody who today has left nursing.

Legitimate patient safety grounds are forwarded here as a rationale for this student not progressing, however there is no recognition on how the disadvantages to do with their dyslexia might be resolved. Hugely problematical is the lack of any formal engagement with the

provision of reasonable accommodations (AHEAD, 2012). Lecturer I went on to say there is “no great support” for students with dyslexia who run into difficulties in practice settings with a “bit of ignorance” prevailing overall amongst staff.

In addition, nurse lecturers ascribed the term ‘severe’ dyslexia to students receiving reader/scribe accommodations during their academic examinations (Table 4). In the following example, Lecture G highlighted the difficulties such a scenario presented and considered such supports as irreconcilable within nursing:

But then you have the other end of the spectrum where students are severely dyslexic and they need a reader and that causes huge amount of problems because in this profession you have to be honest, if they can’t read the instruction in a chart, if they can’t tell the difference between duphalac and digoxin you’ve got patient safety issues.

Here we see how students with dyslexia who are linked to specific accommodations are invariably aligned to a specific identity around patient safety.

Eight Lecturing staff proposed that students with ‘severe’ dyslexia should engage in some form of screening, either before or during their studies to establish, as Lecturer F put it “If they’re going to be able to proceed through the course”. Staff used adjectives such as ‘screen’, ‘vet’, ‘cull’, and ‘filter’, to describe this process, with some proposing that students should be assessed before commencing their nursing programme. Others suggested that students should be actively encouraged to leave early in the programme. In the following excerpt, Lecturer E outlined an encounter with a first year student with dyslexia, who on an earlier occasion had handed in some academic work perceived as being extremely weak.

I said really, ‘you’re bright and you have done very well to get to this point but there may be other courses within the faculty without being at a loss of your first year fees. We can get you a transfer somewhere perhaps within the confines of the college’.

Nurse lecturers questioning students’ suitability on the grounds of their disability has been identified elsewhere (Evans, 2013). No formal criteria in assessing and removing students from the programme were outlined by staff in this study other than making reference to terms such as “able to proceed”, “operate at that higher level” and “able to make it”. Practices on filtering or removing students, were based to a large degree on anticipatory judgements of students’ performance; avoiding this practice would lead to what lecturing staff described as setting students up “for a fall” (Lecturer E) or “to fail” (Lecturer D, F). Having paternalistic views of this nature may relate to perceiving

Table 4
Problem with reader/scribe in nurse education.

Lecturer A	– It would appear to me now that the college law are bringing in people that actually have I don’t know how you call it, I would say have a profound level like if they have to have a reader.
Lecturer F	– I can’t see that this is not going to be a problem. I absolutely can’t if the student requires a scribe to do exams then I can’t see how in practice you know the issue of writing reports, reading reports, responding to information, I mean for me that’s all very significant.
Lecturer C	– I would have concerns about her for nursing the fact that she can’t read or write she had to have a woman with her to read the exam paper out to her and then even if she understood what the woman was saying she couldn’t actually get down on paper the answer if she knew it.
Lecturer H	– If the students got the requirements and the significant points required to come in but they had a scribe to write for them you know how realistic is that for them because obviously as a registered nurse there going to have to make decisions and there issues about patient confidentiality they’re not going to be able to have an assistant with them.
Lecturer I	– ...well if they can’t read or write properly this is just broadly speaking then should they be dealing with sick people because perhaps they can’t do a lot...

dyslexia as fixed, construed as a constant phenomenon (Collinson and Penketh, 2010; Hughes and Paterson, 1997).

Difficulties experienced because of dyslexia persist over time (Lawrence, 2009) however, appropriate interventions including accommodations and support from disability services can help ameliorate such difficulties (AHEAD, 2009). An anticipated 'no improvement' position rejects the prospect of the student gaining the necessary skills to manage the challenges dyslexia presents. Some of the nurse lecturers in this study therefore, made decisions or judgements that equated in a similar light to what Fernando (2011) describes when risk assessments are completed on patients with mental illness:

Judgements that are largely based on subjective impressions are given professional backing as 'clinical judgements', thereby becoming seen as fact – even as 'evidence-based' since an opinion given by a professional assumes a status of something objective (p. 253).

These decisions are based on what one academic staff member described as "Intuition based on knowledge and experience. You have to be realistic some students might not be suitable". Georgio Agamben's (1998) work, introducing a Homo Sacer figure, can be enlisted to analyse in a deeper way why possible decisions on students' future can be arbitrarily decided upon, that potentially could lead to their removal from nursing. Agamben (1998) draws on a figure of Roman law homo sacer, a "non-person, beyond the protection of law or even of worth as a sacrificial victim" (Georges, 2008, p. 9). His fate has been decided by others or as Sirnes (2005) describes "For the Sovereign all humans are potentially Homo sacer and faced with Homo sacer everybody may act as a Sovereign" (p. 212). Reeve (2009) describes this figure as a 'shadowy figure' an "invaluable metaphor for the impaired figure" (p. 205). The nurse educator is 'Sovereign', placing students with 'severe' dyslexia within a zone of indistinction, representing a state of exception. As Sirnes (2005) points out, the description by Agamben of sending people to camp "means sending them outside ordinary law" (p. 209). In other words equality and anti-discriminatory law is ignored. Removing students either actively or otherwise is akin to control, as nurse lecturers act as Sovereign and the student with 'severe dyslexia' is considered to present a threat to patients, their fate sealed without any objective measure.

Finally a limitation in the study concerns the inclusion of just one nursing support professional, nurse lecturers. Opinion from others in nurse education including nurse preceptors, clinical nurse managers and disability support staff would have further enriched and added greater breadth to how dyslexic identity is constructed in nursing.

Conclusion

The discourses and related language nurses' use affects the nature of care given to clients (Koh, 1999) as well as influencing the supports student nurses with disability receive. There is evidence of a failure by some nurse lecturers in this study to be positively disposed to students with dyslexia (Tee and Cowen, 2012) and in the two themes identified, students were predominantly viewed through a medical lens.

Language was the object of enquiry in this study (Tonkiss, 2012, p. 407) and physical adeptness and efficiency and a timely manner in completing tasks were considered important characteristics associated with 'getting the work done' for students in placement settings. By contrast, taking more time to complete tasks, a possible early manifestation for some students with dyslexia, was considered incongruent with 'getting the work done'. A cultural or ideology (Thomas, 2007) with expectations from the outset on pace, strength and fitness within nursing, or as one nurse Lecturer outlined, 'hitting the ground running', may be problematic for some students with dyslexia, particularly with respect to the completion of certain skills to do with documentation, for example. 'Getting the work done' contains a justifiable moral compass towards meeting the needs of patients; however, failure to provide

students with dyslexia with the appropriate accommodations and supports equally reflects a moral failing. Demands in practice settings described as fast-paced (Wu et al., 2012) are a constant for nurse preceptors (Cassidy et al., 2012), and can manifest as problematic in supporting students (O'Driscoll et al., 2010), especially those with dyslexia (Morris and Turnbull, 2007). Future research must explore further the tension that exists between the nurse as preceptor supporting the needs of students with disabilities and nurse as carer.

Performance criteria in nursing reflect professional competencies and ultimately should be the game breaker in determining whether an individual is competent in their chosen field. Anticipating future difficulties can only be effective if the necessary interventions to tackle any difficulties are proactively managed. Removing or filtering students on the basis of some prospective difficulties is problematic and indirectly inhibits students from disclosing their dyslexia.

Evidence from this study suggests significant effort is necessary to meet policy and legislative objectives of inclusion (Ryan, 2011). Examining why the medical model continues to dominate in the language used to describe students with dyslexia must also be tackled (Skinner, 2011). Professional development and raising awareness strategies must begin to tackle ideological assumptions that ascribe 'troubled' identities (Taylor, 2005; Wetherell, 1998) on students with dyslexia. As a consequence, some students with dyslexia might be incorrectly considered early on in their programme to be incongruent with nursing. The under-representation of nurses with dyslexia (Fuller et al., 2009) disclosing may be related to a sociocultural resistance to their actual presence in nurse education.

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