What strategies did graduates with disabilities in Health Sciences use to persist and not drop out their studies?

Inmaculada Orozco

Department of Pedagogy and social sciences, language and literature Didactics, University of Jaume I (Castellón, Spain)

Almudena Cotán

Department of Pedagogy, Faculty of education, Psychology, and Physical activity and sports sciences, University of Huelva (Huelva, Spain)

Lucía Van der Mel

Department of General Didactics and School Organization, Faculty of Education, University of Seville (Seville, Spain)

María-Dolores Cortés-Vega

Department of Physiotherapy, Faculty of Nursing, Physiotherapy, and Podiatry, University of Seville (Seville, Spain)

ABSTRACT

This article analyses the difficulties that 16 graduate with disabilities from 8 Spanish universities in the area of Health Sciences experienced during their academic career. It also shows how they overcame these difficulties, as well as their insight into their own resilience. This qualitative study used semi-structured and individual interviews. The results showed that the difficulties, the strategies to deal with them, and the opinions of the participants about their resilient characteristics are multiple and relate to both external and internal factors. The results reveal that participants' voices from these Health Sciences degree contain useful strategies for the university community to promote the academic success of students with disabilities for the benefit of all students.

POINTS OF INTEREST

- Healthcare degrees tend to present greater challenges for students with disabilities.
- Students often experience exclusion during their healthcare training due to the fact that disability is based on a 'medical' perspective of disability.
- This paper analyses the difficulties and coping and resilience strategies used by university students with disabilities with a Bachelor's degree in Health Sciences to successfully overcome these difficulties.
- Numerous internal and external factors enable students with disabilities to successfully complete health studies. This study can contribute that including students with disabilities in healthcare degrees improves healthcare improves for vulnerable populations, as well as the relationship between professionals and patients.

Introduction

Studying at university is an opportunity to improve personal and professional skills, benefit from social relationships and increase employability (Bjørnerås et al. 2023; Harrington, Santos, and Potvin 2021; Hewett et al. 2017). However, being a university student with a disability in today's society implies going through challenging processes that include not only academic success and mastering tasks from the role of a student, but also recognition by 'others' and the feeling of 'normality' and legitimacy of being like other full members of the university community (Hannam-Swain 2018; Vaccaro, Daly-Cano, and Newman 2015; Vaccaro et al. 2019; Yssel, Pak, and Beilke 2016). In this sense, COVID-19 has shown that there is still much to be done in the university, with students themselves often challenging the 'ableism' caused by the policies, cultures, and practices of a disabling institution (Mellifont 2023; Ocean 2021).

The Spanish National Organisation of Blind People recently published a study on the academic performance of students with disabilities in Spain (Huete, Otaola, and González-Badía 2022). This document reports that, in the academic year 2018–2019, a total of 1259 students with disabilities graduated from public universities (808 from Bachelor degree studies, 417 from Master's degree studies and 34 from PhD studies). This means that the percentage of students with disabilities in relation to the total number of students graduating from the reporting universities was 1.02% (0.98% in Bachelor degrees, 1.11% in Master's degrees and 0.86% in PhD). Health Sciences, in particular, has often been considered one of the most challenging areas for university students with disabilities (Chichaya, Joubert, and McColl 2020; Frank, McLinden, and Douglas 2020; Gross et al. 2023; Horkey 2019). In fact, this study by the ONCE Foundation also showed that the subject area with the largest number of students with disabilities enrolled in face-to-face courses was Social and Legal Sciences (43.2% of the total), while Health Sciences only represented 22.2% (Huete, Otaola, and González-Badía 2022).

In Spain, when students with disabilities are asked about the degree of inclusion in universities, 20.7% of the 1860 respondents stated that they had felt discriminated against at some point (Universia Foundation 2021). Studies show that the success outcomes of students with disabilities are often different from those of their peers (Arrazola et al. 2023; Shifrer 2013; Vaccaro et al. 2019). These students often experience exclusion during their healthcare training due to the fact that disability is based on a 'medical' perspective of disability (Bjørnerås et al. 2023; Epstein et al. 2021; Frank, McLinden, and Douglas 2020; Shrewsbury, Mogensen, and Hu 2018), which considers students with disabilities to be unable to work in healthcare professions (Meeks, Herzer, and Jain 2018; Neal-Boylan and Smith 2016). Finally, the medical model of disability in Higher Education institutions eventually poses a barrier by hindering and 'testing their identities' through the spread of harmful stereotypes and misconceptions at a societal level (Bjørnerås et al. 2023; Finkelstein and Gross 2024).

However, it has recently been reported that, when students with disabilities in this field complete their studies, healthcare improves for vulnerable populations, as well as the relationship between professionals and patients (Gross et al. 2023; Jarus et al. 2020). Therefore, beyond the inclusion and success of students with disabilities at university, this practice would not only improve the empathy of healthcare professionals towards people with disabilities (Meeks, Stergiopoulos, and Petersen 2022; Moriña and Orozco 2020); it would also break the stigma and false belief of 'disability as a problem' (Finkelstein and Gross 2024; Meeks, Herzer, and Jain 2018; Neal-Boylan and Smith 2016).

Several studies report many barriers that students with disabilities face in this area of knowledge (Bulk et al. 2020; Epstein et al. 2021; Horkey 2019; Moriña and Orozco 2021; Römhild and Hollederer 2023). The implementation of curricular adaptations is sometimes identified as difficult, especially in healthcare professional and academic practices (Gross et al. 2023), for fear of lowering the level of competences and academic goals or for fear of patient safety (Horkey 2019; L'Ecuyer 2019). Inaccessible contexts, multiple difficulties for full participation, negative attitudes and discourses towards disability, unsuitable curricula, lack of accommodations, psychological problems and less social support are other challenges identified (Francis et al. 2019; Finkelstein and Gross 2024; Mayer et al. 2023; Moriña and Orozco 2021; Neal-Boylan and Miller 2017; Osborne 2019).

However, it has been shown that, when students with disabilities in Health Sciences are supported academically and institutionally, they significantly improve their results and achieve success (Jarus et al. 2020; Römhild and Hollederer 2023). Given this critical issue to address the needs of this group of students in Health Sciences studies, some authors (Gross et al. 2023; Horkey 2019, L'Ecuyer 2019; Moriña and Orozco 2021) have been concerned about the provision of a number of reasonable accommodations to support their inclusion and success (Chui, Shum, and Lum 2019), such as trained and committed faculty members to cater for diversity (Horkey 2019; Mchunu and Moodley 2019; Norris et al. 2020), diverse options for representation and access to learning experiences (Meeks et al. 2020), multiple options for assessment and participation (Gross et al. 2023; Mchunu and Moodley 2019; Nieminen 2022), accessible resources (Norris et al. 2020), development of trusting relationships between faculty and students (Carballo, Orozco, and Cortés-Vega 2021), disability awareness and sensitivity programmes (Seidel and Crowe 2017) and health promotion programmes (Gattermann-Kasper 2016). However, it seems that implementing these adjustments is not enough (Römhild and Hollederer 2023), as there are studies that identify many difficulties in the academic pathways of students with disabilities (Carballo, Orozco, and Cortés-Vega 2021; Gross et al. 2023; Jarus et al. 2020; Moriña and Orozco 2021), and others show that students with disabilities are not handicapped by their disability, but by the environment (Vaccaro et al. 2019).

While research in this area is not widespread, studies show that this type of training is necessary to raise awareness, especially to realise the full potential of

people with disabilities to become healthcare professionals (Battalova et al. 2020; Gross et al. 2023; Neal-Boylan and Miller 2017; Seidel and Crowe 2017). Furthermore, developing research that identifies the key protective and resilient factors that lead to student success would enable both institutions and faculty members to design inclusive and equitable learning environments (Hutcheon and Lashewicz 2014; Vaccaro et al. 2019).

This article, unlike other articles that have focused on resilience and disability in other areas of knowledge (Moriña and Martins 2024; Moriña, Tontini, and Perera 2024), focuses on identifying the main coping and resilience strategies that have enabled students with disabilities to successfully complete university degrees in the healthcare field. Coping is understood as the thoughts, feelings and behaviours that students with disabilities have to face stressors, and resilience is the ability of students with disabilities to endure despite adversity (Vaccaro et al. 2019). Thus, university success is a complex, dynamic concept that is promoted by multiple coping and resilience factors (Bailey et al. 2020; Harrington, Santos, and Potvin 2021; Moriña and Biagiotti 2022; Russak and Hellwing 2019). From an external perspective, some coping factors that promote the success of students with disabilities are linked to disability-friendly student services, tutoring, the use of resources focused on emerging and assistive technology, developing mentoring programmes with physicians with disabilities, fostering a peer support network, or lowering classroom ratios in order to provide individualised attention to students (Mayer et al. 2023; Meeks, Herzer, and Jain 2018; Wilson et al. 2016). At this crossroads, different authors have identified faculty members as key players in the achievement of successful undergraduate studies for students with disabilities (Meeks, Stergiopoulos, and Petersen 2022; Stergiopoulos, Fernando, and Martimianakis 2018). Recent research has already shown that good practices, such as fostering closeness to the student, ensuring fair treatment, finding resources and accessibility, designing assignments according to the level of knowledge, applying methodologies that promote meaningful learning, and developing formative assessments, are keys that will promote student success (Gross et al. 2023; Jarus et al. 2020; Moriña and Orozco 2021; Neal-Boylan and Miller 2017).

Moreover, other studies have shown that there are also internal and resilient factors for academic success. These factors are related to the student's own self-advocacy, self-determination, self-awareness, self-discipline, self-esteem or executive functioning (Gross et al. 2023; Moriña and Biagiotti 2022; Moriña and Martins 2024; Stergiopoulos, Fernando, and Martimianakis 2018). Likewise, attending to the emotional aspect (Moriña 2020) helps to minimise students' anxiety and stress, while improving students' cognitive resources, motivation to learn, and learning and self-regulation strategies (Postareff et al. 2017; Vaccaro et al. 2019). Therefore, the literature indicates that providing accommodations for students with disabilities does not require a 'special' effort, but it is a fair and reasonable action to ensure the inclusion and success of this group of students in the classroom (Moriña and Orozco 2020). Similar ideas were also identified in the

study by Bulk et al. (2020), Frank, McLinden, and Douglas (2020) and Mayer et al. (2023). Those authors highlighted that, in order to ensure university success, it is essential to attend to the personal characteristics of students, to create mutual academic and social support networks, and to use proactive accommodations in all elements of the syllabus (Bulk et al. 2020; Frank, McLinden, and Douglas 2020; Mayer et al. 2023).

In short, this study aims to show that the opportunities and barriers that students with disabilities face during their graduation process in the health professions also involve barriers for students without disabilities (Neal-Boylan and Miller 2017; Ndlovu and Walton 2016). Due to the lack of literature detected in the national and international context on academic success and graduates with disabilities in the area of Health Sciences, this study may be especially useful for universities to build more inclusive policies, practices and cultures. To this end, this research aims to fill a gap in the literature and answer the following research questions:

1. What difficulties did the Health Science graduates experience during their academic career?
2. How did they manage to overcome these difficulties and complete their university studies? What is their view of their own resilience?

Method

This study is based on a qualitative methodology, with a biographical-narrative approach. This methodology aims to listen and give voice to vulnerable groups, such as people with disabilities, valuing their own narratives based on their experiences, pursuing the empowerment and visibility of the most vulnerable groups (Moriña 2020). The results of this research belong to a broader research project funded by the Spanish Ministry of Science and Innovation ("University Success Histories of Graduates with Disabilities: An Ecological Analysis of Personal and Contextual Factors", [PID2020-112761RB-I00]), which aimed to determine the external and internal factors that allowed 95 graduates with disabilities from different areas of knowledge to successfully complete their university studies. Specifically, this study is focused on analysing the main difficulties that university students graduating in Health Sciences faced during their academic trajectory and the main coping strategies and resilience used to successfully overcome such difficulties.

Participants

The participants of this study were 16 graduates with disabilities from 8 Spanish universities who had completed their undergraduate and/or postgraduate studies from 2016–2017 to 2021–2022. To access these students, the disability offices of different Spanish universities were contacted, which informed the graduates who

met the inclusion criteria about the study objectives. The snowball technique (Cohen and Arieli 2011) was also used to contact students with disabilities known to the research team from previous projects, as well as Spanish associations working with people with disabilities. The research team also utilised their social media profiles, such as Instagram and Twitter, to reach as many students as possible.

For the choice of participants in this study, a criterion-based selection was made following Patton's (1987) methodology. The inclusion criteria were: students with disabilities who had been enrolled in Spanish public universities; who successfully completed university studies in the last five years (from the academic year 2016/2017 to 2021/2022); enrolled in Bachelor's and/or Master's degrees in the Health Sciences field; had a disability certificate before completing university studies; and showed voluntary willingness and commitment to participate.

Regarding the age of the participants, the majority were between 26 and 30 years old ($n = 6$) and between 20 and 25 years old ($n = 5$). The remaining participants were between 31 and 35 years old ($n = 3$), between 36 and 40 years old ($n = 1$), and between 41 and 45 years old ($n = 1$). In terms of gender, the majority were women ($n = 13$) and the rest were men ($n = 3$). In this regard, these participants were primarily characterised by physical disabilities ($n = 6$), mental disabilities ($n = 2$), hearing impairments ($n = 3$), and visual impairments ($n = 3$). However, there were also students with organic disabilities ($n = 1$) and learning difficulties ($n = 1$). In terms of degree, the majority had studied Medicine ($n = 6$), Nursing ($n = 3$), and Physiotherapy ($n = 3$). The remaining graduates belonged to the following programmes: Occupational Therapy ($n = 1$), Pharmacy ($n = 1$), Human Nutrition and Dietetics ($n = 1$), and Biomedicine ($n = 1$). Out of these 16 students, at the time of the interview, only 5 had postgraduate (Master's) degrees, 10 were employed and one participant was neither studying nor working.

Data collection

For data collection, two semi-structured interviews were developed by a research team with experience in inclusive education in Higher Education.
These interviews were validated by experts in disability, administrative and services staff, and faculty members with and without disabilities. Subsequently, pilot interviews were conducted with graduates (with and without disabilities).

The first interview aimed to explore the personal factors contributing to success and consisted of four blocks: university background, concept and experiences of success, current situation, and evaluation of disability. The second interview script sought to investigate the external factors that contributed to success. This second script consisted of five blocks: introduction, family, partner, friends, and university (institution, faculty, teaching-learning processes and classmates).

In this article, the presented results are only related to the first interview. The interview questions addressed in this article were: Did you encounter any

difficulties during your university studies? If so, what were they? What did you do to cope with those difficulties? Why? What personal characteristics or qualities do you believe helped you cope with the difficulties that arose during your university life? Why?

The interviews had an average duration of 90 min and were conducted by members of the research team with extensive experience in interviewing people with disabilities. Most interviews were conducted online (n = 12) using platforms such as BlackBoard Collaborate Ultra (n = 6), Google Meet (n = 3), Zoom (n = 2), and Skype (n = 1). The remaining interviews were conducted face-to-face as chosen by the participants (n = 4).

Ethical considerations of the research

To ensure the ethical aspects of the project, a positive evaluation was obtained from the research ethics committee [Health Service of the Andalusian Regional Government, Spain. ID 156/2021]. In addition, informed consent was obtained from the participants before, during, and after each interview. Initially, all participants received an email invitation requesting their participation. After agreeing, they signed an informed consent form. Through this document, the participants were informed about the research objectives and that their participation was voluntary, thus they could withdraw from the study at any time.

During the development and implementation of the interviews, the needs and response times of each participant were considered, as well as the interview format. The anonymity of each graduate was respected by using an identifying number (P1–P16) and omitting information that could identify other people from their context. Finally, all transcripts were returned to the participants *via* email, allowing the latter to read them, reflect on them, and make any changes they deemed necessary.

Data analysis

The data analysis was inductive, qualitative, and emergent. An inductive system of categories and codes was created to help organise the information (Miles and Huberman 1994). Initially, this system was broad and generic, focusing on the external and internal success factors mentioned by the graduates with disabilities. Subsequently, new sub-codes related to key themes and ideas emerged through discussions among the project researchers. These meetings addressed textual fragments that were difficult to interpret. Finally, once the ideas were agreed upon, each of these sub-codes was analysed for possible combinations with other codes.

In this way, a system of categories and codes was established based on three categories: (1) Barriers (fears and insecurities, related to the disability itself, lack of accessibility and curriculum adjustments, lack of empathy and sensitivity of the university community, difficulties during clinical practices, idea of dropping out during the university career); (2) Coping strategies (perseverance and personal

sacrifice, being flexible and giving oneself more time, self-advocacy and proactiveness and seeking help from the environment); and (3) Resilience (overcoming and perseverance, being decisive, facing problems from new perspectives, and dealing with disability).

To facilitate the processing and handling of the abundant information, the research team utilised the qualitative analysis software MaxQDA22.

Results

The results revealed that the students with disabilities in Health Sciences faced multiple barriers and obstacles that hindered their university trajectories. These barriers were both personal (intrinsic) and institutional/academic (extrinsic). This results section is organised into three subsections. The first subsection presents the difficulties experienced by graduates with disabilities in Health Sciences during their academic career in their efforts to remain at university. The second subsection describes the coping strategies that the participants used to overcome these adversities and successfully complete their university studies. Finally, in the third subsection, we discuss the resilient characteristics that these students developed.

What difficulties did graduates with disabilities experience throughout their university careers?

Fears and insecurities
Fears and insecurities were an obstacle for two participants, as they doubted their own abilities to complete their university studies in an unfamiliar environment, which made them feel less valuable than their peers:

> P10: Because I didn't see myself as capable of finishing my degree; when I started my internship it's true that I didn't have any problems, but I didn't feel worthy. I felt that I had more difficulties than the rest or I thought that they might look at me differently.

Difficulties related to the disability itself
Disability-related difficulties arose, in some cases (*n* = 3), due to medical interventions they had to undergo, which forced them to be absent from university for a period of time. This had an impact on the duration of their studies:

> P1: In my first year, I had surgery as a result of all this, and I had to be absent from university for a few months and, of course, after that, there were exams that I could not take, there were subjects that I had to miss… well, there was a whole series of situations that made it more difficult for me to get my degree.

In particular, one participant reported difficulties on a psychological level (even going through a period of depression), as he found it difficult to accept his disease. This was compounded by the fact that, due to the treatment, he had to use a

wheelchair and consequently required the support of his classmates, whom he hardly knew. All this led him to fail half of the subjects in the first year:

> P12: On a psychological level, the non-acceptance of my illness. I had quite a strong depression that really prevented me from studying well, which is why I had six subjects left in the first year. Also, I had to ask for help from people, and I didn't know who my new classmates were, so it all came together a bit and that was one of the reasons why I considered dropping out, but then I managed to get back on track.

For a participant with an organic disability, physical pain was added:

> P2: I have had a lot of pain since I started my degree, which has influenced me a lot, which I later found out was due to Lupus (…) and also in the fifth year of my degree, which is when I was at my worst, there were times when I thought, 'I am not going to be able to continue', that is, I had few subjects left, but I said 'I am not going to be able to finish my degree'.

Lack of accessibility and curricular adaptations
At this point, one of the graduates revealed that some faculty members refused to make the adjustments to the curriculum which they were entitled to by law:

> P7: I met two faculty members who, well, the adaptation of the exam, but no, the lessons were not adapted at all either. There are practices that I did that were not suitable.

Furthermore, two participants with hearing impairment had difficulties in accessing oral content; one of them reported poor acoustics in the classrooms, which made it difficult for her to keep up with the pace of the classes, and specially to take notes:

> P3: How did I plan myself? Well, the first year as best I could, in that way; then, in the second year, I realised that I could not follow the pace that everyone else was following because it was impossible, because I needed more time, because I had to fill in all the gaps that I had in my notes. So it meant that every afternoon I had to use a book to fill in all the gaps and then I realised that I had to go back to the previous year.

Likewise, the other hearing-impaired student had difficulties in accessing the oral content due, on the one hand, to the use of the mask that prevented her from lip-reading and, on the other hand, to the interference in the hearing aid itself due to the very crowded classrooms:

> P10: Regarding the difficulties I encountered, there were many students in the classroom, they had to use microphones in class, and then the voice was distorted.

Another graduate with a physical disability complained about the lack of accessibility caused by physical obstacles, although she acknowledged that, in her case, she had been able to overcome them:

> P11: The truth is that, well, the classroom is a bit archaic. As I don't use a wheelchair, then that is also an advantage in the sense that, well, those limitations, those obstacles can be overcome, because it is true that if I had used a wheelchair, I think it would have been much more difficult. As such, I didn't encounter obstacles or architectonic barriers; there were some, but I was able to overcome them. It is true that, maybe in other situations, they would not have been able to overcome them.

In turn, a participant with Autism Spectrum Disorder mentioned her difficulties with oral presentations, participation and other difficulties related to socialising with peers and faculty members. Her lack of participation implied, in some subjects, a drop in her final marks:

> P4: Presenting and participating; I found them very difficult. In fact, there are many subjects where my marks have been lowered and I have not been given a registration because I did not participate in class, because I am not a person who explains something or raise my hand to ask questions.

Another participant with dyslexia described that her difficulties with reading comprehension made it more difficult for her to take multiple-choice tests. The ambiguity in the wording of the questions caused her great confusion in solving them.

> P15: Throughout my university studies, I was always given multiple-choice tests. I was happy with the exam, but I got lower marks than I expected. Reading comprehension played very bad tricks on me: 'I actually knew this, I just didn't realise'.

Lack of empathy and sensitivity of the university community

The lack of empathy and sensitivity in relation to their needs derived from disability on the part of some members of the disability service (*n* = 1), colleagues (*n* = 3) or faculty (*n* = 1) was highlighted by some of the graduate students. Some participants even pointed out that some of them made them feel ignored or belittled:

> P14: Some teachers have treated me like a fool, they have embarrassed me in front of other faculty members and other students, they have called me names in front of the rest of the students, so how did I deal with this situation? Traumatic.

Difficulties during clinical practice

Some graduates (*n* = 3) acknowledged having experienced difficulties during their clinical internships. One of them described the difficulties she encountered when faced with new situations in which she had to adopt the role of healthcare professional in front of patients:

> P4: At the beginning it was very good because, in the first placements, the professionals working in the hospital are more attentive, but as the years go by and you have more placements, as you have more experience, the nurses you have as clinical tutors give you more freedom to learn to resolve situations on your own, so, that was a moment of shock.

A participant with a hearing impairment commented that she found it difficult to communicate with the patient, and another participant with a physical impairment had difficulties in getting to the practice centre, as her needs had not been taken into account when she was assigned. These experiences were considered of great relevance, since they would determine their academic career and professional future.

Idea of dropping out during the university career

The various difficulties mentioned above led half of the participants (*n* = 8) to consider dropping out their studies:

> P12: I didn't see myself capable of finishing the degree. When I started with the internships in the degree, it is true that I had problems, but I didn't feel valid or I felt I had more difficulty than the rest or I thought they could look at me differently. Then, I also had many doubts, because having stayed for so long, I wasn't sure if it was really what I wanted, and so I had there a big internal debate, but that was more or less solved.

How did graduates with disabilities overcome these difficulties?

To overcome these difficulties, the students implemented a series of strategies that allowed them to persist and not give up.

Perseverance and personal sacrifice

One of the strategies used by several graduates (n = 4) to face the described difficulties was perseverance and personal sacrifice, to keep going, to adapt and to continue, that is, not to give up despite the obstacles:

> P4: Because I had to go one year at a time and because the fact of starting a degree and not finishing it seemed to me like a total and absolute failure. So, out of stubbornness, I finished it.

Flexibility and giving yourself more time

Another useful strategy for some participants (n = 3) was to give themselves more time to complete their studies and to make the timing of the exam more flexible according to their needs. In this way, they showed that they were aware of their difficulties and accepted the fact that they could slow down the pace of academic demands per year in order to avoid stress and prepare themselves better.

Self-advocacy and proactivity

Finally, self-advocacy and proactivity are worth mentioning as strategies to be highlighted, albeit infrequent (n = 2). The participants who showed this ability were characterised by knowing their rights and advocating for their fulfilment, consequently defending them when they were violated.

> P7: I am quite a fighter (…) because I have also been a person with a disability since I was nine years old. I have been through a lot (…), so there are certain things that make my blood boil, and one of them is the issue of rights, so I know what is there and I know what my rights are, and I just did this degree because there are people with disabilities who have already done it before.

Seeking help in the environment

Seeking help from the environment was one of the ways that eight participants chose to deal with some of the academic, personal, emotional and disability-related challenges. In this line, several participants sought support from faculty members (n = 2), from the disability service (n = 4), from family members (n = 1), from professional psychologists (n = 1) and even from peers (n = 4):

> P11: In the end I got into it, I took it seriously and I also relied on some colleagues who gave me some little tricks.

What strategies enable students with disabilities to identify themselves as resilient?

All the Health Sciences participants in the study identified themselves as resilient, although the reasons varied from one another.

Resilience as a capacity to overcome and persevere

Most graduates (n = 7) saw themselves as resilient due to their ability to overcome and persevere. In the end, this ability allowed them to continue their way and not to be paralysed in the face of obstacles, but rather to have an active attitude to face them and, above all, to take advantage of them for the sake of learning.

> P2: I would say that resilience goes hand in hand with me. I have down moments like everyone else, but I don't allow myself to get stuck there, 'a little cry and move on'. It's important to learn from our mistakes and use them to make something more positive out of them.

In this line, two participants revealed that they felt resilient out of duty, as they had no other choice, since otherwise they would be left behind:

> P1: I think I am a resilient person, but because I had no choice.

Resilience as the ability to be resolute and to face problems from new perspectives

Some participants (n = 3) defined themselves as resilient based on their ability to relativise difficulties and approach situations from different perspectives, which helped them to persist in their studies. They also reflected that they knew themselves well and were clear about their goals, and one of the graduates even highlighted that her own experience had helped her to develop greater sensitivity and empathy for others:

> P14: This has given me another perspective. It has also given me a different kind of sensitivity. I think it has made me much more empathetic and understanding of other people's situations and not just staying on the surface, right? It's just that it's very easy to prejudge.

Resilience after living with disability

On the other hand, four participants explicitly stated that they consider themselves resilient as a consequence, in part, of their disability and the multiple barriers they faced. Precisely, they were able to approach their disability from a non-limiting point of view, believing in their potential.

> P11: I believe that resilience is fundamental in life and even more so for people with disabilities. I think much more so because, in the end, we face barriers that the general population does not face in their daily lives until something happens to them. And I think I am quite resilient.

Thus, in the case of one of the participants, whose disability was associated with a degenerative disease, he highlighted his ability to constantly adapt to the limitations generated by each new phase of the evolution of his disease:

> P8: I surfed when I could, of course. As it is degenerative, there came a time when I could no longer do it, and clearly the day I said 'no, I can't do it anymore', it was very hard, that is to say, it was a very big setback, but I knew how to get up and carry on.

Critical view of resilience

Finally, although most participants viewed resilience as something positive that strengthened them personally, two participants were more reticent in this regard. After all, due to their disability-related difficulties, they had to develop resilience strategies, at the cost of personal sacrifice, which, rather than making them feel reinforced, were viewed by the participants as the only alternative to move forward:

> P4: Because, when I have a difficulty, usually related to the limitations that I have, as it is a bit of a personal thing, I have to be resilient. For example, they have changed my timetable, and it's frustrating and very hard for me, but I have to do it, because I have to do the same as everybody else does. So, I do it a bit forced and then… growth either, because I really see it as an imposition.

Discussion

Entering university is a significant achievement for students with disabilities (Moriña and Martins 2024; Moriña, Tontini, and Perera 2024). For this student community, it represents an opportunity for empowerment and enhancement of personal and social skills, as well as for improving their employability prospects (Harrington, Santos, and Potvin 2021; Hewett et al. 2017). However, it is not simply about reaching the university level; it is also important to stay and complete university studies (Meeks, Herzer, and Jain 2018; Moriña and Orozco 2021; Norris et al. 2020). Although overcoming daily challenges in their academic paths is nothing new for students with disabilities (Moriña and Orozco 2020), it is essential for university institutions' policies to commit to improving teacher training and developing and implementing reasonable adjustments. These adjustments are crucial to enable students with disabilities to have the freedom to choose the careers they wish to pursue and the professions they aspire to (Frank, McLinden, and Douglas 2020; Finkelstein and Gross 2024; Moriña and Orozco 2020).

In this regard, several researchers advocate for conducting studies that give a voice to graduates with disabilities, enabling not only the understanding of the trajectory and the improvement of academic performance of students with disabilities, but also the identification of factors and support that enable this student group to successfully complete their studies (Moriña and Martins 2024). The present work represents a significant contribution to the international

literature. Consistent with existing studies, the voices of the participants confirm that both intrinsic and extrinsic barriers persist in the university environment for students with disabilities (Gross et al. 2023; Vaccaro et al. 2019). However, the uniqueness of this study lies in the detailed presentation of the strategies adopted to face and overcome these difficulties.

The fact that the article focuses on the voices of graduates with disabilities is relevant, as there has been a great deal of research on the barriers they have faced at university (Epstein et al. 2021; Horkey 2019; Moriña and Orozco 2021; Römhild and Hollederer 2023). However, unlike other studies, this one goes beyond the obstacles and shows that, despite the difficulties experienced, these participants explain how, through various coping and resilience strategies, they managed to overcome the barriers that still exist in the university environment (Moriña and Martins 2024). In other words, their voices can be taken as role models for other people with disabilities who decide not only to access university studies, but to stay, finish and succeed (Bailey et al. 2020; Harrington, Santos, and Potvin 2021; Russak and Hellwing 2019).

The results obtained in this study reinforce the idea that the university experience for this group of students is complex and goes beyond the mere academic adaptation of a disabling institution (Arrazola et al. 2023; Bjørnerås et al. 2023). Despite the external and internal barriers described in this article, with the voice of the participants and from an ecological model of disability, we understand that these difficulties mainly arise as a result of their experiences in contexts in which they do not always feel 'understood' or as a consequence of an environment that does not always make it easy (Gross et al. 2023; Osborne 2019; Shifrer 2013). The data obtained here validate the social model of disability, confirming that the barriers faced by this student group during their university journey are not caused by their disability or needs, but are imposed by the context and environment. In this regard, there should be a commitment from universities to the social model of disability, inclusive education, and Universal Design for Learning (Bjørnerås et al. 2023; Moriña, Tontini, and Perera 2024; Pérez-Castro 2021). Universities are urged to create inclusive environments that consider diversity and recognise students' various abilities, as well as their different learning styles.

Although current theories and studies highlight that educational inclusion and academic success can be improved through the implementation of reasonable adjustments (Gross et al. 2023), the results obtained in the current study indicate a clear disconnection between theoretical expectations and real experiences. Despite the theoretical efforts made to create inclusive environments, challenges persist. Therefore, relevant administrations are urged to review institutional policies and practices to ensure not only accessible and inclusive education for students with disabilities but also the full and equitable inclusion of graduates with disabilities in the job market (Arrazola et al. 2023). This ensures equal preparation and training to their peers and the ability to lead a dignified life without needing to rely on assistance or subsidies (Finkelstein and Gross 2024). The voices of the participants

highlight persistent intrinsic and extrinsic barriers, contradicting the notion that reasonable adjustments are sufficient to address the complexities of the university experience for students with disabilities Gross et al. 2023; Vaccaro et al. 2019). This raises questions about the real effectiveness of current practices, requiring a paradigm shift to address these obstacles and implement strategies based on inclusion and social justice (Bjørnerås et al. 2023).

This study has shown that the spectrum of difficulties experienced by Health Science graduates during their university careers was wide-ranging. On the one hand, some difficulties appeared to be more intrinsic to the student, such as fears and insecurities about their own abilities, as well as difficulties arising from their disability. These findings highlight the urgent need for Higher Education institutions to address both the emotional and psychological aspects, as well as the physical or cognitive limitations, that may affect the academic performance of these students (Francis et al. 2019; Mchunu and Moodley 2019). These actions will contribute to reducing anxiety and stress experienced by students (Moriña 2020), while also enhancing students' cognitive abilities, stimulating their motivation for learning, and strengthening their self-regulation skills and study strategies (Postareff et al. 2017; Vaccaro et al. 2019). Therefore, it would be advisable for universities to include in their training activities courses that allow for the training of teachers in the development of active and participatory methodologies, focusing on the student and ensuring that the teaching-learning process is conducted through affection and emotions (Finkelstein and Gross 2024; Moriña, Tontini, and Perera 2024).

However, some associated them with the development of the clinical practicum, as it is a particularly significant training period, but also a excluding element in their academic trajectories, as it is the time when their personal and social skills are put to the test to relate to patients and to implement the content learned during the degree (Jarus et al. 2020; L'Ecuyer 2019; Meeks, Herzer, and Jain 2018; Neal-Boylan and Miller 2017).

Another finding identified in this study is that, in the majority of experiences, there were barriers caused by the institution's lack of accessibility, as well as a lack of sensitivity and empathy on the part of the university community (Hannam-Swain 2018; Meeks, Stergiopoulos, and Petersen 2022; Vaccaro, Daly-Cano, and Newman 2015; Vaccaro et al. 2019; Yssel, Pak, and Beilke 2016). In fact, there is a pressing need to implement study plans with reasonable and beneficial adjustments for all students who choose to pursue a degree in the Health Sciences field, encouraging their participation and retention in the university education system. Furthermore, as evidenced in other international studies (Meeks, Herzer, and Jain 2018; Neal-Boylan and Smith 2016), by developing these adjustments, a significant improvement in healthcare delivery can be achieved, especially for groups that have often been excluded, further promoting greater representation of healthcare professionals with disabilities in this sector (Gross et al. 2023). These adjustments contribute to the empowerment of students with disabilities and foster empathy

and awareness towards people with disabilities in society at large (Bjørnerås et al. 2023; Meeks, Stergiopoulos, and Petersen 2022; Moriña and Martins 2024; Moriña and Orozco 2020). This finding highlights that educational inclusion not only benefits students but also has a significant impact on medical professional practice and the socio-community perspective of disability.

Consequently, this study shows that having healthcare professionals with disabilities is not a problem, but an advantage, as it improves the quality and response to patients, recognising the full potential of healthcare professionals with disabilities (Battalova et al. 2020; Gross et al. 2023; Meeks, Herzer, and Jain 2018; Seidel and Crowe 2017). Therefore, the narratives shown here are not only useful evidence for people with disabilities, but opportunities and recommendations for the university as an institution, and the university community as a whole, to address the situations of exclusion reflected here, as a new challenge that it is ethically and politically obliged to respond to.

All these difficulties developed negative experiences that, in some cases, led to the idea of dropping out of university (Bulk et al. 2020). These troubles and negative experiences gave students a need to generate and develop coping strategies and personal and continuous resilience (Francis et al. 2019; Vaccaro et al. 2019). Consequently, a large proportion of students have faced and overcome difficulties through their own resilience, although at the cost of great personal sacrifice (setting clear goals, being proactive, making decisions, not giving up in the face of difficulties, and believing in one's own abilities) (Moriña and Biagiotti 2022; Moriña and Martins 2024). Only a few participants highlighted self-advocacy needs after seeking help, being aware of their rights, and actively defending the latter (Gross et al. 2023; Francis et al. 2019; Frank, McLinden, and Douglas 2020; Stergiopoulos, Fernando, and Martimianakis 2018), as well as the need to develop coping strategies to receive and have social and academic support (Mayer et al. 2023). This process enables students to gain confidence regarding themselves and their abilities to successfully face future challenges. This proves the need for students with and without disabilities to be made aware of their rights as individuals, to ensure that they do not have to face adversity with sacrifice and pain. In short, these results underscore the importance of both disabled and non-disabled students being fully informed of their individual rights (Vaccaro et al. 2019), highlighting the urgency for more inclusive and equitable policies and practices in the university setting from the perspective and experience of disabled students themselves (Finkelstein and Gross 2024).

Conclusions and practical implications

In summary, the findings of this study urge university institutions and reflect the need of rethinking existing practices, questioning the effectiveness of reasonable adjustments, and demanding a review of institutional practices. The presence of professionals with disabilities in medical practice underlines the need for a shift in

perspective and the elimination of entrenched stereotypes and discriminatory perceptions. Support strategies must go beyond rhetoric and translate into meaningful actions that empower people with disabilities to advocate for their rights, rather than dropping out or opting for an undesired degree. This article teaches us that university institutions should focus on creating coping and resilience strategies for students with disabilities through mentoring, emotional education and empowerment programmes aimed at the entire university community (Moriña and Martins 2024). The findings obtained in this work can help the entire university community, to empathise with people with disabilities, and, more specifically, the disability services at universities and other faculty members, to see coping and resilience strategies as an opportunity for students' development and to generate more inclusive and equitable learning contexts (Hutcheon and Lashewicz 2014; Vaccaro et al. 2019). In this way, the 'stones in the road' would decrease, and there would be higher rates of students with disabilities who have successfully completed their time at university and achieved decent employment.

Limitations and future research

Locating graduating health science students was a complex and time-consuming process, as few had completed their degrees at the time of the study. We recognise that the number of students is low; nevertheless, since this is a qualitative study, we assume that the quality of the participants is more important than their 'representativeness'. It might have been useful to explore which strategies were used by graduates from other fields of knowledge and to make a comparison between them. However, this was not the aim of the article and, given the idiosyncrasies of this journal and the gap detected in the literature, we considered it more practical to highlight only the voice of the Health Sciences branch. Regarding the type of disability among the participants, the study did not aim to analyse success factors associated with the type of disability, but rather with the field of knowledge, i.e. Health Sciences. Consequently, the participant sample was expanded to include different types of disabilities, thus obtaining a broader representation of various narratives and experiences.

Future research could use the polyphony of voices (faculty members, colleagues, family, friends…) and to obtained more information about in this study, was expressed only from the voice of graduates with disabilities. Similarly, it would be interesting to know the profile of the students who studied their degrees remotely, or to carry out a comparative study in order to explore the perspective and experience of graduates from other international contexts.

Ethical approval

This study was reviewed and approved by the Junta de Andalucía, Spain (Health Service of the Andalusian Regional Government, Spain. ID 156/2021).

ORCID

Inmaculada Orozco   http://orcid.org/0000-0001-5170-7805
Almudena Cotán   http://orcid.org/0000-0003-0362-4348
Lucía Van der Mel   http://orcid.org/0000-0001-7932-3424
María-Dolores Cortés-Vega   http://orcid.org/0000-0002-9514-8811

Data availability statement

The authors confirm that all data generated or analysed in this study are of an emerging nature and have been processed by an expert research team in the field, specifically the authors of this article. Moreover, the study presented here is part of a funded and competitive research project. With the aim to preserve the identity of the participants, the data has not been published or reported in any repository yet. In short, the data supporting this study are all available to the public at the time of its presentation.

References

Anabel, M., and I. Orozco. 2021. "Health Sciences and Inclusive Pedagogy: A Qualitative Study Exploring Educational Practices for Students with Disabilities at Spanish Universities." *Health Education Research* 36 (3): 337–348. https://doi.org/10.1093/her/ cyab017.

Arrazola, M., J. Hevia, I. Perrote, and R. Sánchez-Larrión. 2023. "Discrimination in Access to Employment for Graduates with Disabilities: Proposals for Improvement." *Disability & Society:* 1–21. https://doi.org/10.1080/09687599.2023.2227332.

Bailey, K. M., K. M. Frost, K. Casagrande, and B. Ingersoll. 2020. "The Relationship between Social Experience and Subjective Well-Being in Autistic College Students: A Mixed Methods Study." *Autism: The International Journal of Research and Practice* 24 (5): 1081– 1092. https://doi.org/10.1177/1362361319892457.

Battalova, A., L. Bulk, L. Nimmon, R. Hole, T. Krupa, M. Lee, Y. Mayer, and T. Jarus. 2020. "I Can Understand Where They're Coming from: How Clinicians' Disability Experiences Shape Their

Interaction with Clients." *Qualitative Health Research* 30 (13): 2064–2076. https://doi.org/10.1177/1049732320922193.

Bjørnerås, A. B., E. Langørgen, A. E. Witsø, L. Kvam, D. Myhr, J. M. R. Andersen, G. Goodall, and S. Horghagen. 2023. "Disabled Student Ambassadors Promote Inclusion in Norwegian Higher Education: Building Competencies and Strategies for the Future." *Disability & Society:* 1–25. https://doi.org/10.1080/09687599.2023.2279490.

Bulk, L., Y. Julia, J. M. Gagnon, A. Battalova, Y. Mayer, T., Krupa, M. Lee, L. Nimmon, and T. Jarus. 2020. "Disabled Healthcare Professionals' Diverse, Embodied, and Socially Embedded Experiences." *Advances in Health Sciences Education: Theory and Practice* 25 (1): 111–129. https://doi.org/10.1007/s10459-019-09912-6.

Carballo, R., I. Orozco, and M. D. Cortés-Vega. 2021. "Inclusive Pedagogy in Health Sciences Spanish Faculties: Educational Resources and Methodologies for All Students." *Health & Social Care in the Community* 29 (6): 1706–1714. https://doi.org/10.1111/hsc.13274.

Chichaya, T. F., R. W. E. Joubert, and M. A. McColl. 2020. "Voices on Disability Issues in Namibia: Evidence for Entrenching Occupational Justice in Disability Policy Formulation." *Scandinavian Journal of Occupational Therapy* 27 (1): 14–27. https://doi.org/10.1080/11038128.2018.1496273.

Chui, C. H. K., M. H. Shum, and T. Y. Lum. 2019. "Work Integration Social Enterprises as Vessels of Empowerment? Perspectives from Employees." *Asia Pacific Journal of Social Work and Development* 29 (2): 133–148. https://doi.org/10.1080/02185385.2018.1538899.

Cohen, N., and T. Arieli. 2011. "Field Research in Conflict Environments: Methodological Challenges and Snowball Sampling." *Journal of Peace Research* 48 (4): 423–435. https://doi.org/10.1177/0022343311405698.

Epstein, I., N. Khanlou, R. E. Ermel, M. Sherk, K. K. Simmonds, L. Balaquiao, and K. Y. Chang. 2021. "Students Who Identify with a Disability and Instructors' Experiences in Nursing Practice: A Scoping Review." *International Journal of Mental Health and Addiction* 19 (1): 91–118. https://doi.org/10.1007/s11469-019-00129-7.

Finkelstein, A., and T. Gross. 2024. "Insights of People with Disabilities regarding Barriers to Equality and Inclusion." *Disability & Society:* 1–22. https://doi.org/10.1080/09687599.2024.2304243.

Francis, G. L., J. M. Duke, M. Fujita, and J. C. Sutton. 2019. "It's a Constant Fight:" Experiences of College Students with Disabilities." *Journal of Postsecondary Education and Disability* 32 (3): 247–262. https://files.eric.ed.gov/fulltext/EJ1236871.pdf.

Frank, H., M. McLinden, and G. Douglas. 2020. "Accessing the Curriculum; University Based Learning Experiences of Visually Impaired Physiotherapy Students." *Nurse Education in Practice* 42: 102620. https://doi.org/10.1016/j.nepr.2019.102620.

Gattermann-Kasper, M. 2016. "Nachteilsausgleiche–Alles klar… oder? Kritischer Blick auf ein etabliertes Instrument im Lichte der UN-BRK". In U.Klein (ed.), *Inklusive Hochschule. Neue Perspektiven für Praxis und Forschung* (pp.104–122). https://www.fachportal-paedagogik.de/literatur/vollanzeige.html?FId=3303916

Gross, E., T. Jarus, Y. Mayer, S. Zaman, F. M. Mira, J. Boniface, and M. Boucher. 2023. "Professional Practice Placement as a Unique Challenge for Students with Disabilities in Health and Human Service Educational Programmes." *International Journal of Inclusive Education:* 1–19. https://doi.org/10.1080/13603116.2023.2195858.

Hannam-Swain, S. 2018. "The Additional Labour of a Disabled PhD Student." *Disability & Society* 33 (1): 138–142. https://doi.org/10.1080/09687599.2017.1375698.

Harrington, E. E., G. O. Santos, and M. C. Potvin. 2021. "Postsecondary Education Students with Disabilities' Perceptions of Occupational Therapy-Led Coaching." *The Open Journal of Occupational Therapy* 9 (2): 1–13. https://doi.org/10.15453/2168-6408.1790.

Hewett, R., G. Douglas, M. McLinden, and S. Keil. 2017. "Developing an Inclusive Learning Environment for Students with Visual Impairment in Higher Education: Progressive Mutual Accommodation and Learner Experiences in the United Kingdom." *European Journal of Special Needs Education* 32 (1): 89–109. https://doi.org/10.1080/08856257.2016.1254971.

Horkey, E. 2019. "Reasonable Academic Accommodation Implementation in Clinical Nursing Education: A Scoping Review." *Nursing Education Perspectives* 40 (4): 205–209. https://doi.org/10.1097/01.NEP.0000000000000469.

Huete, A., M. D. P. Otaola, and J. González-Badía. 2022. The academic performance of university students with disabilities in Spain [El Rendimiento Académico de los Estudiantes Universitarios con Discapacidad en España]. Fundación ONCE.

Hutcheon, E., and B. Lashewicz. 2014. "Theorizing resilience: Critiquing and unbounding a marginalizing concept." *Disability & Society* 29 (9): 1383–1397. https://doi.org/10.1080/09687599.2014.934954

Jarus, T., R. Bezati, S. Trivett, M. Lee, L. Y. Bulk, A. Battalova, Y. Mayer, S. Murphy, P. Gerber, and D. Drynan. 2020. "Professionalism and Disabled Clinicians: The Client's Perspective." *Disability & Society* 35 (7): 1085–1102. https://doi.org/10.1080/09687599.2019.1669436.

L'Ecuyer, K. M. 2019. "Clinical Education of Nursing Students with Learning Difficulties: An Integrative Review (Part 1)." *Nurse Education in Practice* 34: 173–184. https://doi.org/10.1016/j.nepr.2018.11.015.

Mayer, Y., M. Shalev, L. Nimmon, T. Krupa, L. Y. Bulk, A. Battalova, M. Lee, and T. Jarus. 2023. "Social Support Experiences of Students and Clinicians with Disabilities in Health Professions." *Advances in Health Sciences Education* 28 (2): 477–497. https://doi.org/10.1007/s10459-022-10169-9.

Mchunu, G., and S. Moodley. 2019. "Current Access and Recruitment Practices in Nursing Education Institutions in KwaZulu-Natal: A Case Study of Student Nurses with Disabilities." *African Journal of Disability* 8 (1): 429. https://doi.org/10.4102/ajod.v8i0.429.

Meeks, L. M., B. Case, M. Plegue, C. J. Moreland, S. Jain, and N. Taylor. 2020. "National Prevalence of Disability and Clinical Accommodations in Medical Education." *Journal of Medical Education and Curricular Development* 7: 2382120520965249. https://doi.org/10.1177/2382120520965249.

Meeks, L. M., K. Herzer, and N. R. Jain. 2018. "Removing Barriers and Facilitating Access: Increasing the Number of Physicians with Disabilities." *Academic Medicine: Journal of the Association of American Medical Colleges* 93 (4): 540–543. https://doi.org/10.1097/ACM.0000000000002112.

Meeks, L. M., E. Stergiopoulos, and K. H. Petersen. 2022. "Institutional Accountability for Students with Disabilities: A Call for Liaison Committee on Medical Education Action." *Academic Medicine: Journal of the Association of American Medical Colleges* 97 (3): 341–345. https://doi.org/10.1097/ACM.0000000000004471.

Mellifont, D. 2023. "Ableist Ivory Towers: A Narrative Review Informing about the Lived Experiences of Neurodivergent Staff in Contemporary Higher Education." *Disability & Society* 38 (5): 865–886. https://doi.org/10.1080/09687599.2021.1965547.

Miles, M. B., and A. M. Huberman. 1994. *Qualitative Data Analysis*. London: Sage Publications.

Moriña, A. 2020. "Using Life History with Students with Disabilities: Researching with, Rather than Researching on." *Educational Review* 72 (6): 770–784. https://doi.org/10.1080/00131911.2018.1550054.

Moriña, A., and G. Biagiotti. 2022. "Academic Success Factors in University Students with Disabilities: A Systematic Review." *European Journal of Special Needs Education* 37 (5): 729–746. https://doi.org/10.1080/08856257.2021.1940007.

Moriña, A., and M. H. Martins. 2024. "Success and Self-Determination: A Systematic Review of the Narratives of Students and Graduates with Disabilities." *Higher Education Research & Development* 43 (5): 1107–1123. https://doi.org/10.1080/07294360.2023.2293191.

Moriña, A., and I. Orozco. 2020. "Facilitating the Retention and Success of Students with Disabilities in Health Sciences: Experiences and Recommendations by Nursing Faculty Members." *Nurse Education in Practice* 49: 102902. https://doi.org/10.1016/j.nepr.2020.102902.

Moriña, A., L. Tontini, and V. H. Perera. 2024. "External Accomplice Factors in University Success: Narratives of Graduates with Invisible Disabilities in Italy." *International Journal of Educational Research* 124: 102316. https://doi.org/10.1016/j.ijer.2024.102316.

Ndlovu, S., and E. Walton. 2016. "Preparation of Students with Disabilities to Graduate into Professions in the South African Context of Higher Learning: Obstacles and Opportunities." *African Journal of Disability* 5 (1): 150. https://hdl.handle.net/10520/EJC185556. https://doi.org/10.4102/ajod.v5i1.150.

Neal-Boylan, L., and M. Miller. 2017. "Treat Me Like Everyone Else: The Experience of Nurses Who Had Disabilities While in School." *Nurse Educator* 42 (4): 176–180. https://doi.org/10.1097/NNE.0000000000000348.

Neal-Boylan, L., and D. Smith. 2016. "Nursing Students with Physical Disabilities: Dispelling Myths and Correcting Misconceptions." *Nurse Educator* 41 (1): 13–18. https://doi.org/10.1097/NNE.0000000000000191.

Nieminen, J. H. 2022. "Governing 'the Disabled Assessee': A Critical Reframing of Assessment Accommodations as Sociocultural Practices." *Disability & Society* 37 (8): 1293–1320. https://doi.org/10.1080/09687599.2021.1874304.

Norris, M., J. Hammond, A. Williams, and S. Walker. 2020. "Students with Specific Learning Disabilities Experiences of Pre-Registration Physiotherapy Education: A Qualitative Study." *BMC Medical Education* 20 (1): 2. https://doi.org/10.1186/s12909-019-1913-3.

Ocean, M. 2021. "Telework during COVID-19: Exposing Ableism in U.S. higher Education." *Disability & Society* 36 (9): 1543–1548. https://doi.org/10.1080/09687599 .2021.1919505.

Osborne, T. 2019. "Not Lazy, Not Faking: Teaching and Learning Experiences of University Students with Disabilities." *Disability & Society* 34 (2): 228–252. https://doi.org/10.1080/09687599.2018.1515724.

Patton, Q. M. 1987. *How to Use Qualitative Methods in Evaluation*. London: Sage Publications.

Pérez-Castro, J. 2021. "Conditions for Inclusive Teaching: Analysis of Barriers and Facilitators [Condiciones Para la Docencia Inclusiva: Análisis Desde Las Barreras y Los Facilitadores]." *Revista Iberoamericana de Educación Superior* 12 (33): 138–157. https://doi.org/10.22201/iisue.20072872e.2021.33.862.

Postareff, L., M. Mattsson, S. Lindblom-Ylänne, and T. Hailikari. 2017. "The Complex Relationship between Emotions, Approaches to Learning, Study Success and Study Progress during the Transition to University." *Higher Education* 73 (3): 441–457. https:// doi.org/10.1007/s10734-016-0096-7.

Römhild, A., and A. Hollederer. 2023. "Effects of Disability-Related Services, Accommodations, and Integration on Academic Success of Students with Disabilities in Higher Education. A Scoping Review." *European Journal of Special Needs Education* 39 (1): 143–166. https://doi.org/10.1080/08856257.2023.2195074.

Russak, S., and A. D. Hellwing. 2019. "University Graduates with Learning Disabilities Define Success and the Factors That Promote It." *International Journal of Disability, Development and Education* 66 (4): 409–423. https://doi.org/10.1080/1034912X.2019.1585524.

Seidel, E., and S. Crowe. 2017. "The State of Disability Awareness in American Medical Schools." *American Journal of Physical Medicine & Rehabilitation* 96 (9): 673–676. https://doi.org/10.1097/PHM.0000000000000719.

Shrewsbury, D., L. Mogensen, and W. Hu. 2018. "Problematizing Medical Students with Disabilities: A Critical Policy Analysis." *MedEdPublish (2016)* 7: 45. https://doi.org/10.15694/mep.2018.0000045.1.

Shifrer, D. 2013. "Stigma of a Label: Educational Expectations for High School Students Labeled with Learning Disabilities." *Journal of Health and Social Behavior* 54 (4): 462–480. https://doi.org/10.1177/0022146513503346.

Stergiopoulos, E., O. Fernando, and M. A. Martimianakis. 2018. "Being on Both Sides: Canadian Medical Students' Experiences with Disability, the Hidden Curriculum, and Professional Identity Construction." *Academic Medicine: Journal of the Association of American Medical Colleges* 93 (10): 1550–1559. https://doi.org/10.1097/ACM.0000000000002300.

Universia Foundation. 2021. *University and Disability. V Study on the Degree of Inclusion of the Spanish University System with Regard to the Reality of People with Disabilities*. CERMI. https://tinyurl.com/2efwt28d.

Vaccaro, A., M. Daly-Cano, and B. M. Newman. 2015. "A Sense of Belonging among College Students with Disabilities: An Emergent Theoretical Model." *Journal of College Student Development* 56 (7): 670–686. https://doi.org/10.1353/csd.2015.0072.

Vaccaro, A., A. Moore, E. Kimball, O. F. Troiano, and B. M. Newman. 2019. "Not Gonna Hold Me Back: Coping and Resilience in Students with Disabilities." *Journal of Student Affairs Research and Practice* 56 (2): 181–193. https://doi.org/10.1080/19496 591.2018.1506793.

Wilson, K. L., K. A. Murphy, A. G. Pearson, B. M. Wallace, V. G. Reher, and N. Buys. 2016. "Understanding the Early Transition Needs of Diverse Commencing University Students in a Health Faculty: Informing Effective Intervention Practices." *Studies in Higher Education* 41 (6): 1023–1040. https://doi.org/10.1080/03075079.2014.966070.

Yssel, N., N. Pak, and J. Beilke. 2016. "A Door Must Be Opened: Perceptions of Students with Disabilities in Higher Education." *International Journal of Disability, Development and Education* 63 (3): 384–394. https://doi.org/10.1080/1034912X.2015.1123232.