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Disability ≠ Inability: How Framing Disability Through a Social Model Impacts RN Recruitment and Retention

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DISABILITY≠INABILITY: HOW FRAMING DISABILITY THROUGH A SOCIAL MODEL IMPACTS RN RECRUITMENT AND RETENTION

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Registered nurses with disabilities are a minority group within the profession of nursing; though the exact number of nurses with disabilities is unknown, it is projected to be about 1 in 5, and is estimated to increase as the nursing population ages. As more nurses develop physical disabilities, related to age or the demanding nature of nursing work, health care organizations should develop methods to recruit and retain these nurses within the profession. The recruitment and retention of registered nurses with disabilities is mandated by the Americans with Disabilities Act and the America Nurses Association Code of Ethics, and has a direct impact on combating the nursing staffing crisis. Furthermore, recruitment and retention of these experienced nurses keeps knowledge, and expertise at the bedside and within the profession of nursing. However, nursing has historically viewed disability through the lens of the medical model, a perspective that negates the impact of the environment and focuses on the inabilities and limitations of the individual. This has resulted in a judgmental and exclusive disability culture within nursing that fails to recognize and support contributions of nurses with disabilities to the profession. This capstone project analyzed the literature and concluded that the medical model of disability enhances the barriers to employment for nurses with disabilities, while the social model minimizes these barriers. While further quantitative research is needed, a transition to the social model of disability, which focuses on adaptive and inclusive environments, would likely positively impact the recruitment and retention of these nurses.

Keywords: Americans with Disabilities Act, disability climate, disability culture, medical model of disability, nurse employment, nurse recruitment, nurse retention, physical disability, registered nurse with disability, role of nursing leadership in disability employment, social model of disability

DEDICATION

I dedicate this project to my undergraduate nursing professor, Ms. Mary Ann Murtha, who took the time to encourage me to register with this office of disabilities as a nursing student. Had Mrs. Murtha not chosen to believe in me, and not encouraged me that a student with a disability could succeed in nursing school and be a competent RN, I would have never made it to the point of pursuing my master's degree.

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I dedicate this project to my dog, Ralph, who spent many hours loyally laying next to me while I labored over journal articles and a computer screen.

Finally, I dedicate this project to my youngest sister, Ivanna M. Stanko, who was the inspiration for my PICO question, and who completely embraces the social model of disability. Ivanna, you always say that having a disability doesn't mean you can't do something, it just means you learn differently. May you continue to be an inspiration to everyone who crosses your path.

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CHAPTER I

INTRODUCTION

Registered nurses with disabilities are an under-recognized presence within the health care workforce (Matt, 2008). While their exact numbers are unknown, researchers and experts in the field suggest that many of these nurses possess exceptional clinical knowledge and expertise gained through years of experience; their ability to contribute to the profession of nursing exceeds the limitations their disabilities present (Matt, 2008; Matt, Fleming, & Maheady, 2015; Spiva, Hart, & McVay, 2011). In order to continue to provide top quality, effective, and safe patient care, as well as promote fiscal stewardship and workplace diversity, health care organizations across the United States need to develop methods to recruit and retain this nursing minority group (Matt et al., 2015; Schmidt, MacWilliams, & Neal-Boylan, 2016; Spiva, Hart, & McVay, 2011).

Etymologically, the word disability is derived from the Latin prefix dis-, meaning lack of, and the suffix –ability, meaning capacity; thus the literal definition of disability is a lack of ability (Boyles, Bailey, & Mossey, 2008). The model health care professionals use to further define, understand, and characterize 'lack of ability' has a direct impact on how an individual with a disability is viewed and treated by the health care system (Boyles, Bailey, & Mossey, 2008; Hogan, 2019; Smeltzer, 2007). Though several models of disability exist, most models fit into one of two categories: a medical model or a social model (Smeltzer, 2007). The medical model identified disability as a medical impairments that must be treated by medical professionals, while the social model identified disability as a social construct resulting from the environment that could be corrected with proper accommodations or modifications (Smeltzer, 2007; Wasserman et al., 2016).

Background and Need

According to Wasserman et al. (2016), as long as man has populated the earth, there have existed humans who lacked physical or sensory abilities. However, disability, or impairment, did not develop into a concept to attend to until 19th century scientific thinking began classifying human function and form into categories of abnormal and deviant. Specifically, the need and desire to classify and clarify the relationship between the lack of ability and an individual's limitations resulted in the two primary approaches for conceptualizing disability: the medical model, and the social model. Traditionally, heath care professions, including nursing, have conceptualized their understanding and definition of disability through the medical model (Boyles et al., 2008; Hogan, 2019). The perspective of the medical model of disability is that the root cause of a disability is a functionally limiting medical condition that resides within the individual, and requires adaptation, on the part of the individual, in the form of medical treatment or cure (Boyles et al., 2008; Goering, 2015). The medical model of disability has underestimated and overlooked the contributions of social and environmental factors on the limitations experienced by individuals with disabilities (Wasserman et al., 2016). According to Marks and McCulloh (2016), the medical model of disability has permeated nursing practice, and lead to nurses with disabilities being intrinsically perceived as lacking the capacity to be functionally successful in the nursing profession. Furthermore, through an integrated review of nursing and health care literature, Boyles et al. (2008) concluded that application of the medical model of disability has predisposed disabled individuals to oppression and marginalization.

The prevalence of nurses with disabilities within the US workforce is not captured in any of the national nursing surveys, and no statistical data exist to indicate how widespread disabilities actually are within the nursing profession (Neal-Boylan & Miller, 2016). Nurse

recruiters rarely indicated knowledge of ever having interviewed a nurse with a disability because RNs choose to not reveal disabilities (Neal-Boylan & Guillett, 2008a). The best prevalence estimate, based on data from the Center for Disease Control and Prevention (CDC)'s postulation that one out of every four non-institutionalized adults in the US has a disability, is that the number of RNs in the US with disabilities is in excess of 600,000 (ADA National Network, 2019; Okoro et al., 2018). Matt et al. (2015) suggested the number of RNs with disabilities will continue to increase over the next decade given the nature and demographics of the nursing profession. Marks and McCulloh (2016) further suggested that in order to fully accept, accommodate, and therefore recruit and retain, professional nurses with disabilities, the profession of nursing has to recognize the impact of the inhibitive qualities of the environment on the nurse with a disability. Specifically, nursing should transition from a medical model of disability toward a more social model.

Statement of Problem

The current disability culture and climate, as supported and reinforced by the medical model of disability, do not promote the recruitment and retention of registered nurses with disabilities (Marks & McCulloh, 2016; Matt, Felming, & Maheady, 2015; Wood & Marshall, 2010). The Americans with Disabilities Act and the American Nurses Association (ANA) Code of Ethics are federal and professional regulations that were created to promote a culture of civility, and should protect registered nurses with disabilities who are able to perform their essential job functions, with or without accommodations, from experiencing discrimination in the workplace (ADA National Network, 2019; Neal-Boylan & Miller, 2016). However, through multiple studies, researchers have repeatedly identified a common theme of nurses leaving the nursing profession, often expressing sentiments of being pushed out, because of repeatedly

facing judgment and excess barriers to employment resulting from being identified as having a disability (Neal-Boylan et al., 2012; Neal-Boylan & Guillett, 2008a; Neal-Boylan & Miller, 2015; Wood & Marshall, 2010). The exit of these nurses from the profession has compounded the current nursing staffing crisis and unnecessarily removed nursing expertise and knowledge from the bedside (Matt, Fleming, & Maheady, 2015; Spiva, Hart, & McVay, 2011). In order for health care organizations to provide safe, quality, and efficient patient care, effective methods to recruit and retain registered nurses with disabilities must be identified and implemented.

Compliance with legal regulations and ethical guidelines

On July 26, 1990, former president George H.W. Bush signed into law the Americans with Disabilities Act (ADA) as the culmination of a two-decade shift in in federal disability policy; a transformation that demonstrated federal commitment to the social inclusion of people with disabilities, and rejection of the medical model definition of disability (Scotch, 2000). In 2008, the Americans with Disabilities Act Amendment Act (ADAAA) was passed as an effort to further protect employees from discrimination; the amendment allowed for a broader interpretation of disability by including in the legal definition of 'disability' disabling conditions that were in remission or controlled through a form of therapy (US Equal Employment Opportunity Commission, n.d.). The ADA has become known as one of America's most comprehensive pieces of civil rights legislation through inhibiting employers from discriminating against individuals with disabilities under all aspects of the employment process (ADA National Network, 2019). Specifically, under the ADA, an individual with a disability was defined as someone who has (1) a physical or mental impairment that limits major life activities, (2) has a record of this impairment, or (3) is regarded by his or her employer as having an impairment. An individual who meets the above criteria for having a disability is considered a qualified employee

if he or she can perform the essential functions of a specified job with or without reasonable accommodation (US Equal Employment Opportunity Commission, n.d.). The regulations of the ADA and the ADAAA have been implemented and mandated nationally across public, state, local, and government organizations that employ 15 or more employees (ADA National Network, 2019).

Beyond the regulations of the ADA, nursing practice is held to the standards of the American Nurses Association (ANA) Code of Ethics. The ANA Center for Ethics and Human Rights developed the Code of Ethics to promote ethical competency and human rights sensitivity of nurses in all practice settings; this document is a social contract between the profession of nursing and the public, and is intended to bind nurses together in support of each other so that all nurses can fulfill their professional obligations (ANA, 2018). The ANA's updated Code of Ethics (2015) outlined the current guiding principles and values of nursing. Specifically, these principles included the necessity to treat others fairly and with respect, promote professional growth and competence, and ensure an ethical and safe work environment which fosters a culture of civility and kindness where colleagues, coworkers, employees, students, and others are treated with dignity and respect.

Despite both legal and ethical mandates for the profession of nursing to be inclusive toward nurses with disabilities, the nursing profession has demonstrated a history of disability exclusion, discrimination, and lack of compliance with the ADA and the Code of Ethics with regard to accommodating the needs of disabled employees (Davis, 2018; Schmidt et al., 2016). Compliance with legal regulations and ethical guidelines are a challenge for the profession of nursing because nursing views disability from the medical model, which defines disability as an incapacity and does not focus on how accommodations could allow for inclusion and full

functional ability (Goering, 2015; Scotch, 2000). While nurses are competent at providing professional and compassionate care to their patients, they have historically struggled with providing inclusive and supportive care to colleagues (Schmidt et al., 2016). Specifically, while the Code of Ethics has aided professional nurses in identifying core values of nursing practice and provided ethical guidelines for inclusive decision-making, it has failed to generate ethical behaviors and awareness because these are dependent upon a nurse's personal experiences and workplace environment. According to Davis (2018), the Equal Employment Opportunity Commission (EEOC) has documented an increase in the enforcement activity against health care systems for refusing to accommodate the needs of employees with health challenges and disabilities. Further noted, was that the penalties and fees for non-compliance with the ADA (including lost wages, compensatory and punitive damages, prejudgment interest, attorney fees, and litigation costs) often far outweigh the cost of a reasonable accommodation. Moreover, according to Schmidt et al. (2016), the exclusionary behaviors of discrimination and incivility present in the nursing profession that contrast the ADA directives and the ANA Code of Ethics have been linked to increased costs and poorer health outcomes for patients, as well as nurses. Non-compliance yields legal, ethical, and financial ramifications for health care organizations (ANA, 2018; Davis, 2018). Specifically, non-compliance is a form of discrimination, which impedes the professional growth and competence of RNs with disabilities, and directly undermines the ethical heritage of the profession of nursing.

Addressing the nursing staffing crisis

The general aging of the US population has resulted in patients having progressively complex medical problems with multiple comorbidities, and has yielded an increased demand for skilled and experienced registered nurses (Buerhaus, Skinner, Auerbach, & Staiger, 2017; Robert

Wood Johnson Foundation, 2009). Though the demand for RNs has increased, the profession of nursing continues to experience a staffing crisis, which the American Association of Colleges of Nursing projects will continue through the year 2030 (Rosseter, 2019). The Bureau of Labor Statistics (BLS) (2019) has projected that more than an additional 200,000 RNs will be needed to enter the profession each and every year, through the year 2026, in order to replace retiring nurses and fill newly created positions. RN employment is projected to increase 15%, significantly more than the average of all occupations, between the years 2016 and 2026; because of this, registered nursing is projected to be among the top occupations for job growth by the year 2030 (BLS, 2019).

The complex health care needs of aging patients demand that nurses be experienced and knowledgeable to provide safe, and effective care, yet the nurses that have this knowledge base are leaving the profession at a steadily increasing rate (Smiley et al., 2019). Buerhaus and colleagues (2017) identified one of the primary challenges of the staffing crisis being the accelerated rate of RN retirement. According to their estimates, in 2015, the nursing workforce lost 1.7 million experience-years. As the US population as a whole has aged, so has the nursing workforce (Rosseter, 2019; Smiley et al., 2019). While there are multiple implications of an older RN workforce, Matt, Fleming, and Maheady (2015) suggested that the most significant implication is the increased prevalence of disabilities among registered nurses. Specifically, the natural aging process has effects that impair older nurses' physical capabilities as well as increases susceptibility to permanent injury. Ferguson et al. (2009) suggested that employing experienced nurses with disabilities is an efficient use of resources that could aide in mitigating the effects of the staffing crisis. Neal-Boylan et al. (2012) furthered this statement by indicating that both the staffing shortage and the aging of the workforce mandate that employers consider

how to best support RNs with disabilities in order to maintain their presence in the workforce. Despite the recognized need to recruit and retain nurses with disabilities, experienced nurses with disabilities are not exiting the workforce because they are ready to retire, rather according to multiple surveys and studies (Matt, 2008; Matt, Fleming, & Maheady, 2015; Neal-Boylan et al., 2012; Neal-Boylan & Guillett, 2008a; Neal-Boylan & Miller, 2014; Wood & Marshall, 2010), they are retiring because they face workplace barriers, experience discrimination, and feel forcibly pushed out of the nursing profession.

Matt (2008), and Neal-Boylan and Guillett (2008a) indicated that there exist more barriers than facilitators in hiring and retaining nurses with disabilities. Furthermore, there is an overarching lack of research related to methods to combat the barriers and improve the recruitment and retention of nurses with disabilities (Neal-Boylan & Guillett, 2008a; Neal-Boylan & Miller, 2015). Marks and McCulloh (2016) have suggested that the lack of available accommodations and support are two of the main reasons employees with disabilities leave an organization to seek other employment options. In contrast, nurses with disabilities who have remained in the nursing profession are those that received the accommodations they needed to effectively complete their essential job functions. The medical model of disability does not promote implementation of external accommodations, nor does it recognize the barriers imposed by society and the environment (Boyles et al., 2008). Specifically, the medical model of disability implies minimal from employers in terms of accommodations because, under the medical model, the environment is perceived as a given, not an alterable variable (Scotch, 2000; Wasserman et al., 2016). Scotch (2000) has argued that the medical model of disability is a barrier for employees with disabilities because this model has projected narrow assumptions with regard to what constitutes the normal range of human functioning. More recently, Marks and

McCulloh (2016) have advised that the medical model of disability, because of if it's intrinsic individualistic view of disability, has been prohibitory to the recruitment and retention of nurses with disabilities. Furthermore, Scullion (2009) suggested that the medical model of disability has been a direct contributor to the disability discrimination present in health care.

Changing how disabilities are viewed

The term 'disability climate' is described as how employees perceive their organization's environment and attitude pertaining to workers who have disabilities, and results from an understanding of the organization's policies, procedures, and practices related to disability (Matt, 2008; Matt & Butterfield, 2006). An organization's disability climate is a direct determinant of: disparities for employees with disabilities, the successful integration of employees with disabilities into the workforce, and the overall functioning of an organization (Matt & Butterfield, 2006; Erickson, Von Schrader, Bruyere, & VanLooy, 2014). Matt and Butterfield (2006) concluded that individuals with disabilities seek employment at organizations with positive disability climates.

According to Marks and McCulloh (2016), the nursing profession has failed to view disability from a value-added perspective, and conversely suggested that the recruitment and retention of nurses with disabilities can have positive outcomes for both staff and patients. In particular, the employment of nurses with disabilities may promote a more active sense of disability pride among health professionals, which directly impacts quality of patient care, especially for patients who also identify as having a disability. Schmidt et al. (2016) supported this premise by also stating that a more inclusive disability culture in health care improved both patient and nurse outcomes. Neal-Boylan and Guillett (2008a) suggested that a nursing climate that is more outwardly supportive of recruiting and retaining nurses with disabilities may aide in

leading society and other professions to view nursing as more of a profession and less of a vocation because the emphasis would shift to the value of the knowledge and experience of the nurses with disabilities, as opposed to a nurse's ability to perform physical tasks.

Wood and Marshall (2010) credited the disability climate of health care as being one of the major barriers to the employment of nurses with disabilities. In particular, the attitudes and practices of leaders toward RNs with disabilities have a direct impact on the hiring and retaining of bedside nurses with disabilities, as well as patient care outcomes. Marks and McCulloh (2016) further indicated that the nursing profession has struggled to embrace promoting the full participation, rights, and responsibilities of nurses with disabilities within the profession, and has continually failed to recognize these nurses as partners and peers. The current disability climate of health care parallels the climate that has been shown to result from the application of the medical model of disability: sentiments of exclusion, being undervalued, and treated as if a disability was globally incapacitating (Goering, 2015).

Purpose Statement

The purpose of this capstone project is to evaluate the literature for best practice for recruitment and retention of personnel with permanent disabilities, and determine if a transition, by the profession of nursing, from conceptualizing disability through the lens of the medical model to the lens of the social model of the disability will improve both the recruitment and retention of RNs who identify as having a permanent disability.

PICO Question

For practicing registered nurses with a permanent disability, will a transition to viewing disability through the lens of the social model of disability, as opposed to the continuing to view

disability through the lens of the medical model of disability, positively impact recruitment and retention rates?

Significance to Nursing Administration

Nursing leaders have a professional obligation to promote best nursing practice and optimal patient care outcomes (Wood & Marshall, 2010). An organization's ability to be compliant with the ADA, and successfully manage employees with disabilities, is reliant upon the administration's knowledge and understanding of the regulations and mandates of the ADA (Davis, 2005; Kaye, Jans, & Jones, 2011). The ADA supports the social model of disability, and provides a complex view of disability and disability-related discrimination as it focuses on the relationship between an individual's impairment and the workplace environment in which the individual must function (Scotch, 2000). Results of research conducted by Kaye et al. (2011) found that a lack of awareness with regards for to how to deal with workers with disabilities and their accommodation needs was among the top three reasons why employers did not hire employees with disabilities.

Nurse administrators play a pivotal role in creating and maintaining an organizational environment that fosters the inclusion of registered nurses with disabilities (Matt, 2008). Specifically, the personal attitudes and opinions held by nursing administrators have had a direct impact on the sentiments of managers, and the recruitment and retention of RNs with disabilities. Furthermore, the influence of nurse administrators, whether positive or negative, has directly affected how nurses with disabilities view their work environment (Neal-Boylan et al., 2012). Davis (2005) suggested that successful disability management requires accepting the contemporary social model. According to Neal-Boylan and Guillett (2008b), any organizational

change, such as a transition to the social model of disability, will require the formal and visible support of nursing administration.

Significance to Patient Care Outcomes

A common concern regarding the recruitment and retention of nurses with disabilities is the negative impact on patient care outcomes (Neal-Boylan & Guillett, 2008a; Neal-Boylan & Miller, 2016). However, research and literature review have yielded zero evidence that nurses with disabilities jeopardize patient safety, and there exist no documented incidents of patient injuries specifically having resulted from a nurse's disability. In contrast, the recruitment and retention of RNs with disabilities has been shown to positively impact patient care outcomes (Schmidt et al., 2016). Specifically, health care professionals with disabilities have been found to have a unique wealth of knowledge pertaining to achieving goals through accommodations, which has directly benefited their patients with disabilities (Waliany, 2016). Research by Neal-Boylan et al. (2012) found that patients perceived nurses with disabilities as being more empathetic, and that health care providers who had disabilities were more knowledgeable of disabilities in general, and better prepared than their co-workers without disabilities to assist their patients in obtaining disabilities services and accommodations. These sentiments are further supported in research conducted by Matt (2008), which concluded that having a disability allowed nurses with disabilities to relate to their patients differently through being perceived as more sensitive to their patients' needs than nurses without disabilities were perceived by patients. Matt et al. (2015) suggested that the recruitment and retention of nurses with disabilities is more than just compliance with the law; it is recruitment and retention of talent, ability, experience, and role models that demonstrates to the public a supportive and inclusive health care organization.

Definition of Terms

Disability: A physical or mental impairment that substantially limits one or more major life activities of an individual, a record of such impairment, or being regarded as having such an impairment (Americans with Disabilities Act of 1990, As Amended). *For the sake of this capstone project, disability will refer to a physical disability unless otherwise specified.*

Disability Culture/Climate: The shared perception of members of an organization toward the work environment that results from an understanding of the organization's policies, procedures, and practices with respect to employees with disabilities; how attitudes toward workers with disabilities impacts their integration into the workforce (Matt & Butterfield, 2006).

Disclosure of a disability: Any indication made by an employee, or recruit, regarding an impairment or condition that substantially limits major life activities or presents a possible need for restrictions or accommodations. Disclosure can be verbal, written, or observed; formal or informal.

Inclusion: A sense of belonging: feelings respected, valued, and seen as an individual. Inclusion involves a level of support and commitment from leadership, and colleagues, and allows individuals to do their best work (Schmidt et al., 2016).

Major life activity: Activities that are of central importance to most peoples' daily lives (Americans with Disabilities Act of 1990, As Amended). These activities include, but are not limited to: caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, working, and major bodily functions.

Medical Model of Disability: A model of disability based on the view that disability is caused by disease or trauma, and its resolution/solution is an intervention provided and

controlled by professionals. Under this model, a disability is perceived as a deviation from normal, and the role of the individual with the disability is to accept the care determined by the professionals. Under this model, disability is considered to reside within the individual (Smeltzer, 2007).

Reasonable accommodations: Making existing facilities used by employees readily accessible to and usable by individuals with disabilities. This includes but is not limited to: job restructuring, part-time or modified work schedules, reassignment to a vacant position, acquisition or modification of equipment or devices, appropriate adjustment or modifications of examinations, training materials or policies, the provision of qualified readers or interpreters, and other similar accommodations for individuals with disabilities.

Regarded as having an impairment: Any instance where an individual establishes that he or she was subject to an action because of an actual or perceived physical or mental impairment whether or not the impairment limits or is perceived to limit major life activity (Americans with Disabilities Act of 1990, As Amended).

Social Model of Disability: A model of disability based on the view that that disability is socially constructed, and shaped by environmental factors and social behaviors. Under this model, people with disabilities may be seen as a minority group, and they are limitations are more so based on a discriminatory environment than on their impairments (Scotch, 2000).

Undue hardship: Any action requiring significant difficulty or expense to the health care organization, and is determined at the discretion of the health care organization. Factors that are considered include, but are not limited to: the nature and cost of an accommodation, the impact of an accommodation on the operation of the overall facility, financial resources of the employer, type of operations of the company (Americans with Disabilities Act of 1990, As Amended).

Unreasonable accommodation requests: Any accommodation request that is not required by the ADA, or causes an undue hardship for the health care organization.

Chapter Summary

In this chapter, background information on the medical model of disability and the social model of disability with regards to how they relate to the recruitment and retention of registered nurses with disabilities practicing within the nursing profession was provided. A thorough statement of the problem, which identified the three themes of compliance with legal regulations and ethical guidelines, addressing the nursing staffing crisis, and changing how disabilities are viewed, was also provided. A purpose statement, evidence based practice question, the significance to nursing administration, and the significance to patient care outcomes were also indicated. Lastly, a list of definitions specific to this capstone project was also included within the chapter.

CHAPTER II

METHODS

The recruitment and retention of registered nurses with disabilities is necessary for the profession of nursing, and for health care organizations across the United States, to continue to provide top quality, effective, and safe patient care, as well as promote fiscal stewardship and workplace diversity (Matt et al., 2015; Schmidt, MacWilliams, & Neal-Boylan, 2016; Spiva, Hart, & McVay, 2011). The medical model of disability, the lens through which health care professions such as nursing currently view disabilities, has underestimated and overlooked the contributions of social and environmental factors on the limitations experienced by individuals with disabilities (Wasserman et al., 2016). In contrast to the medical model, the social model of disability has identified that proper accommodations or modifications can enable staff with disabilities to perform all essential job function (Smeltzer, 2007; Wasserman et al., 2016). This capstone project, as a review of the literature, serves to identify, review, and analyze current evidence to determine if best practice for the recruitment and retention of nurses with disabilities would be a transition away from the medical model of disability and toward conceptualizing disabilities through the social model of disability.

Explanation of Data Collection of Evidence Procedure

Setting

Databases used for this capstone project included: Google Scholar, CINAHL Complete, PubMed, Business Source Premier, and psycINFO. Search terms used to obtain sources included various combinations of multiple forms of the following terms: disability, nurse, recruitment, retention, employment, policy, Americans with Disabilities Act, discrimination, workplace climate, medical model of disability, social model of disability. Boolean operators and symbols

were used with the search terms to further refine the data. Additional sources were obtained through evaluation of the reference sections of the sources that were identified via the above search methods. Due to the lack of evidence on the topic, an initial five-year old limitation on publication date was increased to include searches of all evidence dated after the enactment of Americans with Disabilities Act of 1990.

Participants

Each individual database search yielded between three and greater than 1,000 potential pieces of evidence. Evidence for inclusion in both the introduction chapter, and the review of literature was selected based on strict inclusion and exclusion criteria. Inclusion criteria for sources included in the literature review was limited to the year span from 1990-present. This choice was made based on the date of the implementation of ADA Policy of 1990. The scope of this capstone project was limited to physical disabilities; therefore inclusion criteria included a specific reference to physical disabilities. Sources focused on sensory, behavioral health, or drug and addiction disabilities were excluded. Because of the nature of this project, and it's direct correlation to the ADA Policy, a U.S. Federal mandate, sources were also limited to only include those with the United States as the country of origin. The search of the literature was restricted to sources that were originally printed in English, so not to lose meaning through translation of the material. Due to the nature of this topic, sources included academic journals, scholarly works, official government or professional documents, as well as expert opinion pieces. Excluded from the review of the literature were any sources not specific to the profession of nursing, however these sources were not necessarily excluded from the introduction chapter so as to develop a broader conceptualization of disability in the workplace. Sources related to

retention and disability insurance policies, or insurance benefits, were excluded, as they were not relevant to the PICO question.

Procedure

With guidance from professional and academic mentors, the student researcher developed and refined an evidence based practice (EBP) question. The initial capstone project was focused on the role of a formal disability policy in the recruitment and retention of nurses with disabilities. The student researcher conducted an extensive internal and external search for research and non-research evidence sources. Investigation began with a broad database search of Google Scholar to identify relevant resources and appropriately narrow search fields. This search provided a deeper understanding of the capstone project topic, as well as identified experts in the field of study, as well as confirmed the overarching lack of evidence on the topic.

Subsequent database searches were conducted within CINAHL Complete, PubMed, psycINFO, and Business Source Premier. CINAHL Complete and PubMed were used to obtain nursing specific sources. PsychINFO was used to obtained nursing specific sources, as well as sources related to the perceptions of staff with disabilities. Business Source Premier was used to obtain sources focused on the administrative components of the capstone project. Rigorous review of the available evidence lead to the finding that a disability policy was one specific component of a larger area of concern: the model through which the profession of nursing viewed and characterized disabilities. Upon reaching that realization, the student researcher refined and amended the EBP question to reflect the current best practice concern. Following this update, the search criterion of the medical model of disability and the social model of disability were added to the search terms. Sources that were specific to only a disability policy, and did not include direct or indirect reference to disability models were then excluded from use

in the capstone project. Sources that specifically and directly discussed models of disability were acquired via database searches for consideration in the literature review. Sources that indirectly discussed the topic of models of disability were also considered. Indirect discussion of the models of disability was defined by the student researcher, for this project, as reference to disability culture/climate, perceptions of disability such as discrimination or inclusion, and ethical or legal implications regarding the recruitment and retention of nurses with disabilities.

To organize sources, the student researcher used various color pens and highlighters to identify topics of interest. Three themes were identified: compliance with legal regulations and ethical guidelines, addressing the nursing staffing crisis, and changing how disabilities are viewed. The student researcher labeled sources by which topic(s) they addressed. Blue highlighting of text indicated a reference to the role of nursing administration, and orange highlighting indicated a reference to implications for patient care outcomes. The student researcher evaluated the reference section of all evidence sources and traced relevant citations back to the seminal articles. Where possible, seminal articles were retrieved for consideration in the literature review.

The review of the evidence yielded multiple opinion pieces, and some sources where the citations could not be located within the referenced seminal article. Opinion pieces were considered for inclusion in the literature review and future analysis and critique if the author was determined to be an expert in the field based on review of his or her credentials. Sources where citations did not align with the cited reference article were excluded from consideration for the literature review related to the student researcher's concerns for credibility of the information provided. Once all inclusion and exclusion criteria were met, the student researcher was left with 18 possible pieces of evidence for the literature review. The student researcher reviewed

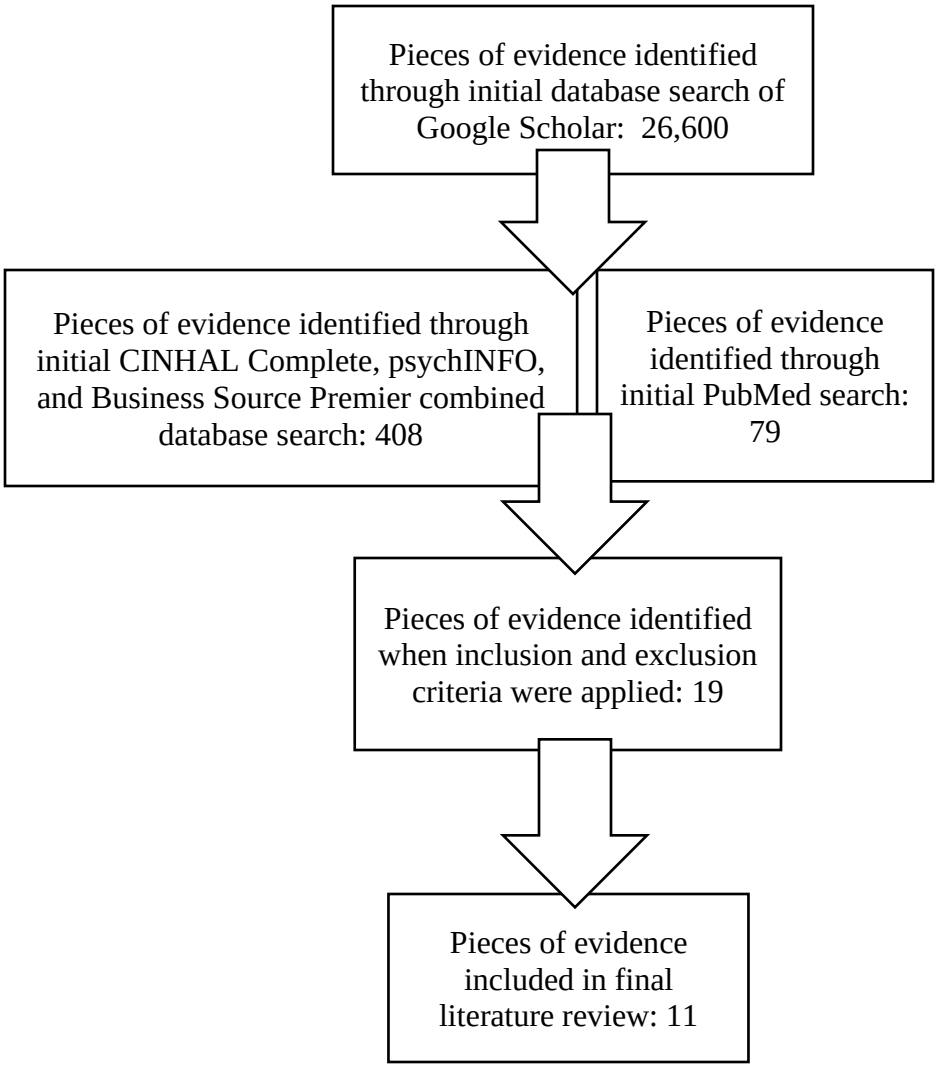
these sources for data saturation and overall relevance to the specific EBP topic. Sources that vaguely or briefly mentioned the capstone project topic were excluded based on data saturation criteria if other sources that more explicitly and thoroughly discussed the same topic were available. Secondary sources that discussed findings from a seminal piece of evidence were excluded if the seminal piece of evidence was available to the student researcher. The student researcher used the interlibrary loan system to obtain some of the seminal sources. The final review of the literature included 11 sources (Figure 1).

Explanation of Evidence-based Practice Model

The search of the literature for this capstone project demonstrated that good evidence exists on the topic of the impact of disability models on the recruitment and retention of nurses with disabilities. However, the evidence that exists is varied and not well synthesized, and the best evidence is not readily available or easily accessible to health care providers. For these reasons, this capstone project was conducted as an evidence synthesizing project as defined by Bonnel and Smith (2014).

Relevant evidence was synthesized using the Johns Hopkins Nursing Evidence-based Practice (JHNEPB) Model and Guidelines, which structured evidence based practice around a three part process of Practice question, Evidence, and Translation (PET), were used as the EBP model for this capstone project (Dearholt & Dang, 2012). Specifically, the purpose of this project was to conduct a systematic review and critique of the evidence to determine if a practice change from viewing disability through the lens of the medical model of disability to applying the social model disability would positively impact the recruitment and retention, within the profession of nursing, of RNs with disabilities.

Figure 1. Flowchart diagram of the process of evidence selection for the literature review.



Critical Appraisal of the Evidence

The student researcher used the JHNEBP Research Evidence Appraisal Tool, and the JHNEBP Non-Research Evidence Appraisal Tool to analyze and appraise all sources of evidence for both level and quality. The level of evidence was ranked I through V, and the quality was rated as high, good, or low-major flaws based on the appraisal tool criterion (Dearholt & Dang,

2012). Any source with a quality rating of low-major flaws was be discarded and not used for the project.

The student researcher used the JHNEBP Synthesis and Recommendations Tool to organize all relevant findings based on level. The student researcher then analyzed the overall quality for each level of evidence. This process allowed the student researcher to synthesize not only the level and quality of the evidence, but also the quantity, consistency, and applicability of the findings (Dearholt & Dang, 2012).. These findings were then applied to analyze the risks versus benefits of transitioning from a medical model of conceptualization of disability to a social model within the profession of nursing.

Chapter Summary

In this chapter, the methods used for the capstone project were presented. The data collection process, including the inclusion and exclusion criteria that were applied to this project, was explained. The JHNEBP Model was identified as the method used to critically appraise, critique, and rank the evidence on both level and quality. How the evidence was organized and critically appraised through data analysis and synthesis was also explained. This chapter explained the rigorous methods used to ensure that recommendations for practice change would be grounded in solid evidence.

CHAPTER III

LITERATURE REVIEW AND ANALYSIS

The exact number of registered nurses in the US with disabilities is unknown, but estimated to be in excess of 600,00 (ADA National Network, 2019; Okoro et al., 2018). This number is projected to increase over the next decade given the nature and demographics of the nursing profession (Matt et al, 2015). When experienced nurses with disabilities leave the workforce premature of retirement, not only do they compound the nursing staffing crisis, they take with them years of knowledge, experience, and expertise (Matt, Fleming, & Maheady, 2015; Spiva, Hart, & McVay, 2011). While there exists an overarching lack of research related to methods to combat the barriers, and improve the recruitment and retention of nurses with disabilities, the lack of available accommodations and support have been identified as two of the main reasons employees with disabilities leave an organization to seek other employment options. (Marks and McCulloh, 2016; Neal-Boylan & Guillett, 2008a; Neal-Boylan & Miller, 2015). The profession of nursing has historically been educated and trained to view disabilities through the lens of the medical model, a conceptualization which defines disability as an incapacity and does not focus on how accommodations could allow for inclusion and full functional ability (Goering, 2015; Scotch, 2000). An alternative to the medical model is the social model of disability, which defines disability as part of a continuum of health that can be accommodated for with proper modifications (Davis, 2005). In order for health care organizations to provide safe, quality, and efficient patient care, effective methods to recruit and retain registered nurses with disabilities must be identified and implemented. This capstone project, and review of the literature, was conducted in an effort to determine if best nursing

practice for the recruitment and retention of registered nurses with disabilities would be a transition from the medical model of conceptualizing disability to the social model.

The literature review will address three areas related to the impact of the medical and social models of disability on the recruitment and retention of registered nurses disabilities within the profession of nursing. The first section will address evidence related to compliance with legal regulations and ethical guidelines. The second section will focus on evidence related to addressing the nursing staffing crisis. Finally, the third section will discuss evidence related to changing how disabilities are viewed within the profession of nursing.

Presentation of evidence reviewed with critical appraisal-level and quality

Compliance with legal regulations and ethical guidelines

Neal-Boylan and Miller (2015) provided a legal case review, a non-research piece of evidence, based on a comprehensive review of every legal case involving an RN, or advanced practice registered nurse (APRN), who brought a disability employment discrimination action in federal court under the ADA between the time period of 1995 to 2013. The authors sought to determine what made claims successful, if legal action was effective, and how the implementation of the ADAAA impacted the success of legal action for RNs with disabilities (Neal-Boylan & Miller, 2015). A total of 56 cases involving RNs APRNs with physical or sensory disabilities were reviewed (Neal-Boylan & Miller, 2015). Forty-one of the cases had been decided based on the original ADA of 1990, and 15 were decided based on the ADAAA of 2008; 11 of the cases included injuries sustained in the workplace (Neal-Boylan & Miller, 2015). The cases were classified into five major themes: disability discrimination claims, failure to accommodate claims, retaliation claims, hostile work environment claims, and association claims (Neal-Boylan & Miller, 2015).

Forty-seven of the 56 cases were disability discrimination claims: claims that employee experienced discrimination because of a disability. For this type of claim, the employee had to demonstrate that he or she was disabled, was qualified for the job, and the employer subjected him or her to adverse employment action because of having a disability (Neal-Boylan & Miller, 2015). After demonstrating he or she was disabled, the employee needed to prove he or she was able to perform all essential functions of the job with or without reasonable accommodations. In practice, courts referred to health care employers, typically physicians, to clarify what constituted as essential functions of nursing roles (Neal-Boylan & Miller, 2015). Finally, the employee would have to prove that he or she was subjected to an adverse employment action: a reduction in salary, benefits, seniority, or advantages as a result of being disabled.

Twenty-six of the claims were failure to accommodate claims: claims where the employer failed to provide a reasonable accommodation as required by the ADA and the ADAAA (Neal-Boylan & Miller, 2015). The request for an accommodation for a disability is the onus of the employee under the ADA; the employee is not entitled to the accommodation he or she requests, but rather a reasonable accommodation (Neal-Boylan & Miller, 2015). Specifically, if an employer offers a reasonable accommodation, the employee must either accept the accommodation, or demonstrate how and why it was not reasonable. Furthermore, an employer is not obligated to accept an accommodation request that would pose an undue hardship for the organization, nor is an indefinite leave of absence considered a reasonable accommodation.

Seven of the claims were retaliation claims: retaliation against an employee for participation in activities protected under the ADA (Neal-Boylan & Miller, 2015). Under these claims, the employee must prove that he or she participated in an activity protected by the ADA,

suffered an adverse employment action, and the adverse employment action was the result of participation in the protected activity (Neal-Boylan & Miller, 2015). Furthermore, the employer must have had reason to know about the protected activity, and the retaliation must have been severe enough to have a harmful impact on the employee's employment. Though it is difficult to prove the retaliation was the result of participation in the protected activity, juries were found to imply causation if the adverse employment action occurred directly after the protected activity (Neal-Boylan & Miller, 2015).

Four of the claims were hospital work environment claims (Neal-Boylan & Miller, 2015). Under these claims the employee must prove that he or she was a member of a class protected under the ADA, was subjected to harassment, the harassment was due to being a member of an ADA protected class, and the harassment was severe enough to create an environment so hostile that it affected the conditions of employment. The final two claims were association claims: when an employer takes an adverse employment action against an employee because the employee has a known relationship or association with a person the employer knows to have a disability (Neal-Boylan & Miller, 2015). This cause of action is seldom brought to the courts (Neal-Boylan & Miller, 2015).

From their 56 case analysis, Neal-Boylan and Miller (2015) concluded that nurses with disabilities do undergo discrimination in the workplace. Prior to the enactment of the ADAAA, many of the cases brought before the courts went to summary judgment in favor of the defendant, the employer, because the employee failed to prove he or she was disabled under the law (Neal-Boylan & Miller, 2015). However, the passage of the ADAAA in 2008 has made proving disability status significantly easier than it had been. Since the passage of the ADAAA, the cases that have not gone to summary judgment in favor of the employee continued to be

cases where the nurse failed to demonstrate disability under the law, or where the matter of essential job function was in question (Neal-Boylan & Miler, 2015). With regard to whether legal action is an effective method to combat job discrimination, Neal-Boylan and Miller (2015) concluded that legal action is a form of deterrence, and since the passage of the ADAAA, employers have been less apt to dispute the presence of a disability. Finally, with regards to the impact of the ADAAA on legal action brought by nurses with disabilities, Neal-Boylan and Miller (2015) concluded that cases filed by nurses since the passage of the ADAAA were more likely to be successful than were cases tried under the original ADA of 1990.

Neal-Boylan and Miller (2015) recommended that nurses become more knowledgeable about their rights and responsibilities related to their disability under the ADAAA. The authors suggested that national nursing organizations should offer legal consultation for nurses with disabilities to help retain and recruit nurses with disabilities within the profession of nursing (Neal-Boylan & Miller, 2015). Furthermore, the authors suggested that instead of physicians determining the essential functions of nursing practice, the profession of nursing should be making those clarifications. Lastly, Neal-Boylan and Miller (2015) recommended that nurse leaders, executives, and administrators gain a clear understanding of disability law to ensure against inadvertent discrimination of nurses and improve the retention of nurses with disabilities within the profession.

This piece of evidence was classified as a Level V, Quality A source. The authors are experts within the field of nursing and law with doctorate level credentials. Dr. Neal-Boylan is the dean of the College of Nursing at the University of Wisconsin, and has researched and written extensively on the topic of nurses with disabilities; Dr. Miller is a juris doctor, registered nurse, and an assistant professor of legal studies at Quinnipiac University in Hamden

Connecticut (Neal-Boylan & Miller, 2015). This article, and its recommendations, was funded by the Quinnipiac University School of Nursing (Neal-Boylan & Miller, 2015). Furthermore, the recommendations were grounded in scientific research, and the legal regulations of the ADA and the ADAAA. The authors' report was based on the literature with data supporting the stated opinions (Neal-Boylan & Miller, 2015). Applicability to the phenomenon of interest was present in that the authors addressed specifically nurses with physical and sensory disabilities, clearly indicating in the article that cases involving nurses with mental health, cognitive, or substance abuse impairments were excluded from the analysis (Neal-Boylan & Miller, 2015). Comprehensiveness of the search strategy was present in that the authors gathered every case published by a judge involving an RN or APRN who brought forth a disability employment discrimination action in federal court under the ADA between the years of 1995 and 2013 (Neal-Boylan & Miller, 2015). Furthermore, the authors were transparent with regard to the limitations of their search strategy by making note that it is not possible to access a case if the judge does not publish it. The authors clearly specified how decisions were made to include and exclude cases from the analysis as mentioned above. The first case was from 1995 because though the ADA was enacted in 1990, it took until 1995 for a decision to be made on the first case; the analysis ended with 2013 because that was the year the most recent case that met sample criteria was published (Neal-Boylan & Miller, 2015). Clarity was demonstrated through the case review and analysis being conducted by a nurse-attorney who used the standard method used by attorneys to review and analyze cases; this method was documented in the study as Table 1 (Neal-Boylan & Miller, 2015). Unity and consistency of findings was present in the article in that the authors cohesively organized the findings under five themes organized by prevalence of cases and separated by subheadings (Neal-Boylan & Miller, 2015). Furthermore, the tables

present in the article were logically organized and contained information consistent with the body of the text. Conclusions were deemed believable as they were based in the evidence provided and captured the complexity of the clinical phenomenon through thorough background and discussion sections that referenced well known research studies on the topic of nurses with disabilities (Neal-Boylan & Miller, 2015).

Marks and McCulloh (2016) provided an expert opinion article, a non-research piece of evidence, based on their clinical expertise, legal guidelines, and the Health Care Professionals With Disabiltiies Career Trends, Best Practices, and Call-to-Action Policy Roundtable meeting held on March 18, 2014 in which they recommended best practices for removing barriers and supporting diversity and inclusion of nurses and nursing students with disabilities within the nursing profession. The authors indicated that the nursing profession continues to struggle with both understanding and embracing the legislation of the ADA (Marks & McCulloh, 2016). Specifically, the disability biases deeply rooted within the nursing pedagogy of care have perpetuated the discriminatory attitudes toward nurses, and nursing students, with disabilities through application of the medical model perspective which both marginalizes nurses with disabilities and discourages them from joining the workforce via the perception that those with disabilities intrinsically lack the capacity to be successful in nursing because of their impairments. Conversely, according to Marks and McCulloh (2016), no evidence has ever documented a relationship between nursing disability status and medical errors, or patient safety events.

Marks and McCulloh (2016) suggested that best practice within nursing requires a fundamental shift form the medical model perspective of disability to a social model, which would reject the notions that being disabled is negative, a deficiency, or an abnormality. For the

profession of nursing to fully accept and accommodate nurses, and nursing students, with disabilities, Marks and McCulloh (2016) stated it is imperative to view disability as a difference which resides within the inhibitive qualities of the environment. Specifically, success within the profession of nursing is dependent on the availability of accommodations, not on the type, or severity, of the disability. Furthermore, Marks and McCulloh (2016) explained that taking affirmative actions to recruit, hire, promote, and retain nurses with disabilities is required under the ADA and the ADAAA. Marks and McCulloh (2016) concluded that to be legally compliant, the barriers of marginalization and discrimination created by the medical model of disability must be removed; to actively recruit and retain nurses and nursing students with disabilities, policies and practices must be restructured using a social framework to meet the needs and abilities of individual nurses.

This piece of evidence was classified as a Level V Quality A source. Both authors of the article are experts within the field of nursing. Dr. Marks is a PhD prepared RN, research associate professor, and the director of the Department of Disability and Human Development at the University of Illinois at Chicago; she is also the co-director of the National Organization of Nurses with Disabilities in Washington DC (Marks & McCulloh, 2016). Ms. McCulloh is a bachelor's prepared RN, and the co-director of the National Organization of Nurses with Disabilities in Washington DC. Dr. Marks has written and researched extensively on the subject of nurses with disabilities, and Ms. McCulloh has also conducted research on the topic (Marks & McCulloh, 2016). This article, and its recommendations, was funded by the National Institute on Disability and Rehabilitative Research (Marks & McCulloh, 2016). Furthermore, the recommendations were grounded in scientific research and legal regulations including the regulations of the ADA and ADAAA, and recommendations from The Health Care Professionals

With Disabilities Career Trends, Best Practices, and Call-to-Action Policy Roundtable meeting (Marks & McCulloh, 2016). The authors' report was based on the literature with data supporting the stated opinions (Marks & McCulloh, 2016). The authors included 20 pieces of evidence to support their recommendations. Of those pieces of evidence, eight of them were published within the past five years; of the 12 pieces of evidence greater than five years old, two of them were the ADA and the ADAAA, and six were classic sources (Marks & McCulloh, 2016). Further investigation yielded that many of these pieces of evidence were qualitative studies conducted by researchers that were well known in the field of disability nursing.

The recommendations made were clearly identified at the beginning of the article, explained with evidence in the body of the article, and reiterated and summarized at the end of the article. While the authors declared no conflicts of interest, no biases were noted or discussed in the article (Marks & McCulloh, 2016). The expertise of the authors was evident, and this article was also a recent publication (Marks & McCulloh, 2016).

Davidson et al. (2016) provided a position statement, a non-research piece of evidence, outlining systematically developed recommendations for how the culture of nursing can be made more inclusive for RNs with disabilities by complying with ethical guidelines and the regulations of the ADA. The authors indicated that the current culture of nursing has created intentional and unconscious systematic barriers, negative attitudes, and prejudicial actions toward nurses with disabilities (Davidson et al., 2016).

Davidson and colleagues (2016) suggested the technical standards and job requirements currently identified as essential for nursing practice may not be relevant to all aspects of nursing, and should be reviewed. Furthermore, in order for the nursing profession to be compliant with the ADA, the culture must change to be more supportive of accommodating nurses with

disabilities. Specifically, the authors proposed that developing a supportive culture for nurses with disabilities would create a nursing culture of ethical practice. In such a culture, the authors suggested that nurses would face less fear and stigmatism when they disclosed disabilities, and this would in turn allow more nurses with disabilities to receive the accommodations they required to perform their essential job functions, and would then translate to improved safety for patients and other staff members (Davidson et al., 2016). The authors recommended that for nursing to move toward more holistic care, the profession must change the focus of disability from one of inability to one of opportunity. In order to achieve these recommendations, the authors suggested application of a social model of disability within the profession of nursing.

This piece of evidence was classified as a Level IV, Quality B source. In this article, the recommendations were based on disability law in the United States, the ADAAA, recommendations from the National Organization of Nurses with Disabilities (NOND), and the limited research that existed on the topic of nurses with disabilities at the time of publication (Davidson et al., 2016). While Davidson and colleagues (2016) cited a total of 29 references, few studies were specifically mentioned in the body of the article. Of the studies that were explicitly described, all were qualitative. The piece of evidence included a brief background for each of the contributing authors, which allowed an external reader to assess if the appropriate stakeholders were involved in the development of recommendations. All of the authors were faculty of Johns Hopkins School of Nursing in Baltimore, and many of the authors had experience with policy writing (Davidson et al., 2016). While the authors consulted US disability law, the ADA, and the US Equal Employment Opportunity Commission in writing their recommendation, a limitation to the appropriateness of the stakeholders is the fact that all authors were from the same university. Having all of the authors from the same university could

have created potential biases in writing the recommendations; no biases were identified or disclosed within the article (Davidson et al., 2016).

This article and its recommendations were specifically endorsed and sponsored by the American Medical Association (AMA) (Davidson et al., 2016). The recommendations were supported by the evidence sited by the authors, however the authors failed to elaborate upon the levels of supporting evidence for their recommendations. The authors included 24 pieces of evidence to support their recommendations, and of those pieces of evidence, 21 of them were published within the past five years (Davidson et al., 2016). Further investigation yielded that many of these pieces of evidence were qualitative studies conducted by researchers that were well known in the field of disability nursing. The recommendations the authors made made were clearly identified and described under two broad headings with sub-headings to further support and clarify the recommendations (Davidson et al., 2016). This article was also a recent publication (Davidson et al., 2016).

Addressing the nursing staffing crisis

Neal-Boylan and Guillett (2008a) conducted an exploratory, descriptive qualitative study to elicit descriptive information about the experiences of being an RN with a physical disability. From the study, the researchers concluded that registered nurses with physical disabilities often experience discrimination in the workplace, which leads to these nurses leaving both their current nursing job, and the profession of nursing entirely. The setting for this study included RNs who self-identified as being physically disabled, and nurse recruiters, from Maine, Maryland, and Virginia (Neal-Boylan & Guillett, 2008a). The final sample size included 20 RNs with physical disabilities and 15 nurse recruiters (Neal-Boylan & Guillett, 2008a); the researchers did not provide any information regarding how the final sample size was determined.

Both the RNs with disabilities, and the nurse recruiters came from a variety of clinical and non-clinical settings, as was outlined in Table 2 within the study (Neal-Boylan & Guillett, 2008a). Twenty-two different disabilities were identified by the RNs participating in the study (Neal-Boylan & Guillett, 2008a).

To recruit participants, and obtain and collect their data, the researchers used the snowball method (Neal-Boylan & Guillett, 2008a). The two researchers carried out audiotaped interviews in a variety of settings (Neal-Boylan & Guillett, 2008a). To conduct the interviews, the researchers used a semi-structured interview guide consisting of five questions that was based on research questions derived from a search of the literature (Neal-Boylan & Guillett, 2008a). These interview questions were specifically designed to elicit descriptive information related to the experiences of being an RN with a physical disability (Neal-Boylan & Guillett, 2008a). All of the audiotapes were transcribed verbatim, and independently analyzed for themes by two experienced qualitative researchers; 98% reliability was achieved (Neal-Boylan & Guillett, 2008a).

The researchers identified multiple barriers experienced by registered nurses working with a disability, which they classified into the following themes: fatigue, reduced stamina, and pain; patient safety; nursing heroics; lack of awareness/knowledge and stigma; hidden disabilities; and creativeness of the individual (Neal-Boylan & Guillett, 2008a). The researchers identified the phenomenon of nursing heroics, the culture that nurses have created for themselves wherein nurses are expected to go above and beyond what is reasonable for fulfilling one's duties, as a challenge that both the nurses with disabilities, and their colleagues, believe nurses with disabilities cannot live up to (Neal-Boylan & Guillett, 2008a). Furthermore, the researchers found that colleagues and administrators often ceased to support nurses once they learned the

nurses had physical disabilities. The researchers also found that while nurse recruiters supported the general recruitment and retention of nurses with disabilities because of the nursing shortage, these recruiters often expressed sentiments that nurses with disabilities should be hired by a facility other than their own (Neal-Boylan & Guillett, 2008a). Conversely, the researchers found that the primary facilitator for retaining nurses with disabilities was having a supportive colleague within their organization. From their study findings, the researchers concluded that the general attitude of nurses toward employees with disabilities should be addressed, beginning in nursing schools (Neal-Boylan & Guillett, 2008a). The researchers suggested that nursing students be taught that the essential functions of nursing are not about lifting and moving patients, but rather about decision making, clinical skills, and nursing judgment in order to provide high quality care (Neal-Boylan & Guillett, 2008a). Specifically, the researchers suggested that nursing instructors instill within their students an appreciation that disability does not reside within the person, but within the environment, and that disability is a social construct that is external to the person. For practicing nurses, and professional organizations, the researchers suggested that nursing job descriptions and work environments be re-evaluated (Neal-Boylan & Guillett, 2008a). Neal-Boylan and Guillett (2008a) suggested that if nurses themselves were to place a higher value in the intellect of nursing than the physical aspects of nursing, society and other professions may begin to view nursing as less of a vocation, and more of a profession. Specifically, the researchers indicated that in light of a serious nursing shortage, the nursing profession could benefit from reconsidering how they define themselves and their roles, and considering if the ability to function physically independently is an essential function of nursing practice.

This source was identified as a Level III Quality C piece of evidence. In this piece of evidence, the researchers identified that very few studies related to nurses with disabilities exist in the literature, and most of the studies predated the passage of the Americans with Disabilities Act and were related to the experiences of students, not practicing nurses (Neal-Boylan & Guillett, 2008a). The literature review completed by the researchers included 17 sources, 14 of which were less than five years old; of the three sources greater than five years old, two were classic sources (Neal-Boylan & Guillett, 2008a). The researchers did not clearly identify the purpose of the study.

The researchers failed to indicate if data saturation was used to determine the sample size (Neal-Boylan & Guillett, 2008a), compromising the creditability of the source. Further threats to the creditability of this source were that the researchers did not document conducting member checking, nor did they document reflexivity (Neal-Boylan & Guillett, 2008a). The researchers did demonstrate creditability through having audiotaped and verbatim transcribed all interviews, the independent analysis of the findings, and the inter-coder reliability as noted at 98% (Neal-Boylan & Guillett, 2008a). Neal-Boylan and Guillett (2008a) further developed creditability through use of thick and vivid descriptions of findings from the study, and through the documentation of the researchers' credentials of both being PhD prepared RNs.

Fittingness, or transferability, was not present in this study. The researchers did not provide adequate descriptive data to allow a reader to evaluate the applicability of the data to other contexts. Failing to indicate if data saturation was achieved, and failure document quality enhancement efforts within the study further took away from the transferability of the findings (Neal-Boylan & Guillett, 2008a). Another limitation of this study was auditability. The researchers did not provide an audit trail, or a decision trail. This piece of evidence also lacked

data collection triangulation. All of these limitations resulted in a concern for the dependability and conformability of the study findings.

Neal-Boylan et al. (2012) conducted a qualitative study in which they investigated the professional experiences of registered nurses and physicians who self-identified as having a disability in an effort to inform local and national policy conversations with regard to supporting a diverse health care workforce. The setting for this study included RNs and physicians across the country of the United States who self-identified as having a permanent physical or sensory disability (Neal-Boylan et al., 2012). Data were collected until thematic saturation was achieved; the final sample size included 10 RNs with disabilities, and 10 physicians with disabilities (Neal-Boylan et al., 2012). All of the physicians, and half of the RNs were actively practicing in their field of study (Neal-Boylan et al., 2012). Furthermore, participants were derived from a variety of workplace settings including: inpatient acute care hospitals, outpatient clinics, private practices, academic medicine, extended care facilities, and independent consulting.

To obtain and collect their data, the researchers used a snowball sampling technique (Neal-Boylan et al., 2012). The researchers located potential participants through use of advertisements in nursing and medical regional journals, and sought referrals from leaders of relevant professional health care organizations. Two of the researchers, who were trained in qualitative interviewing techniques, conducted health care role-concordant audiotaped interviews in person and over the phone through use of a standard interview guide (Neal-Boylan et al., 2012) Once thematic saturation was obtained, all interviews were professionally transcribed and reviewed by the interviewers for accuracy prior to content analysis (Neal-Boylan et al., 2012). A core coding team of four researchers independently read and coded all of the transcripts line-by-line, using the constant comparative method, and created code definitions as concepts emerged

(Neal-Boylan et al., 2012). Furthermore, all nursing transcripts were read and coded by an RN who self-identified as having a disability, and all physician transcripts were read and coded by a physician who self-identified as having a disability. Codes were refined until a final coding structure that captured the major concepts of the data was developed; this structure was then applied to all transcripts (Neal-Boylan et al., 2012). Next, an internationally recognized expert in the field reviewed the summary of the findings and provided additional insights. As a final step to verify the data, study participants were asked to review the summary of primary themes and any illustrative quotations from their specific interview. No participants negated or revised any of the study findings (Neal-Boylan et al., 2012).

The researchers identified five core themes related to the perceptions and experiences of RNs and physicians who self-identified as having a disability (Neal-Boylan et al., 2012). These themes included narrow career trajectories, struggles over whether or not to disclose the disability, viewing patient safety as a personal responsibility, how the institutional climate set the tone of how disabilities were perceived, and the emotional spectrum of reactions to disability challenges (Neal-Boylan et al., 2012). The researchers found that many physicians and RNs with disabilities frequently changed job settings or specialties because they felt they were unable to continue in their current role, or were encouraged by others to leave (Neal-Boylan et al., 2012). Study participants expressed sentiments of being held to a higher standard of accountability than their non-disabled peers, and perceived colleagues to be skeptical of their approaches to completing work tasks; participants stated these reactions lead to them hiding their disability, changing job positions, or leaving an organizational institutions (Neal-Boylan et al., 2012). Furthermore, participants relayed sentiments of embarrassment and fear of being judged for having a disability, and voiced concerns that other staff frequently made false assumptions

regarding their abilities and limitations. A common sentiment of the participants was the idea that requesting an accommodation for their disability would negatively impact their relationship with health care administration; for this reason most participants chose not to seek advice, assistance, or redress from administrators to assist them in in obtaining accommodations (Neal-Boylan et al., 2012). Specifically, participants noted that the sentiments of administrators and supervisors defined the culture of the organization, and this culture reflected the attitudes and behaviors of staff toward peers with disabilities. Many participants described their organizational culture as a hostile work environment where they felt marginalized, undervalued, rejected, and as though their skillsets were underused (Neal-Boylan et al., 2012). From their study findings, the researchers concluded that having a disability directly impacted career choices and career trajectory (Neal-Boylan et al., 2012).

Based on study findings, the Neal-Boylan and colleagues (2012) suggested health care organizations institute changes to promote the retention of staff with disabilities while demonstrating to patients, colleagues, and the community that people with disabilities bring value to the organization through their clinical contributions and critical perspectives (Neal-Boylan et al., 2012). Neal-Boylan and colleagues (2012) recommended identifying and removing the physical and non-physical barriers commonly experienced by nurses and physicians with disabilities. Specifically, the researchers identified the lack of disability awareness within most health care organizations as a common non-physical barrier. To combat this barrier, Neal-Boylan et al. (2020) recommended increasing education for all staff, through both formal and informal training, in an effort to change the perception of disabilities, and aid in assisting staff to recognize that health care professionals with disabilities contribute critical thinking skills and intellectual abilities to the organization. Furthermore, the researchers

specifically noted changing the current perception of disabilities from purely being limitations, to recognizing the added value of staff with disabilities was key to the recruitment and retention of nurses and physicians with disabilities.

This source was classified as a Level III, Quality A piece of evidence. In this piece of evidence, the researchers identified that while the current literature included numerous anecdotal reports, and some survey data, describing the workplace experiences of physicians and RNs with disabilities, there existed no published research studies on the topic (Neal-Boylan et al., 2012). The purpose of the study, to generate insight and hypotheses about the professional experiences of RNs and physicians with disabilities to inform local and national policy conversations, was clearly presented and reiterated within the article (Neal-Boylan et al., 2012). The literature review completed by the researchers included 38 sources, 14 of which were less than 5 years old, and eight of which were classic articles outlining the historical perceptions of health care workers toward providers with disabilities; the 22 other sources were all 10 years old or less (Neal-Boylan et al., 2012).

Credibility was present in this study through thematic data saturation having been used to determine the sample size, the researchers having audiotaped and verbatim transcribed all interviews, the independent analysis of the findings, and the transcription rigor and inter-coder reliability checks that were evidenced through the researchers' meeting regularly to resolve discrepancies and review code structure (Neal-Boylan et al., 2012). Having a research team comprised of PhD prepared RNs and MDs who were diversified across academic disciples, racial and ethic groups, age, clinical work settings, and health professional roles also enhanced the credibility of this article (Neal-Boylan et al., 2012). Credibility was further developed through the thick and vivid descriptions of findings from the study, as well as the use of member

checking (Neal-Boylan et al., 2012). Data triangulation was present in the form of space and person, however time triangulation and method triangulation were not applied in the study, and therefore presented threats to credibility (Neal-Boylan et al., 2012). The other threat to the credibility of this source was that the researchers failed to document reflexivity (Neal-Bolyan et al., 2012). Auditability was demonstrated through the use of an RN and a physician with disabilities, as well as an internationally recognized expert, to review the summary of the findings (Neal-Boylan et al., 2012). The investigator triangulation present in the study demonstrated dependability and confirmabilty, as well as credibility (Neal-Boylan et al., 2012).

The researchers directly identified fittingness, or transferability, as a limitation of this study, having indicated that the purposive sampling goals may have produced findings not generalizable to other populations (Neal-Boylan et al., 2012). Furthermore, the researchers clearly articulated that they chose to focus exclusively on the lived experiences of the participants, and did not seek to independently verify the experiences that were described in the interviews (Neal-Boylan et al., 2012). The researchers also identified that the population was difficult to find and access, so all participants were self-selected leading to the concern that only individuals with experiences at the extremes might have participated in the study. While these statements could be defined as threats to transferability, they spoke to the authenticity of the study through having provided the readers with a clear and vicarious experience of the lives of the RNs and physicians with disabilities (Neal-Boylan et al., 2012).

Matt, Fleming, and Maheady (2015) provided an expert opinion article, a non-research piece of evidence, based on their clinical expertise, clinical experiences, and a review of the literature, in which they recommended adaptations to the nursing practice environment as an effort to recruit and retain aging nurses with disabilities. According to Matt et al. (2015), there

are many benefits to retaining aging and disabled nurses including: higher motivation levels, experience, and lower levels of depression and occupational stress than younger workers. However, as the general workforce continues to age, the incidence of disabilities related to both age and work-related injuries becomes more prevalent.

Matt et al. (2015) discussed that disability is usually either defined as a limitation of the individual, or a limitation of the environment. According to Matt and colleagues (2015), regardless of the perspective through which disability is viewed, having a disability may interfere with the essential functions of nursing practice, and while the nurse with a disability may not perceive that disability as a limitation, his or her colleagues may view it as one. However, Matt et al. (2015) also stated that retaining nurses with disabilities who can perform essential job functions may positively impact patient care because patients and colleagues can benefit from the expertise, experience and the very presence of nurses with disabilities in the workplace. Furthermore, the authors suggested that while providing accommodations may keep some of these disabled aging nurses in the workplace longer, a universal design, specific to disability accommodations, may prove beneficial for all working nurses. Specifically, Matt and colleagues (2015) suggested that many of the accommodations sought by nurses with disabilities would be beneficial to all nurses: shorter work days/nights, inviting break rooms, scheduled rest or stretch breaks, and stress management techniques. Therefore, Matt et al. (2015) suggested that the aging nursing workforce, in conjunction with an impending nursing shortage, provides rationale to support a transition to a universal design: a framework within which environments and everyday tools are created to make life more accessible for those with disabilities, as well as able-bodied persons who may develop disabilities as they age. Furthermore, retaining aging nurses with disabilities is not only retaining talent, ability, and expertise, it is also providing role models for

other nurses and the community, and complying with the law. The authors concluded by suggesting that the nursing profession grow to realize and accept that disability is a common component of the human experience, and reasonable accommodation is a legal mandate (Matt et al., 2015).

This piece of evidence was classified as a Level V Quality A source. The authors are experts within the field of nursing with doctorate level credentials. Dr. Matt is an associate professor at the College of Nursing at Seattle University in Washington, and Dr. Fleming is an assistant professor of nursing at the same institution (Matt et al., 2015). Dr. Maheady is associate graduate faculty at the Christine E. Lynn College o Nursing at Florida Atlantic University in Boca Raton, Florida (Matt et al., 2015). All three authors have written extensively and conducted prior research on the topic of nurses with disabilities (Matt et al., 2015). The recommendations proposed by the authors were grounded in scientific research conducted by well-known researchers on the subject of nurses with disabilities, federal agencies, and legal regulations (Matt et al., 2015). The authors' report was based on the literature with data supporting the authors' stated opinions (Matt et al., 2015). The authors included 40 pieces of evidence to support their recommendations, and of those 40 pieces, 21 were published within the past five years; of the 19 pieces of evidence greater than five years old, one of them was the report from The Robert Wood Johnson Foundation, five were the most recent legal documents outlining current legal regulations, one was the most current update from the Institute of Medicine, and five were classic sources (Matt et al., 2015). Further investigation yielded that many of these pieces of evidence were qualitative studies conducted by researchers that were well known in the field of disability nursing. The authors' recommendations were clearly identified at the beginning of the article, explained with evidence and organized under specific

headings in the body of the article, and reiterated and summarized in the conclusion at the end of the article. While the authors declared no conflicts of interest, no biases were noted or discussed in the article (Matt et al., 2015). This article was also a recent publication (Matt et al., 2015).

Leslie Neal-Boylan (2019) conducted an intrinsic single-case qualitative study to examine one case of a registered nurse with a profound disability to determine whether nurses with profound disabilities could continue working in the clinical setting. The setting for this study was the northeast US, and the study subject was a baccalaureate-prepared RN in her early thirties who had suffered a severe debilitating injury that resulted in the loss of function in both legs approximately five years prior to the conduction of the study (Neal-Boylan, 2019). Prior to her injury, the study subject had worked on a busy medical floor in a large metropolitan teaching hospital (Neal-Boylan, 2019). The study also included supplemental interview data provided by five additional interviewees (Neal-Boylan, 2019). These interviewees included two nurses and one former nurse's aide who had worked with the study subject prior to her disabling injury, one occupational therapist (OT) and one physical therapist (PT) who had taken care of the study subject post injury.

To obtain and collect her data, Neal-Boylan (2019) conducted interviews with both the study subject and the other five interviewees; the case study subject was interviewed on three separate occasions for one hour each, and each of the other participants were interviewed for one session of one-hour duration. Neal-Boylan (2019) used an unstructured interview guide and mental framework developed by Yin and Stake to both derive interview questions, and guide the flow of the interview. All of the interviews were audiotaped and transcribed verbatim (Neal-Boylan, 2019). As each interview was completed, it was compared with the other interviews to identify themes based on direct interpretation of the individual situation and categorical

aggregation for meaning; these themes were eventually grouped through the process of constant comparative analysis (Neal-Boylan, 2019). Participant verification was used to confirm data accuracy (Neal-Boylan, 2019).

Neal-Boylan (2019) identified three major themes from the study: nursing self and others, the new normal, and empathy. Having a profound disability caused the study subject to become a better advocate for her patients as well as better assist her patients in being self advocates (Neal-Boylan, 2019). Furthermore, the study subject indicated she learned to better appreciate patient suffering, and became more compassionate and empathetic, and less judgmental, because she was personally aware of what it was like to be the patient in the bed. The other nurses interviewed identified that the case study subject was able to successfully reintegrate back into the unit after her injury because of the culture of the nursing unit she worked on, and the willingness of nursing staff to view the importance of what a nurse with a disability could provide on the unit (Neal-Boylan, 2019). Furthermore, the interview participants noted that any clinician with more life experience would provide the unit with a better-rounded workforce. Specifically, a nurse with a disability provided a unit with the unique perspective to better relate to specific patient populations. Neal-Boylan (2019) concluded that the findings from her single-case study were consistent with previous studies on nurses with disabilities: nurses with disabilities provide a very different, and beneficial, perspective on what patients are experiencing, and nurses with disabilities can work in the clinical setting, and positively contribute to the unit. Therefore, Neal-Boylan (2019) recommended that health care organizations develop cultures that are supportive of nurses with disabilities in order to retain the clinical experience and expertise that these nurses bring to clinical practice. Neal-Boylan (2019)

further recommended that education on what nurses with physical disabilities contribute to the workplace may help to mitigate and reduce misconceptions related to disability limitations.

This source was classified as a Level V, Quality B piece of evidence. In the case study, Neal-Boylan (2019) identified that current research on the experiences of nurses with disabilities has revealed perceptions of discrimination, and a lack of acceptance of the clinical abilities of nurses with disabilities by the profession of nursing in general. Furthermore, the experience of a nurse with a profound disability is not well represented in the literature, and no prior studies using the case study method have been used to explore the experiences of a nurse with a disability. The purpose of this study, to add to the understanding of what it is like for a nurse who develops a disability to return to the nursing profession, and the understanding of whether a nurse with a profound disability could remain in a clinical practice setting, was clearly presented and reiterated within the article (Neal-Boylan, 2019). The literature review conducted by the researcher included 20 sources, nine of which were less than five years old (Neal-Boylan, 2019). However, of the 11 sources greater than five years old, one of them was the most recent update of the *ANA Scope and Standards of Practice*, three were classic sources on processes for conducting research, and one was the most recent census survey update.

Creditability was present in this study through thematic analysis having been used to determine the number of times the case study subject was interviewed, the researcher having audiotaped and verbatim transcribed all interviews, purposeful sampling, systematic collection and organization of the data, and a detailed record of the process (Neal-Boylan, 2019). The researcher's credentials and expertise of being a PhD prepared RN who had been studying nurses with disabilities for 11 years, and has conducted multiple research studies on the topic, further enhanced the creditability of this article (Neal-Boylan, 2019). Creditability was further

developed through the thick and vivid descriptions of findings from the study including direct participant quotations, and through member checking where participants confirmed and verified the accuracy of the transcribed data (Neal-Boylan, 2019). Reflexivity, which enhances credibility, authenticity, and confirmability, was addressed in this study through researcher used bracketing bias to retain a degree of skepticism by documenting consideration of explanations other than what was discovered during the study, as well as interviewing not only the case study subject, but also her former colleagues and therapists (Neal-Boylan, 2019). Dependability and confirmability were enhanced in this study through the use of member checking, data person triangulation, and having an audit trail (Neal-Boylan, 2019). Data triangulation was present in the form person triangulation, however neither time nor space triangulation were used in the study, and therefore presented threats to credibility (Neal-Boylan, 2019). Because the study was conducted by only on researcher, it lacked investigator triangulation, which demonstrated a threat to creditability, dependability, and confirmabilty (Neal-Boylan, 2019).

Neal-Boylan (2019) directly identified fittingness, or transferability, as a limitation of this study, having indicated that generalizability of single-case studies is limited. However, the researcher did clearly articulate how her findings were consistent with findings from previous studies on the same topic. Finally, the single-case study approach provided extreme authenticity through having provided the readers with a clear and vicarious experience of the post injury work-life of the study subject (Neal-Boylan, 2019).

Changing how disabilities are viewed

Neal-Boylan and Guillett (2008b) conducted a qualitative study in which they investigated the work experiences of RNs with physical disabilities, as well as the disability perspectives of RNs with disabilities and nurse recruiters: RNs who interview other nurses for

hire. The setting for this study included RNs with physical disabilities, and nurse recruiters, from the north-eastern region of the US (Neal-Boylan & Guillett, 2008b). Data were collected until saturation was achieved; the final sample size included 20 RNs with disabilities and 14 nurse recruiters (Neal-Boylan & Guillett, 2008b). The nurses with disabilities worked in a variety of settings, had a menagerie of different physical disabilities, and their terminal degrees ranged from diploma level nurses through doctorate prepared nurses (Neal-Boylan & Guillett, 2008b). The job titles and workplace settings of the nurse recruiters varied widely as well (Neal-Boylan & Guillett, 2008b).

To obtain and collect their data, the researchers used a snowball sampling technique (Neal-Boylan & Guillett, 2008b). The researchers solicited RNs through word of mouth and trade publications. The two researchers conducted in-person and telephone audiotaped interviews through use of an unstructured interview guide composed of questions that were designed to elicit discussion related to the experiences of nurses with disabilities. The researches interviewed nurse recruiters to critique and balance perspectives of the nurses with disabilities against the experiences that nurse recruiters had interacting with nurses with disabilities. Once saturation was obtained, the researchers transcribed the audiotapes verbatim, and individually and independently analyzed them by isolating words or phrases that described aspects of experiences (Neal-Boylan & Guillett, 2008b). Similar expressions were grouped and labeled, irrelevant themes were eliminated, and similar themes were clustered to identify the core elements of the interview findings (Neal-Boylan & Guillett, 2008b). After this was completed, the core elements were crosschecked against the transcripts to search for discrepancies, and themes that developed were compared to themes already present in the literature.

The researchers identified many themes concerning barriers to working within the profession of nursing for nurses with physical disabilities (Neal-Boylan & Guillett, 2008b). These barriers included how nursing peers and organizations responded to nurses with disabilities, the stigma attached to having a disability, the lack of awareness and knowledge held by health care organizations related to having nursing staff with disabilities, and the ability to perform essential job functions of nursing. The researchers found that nurses with disabilities perceived the focus from peers and their organizations to be on their disability, not on their abilities, knowledge, or experiences. Specifically, a common sentiment among these nurses was that the profession of nursing did not take care of their own, and was not supportive of nurses with disabilities. Furthermore, the researchers identified a common theme amongst nurse recruiters that there existed a lack of awareness of if a nurse with a disability could perform a nursing job, and how a disability could actually be accommodated. Specifically, nurse recruiters indicated that not determining methods to recruit and retain nurses with disabilities was causing the profession to lose experience and expertise that could benefit patients. From their study findings, the researchers concluded that the atmosphere of the nursing profession needed to change to recognize the abilities of nurses with disabilities, and become more accepting and supportive (Neal-Boylan & Guillett, 2008b). Specific changes that were recommended included eliminating the outdated expectations that nurses are heroes who must work at levels above and beyond other humans, recognizing that abilities can be modified and disabilities and can be rectified through accommodations, and the development of an atmosphere of acceptance of a disability not being equated to an inability to practice as a registered nurse.

This source was classified as a Level III, Quality B piece of evidence. In this piece of evidence, the researchers identified that current literature was replete with research and

information regarding nursing students with disabilities, however there existed minimal studies related to nurses with disabilities, and no research regarding the work experiences of practicing RNs with disabilities (Neal-Boylan & Guillett, 2008b). Furthermore, most of the literature that existed at the time this study was conducted predated the passage of the Americans with Disabilities Act. The purpose of the study, to explore the experiences and understand the perspectives of nurses with disabilities, was clearly presented and reiterated within the article (Neal-Boylan & Guillett, 2008b). The literature review completed by these researchers included 13 sources, nine of which were less than five years old, and two of which were classic sources (Neal-Boylan & Guillett, 2008b).

Credibility was present in this study through data saturation having been used to determine the sample size, the researchers having audiotaped and verbatim transcribed all interviews, the independent analysis of the findings, and the transcription rigor and inter-coder reliability checks that were evidenced through the researchers' cross-checking core elements from the findings against transcripts, searching for discrepancies, and comparing themes to the present literature (Neal-Boylan & Guillett, 2008b). Credibility was further developed through the thick and vivid description of findings from the study, and through the documentation of the researchers' credentials of both being PhD prepared RNs. Threats to credibility of this source were that the researchers did not conduct member checking, nor did they document reflexivity (Neal-Boylan & Guillett, 2008b).

Fittingness, or transferability, was identified as a limitation of this study (Neal-Boylan and Gillett, 2008b). The researchers identified that the lack of diversity in the ethnicity and gender of their sample, as well as the specific sample setting, significantly limited the applicability of the findings to other settings. In contrast, the researchers did state that the

variations in age, experience, and background of the RNs with disabilities, and the nurse recruiters, should enhance the transferability of the findings. Another limitation of this study was auditability. The researchers did not provide an audit trail, or a decision trail (Neal-Boylan & Guillett, 2008b). This piece of evidence also lacked data collection triangulation. These limitations created concern for the dependability and conformability of the study results.

Matt (2008) conducted an exploratory qualitative study using grounded theory methodology to explore the lived experiences of registered nurses with disabilities working in hospital settings, and identify the factors within a hospital organization that contribute to the organization's disability climate. The setting for this study was identified as the continental US (Matt, 2008). The final study sample consisted of 9 RNs who self-identified as having a physical or sensory disability which occurred prior to their initial hospital employment as a nurse and was not result of a work-related accident or injury; all of these RNs were either currently working in hospital workplace, or had worked in a hospital workplace within one year of study enrollment (Matt, 2008). Furthermore, participants came from a variety of hospital settings and held various roles within these settings; their degree levels ranged from diploma programs to master's level degrees. The researcher listed a total of 10 different physical and sensory disabilities that the study participants self-reported having (Matt, 2008).

To obtain and collect her data, Matt (2008) used three different recruitment mechanisms. First, initial recruitment occurred via the state nurses' association sending recruitment announcements to 175 member nurses. Secondly, further recruitment was conducted by contacting organizations that served nurses with disabilities and disseminating recruitment announcements through their networks. Finally, because data saturation was not reached via these two methods, the researcher relied on the snowball sampling technique; this recruitment

method was used until data saturation was achieved. The researcher interviewed all of the study participants using an interview guide composed of 14 questions, all of which were listed in the body of the article, as well as follow up questions based on findings from previous interviews (Matt, 2008). Ten of the study participants were interviewed via telephone, and one participant with an auditory disability was interviewed via an instant messaging text program (Matt, 2008). All telephone interviews were audiotaped, and, as per grounded theory logic, were transcribed, coded, and analyzed immediately following the interview and prior to conducting any subsequent interviews; the instant message interview was redacted prior to data analysis. Transcripts were coded using the qualitative research coding software, NVivo; several months after the initial coding occurred, the transcripts were read and recoded, and results were compared and found to yield the same results (Matt, 2008). After this step, Matt (2008) used the constant comparative technique, and memos, to cluster the codes into themes and cluster the themes into categories. Data analysis findings were reviewed with an experienced qualitative researcher multiple times, and the coding scheme was revised based on comments and feedback (Matt, 2008).

Matt (2008) stated that study results yielded the development of a theoretical framework and model for the self-perception of nurses with disabilities, and their desires and actions, as they deal with obstacles in their work experiences that are the result of having a disability. Matt (2008) described this model as Nurse First, encompassing the desire to be perceived as a nurse first, and a person with a disability second. From the study, four domains, or factors that contribute to the disability climate, were identified: dealing with the environment, gaining acceptance by peers, gaining support from supervisors, and interacting with patients. Within each domain, Matt (2008) identified specific themes. In general, the study participants held the

impression that the physical and psychological environments of health care organizations were not friendly toward individuals with disabilities, resulting in study participants not feeling comfortable disclosing their disability and requesting an accommodation, and often instead, finding a way to cope with the disability without assistance from their organization (Matt, 2008). Study participants also voiced common sentiments that other nurses on the nursing units questioned their nursing abilities because of having a disability, causing these nurses to work harder to gain respect from their peers, and to avoid asking for help or assistance form peers (Matt, 2008). Study participants also commonly indicated that support from leadership and supervisors was essential to their successful integration into a nursing unit, and being accepted by their peers (Matt, 2008). Finally, study participants identified that having a disability provided them with a unique perspective that improved their abilities to relate to their patients and provide competent and compassionate care. Based on these domains and themes, Matt (2008) concluded that to recruit and retain RNs with disabilities, providing accommodations is not enough, health care organizations must adopt a disability model that view s nurses with disabilities first as nurses, and second as people with disabilities. Specifically, under such a model, environmental barriers must be identified and addressed, nurse managers should play a key role in successfully integrating and maintaining nurses with disabilities on their units, and peer acceptance would prove critical for the retention of nurses with disabilities.

This source was classified as a Level III, Quality B piece of evidence. In this piece of evidence, Matt (2008) identified that current research has shown that more barriers than facilitators exist in recruiting and retain nurses who become disabled. However, Matt (2008) noted that no documented research exists pertaining to the work experiences of nurses who enter the profession of nursing with disabilities, and their integration into the workplace. The purpose

of this study, to explore the lived experiences of registered nurses with disabilities working in hospital settings, and identify the factors within a hospital organization that contribute to the organization's disability climate, was clearly presented and reiterated throughout the article (Matt, 2008). The literature review completed by Matt (2008) included 29 sources, 12 of which were less than five years old; of the sources greater than five years old, seven were research studies less than eight years old, one was the ADA, two were classic sources related to research processes, and one was the most recent national nursing survey (Matt, 2008).

Creditability was present in this study through data saturation having been used to determine the sample size, the researcher having audiotaped and transcribed all interviews using grounded theory logic, and the transcription rigor evidenced by repeated coding (Matt, 2008). The researcher's credentials of being a PhD prepared RN further enhanced a creditability of this article (Matt, 2008). Creditability was further developed through the thick and vivid descriptions of findings from the study including direct participant quotations. Reflexivity, which enhances creditability, authenticity, and confirmabilty, was addressed in this study when the researcher identified her own biases of being a nurse with an auditory disability and also being an attorney whose clients are nurses with disabilities. Dependability and confirmabilty were enhanced in this study through the use of data space and person triangulation, and having an audit trail (Matt, 2008). Data time triangulation was not present in this study, and therefore presented a threat to creditability (Matt, 2008). Because the study was conducted by only on researcher, it lacked investigator triangulation, which demonstrated a threat to creditability, dependability, and confirmabilty (Matt, 2008). Auditability was demonstrated through having an experienced qualitative researcher review the findings multiple times throughout the data analysis process (Matt, 2008).

Matt (2008) identified fittingness, or transferability, as a limitation of this study, as the sample was a convenience sample of nurses all currently working in hospitals, or having worked in a hospital within the past year. Specifically, the researcher noted that nurses who had left the hospital setting, or the nursing profession, because of their disability may have had very different experiences than the nurses included in the study. Matt clearly identified that study results may not be generalizable outside of a hospital setting (Matt, 2008). Furthermore, study results were not presented clearly. The "findings" section of the study discussed the study participants, sample, and setting. The "discussion" section included a further review of the literature, and a second "key experience findings" section was included near the end of the article which listed additional findings not included in the first findings section, and also included additional literature review. Recommendations were not clearly identified, but were stated amongst the findings as well as in the "conclusion and implications section". However, at various places within the article, Matt (2008) did clearly articulate how her findings were consistent with findings from previous studies on the same topic.

Wood and Marshall (2010) conducted an exploratory descriptive design quantitative non-experimental study to explore the attitudes, concerns, and work experiences of nurse managers toward staff nurses with disabilities, and the impact this had on the recruitment and retention of staff nurses with disabilities. The setting for this study was identified as the continental US; the researchers mailed two survey instruments to nurse administrators at each of 600 US hospitals randomly selected from a professional listing of hospitals across the United States, and asked the leaders to deliver the instruments to two nurse managers who directly supervised nurses who identified as having a disability (Wood & Marshall, 2010). The final study sample consisted of 219 nurse managers representing 174 hospitals, yielding a 37% response rate (Wood & Marshall,

2010). The majority of the nurse managers participating in the study worked in general acute care hospitals (Wood & Marshall, 2010). Furthermore, as 83% of 219 the nurse managers reported working with one or more nurses with a disability, the study represented 644 nurses with disabilities, and 366 different specified disabilities (Wood & Marshall, 2010). Disabilities represented in the study included physical disabilities, hearing impairments, vision impairments, speech impairments, learning disabilities, mental illness, epilepsy, diabetes, and addiction recovery (Wood & Marshall, 2010).

Because no instrument existed to specifically address the research questions for this study, Wood and Marshall (2010) used a modified version of two subscales of the Employer Attitude Questionnaire: the Work Performance Subscale, and the Administrative Concerns Subscale. The Employer Attitude Questionnaire was a 39-item tool originally developed by Diksa and Rogers in 1996 to study the attitudes and concerns of managers regarding employees with psychiatric disorders; the instrument used a 5-point Likert rating scale ranging from 1, no concerns, to 5, great concerns (Wood & Marshall, 2010). Specifically, in the original work, the Work Performance Subscale had an instrument reliability Cronbach's α of 0.86, and the Administrative Concerns Subscale had a Cronbach's α of 0.81. Following an extensive literature review to identify issues that concerned employers about employees with disabilities, Wood and Marshall (2010) made modifications to these two subscales. Construct validity of the modified instrument was then affirmed through the recruitment of 20 nurse managers from local hospitals not involved in the study who evaluated the modified tool (Wood & Marshall, 2010). The final instrument used in this study had an instrument reliability Cronbach's α of 0.91 for the Work Performance Scale and a Cronbach's α of 0.83 for the Administrative Concerns Scale (Wood & Marshall, 2010).

Wood and Marshall (2010) stated their research represented a beginning effort to examine attitudes and experiences of nurse leaders toward practicing nurses with disabilities. According to Wood and Marshall (2010), study results demonstrated that a high correlation (r=0.91) existed between the perceived work performance and the perceived administrative abilities of nurses with disabilities. In contrast, no significant correlations were found between nurse managers' scores on the scales and previous exposure to staff nurses with disabilities (r=0.042, P=0.576), size of the hospital (r=-0.046, P=0.545), or the number of nurses employed in the hospital (r=0.025, P=0.74). However, analysis of variance showed a significant positive relationship (F=4.8, P=0.009) among the managers' reports of work performance of nurses with disabilities, the managers' previous exposure to nurses with disabilities, and the managers' willingness to hire nurses with disabilities into direct patient care staff nurse positions. Similarly, analysis of variance also showed a significant positive relationship (F=8.06, P=0.005) between nurse managers' previous exposure to nurses with disabilities and their willingness to hire nurses with disabilities into direct patient care staff nurse positions.

Wood and Marshall (2010) concluded several findings from their study. First, they concluded the results indicated that nurses with a broad range of disabilities are employed in significant numbers across hospital settings and are generally performing well. Secondly, Wood and Marshall (2010) concluded that the size of the hospital as well as the number of nurses employed at the hospital does not appear to be related to the managers' perceptions toward job performance of nurses with disabilities. Thirdly, the researchers concluded that previous experience with a nurse who has a disability does appear to contribute to positive attitudes toward hiring, advancing, and working with nurses with disabilities. Finally, Wood and Marshal (2010) concluded that nurse managers who have past positive experiences with nurses with

disabilities are likely to hire other nurses with disabilities into direct patient care and leadership positions. Wood and Marshall (2010) suggested that based on their findings, it is important for nurse leaders to balance their concerns regarding nurses with disabilities by becoming competent in disability law, education, practice, and perspective. Wood and Marshall (2010) also recommended further empirical examination of the practice of registered nurses with disabilities in order to increase retention and practice of professional nurses, improve patient care, and enhance of the health of society.

This source was classified as a Level III, Quality A piece of evidence. In this piece of evidence, Wood and Marshall (2010) identified that research to date regarding nurses with disabilities has focused on exploring the perspectives and experiences of nurses themselves, emphasizing challenges, stigma, discrimination, advocacy, case studies, and narrative designs. Furthermore, considerable examination of nursing students with disabilities is also present in the literature. However, Wood and Marshall (2010) noted that little documented research exists with regard to the attitudes and concerns of nurse leaders who hire and supervise staff nurses with disabilities, and little research has been conducted to systematically analyze nurse managers' attitudes toward nurses with disabilities. The purpose of this study, to explore attitudes and concerns of nurse managers regarding the work performance and advancement capabilities of staff nurses with disabilities, was clearly presented and reiterated throughout the article. The literature review included 39 sources, 20 of which were less than five years old; of the 19 sources greater than five years old, 11 of them were less than seven years old (Wood & Marshall, 2010).

The final sample size for this study was sufficient based on the study design (Wood & Marshall, 2010). Furthermore, the geographic distribution of the final sample, as well the types of hospitals and disabilities represented within the final sample, were all clearly articulated in the

article (Wood & Marshall, 2010). This thorough documentation confirmed the statistical conclusion validity and the statistical power of the study findings. The sample was a convenience sample survey sent out via the postal service with follow up reminders mailed after four and eight weeks respectively; however, the study did not mention at what time of year the survey was distributed, which could have directly impacted response rates (Wood & Marshall, 2010). Furthermore, no power analysis for sample size was noted.

Data collection methods used in the study were clearly described, and the data collected was primary data collection (Wood & Marshall, 2010). The instrument used in this study was a modified version of a previously developed, reliable, instrument (Wood & Marshall, 2010). Furthermore, the authors clearly indicated that the modified instrument was evaluated for construct validity as well as instrument reliability and specific Cronbach α's were provided to confirm the authors' claims. Test results were presented clearly and completely within the text of the article, and specific numerical statistical findings such as correlation, and analysis of variance were provided to the reader (Wood & Marshall, 2010). Conclusions were based on the quantitative findings, however no summarizing tables were presented in the article.

External validity was present in the study in that the sample included a broad and diverse base of hospitals, nurses, and disability types (Wood & Marshall, 2010). Furthermore, the results were obtained from a clearly articulated sample that spanned the entire continental US. Wood and Marshall (2010) identified construct validity as a limitation of this study in that the respondents were aware of the purpose of the study and therefore may have consciously or unconsciously provided desired responses. Another limitation of the study as identified by Wood and Marshall (2010), was the inability of the study to differentiate between the severity of the disabilities as this may have influenced the attitudes and concerns of the nurse leaders. A

final limitation identified by Wood and Marshall (2010) was that the researchers were unable to obtain information on the thoughts or feelings of those who chose not to participate in the study and furthermore, there is no record of why these managers chose not to participate.

Study results were clearly presented in this article. Raw numerical statistical data was discussed and explained in the "results" section, with subsections outlining the findings from the two different scales (Wood & Marshall, 2010). Furthermore, the "discussion" section clarified how the results were applicable to the profession of nursing and provided recommendations for both nursing practice changes and further research. Wood and Marshall (2010) also clearly articulated how their results both collaborated and expanded upon the current literature.

Matt (2011) conducted a non-experimental quantitative pilot study to explore the attitudes of registered nurses toward nurses with disabilities in the hospital workplace, the factors contributing to these attitudes, and the concept of disability climate within the hospital workplace. The setting for this study was identified as three tertiary care hospitals located in the Puget Sound area of Washington state (Matt, 2011). The hospitals were described as large and urban, all employing greater than 1000 registered nurses; two of the hospitals were university affiliated (Matter, 2011). The researcher used a convenience sampling method; participants were recruited via flyers posted in break rooms on patient care units, and via email messages (Matt, 2011). Participant inclusion criteria included being a registered nurse, being currently employed on a patient care unit, and having had at least six months experience in the current role (Matt, 2011). Matt (2011) received responses from 145 registered nurses, 131 of them met eligibility criteria for inclusion in the study. Detailed participants characteristics were provided in Table 1 of the article (Matt, 2011). Specifically, participants represented 29 different working units, with about one quarter being ICU environments, and one third being medical/surgical settings; over

75% of respondents held a bachelorette degree, 13 respondents held a master's level degree, and three were doctorate prepared nurses; 87% of respondents were staff nurses, and 14% of respondents self identified as having a disability. Furthermore, there were no statistically significant differences between the three sites on any of these characteristics.

This study was a pilot test of the Nurses' Attitudes toward Nurses with Disabilities Scale (NANDS) instrument (Matt, 2011). Specifically, this tool was developed as an outgrowth of a previously conducted qualitative study of nurses with disabilities. The NANDS consisted of two subscales: Organizational Climate, which measured observations and perceptions related to disabilities in the respondent's workplace, and Feelings/Attitudes, which measured attitudes toward working with nurses who have physical or sensory disabilities (Matt, 2011). Both subscales used a six-point Leikert-type scale, with rating ranging from 1, strongly disagree, to 6, strongly agree (Matt, 2011).

The study was conducted via use of a web-based survey hosted on the University of Washington's Catalyst website (Matt, 2011). For two of the hospitals, the study was available from November 1, 2007 to January 31, 2008; for the third hospital, the study was available from April 1, 2008 to May 31, 2008 (Matt, 2011). After the survey period ended, data was transferred from the host website using excel and analyzed using the Statistical Package for the Social Science 17.0 (SPSS); statistical significance was set at 0.05 for all comparisons (Matt, 2011). Descriptive statistics were calculated and used to for each item under the subscales to establish response distributions, these statistics were presented within the text of the articles as well as summarized in Tables 2 through 6; one-way analysis of variance and post hoc tests were used to explore any significant differences in study findings between groups (Matt, 2011).

Matt (2011) concluded from this pilot study that respondent had overall general positive attitudes toward nurses with disabilities. Furthermore, analysis of the data concluded that no significant differences in perceptions of climate factors or attitudes existed based on age or years of nursing experience, with the exception of ADA awareness: the higher the level of education, the more likely it was that the respondent had awareness of the ADA ($F=1.844$, $p=0.026$). However, significant differences did exist based on levels of exposure to individuals with disabilities and practice areas. Post Hoc tests and one way analysis of variance demonstrated that respondents who had prior personal experience with individuals with disabilities had overall more positive perceptions of nurses with disabilities than respondents who had no personal experiences with individuals with disabilities ($F=2.687$, $p=0.038$) (Matt, 2011). Furthermore, organizational climate was found to be statistically significantly more positive in outpatient or short stay units than ICU settings ($F=3.641$, $p<0.05$).

Overall, Matt (2011) concluded that the NANDS instrument accomplished what was indented. Matt (2011) concluded that the results of this pilot study suggested that factors impacting disability climate are the individual nurse's experience with disability, level of education held by individual nurses, and the nurse's practice area. Furthermore, the results of the this study suggested that only those nurses who had experience with individuals with disabilities believed individuals with disabilities were as capable of being nurses as individuals without disabilities. Matt (2011) suggested that to recruit and retain nurses with disabilities, employers should access disability climate on specific units to identify target areas needing remedial attention. Furthermore, Matt suggested that the profession of nursing must move toward realizing and accepting disability as a common and natural part of the human experience. Matt (2011) proposed that use of the NANDS took may offer a helpful way to evaluate the disability

climate of an organization and aid in directing nursing leaders to areas where change is needed to create an environment that is more healthy and disability friendly to attract and retain nurses with disabilities within the organization.

This source was classified as a Level III, Quality B piece of evidence. In this piece of evidence, Matt (2011) identified that research to date regarding nurses with disabilities is difficult to obtain. Furthermore, no research existed regarding the factors influencing attitudes of nurses in the hospital workplace toward individuals with disabilities working in the nursing workforce. The purpose of this study, to describe the attitudes of registered nurses toward nurses with disabilities, explore the factors contributing to these attitudes, and explore the concept of disability climate in the hospital setting, was clearly presented and reiterated throughout the article (Matt, 2011). The literature review included 22 sources, six of which were less than five years old; of the 16 sources greater than five years old, one was an EEOC legal document, two were classic documents on disability instrument scales, and one was a classic document on disability climate (Matt, 2011).

The final sample size for this study was sufficient based on the study design (Matt, 2011). However, Matt (2011) identified sample size as a limitation of her study, stating the small sample precluded her from conducting analysis based on respondent's roles, or comparing the perceptions of nurses with and without disabilities. The response rate for this study was also unable to be calculated as there was no way to know how many nurses saw or were emailed a flyer and chose not respond (Matt, 2011). For two of the hospitals, the survey was available over the period of time spanning from November through January (Matt, 2011). This is a time of year when many people are taking extra time off work, or have additional obligations related to the holidays, and this could have negatively impacted survey response rates. Furthermore, the

geographic distribution of the sample, as well as the similarities between the three hospitals involved in the study, did not allow for generalizability of the study results and removed from the statistical conclusion validity and statistical power of the findings, as well as provided a threat the external validity of the study.

Data collection methods used in this study were clearly described and the data collected was primary data collection (Matt, 2011). The instrument used in this study was a newly developed instrument that was being pilot tested (Matt, 2011). Matt (2011) failed to discuss in the article if the instrument had been evaluated for construct validity or instrument reliability, no Chronbach α statistics were provided. However, Matt did indicate in the article that the instrument was developed based on a qualitative study she previously conducted, and provided a citation if the reader desired to conduct further evaluation. The article mentioned was also critiqued and analyzed as part of this literature review. In that article by Matt (2008), the only mention of the NANDS was in the "discussion" section where Matt articulated that the factors affecting disability climate should be further developed into an instrument to measure disability climate in the hospital setting. Despite the lack of data on the validity and reliability on the instrument, which may be in part because this was a pilot test of the instrument, study results were presented clearly and completely within the text of the article, as well as in the supplemental tables (Matt, 2011). Furthermore, specific numerical statistical findings such as correlation and analysis of variance and post hoc statistics were provided to the reader. Conclusions were based on the quantitative findings.

Matt (2011) clearly identified the limitations her study. Limitations regarding the sample size, response rate, and lack of generalizability have already been discussed in this critique. Other limitations identified by Matt (2011) included NANDS instrument itself. Matt (2011)

identified the response options of ‘I don’t know’, which was ranked as a neutral 4 on the 6-point scale, and ‘I prefer not to answer’, which was coded as *n* for a not answered question, as options that were chosen frequently by respondents and complicated data analysis. Furthermore, Matt noted that some of the items in the study were worded poorly, and would need to be revised for further studies. The other limitation that Matt (2011) identified was the concern that respondents may have chosen to answer in a manner that they thought would be social desirable rather than in a manner that truly reflected their perceptions and attitudes despite the survey being confidential and anonymous.

Study results were presented clearly in this article. Raw numerical statistical data was discussed and explained in the “Disability climate and nurses’ attitudes toward nurses with disabilities” and the “Comparison of perceptions of climate and attitudes” sections, with subsections outlining the findings from the different factors within the two subscales (Matt, 2011). Furthermore, all statistical findings were clearly and accurately portrayed in Tables 2-6 located within the body of the article. Beyond this, the “discussion” section clarified how the results were applicable to the profession of nursing and provided recommendations for nursing practice implementation of the instrument and study findings, as well as further research opportunities and changes that must be made to the instrument. Matt (2011) clearly identified where her findings of no significant differences in attitudes toward nurses with disabilities based on age, level of education or years of experience conflicted with research from the 1970’s and 1980’s, as well as where her findings collaborated and expanded upon more recent research and literature.

Summary of literature review section

Each of the sources used for the literature review of this evidence based practice capstone project were identified, reviewed, critiqued and analyzed based on the level of evidence and quality ratings using the JHEBP Model. Three themes emerged, and the 11 pieces of evidence were sorted in chronological order and organized under which one of the three themes they most closely were associated with. Many articles addressed two or all three themes; for these articles, they were classified under the theme that was discussed in greatest detail, or with the most emphasis.

CHAPTER IV

RESULTS AND SYNTHESIS

The exact number of registered nurses with disabilities is unknown, but is estimated at one in five, and is projected to increase as the nursing population continues to age (Neal-Boylan & Guillett, 2008; Wood & Marshall, 2010). As a result of the nursing staffing crisis, and the aging US population, the demand for skilled and qualified RNs has increased (Buerhaus et al., 2017). Researchers and experts in the field of nursing have suggested that many nurses with disabilities possess exceptional clinical knowledge and expertise gained through years of experience both as clinical nurses, and as professionals with disabilities (Matt, 2008; Matt, Fleming, & Maheady, 2015; Neal-Boylan et al., 2012; Spiva, Hart, & McVay, 2011). However, researchers have found that many nurses with disabilities have chosen to prematurely leave the profession of nursing, often related to having felt marginalized, unsupported, and discriminated against because of having a disability (Ferguson et al., 2009; Marks & McCulloh, 2016; Matt, 2008; Neal-Boylan & Guillett, 2008b; Neal-Boylan & Miller, 2014). In order to be compliant with the mandates of the ADA, and respond to the increased demand for registered nurses, health care organizations should examine and address current barriers impacting the recruitment and retention of nurses with disabilities (Matt et al., 2015; Schmidt, MacWilliams, & Neal-Boylan, 2016; Spiva, Hart, & McVay, 2011).

Disability has historically been viewed through one of the two lenses: the medical model, which has defined disability as a functional incapacity of an individual, and a consequence of functional limitations that resulted from physical or mental impairment; or the social model, which alternatively has viewed disability as a social construct that is shaped by environmental factors (Goering, 2015; Hogan, 2019; Scotch, 2000; Smeltzer, 2007). The medical model of

disability, which fails to consider the contributions of social and environmental factors on the limitations faced by people with disabilities is often adopted unreflectively by health care professionals (Wasserman et al., 2011). This capstone project, as a review of the literature, has identified, reviewed, and analyzed current evidence to determine if best practice for the recruitment and retention of nurses with disabilities would be a transition away from the medical model of disability and toward conceptualizing disabilities through the social model of disability.

Results

A comprehensive literature review was conducted to identify what evidence currently existed regarding the impact of the medical and social models of disability on the recruitment and retention of nurses with disabilities. The final literature review was composed of eleven articles published between the years of 2008 and 2019. A comprehensive evidence summary matrix is provided in Appendix A. A summary of the article level and quality can be found in Table 1.

Of the 11 articles, six of them were level III evidence, one was level IV evidence, and four were level V evidence. Five of the articles received a quality rating of A, five received a quality rating of B, and one article received a quality rating of C. The article with a quality rating of C was kept as part of the literature review because minimal evidence existed on this topic; to not include the article would fail to provide a complete review and analysis of all the currently available literature. Furthermore, the student author found it important to identify that this article was read and critiqued during the literature review as opposed to implying the article was overlooked and not identified.

The literature review addressed three areas related to the impact of the medical and social models of disability on the recruitment and retention of registered nurses with disabilities within

Table 1

Number of Articles by Level and Quality

Quality Rating	Evidence Level			Total
	III	IV	V	
A	2	0	3	5
B	3	1	1	5
C	1	0	0	1
Total	6	1	4	11

Note. Level and quality grading as per the *Johns Hopkins Nursing Evidence-Based Practice: Models and Guidelines* (Dearholt & Dang, 2012).

the profession of nursing. The first section addressed evidence related to compliance with legal regulations and ethical guidelines. Three articles were classified under this section; all three of these articles were non-research sources. The articles consisted of a literature review, a position statement, and an expert opinion piece. One of the articles was level IV, quality B, and the other two were level V, quality A. A summary of the article level and quality for this theme can be found in Table 2. Two major themes of factors impacting the recruitment and retention of nurses with disabilities were identified from these articles. The first theme was that the current culture of nursing and the disability biases deeply rooted within the pedagogy of nursing, and the medical model of disability, have created systematic barriers and discriminatory attitudes which have marginalized nurses with disabilities and discouraged them from remaining within the profession of nursing (Davidson et al., 2016; Marks & McCulloh, 2016; Neal-Boylan & Miller, 2016). The second theme was that challenges exist between the profession of nursing understanding the spirit of the ADA and operationalizing the rights of nurses with disabilities,

Table 2

Number of Articles by Level and Quality for Theme: Legal Regulations and Ethical Guidelines

Quality Rating	Evidence Level			Total
	III	IV	V	
A	0	0	2	2
B	0	1	0	1
C	0	0	0	0
Total	0	1	2	3

Note. Level and quality grading as per the *Johns Hopkins Nursing Evidence-Based Practice: Models and Guidelines* (Dearholt & Dang, 2012).

and the responsibilities of nursing administration (Davidson et al., 2016; Marks & McCulloh, 2016; Neal-Boylan & Miller, 2016).

The second section discussed evidence related to addressing the nursing staffing crisis. Four articles were classified under this section. Three of these articles were qualitative research studies, and one article was a non-research expert opinion piece. Two of the articles were level III evidence; one of these articles was quality A, and the other was quality C. Results of the quality C article were not considered. The other two articles were level V evidence; one was quality A, and one was quality B. A summary of the article level and quality for this theme can be found in Table 3. The common theme of these articles was that accommodations, and supportive colleagues and administrators, were the primary facilitators for the successful recruitment and retention of nurses with disabilities (Matt et al., 2015; Neal-Boylan, 2019; Neal-Boylan et al., 2012).

Finally, the third section focused on evidence related to changing how disabilities are viewed within the profession of nursing. Four articles were classified under this section. Two of

Table 3

Number of Articles by Level and Quality for Theme: The Nursing Staffing Crisis

Quality Rating	Evidence Level			Total
	III	IV	V	
A	1	0	1	2
B	0	0	1	1
C	1	0	0	1
Total	2	0	2	4

Note. Level and quality grading as per the *Johns Hopkins Nursing Evidence-Based Practice: Models and Guidelines* (Dearholt & Dang, 2012).

these articles were qualitative research studies, and two of them were quantitative research studies. All four of these articles were level III evidence. Furthermore, one of these articles was quality A, and the other three were quality B. A summary of the article level and quality for this theme can be found in Table 4. A common theme of these articles was that the current disability culture within the profession of nursing is not accepting of nurses with disabilities, and this culture has negatively impacted the recruitment and retention of these nurses (Matt, 2008; Matt, 2011; Neal-Boylan & Guillett, 2008(b); Wood & Marshall, 2010). Another theme was that previous positive experience of working with a nurse with a disability, and a nursing leadership team that supported the integration of nurses with disabilities on nursing units, had a positive impact on how nurses perceived and responded to nurses with disabilities as well as the recruitment and retention of nurses with disabilities (Matt, 2008; Matt, 2011; Neal-Boylan & Guillett, 2008(b); Wood & Marshall, 2010).

Table 4

Number of Articles by Level and Quality for Theme: How Disabilities are Viewed

Quality Rating	Evidence Level			Total
	III	IV	V	
A	1	0	0	1
B	3	0	0	3
C	0	0	0	0
Total	4	0	0	4

Note. Level and quality grading as per the *Johns Hopkins Nursing Evidence-Based Practice: Models and Guidelines* (Dearholt & Dang, 2012).

Synthesis of Results

Level III evidence

A total of six pieces of evidence from the literature review were classified as level III evidence. Two of these pieces of evidence were quality A, three were quality B, and one was quality C. The piece of evidence that was quality C was excused from the synthesis of the results. A common theme that emerged from these pieces of evidence was that the current health care environment, and disability culture, is not supportive of nurses with disabilities, which is causing many nurses who have disabilities to hide their disability, or leave the profession of nursing (Matt, 2008; Neal-Boylan et al., 2012; Neal-Boylan & Guillett, 2008(b)). A similar theme that emerged was that the current perception of disabilities within health care emphasizes the limitations that result from having a disability; changing this perception to focus on the value of nurses with disabilities enhances the recruitment and retention of nurses with disabilities (Matt, 2008; Matt, 2011; Neal-Boylan et al., 2012; Neal-Boylan & Guillett, 2008 (b)). The third theme that emerged from these sources was that previous positive experience with a nurse who

has a disability, or support of nurses with disabilities on the part of leadership and administration, had the greatest positive impact on staffs' perceptions of nurses with disabilities and the recruitment and retention of nurses with disabilities (Matt, 2008; Matt, 2011; Wood & Marshall, 2010).

Level IV evidence

A total of one piece of evidence from the literature review was classified as level IV evidence. This piece of evidence received a quality rating of B. The results of this piece of evidence emphasized that the current culture of nursing has created systematic barriers, negative attitudes, and prejudices toward nurses with disabilities (Davidson et al., 2016). Specifically, challenges exist between the profession of nursing understanding the mandates of the ADA and operationalizing the rights of nurses with disabilities, and the responsibilities of administration toward these nurses.

Level V evidence

A total of four pieces of evidence from the literature review were classified as level V evidence. Three of these pieces of evidence were quality A, and one was quality B. A common theme that emerged from these pieces of evidence was that reasonable accommodations for nurses with disabilities are a legal mandate, and for the profession of nursing to be compliant with the ADA, and recruit and retain nurses with disabilities, leadership and management should receive further education on disability law, and what nurses with disabilities can contribute to the workplace (Matt et al., 2015; Neal-Boylan, 2019; Neal-Boylan & Miller, 2015). The other theme that emerged from these sources was that the culture of nursing within an organization, and the model through which disability is viewed, directly impact the recruitment and retention of nurses with disabilities (Matt et al., 2015; Neal-Boylan, 2019; Marks & McCulloh, 2016).

Chapter Summary

In this chapter, the results and findings from the literature review were identified and discussed. The articles in this literature review were all classified as level III, IV, or V. First the number of articles at each level, and the quality rating of articles at each level were identified. Next, the number of articles for each section of the literature review, as well as the level and quality of the articles were stated; common themes for each section of the literature review were also identified. Finally, in the synthesis of results, the common themes within each level of articles were identified and discussed.

CHAPTER V

DISCUSSION AND CONCLUSION

The medical model of disability is based on the view that disability is caused by disease or trauma, and its resolution or solution is an intervention provided and controlled by professionals; in this model, disability is considered as residing within the individual (Smeltzer, 2007; Wasserman et al., 2016). In contrast, the social model of disability is based on the view that disability is socially constructed, and is the consequence of a lack of awareness that a modification or accommodation can enable an individual to live a full and productive life; in this model, society, and the environment created by society, are the causes of disability (Smeltzer, 2007; Wasserman et al., 2016). Traditionally, heath care professions, including nursing, have viewed disability through the medical model (Boyles et al., 2008; Hogan, 2019). According to Marks and McCulloh (2016), the medical model of disability has permeated nursing practice, and lead to nurses with disabilities being intrinsically perceived as lacking the capacity to be functionally successful in the nursing profession.

Currently, challenges exist within the profession of nursing between understanding the mandates of the ADA and operationalizing the rights of nurses with disabilities, and the responsibilities of nursing administration (Davison et al., 2016; Marks & McCulloh, 2016; Neal-Boylan et al., 2012; Neal-Boylan & Miller, 2015). Specifically, the current disability culture and climate, as supported and reinforced by the medical model of disability, do not promote the recruitment and retention of registered nurses with disabilities (Marks & McCulloh, 2016; Matt, Felming, & Maheady, 2015; Wood & Marshall, 2010). Rather, researchers have repeatedly identified a common theme of nurses leaving the nursing profession, often expressing sentiments of being pushed out, because of repeatedly facing judgment and excess barriers to employment

resulting from being identified as having a disability (Neal-Boylan et al., 2012; Neal-Boylan & Guillett, 2008a; Neal-Boylan & Miller, 2015; Wood & Marshall, 2010). The exit of these nurses from the profession has compounded the current nursing staffing crisis and unnecessarily removed nursing expertise and knowledge from the bedside (Matt, Fleming, & Maheady, 2015; Spiva, Hart, & McVay, 2011). This capstone project, and review of the literature, was conducted to assess if a transition, by the profession of nursing, from conceptualizing disability through the lens of the medical model to the lens of the social model of the disability would positively impact both the recruitment and retention of RNs who identify as having a permanent disability.

Discussion of Findings

The review of the literature identified both the common barriers, and facilitators, for the recruitment and retention of nurses with disabilities. The model through which disability was viewed and conceptualized, played a role in impacting barriers, as well as facilitators, for the recruitment and retention of nurses with disabilities. Historically, nursing was viewed a vocation, with an emphasis on tasks and physical skills. Over time, nursing has developed into a profession that requires an advanced clinical knowledge base, and subject matter expertise. Furthermore, as the profession of nursing has grown and diversified, nurses have begun working in non-traditional settings where physical tasks are barely even a job function, no less a job requirement. When organizations and nurses emphasize physical skills, such as lifting and turning patients, the abilities of nurses with physical disabilities are minimized, and their limitations are seen as impairments to accomplishing the essential functions of the job. When an organization recognizes the evolution of nursing into a profession grounded in critical thinking, decision-making, and advanced knowledge expertise, physical limitations have far less an impact on a nurse's capability of performing essential job functions.

The culture of an organization can impact how nurses with disabilities are viewed and perceived. The culture of the perception of disability is often grounded in the model through which disability is viewed. Because nurses have been educated to access and conceptualize disability through the lens of the medical model, they intrinsically perceive a disability as a limitation that resides within the person of the nurse who has a disability (Boyles et al., 2008; Goering, 2015; Hogan, 2019; Wasserman et al., 2016). Nurses with disabilities have left the profession of nursing because of the barriers that have resulted from how disabilities are viewed and conceptualized within the profession. In order to recruit and retain these nurses, the root cause of the problem should be addressed: a medical model conceptualizes a disability as an inherent limitation of an individual person, and therefore fails to consider the impact of environmental accommodations. When disabilities are viewed through a social model, the limitations are no longer a constraint of the person, but of the environment. When the perception of focus is transferred from the limitations that a disability creates, to the values of experience and expertise that these nurses with disabilities have, the recruitment and retention of nurses with disabilities is enhanced (Matt, 2008; Matt, 2011; Neal-Boylan et al., 2012; Neal-Boylan & Guillett, 2008 (b)). One method of achieving this change in perception of disabilities would be if the profession of nursing were to embrace the social model of disability, as the social model of disability views what is disabling for an individual not as a limitation of the person, but as a limitation of the alterable physical or social environment and institutional definitions of normal (Goering, 2015; Smeltzer, 2007; Wasserman et al., 2016). Not only does a social model of disability encourage compliance with the legal mandates of the ADA, and the ethical guidelines of the ANA, but a social model of disability embraces the abilities, skills, and knowledge that nurses with disabilities have. A social understanding of disability promotes organizations to

adapt the environment so all staff can achieve their full potential, and the patients, as well as other staff, can benefit from the experience, knowledge, and unique perspective these nurses bring to the profession.

Implications of Findings

The findings of this capstone project and review of the literature provided direct implications for nursing administration and nursing education, as well as nursing practice. The first implication is that nurse administrators and nurse educators, should assess how they, as individuals and as representatives of organizations, are viewing disabilities and identify the lens through which disability is being conceptualized. Nurse administrators and nurse educators should then ask themselves if this lens is the most appropriate lens, and what limitations the lens they choose to view disability through is creating.

Nurse administrators play a pivotal role in creating and maintaining organizational environments that foster the inclusion, recruitment, and retention of registered nurses with disabilities (Matt, 2008). Specifically, the personal attitudes and opinions held by nursing administrators have had a direct impact on the sentiments of managers, other nurses, and support staff. Furthermore, an organization's ability to be compliant with the ADA, and successfully manage employees with disabilities, is reliant upon the administration's knowledge and understanding of the regulations and mandates of the ADA (Davis, 2005; Kaye, Jans, & Jones, 2011). The ADA supports the social model of disability, and provides a complex view of disability and disability-related discrimination as it focuses on the relationship between an individual's impairment and the workplace environment in which the individual must function (Scotch, 2000). Findings from this capstone project have demonstrated that successful disability management, and the recruitment and retention of nurses with disabilities, is dependent upon

both accepting a contemporary social model of disability, and the formal and visible support of nursing administration (Davis, 2005; Neal-Boylan & Guillett, 2008(b); Neal Boylan et al., 2012).

The recruitment and retention of RNs with disabilities has been shown to positively impact patient care outcomes (Schmidt et al., 2016). Specifically, health care professionals with disabilities have a unique wealth of knowledge pertaining to achieving goals through accommodations, as well as increased understanding and knowledge of living with a disability, which has directly benefited their patients with disabilities (Neal-Boylan et al., 2012; Waliany, 2016). Furthermore, patients perceived nurses with disabilities as being more empathetic and sensitive to the individual needs of patients. Health care providers who had disabilities tend to be more knowledgeable of disabilities in general, and better prepared than their co-workers without disabilities to assist their patients in obtaining disabilities services and accommodations (Matt, 2008; Neal-Boylan et al., 2012). The recruitment and retention of nurses with disabilities has impact beyond compliance with the law; it is recruitment and retention of talent, ability, experience, and role models that demonstrates to the public a supportive and inclusive health care organization.

Limitations for Consideration

The primary limitation of this capstone project and review of the literature would be the limited amount of evidence-based literature available on the topic. There are no statistical data available that documented the number, or prevalence, of registered nurses with disabilities. Nurses with disabilities are often reluctant to disclose their disability status, making conducting studies on this sub-population of nurses extremely complicated. Therefore, all of the studies included in this capstone project relied on convenience sampling. Furthermore, this project included an exhaustive review of the literature since the onset of the ADAAA in 2008, and still

only yielded 11 sources. A further limitation would be that of these 11 sources, seven of them were written by two authors who are the primary subject matter experts.

The student author would also like to disclose her own personal biases as a possible limitation to this capstone project. The student author, while not registered as a student with a disability at the graduate level, was registered as a student with a disability at the undergraduate level while obtaining her bachelor's degree in nursing. Furthermore, the student author also has an immediate family member who has a permanent disability.

Identified Gaps in Findings and Recommendations

A significant gap in the findings from this capstone project and review of the literature would be the overall lack of quantitative data available to answer the PICO question. The literature review yielded 11 sources. Of those sources, there were only two quantitative studies. Furthermore, one of the studies was a pilot study of a new instrument. There are currently no valid and reliable instruments available to assess the recruitment and retention of nurses with disabilities. Furthermore, no Level I or Level II evidence existed for this PICO question. As demonstrated through the Synthesis and Recommendations Tool provided in Appendix B, the evidence that was obtained and analyzed through this capstone project and review of the literature was good and consistent evidence. Based on these findings, further investigation through the use of quantitative research studies, quasi-experimental studies, and longitudinal studies should be conducted. If these further studies continue to yield promising results, pilot testing would be recommended before the profession of nursing makes a practice change from viewing disability through the lens of the medical model to conceptualizing disability through the lens of the social model of disability.

Chapter Summary

This chapter discussed the conclusions drawn from the evidenced based practice capstone project and review of the literature based on how the evidence answered the PICO question. The chapter began with a discussion of the student author's findings and perspectives as a subject matter expert. Next, implications of the findings for both nursing administrators and nursing practice were discussed. Limitations of the project were identified and addressed. Gaps in the current literature were also identified. Finally, recommendations for future research and practice change were suggested.

Project Summary

This evidence based practice capstone project and review of the literature was comprised of five chapters. Chapter 1 was the introduction. This chapter included a statement of the problem, identified the background and need, presented the evidence based practice PICO question, identified the purpose of the project, and concluded with the list of relevant definitions. Chapter 2 was the methods chapter. This chapter identified the time span for the selection of evidence, the databases used, the search terms, and inclusion and exclusion criteria; provided a table of how evidence was selected; and included a summary of how the data would be analyzed. Chapter 3 was the literature review and analysis. This chapter summarized and critiqued each of the 11 pieces of evidence as they related to the PICO question. Chapter 4 was the results and synthesis of the findings. This chapter identified the number and quality of articles at each level, included a synthesis of the evidence at each level, and provided summarizing tables. Finally, Chapter 5 was the discussion and conclusion of the project. This chapter included the student author's discussion of findings; identified limitations, implications for nursing administration

and nursing practice, and gaps in the literature; and concluded with recommendations for future research and pilot study.

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Appendix A

Evidence Summary Matrix*

Key:

- **Article # -** Assign a number to each piece of reviewed evidence. Provides an easy way to organize articles.
- **Author, Publication Source, and Date** – Indicate the last name of the first author, and the evidence source, date of publication.
- **Evidence Type** – Indicate the type of evidence reviewed. Examples: Original research study (quantitative or qualitative); Systematic review; Literature review; Clinical practice guidelines; Expert opinion article
- **Purpose** – State the purpose of the piece of evidence
- **Sample Type/Size/Setting** – Only applicable to Level I, II, III, and Level V quality improvement, financial or program evaluation evidence. Provides a quick view of the population, number of participants, and where the study took place.
- **Study Findings** – Indicate study findings – focus on those findings that are most pertinent to answering the PICO(T) question.
- **Limitations** – include a critical appraisal of the piece of evidence that may or may not have been indicated in the article. For example – for a quantitative study – note presence of threats to internal and external validity; for a qualitative study – note presence of trustworthiness, credibility, fittingness, auditability, and transferability. Refer to non-research appraisal tool in the JHEBP toolkit for non-research evidence.
- **Evidence Level and Quality** – Refer to the JHEBP Levels and Quality of Evidence tools in Dang and Dearholt (2018).

PICO(T) Question: For practicing registered nurses with a permanent disability, will a transition to viewing disability through the lens of the social model of disability, as opposed to the continuing to view disability through the lens of the medical model of disability, positively impact recruitment and retention rates?

Article #	Author, Publication Source, & Date of Publication	Evidence Type and Purpose	Sample Type, Size, Setting	Study Findings	Limitations	Evidence Level	Quality Rating
1	Neal-Boylan Rehabilitation Nursing 2008(b)	Research: Qualitative Study Purpose: To explore the experiences, and understand the perspectives of nurses with disabilities	Type: Convenience sample; snowball method Size: 20 RNs with disabilities;	• Retention of nurses with disabilities was often dependent on accommodations • Barriers to retaining nurses with disabilities included: peer	• The researchers did not conduct member checking • The researchers did not document reflexivity • The lack of diversity in the ethnicity and	III	B

Article #	Author, Publication Source, & Date of Publication	Evidence Type and Purpose	Sample Type, Size, Setting	Study Findings	Limitations	Evidence Level	Quality Rating
			14 nurse recruiters Setting: Maine, DC, Virginia, Maryland	and organizational responses, the physical work environment, stigma, nursing heroics • The primary facilitator for retention of nurses with disabilities was a supportive colleague • To retain nurses with disabilities the profession of nursing needs to acknowledge the value of these nurses based on their knowledge, education, and experience, as well as provide an atmosphere of recognition, acceptance, and	gender of the sample, as well as the specific sample setting, significantly limited the applicability of the findings to other settings • The researchers did not provide an audit trail or a decision trail • This piece of evidence lacked data triangulation		

Article #	Author, Publication Source, & Date of Publication	Evidence Type and Purpose	Sample Type, Size, Setting	Study Findings	Limitations	Evidence Level	Quality Rating
				support • Creating an atmosphere of support for nurses with disabilities requires workplace education on disabilities			
2	Davidson AMA Journal of Ethics 2016	Non-Research: Position Statement Purpose: Recommendations for how the culture of nursing can be made more inclusive for RNs with disabilities by complying with ethical guidelines and the regulations of the ADA	NA	• Challenges exist between the understanding the ADA and operationalizing the rights of nurses with disabilities, and responsibilities of administrators • Nursing can be more inclusive of nurses with disabilities by applying a social model, which focuses on attention to	• Few of the cited studies were specifically mentioned in the paper • A limitation to the appropriateness of the stakeholders is the fact that all authors were from the same university	IV	B

Article #	Author, Publication Source, & Date of Publication	Evidence Type and Purpose	Sample Type, Size, Setting	Study Findings	Limitations	Evidence Level	Quality Rating
				systematic barriers, negative attitudes, and prejudicial actions • Providing nurses with disabilities mentorship, awareness of rights and resources, and resilience strategies improves retention • A culture of ethical practice requires acceptance of nurses with disability within the profession			
3	Neal-Boylan Academic Medicine 2012	Research: Qualitative Study Purpose: To investigate the professional	Type: Convenience sample; snowball method	• Health professionals with disabilities often left a job because peers encouraged them	• Data triangulation was present in the form of space and person, however time	III	A

Article #	Author, Publication Source, & Date of Publication	Evidence Type and Purpose	Sample Type, Size, Setting	Study Findings	Limitations	Evidence Level	Quality Rating
		experiences of registered nurses and physicians who self-identified as having a disability in an effort to inform local and national policy conversations with regard to supporting a diverse health care workforce	Size: 10 RNs with disabilities; 10 physicians with disabilities Setting: United States	to leave • Health professionals with disabilities hid their disability for fear of not getting hired or that peers or supervisors would treat them differently • The majority of difficulties that caused health professionals with disabilities to leave jobs were the result of limited awareness on the part of colleagues • Organizational culture directly impacted retention of health professionals	triangulation and method triangulation were not applied in the study • The researchers failed to document reflexivity		

Article #	Author, Publication Source, & Date of Publication	Evidence Type and Purpose	Sample Type, Size, Setting	Study Findings	Limitations	Evidence Level	Quality Rating
				with disabilities; hostile work environments, or being treated as less than fully competent, lead to job changes • Health professionals with disabilities are often not aware of their protection under the ADA • Accommodations positively impact retention of health professionals with disabilities, and many accommodations are mandated by the ADA • Organizations needs further education on the spirit of the ADA			

Article #	Author, Publication Source, & Date of Publication	Evidence Type and Purpose	Sample Type, Size, Setting	Study Findings	Limitations	Evidence Level	Quality Rating
4	Neal-Boylan Nurse Educator 2008(a)	Research: Exploratory descriptive qualitative study Purpose: To elicit descriptive information about the experiences of being an RN with a physical disability	Type: Convenience sample; snowball method Size: 20 RNs with physical disabilities; 15 nurse recruiters Setting: Maine, Maryland, Virginia	• When a nurse reveals a disability, previously supportive colleagues and administrators are no longer supportive • Nurse recruiters stated that nurses with disabilities should be hired, but by facilities other than their own • Barriers for employment for RNs with disabilities include: nature of the work, peer and organizational responses, stigma, lack of awareness of how to work with	• The researchers did not clearly identify the purpose of the study • The researchers' failure to indicate if data saturation was used to determine the sample size compromised creditability • Researchers did not document conducting member checking • Researchers did not document reflexivity • Fittingness, or transferability, was not present in this study. The researchers did not provide adequate	III	C

Article #	Author, Publication Source, & Date of Publication	Evidence Type and Purpose	Sample Type, Size, Setting	Study Findings	Limitations	Evidence Level	Quality Rating
				a person with a disability • The primary facilitator to retaining nurses with disabilities is a supportive colleague • To foster collegial support of nurses with disabilities, education should focus on abilities and that disability is not incompatible with nursing effectively • If disability is viewed as a social construct, then the disability does not reside in the person, but in the environment	descriptive data to allow a reader to evaluate the applicability of the data to other contexts • The researchers did not provide an audit trail, or a decision trail		

Article #	Author, Publication Source, & Date of Publication	Evidence Type and Purpose	Sample Type, Size, Setting	Study Findings	Limitations	Evidence Level	Quality Rating
5	Neal-Boylan Workplace Health and Safety 2019	Research: Intrinsic single-case qualitative study Purpose: To examine one case of a registered nurse with a profound disability to determine whether nurses with profound disabilities could continue working in the clinical setting	NA	• Many misconceptions currently exists about what and if a nurse with a disability can contribute to the workplace • Facilitators to retaining nurses with disabilities include: a supportive culture, a supportive manager, accommodations	• Neither time nor space triangulation were used in the study, and therefore presented threats to credibility • Because the study was conducted by only on researcher, it lacked investigator triangulation, which demonstrated a threat to creditability, dependability, and confirmabilty • fittingness, or transferability, was a limitation of this study because the	V	B

Article #	Author, Publication Source, & Date of Publication	Evidence Type and Purpose	Sample Type, Size, Setting	Study Findings	Limitations	Evidence Level	Quality Rating
					generalizability of single-case studies is limited		
6	Matt Qualitative Health Research 2008	Research: Exploratory Qualitative Study using Grounded Theory Methodology Purpose: To explore the lived experiences of registered nurses with disabilities working in hospital settings, and identify the factors within a hospital organization that contribute to the organization's disability climate	Type: Convenience sample; snowball method Size: 9 RNs Setting: Continental US	• There are three key facilitators to the recruitment and retention of nurses with disabilities: work environment, a supportive nurse manager, and peer acceptance • Accommodations are often necessary to alter the environment to retain nurses with disabilities • When nurses with disabilities are treated as a disabled person first and a nurse second, this often leads to dissatisfaction and employment	• Time triangulation was not present in this study, and therefore presented a threat to creditability • Because the study was conducted by only on researcher, it lacked investigator triangulation, which demonstrated a threat to creditability, dependability, and confirmabilty • Fittingness, or transferability, was a limitation	III	B

Article #	Author, Publication Source, & Date of Publication	Evidence Type and Purpose	Sample Type, Size, Setting	Study Findings	Limitations	Evidence Level	Quality Rating
				termination • Currently there exist more barriers than facilitators to recruiting and retaining nurses with disabilities	of this study, as the sample was a convenience sample of nurses all currently working in hospitals, or having worked in a hospital within the past year • Study results were not presented clearly, and recommendations were not clearly identified		
7	Marks Nurse Educator 2016	Non-Research: Expert Opinion Purpose: To recommend best practices for removing barriers and supporting diversity and inclusion of nurses and	NA	• A disconnect exists between the understanding of the spirit of the ADA and operationalizing the rights of nurses with disabilities, and responsibilities of administrators	• No author biases were noted or discussed in the article	V	A

Article #	Author, Publication Source, & Date of Publication	Evidence Type and Purpose	Sample Type, Size, Setting	Study Findings	Limitations	Evidence Level	Quality Rating
		nursing students with disabilities within the nursing profession		• Disability bias is deeply rooted in the pedagogy of nursing care • The medical model of disability marginalizes nurses with disabilities and prohibits them from remaining in the workforce • The medical model of disability intrinsically perceives nurses with disabilities as lacking the capacity to be successful nurses because of their perceived impairments • Nurses with disabilities who stay in nursing			

Article #	Author, Publication Source, & Date of Publication	Evidence Type and Purpose	Sample Type, Size, Setting	Study Findings	Limitations	Evidence Level	Quality Rating
				stay because of supervisor support and accommodations; yet many nurses hide their disability for fear of rejection and stigmatization • Best practice requires a shift from the medical model of disability to the social model • The social model of disability rejects the notion that being disabled is a negative and a disability is a deficiency • Viewing disability as residing in the environment is imperative to			

Article #	Author, Publication Source, & Date of Publication	Evidence Type and Purpose	Sample Type, Size, Setting	Study Findings	Limitations	Evidence Level	Quality Rating
				accept and accommodate people with disabilities • The ADAAA is a national mandate to for the elimination of discrimination against people with disabilities			
8	Matt The Journal of Nursing Administration 2015	Non-Research: Expert Opinion Purpose: Provided recommendations for adaptations to the nursing practice environment as an effort to recruit and retain aging nurses with disabilities	NA	• Recognizing and accommodating disabilities has a positive impact on the recruitment and retention of nurses with disabilities • Disability is a common component of the human experience • Accommodations are mandated by the ADA; some	• No biases were noted or discussed in the article	V	A

Article #	Author, Publication Source, & Date of Publication	Evidence Type and Purpose	Sample Type, Size, Setting	Study Findings	Limitations	Evidence Level	Quality Rating
				universal accommodations positively impact the recruitment and retention of all nurses, not just those with disabilities			
9	Neal-Boylan Journal of Nursing Scholarship 2015	Non-Research: Literature Review Purpose: to determine what made disability claims successful or unsuccessful, if legal action was effective, and how the ADAAA impacted the success of legal action for RNs with disabilities	NA	• Nurses with disabilities undergo discrimination as defined by the ADAAA • Increased awareness of the ADAAA regulations can help prevent discrimination • The ADAAA changed how employers must view disability, must consider the environment • If organizations do not make	• Search strategy was limited in that that it is not possible to access a legal case if the judge does not publish it	V	A

Article #	Author, Publication Source, & Date of Publication	Evidence Type and Purpose	Sample Type, Size, Setting	Study Findings	Limitations	Evidence Level	Quality Rating
				efforts to retain nurses with disabilities, administration could face stiff penalties			
10	Wood Journal of Professional Nursing 2010	Research: Exploratory descriptive design quantitative non-experimental study Purpose: To explore the attitudes, concerns, and work experiences of nurse managers toward staff nurses with disabilities and the impact this had on the recruitment and retention of staff nurses with disabilities	Type: Convenience sample Size: 219 nurse managers representing 174 hospitals Setting: Continental US	• Previous experience with a nurse who has a disability does appear to contribute to positive attitudes toward hiring, advancing, and working with nurses with disabilities • It is important for nurse leaders to balance their concerns regarding nurses with disabilities by becoming competent in disability law, education,	• The study did not mention at what time of year the survey used to obtain participants was distributed • No summarizing tables were presented in the article • Construct validity was a limitation of this study in that the respondents were aware of the purpose of the study, and therefore may have consciously or unconsciously	III	A

Article #	Author, Publication Source, & Date of Publication	Evidence Type and Purpose	Sample Type, Size, Setting	Study Findings	Limitations	Evidence Level	Quality Rating
				practice, and perspective	provided desired responses • Inability of the study to differentiate between the severity of the disabilities and the influence that severity of disability may have had on the attitudes and concerns of the nurse leaders • The researchers were unable to obtain information on the thoughts or feelings of those who chose not to participate in the study and furthermore, there is no record of why these managers chose		

Article #	Author, Publication Source, & Date of Publication	Evidence Type and Purpose	Sample Type, Size, Setting	Study Findings	Limitations	Evidence Level	Quality Rating
					not to participate		
11	Matt Journal of Research in Nursing 2011	Research: Non-experimental quantitative pilot study Purpose: To explore the attitudes of registered nurses toward nurses with disabilities in the hospital workplace, the factors contributing to these attitudes, and the concept of disability climate within the hospital workplace	Type: Convenience sample Size: 131 RNs Setting: Puget Sound, Washington	• Factors impacting disability climate are the individual nurse's experience with disability, level of education held by individual nurses, and the nurse's practice area • Only those nurses who had experience with individuals with disabilities believed individuals with disabilities were as capable of being nurses as individuals without disabilities • To recruit and retain nurses with	• Sample size only met minimum requirements to be large enough for this pilot study • The small sample size precluded the researcher from conducting analysis based on respondent's roles, or comparing the perceptions of nurses with and without disabilities • The response rate was unable to be calculated; there was no way to know how many nurses saw, or were emailed, a flyer and chose not respond	III	B

Article #	Author, Publication Source, & Date of Publication	Evidence Type and Purpose	Sample Type, Size, Setting	Study Findings	Limitations	Evidence Level	Quality Rating
				disabilities, employers should access disability climate on specific units to identify target areas needing remedial attention • The profession of nursing must move toward realizing and accepting disability as a common and natural part of the human experience	• The survey was conducted for two of the hospitals over the period of time spanning from November through January; this could have negatively impacted survey response rates • The geographic distribution of the sample, as well as the similarities between the three hospitals involved in the study, does not allow for generalizability of the study results and removes from the statistical conclusion		

Article #	Author, Publication Source, & Date of Publication	Evidence Type and Purpose	Sample Type, Size, Setting	Study Findings	Limitations	Evidence Level	Quality Rating
					validity and statistical power of the findings, as well as provides a threat the external validity of the study • The instrument used in this study was a newly developed instrument that was being pilot tested; the researcher failed to discuss in the article if the instrument had been evaluated for construct validity or instrument reliability, no Chronbach α statistics were provided		

* From: Dang, D., & Dearholt, S. L. (2018). *Johns Hopkins evidence-based practice: Model and guidelines* (3rd ed.). Indianapolis, IN: Sigma Theta Tau

Appendix B

Synthesis and Recommendations Tool

EBP Question: For practicing registered nurses with a permanent disability, will a transition to viewing disability through the lens of the social model of disability, as opposed to the continuing to view disability through the lens of the medical model of disability, positively impact recruitment and retention rates?

Category (Level)	Total # Sources	Overall Quality Rating	Synthesis of Findings Evidence That Answers the EBP Question
LEVEL I • Experimental Study • Randomized controlled trial (RCT) Systematic Review of RCTs with or without meta-analysis	**0**	**n/a**	
LEVEL II • Quasi-experimental studies • Systematic review of a combination of RCTs and quasi-experimental studies, or quasi-experimental studies only, with or without meta-analysis	**0**	**n/a**	
LEVEL III • Non-experimental study • Systematic review of a combination of RCTs, quasi-experimental, and non-experimental studies, or non-experimental studies only, with or without meta-analysis • Qualitative study or systematic review of qualitative studies with or without meta-analysis	**6**	**B**	• Staffing: Many nurses who have disabilities hide their disability, or leave the profession of nursing • Staffing & Culture: The current health care environment, and disability culture, is not supportive of nurses with disabilities • Culture: The current perception of disabilities within health care emphasizes the limitations that result from having a disability; changing this perception to focus on the value of nurses with disabilities

			enhances the recruitment and retention of nurses with disabilities • Culture: previous positive experience with a nurse who has a disability, or support of nurses with disabilities on the part of leadership and administration, had the greatest positive impact on staffs' perceptions of nurses with disabilities and the recruitment and retention of nurses with disabilities
LEVEL IV • Opinion of respected authorities and/or reports of nationally recognized expert committee based on scientific evidence.	**1**	**B**	• Legal: Challenges exist between the profession of nursing understanding the mandates of the ADA and operationalizing the rights of nurses with disabilities, and the responsibilities of administration toward these nurses • Culture: The current culture of nursing has created systematic barriers, negative attitudes, and prejudices toward nurses with disabilities
LEVEL V • Evidence obtained from literature reviews, quality improvement, program evaluation, financial evaluation, or case reports • Opinion of nationally recognized expert(s) based on experiential evidence	**4**	**A**	• Legal: Reasonable accommodations for nurses with disabilities are a legal mandate • Legal & Staffing: For the profession of nursing to be compliant with the ADA, and recruit and retain nurses with disabilities, leadership and management should receive further education on disability law, and what nurses with disabilities can contribute to the workplace • Culture: The culture of nursing within an organization, and the model through which disability is viewed, directly impact the

			recruitment and retention of nurses with disabilities

Recommendations Based on Evidence Synthesis and Selected Translation Pathway

Recommendations For Nursing Research: Further research is needed to better understand the impact of disability models on the recruitment and retention of nurses with disabilities.

Recommendations For Nursing Administration and Nursing Education: Nurse educators and administrators should be aware of the lens through which their organization conceptualizes disability, and should receive further education on the role of nurses with disabilities within the nursing profession, and the mandates of the ADA.

Recommendations For Nursing Practice: Recruiting and retaining nurses with disabilities maintains knowledge, expertise, and a unique experience set within the profession of nursing, and demonstrates to the public that nursing is a supportive and inclusive profession.

Overall Strength of the Evidence: Good and consistent evidence

Translation Pathway: further investigation and pilot testing should be conducted before the profession of nursing makes a practice change from viewing disability through the lens of the medical model to conceptualizing disability through the lens of the social model of disability.