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Original research

Recognising, managing and supporting dyslexia beyond registration. The lived experiences of qualified nurses and nurse academics

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ABSTRACT

While there is a growing body of research on the effects of dyslexia on student nurses, this is not the case for registered nurses. The main aim of the study was to identify how dyslexia might affect registered nurses' engagement in lifelong learning and how lecturers can support them. A narrative lifecourse approach was taken to explore the experiences of 14 registered nurses with dyslexia from across Great Britain and nine lecturers from England and Scotland. In depth interviews were conducted between October 2014 and November 2015. Template analysis of the interview data resulted in four main themes: Recognition of Dyslexia; Impact of Previous Learning Experiences; Teaching and Learning Strategies and Reasonable Adjustments. The study demonstrated that previous learning experiences had an emotional impact on nurses with dyslexia and this affected their engagement in lifelong learning. Despite this, they often sought to challenge themselves and recognised the need to engage in continuing professional development. The support for registered nurses with dyslexia was variable and dependent on the education of lecturers, although wider provision of inclusive approaches to teaching, learning and assessment mitigated this.

1. Background

Nurses work in a health system in which the needs of patients are increasing, and they are required to maintain their competency with continued learning required beyond the point of initial registration as a nurse (Nursing and Midwifery Council, 2015). There is an international trend moving pre-registration nursing to at least degree level (Brimble, 2015) and therefore Continuing Professional Development (CPD) requirements for nurses are also changing, especially for those registered nurses without a graduate education. There has been a move from practical courses to top up degrees, Masters, Professional Doctorates and PhD's, with higher level educational qualifications increasingly required for promotion (Jasper and Mooney, 2013). These increasing educational requirements for CPD, while challenging for all, may prove to be more difficult for a nurse with a Specific Learning Difficulty (SPLD) such as dyslexia.

It is acknowledged that dyslexia is a lifelong learning difficulty, which affects fluency in "word reading and spelling, phonological awareness, verbal memory and verbal processing speed" (Reid, 2009 p10). While some people are able to overcome these differences, it is often not without a considerable amount of additional effort (Pavey et al., 2010). For some individuals with dyslexia their experiences at school would not have been particularly positive (Alexander-Passe, 2006), however, many will develop their literacy skills later in life (Pavey et al., 2010). Dyslexia is classed as a disability under equality legislation across the world (Americans with Disabilties Act, 1990; Disability Discrimination Act, 1992; Equality Act, 2010) and nurses are legally entitled to receive accommodations in the form of reasonable adjustments to support them in work and education (Brunswick, 2012).

Attitudes of teaching staff have been found to be key in the support of learners with dyslexia (Ashcroft and Lutfiyya, 2013). A negative attitude to learners with a disability and a lack of understanding of the condition is a barrier to student progression and adverse student experiences (Storr et al., 2011). Much has been written about this, especially in relation to undergraduate students (Disabled Students Sector Leadership Group, 2017; Fuller et al., 2004; Griffin and Pollak, 2009), however the purpose of this paper is not to review the literature, rather to show the experiences of participants through their narratives. Against this backdrop this paper considers how dyslexia has affected registered nurses' engagement with lifelong learning and how they can be supported. The research presented in this paper was part of a wider study for a Doctorate in Education investigating how registered nurses engaged in lifelong learning both in theory and practice which adopted an interpretive narrative lifecourse approach (Major, 2017). A separate paper reports the practice aspects of this study (Major and Tetley, 2019).

2. Research design

In keeping with the narrative approach, semi-structured in-depth

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interviews were undertaken, with participants being asked to give specific examples and to describe experiences (Chase, 2013). This approach is seen as eliciting big stories which investigate the overall experience and are individually orientated, as opposed to small stories which prioritise events and may be more socially orientated (Squire et al., 2008). Participants were provided with the questions prior to the interview to allow them to gather their thoughts as well as prepare psychologically for what could be an emotional process of discussing their thoughts about their lives (Riessman, 2008). Ethical approval for the study was obtained through local ethics committees and a University Human Research Ethics Committee. Informed consent was assured through the use of participant information sheets and a website about the study. Participants were also reminded of the requirement to report unsafe clinical practices (Nursing and Midwifery Council, 2015).

Fifteen registered nurses were interviewed, although one subsequently withdrew from the study. Of these nurses three were male and eleven female, who had been qualified between two and thirty-three years. Nine of the nurses were recruited from the Channel Islands through poster and email advertising, with a further five from the United Kingdom (UK) through Twitter. A summary of participants is presented in Table 1.

Nine lecturers, who had supported registered nurses with dyslexia who had engaged in post-registration study at either undergraduate or postgraduate level, were also interviewed from across England and Scotland. They were recruited through Twitter and a summary of their backgrounds are presented in Table 2.

Interviews lasting one to 3 h were conducted either face-to- face, via telephone or using Skype depending on the participants' preferences and geographical limitations. The interviews were transcribed verbatim and then turned in to stories as advised by Ellis and Bochner (2000). The method of storying the narrative interviews was adapted from McCormack (2004). The stories allowed participants to confirm the content, context and feelings were correctly conveyed (Ellis and Bochner, 2000), without having to concentrate on exact grammar and expression.

The stories from both the registered nurses and lecturers were then analysed using template analysis. Template analysis gave structure to the analysis but also allowed a degree of flexibility which is important with complex narratives (King, 2012). A coding template was developed from the first story transcript, which was applied to the second transcript, modified and then reapplied to the first transcript (King, 2012). Common and divergent themes were elucidated from the analysis of each of the interviews and these themes were discussed with the participants through the use of an anonymous asynchronous online focus group. This method of encouraging the participants to participate in the development of the themes is in keeping with the narrative approach (Hollingsworth and Dybdahl, 2007). From the analysis four key themes were identified which were: Recognition of Dyslexia; Impact of Previous Learning Experiences; Teaching and Learning Strategies and Reasonable Adjustments.

3. Findings

3.1. Recognition of dyslexia

The education that the lecturers had received on dyslexia varied from basic information on equality and diversity to a Masters qualification in Specific Learning Differences. The majority of lecturers had had some education on the process to follow to support post-registration students with dyslexia which included referral for assessment, but often relied on their own experience from supporting their children with dyslexia, an interest in the topic, previous experiences or discussions with other colleagues. Those with more experience also wanted to raise awareness with their colleagues. Shirley felt that awareness was important for early identification but not always seen as a priority:

> "The dyslexia awareness sessions are completely voluntary that's why I think they're not well attended because we're all really busy and it's down to whether you make the effort to take time to go to them." Shirley (School Nursing/Health Visiting Lecturer)

Early submission of assessed work was also identified as important as this enabled the lecturer to identify issues and suggest dyslexia assessment, although often dyslexia was recognised when post-registration students were failing:

> "It becomes apparent through their academic writing that there are difficulties when you are then meeting with the [post-registration] students for feedback and academic support to help to prepare for a second submission." Billie (Disability Co-ordinator, Lecturer)

Seven Lecturers identified that a change in academic level might make dyslexia more recognisable as previous compensatory strategies were no longer sufficient. This was a common experience that was illustrated through a comment by Billie who said:

> "They [previously] managed the modular training and reportedly did not have any issues and got their registration. It is the academic demands, that often highlight to them that they have got challenges." Billie (Disability Co-ordinator, Lecturer)

This was echoed by nurses Vic and Jamie who found that changing academic levels caused them specific difficulties. Jamie discussed this particularly effectively:

> "Every time I changed academic level I almost went back to stage one again. As I memorised each way of writing the new assignments

Table 1
Information about nurse participants.

Nurses Participating in the Research					
Pseudonym	Age group	Age when diagnosed with dyslexia	Area of practice	Number of years qualified	Highest academic level of qualification
Sam	30–34	8	Learning Disability Specialist	9	Masters
Vic	25–29	16	Adult Accident and Emergency	7	Ordinary degree
Jamie	25–29	20	Adult community	5	Honours degree
Jo	30–34	16	Nursing home	5	Diploma
Charlie	25–29	23	Adult acute mental health	2	Diploma (working towards degree)
Reece	25–29	13	Theatres	4	Diploma plus a degree module
Ashley	25–29	22	Adult Intensive Care	2	Diploma
Lesley	50–54	49	Paediatric education	29	PhD candidate
Dom	50–54	13	Specialist Adult	26	PhD candidate
Kelly	30–34	approximately 7	Adult Intensive Care	10	Advanced Diploma
Danni	35–39	18	Specialist Mental Health	13	Honours Degree
Andy	50–54	38	School Nurse	33	Diploma
Pat	30–34	18	Adult and Paediatric acute specialist	12	Honours Degree
Adi	35–39	20	Adult renal	14	Honours Degree

Table 2
Information about lecturer participants.

Lecturer information					
Lecturer	Region in the UK	Lecturing experience	Specific role in disability/inclusion	Speciality/teaching role	Interview method
Billie	Scotland	7 years	Yes	Medical nursing/Pre-registration	Skype
Mary	South East England	9 years	No	Critical Care	Skype
Judy	North West of England	2.5 years	No	Return to Practice/Pre-registration mental health	Telephone
Gerry	East of England	9 months	No	School Nursing/Health Visiting	Skype
Fiona	North West of England	13 years	No	Advanced Practitioner	Telephone
Shirley	Scotland	6 months	No	School Nursing/Health Visiting	Telephone
Chris	South East England	19 years	Yes	Critical Care/Pre-registration	Telephone
Lee	South East England	13 years	No	Health Visiting	Skype
Alex	West Midlands	7 years	Yes	Mentorship/Learning Disability Nursing	Telephone

it seemed to be alright, and I seemed to level out." Jamie (Adult Community Nurse)

Six of the nurse participants had their dyslexia formally diagnosed at university and this was initially identified by a personal tutor and often had an emotional impact on them. For some this was at the beginning of their nursing course, for others it was at a later stage or during postgraduate study:

"I submitted my first essay and then met with a lecturer on another essay, who was proofreading them to help us get into the swing of the academic writing and it was her that said I think you need testing". Ashley (Adult Intensive Care Nurse).

In the interviews, all of the lecturers discussed how students with dyslexia presented with a wider range of issues, not just spelling and reading and many of the lecturers also mentioned students who had problems with organisational skills and structural content of their assignments which had alerted them to possible dyslexia.

3.2. Impact of previous learning experiences

For many of the nurses, teachers at all levels were identified as having had both a positive and negative effect throughout their learning careers. All had experienced negative comments from teachers in school, although Sam who had the earliest diagnosis of dyslexia reported the most positive school experiences. In school, many were told that they were of a low academic ability. This was particularly demonstrated by a quote from Jo:

"I was told by teachers that I would stack shelves for the rest of my life, that I would never amount to anything because I wasn't clever enough." Jo (Adult Nurse, Nursing Home)

During postgraduate study, Lesley described how an educational psychologist had questioned how they had managed to get a Masters qualification and have dyslexia:

"I think she was questioning both my dyslexia and my ability; then she started to question my qualifications". Lesley (Paediatric Nurse, Education)

Throughout the narratives of the nurses, the psychological effects of dyslexia were prevalent and affected many aspects of learning. All of the participants used the word 'frustrated' within their narratives. In the case of Vic, it was related to having to work so hard when they felt that others found it easier in the class. Charlie described being 'frustrated' in that they were unable to put on paper what they could verbalise. Sam got frustrated with themselves as a child because they couldn't read as well as others, whereas Jamie got frustrated with other people's lack of understanding.

The need to for learners to challenge themselves was another common theme within the narratives and in post-registration education at either graduate or post-graduate level was seen as a way of doing this. For some, this was to address areas that they felt they had a weakness in and for others, it was to maintain and progress their professional skills and knowledge:

"It improves my practice and keeps me focused and makes me question why am doing what I am doing. I don't want to become one of those nurses who is doing what they've always done because they really bug me." Charlie (Mental Health Nurse)

3.3. Teaching and learning strategies

All of the participants had actively engaged in learning throughout their post-qualification nursing careers, both formally and informally. Most of the nurse participants described a strong preference for very practically focused learning. Jo, Vic and Jamie described watching others and then wanting to try out practical activities themselves:

"I learn on the job. I am a much more active learner in that way. You show me something I will remember it." Vic (Acute Adult Nurse)

Of the participants, only Sam felt that they could learn effectively from a lecture, although this did depend on the lecturer and whether they felt engaged and interested in the material being presented. In contrast, other participants found lectures more challenging as explained by Vic:

"I didn't like big lectures. I don't do well reading from big screens. Even with my fast writing, it was too slow, and I can't listen and write at the same time." Vic (Acute Adult Nurse)

Charlie had recently completed a post-registration degree module with an assessed presentation and had got a good mark for it because they were able to vocalise their knowledge more effectively than write it:

"It went really well because it's talking it through. I came up with a great grade for that, so maybe I'd go for more courses that have got mixed marking criteria." Charlie (Mental Health Nurse)

However other participants such as Jamie, Jo and Sam found presentations more difficult, especially reading out what was on the slide, and Sam often memorised what was needed to be said, rather than read it.

Many of the participants talked about how they learnt from others from role modelling and also through discussion:

"When I was a student I would watch what the mentor was doing and take quite a lot from that and then try and apply that to my practice and lots of discussions." Charlie (Mental Health Nurse)

Seven out of nine Lecturers described inclusive approaches to education. Mary discussed how they had included a variety of assessment methods within the modules to "try to do something for everybody". Billie, Mary, Gerry, Fiona, Chris and Lee specifically mentioned ensuring that there was a variety within their teaching activities to enable

post-registration students with different 'learning styles' to access them. This was described by Fiona:

> "There's a whole range of different materials, so you know there are videos to watch, there are things to read, you know there's things to do so you know it compensates for every different learning style." Fiona (Advance Practitioner Lecturer).

An inclusive way of working extended to support services and assistive technologies at some universities. Judy stated that student support services were available to all regardless of an identified learning difference and Billie and Alex noted that all university computers had assistive technology on them.

> "The computers are available to students within the university, and all have the same supportive software, assistive technology that students with dyslexia might use, so the whole student population can have access there." Billie (Disability Co-ordinator, Lecturer)

While many of the nurses had been given access to assistive technology such as text to speech or speech to text software; this was not effective unless the teaching was in place to support it as illustrated by nurse Danni:

> "The difficulty with that was nobody ever taught me how to use the programmes, so they sat in their box for the four years of my degree." Danni (Specialist Mental Health Nurse)

Clear, structured feedback from lecturers was also important to many of the participants without writing all over the script, as well as being told what they should be writing, not always what was wrong:

> "What I want is for you to tell me what is right in this paragraph. Don't tell me what's wrong; tell me what's right, so I can repeat it". Dom (Specialist Adult Nurse)

What did seem to help several of the participants was consistent academic support with one teacher or tutor who knew how to feedback in an appropriate way for them.

3.4. Reasonable adjustments

Lecturers may feel that a student's difficulties with academic writing may be attributed to dyslexia, however in the UK, for the student to access reasonable adjustments and specialist support, they require a 'diagnostic' assessment with an educational psychologist or specialist teacher with an Assessment Practising Certificate (GOV.UK, 2019). A number of lecturers expressed concern that post-registration students had to continue so long without specialist support or reasonable adjustments and may well be failing if they were not assessed early enough:

> "It depends on what time of year as to how long it takes to get the assessment completed. This time of year from fresher's week up until Christmas is pretty dire. The other big factor is how proactive the students are." Chris (Inclusivity Lead, Lecturer)

In terms of reasonable adjustments in real world contexts, lecturers thought that registered nurses felt that they should either be able to manage without support or that if disclosed, it would affect their position within the practice setting, for example:

> "I think it's this theory of them thinking that somebody will come and say, well, we're onto you now. We know that you're not strong enough or not good enough or actually, that job that you had as a band seven, when you go back we're actually going to slot you in again as a band 5. There is a certain trepidation of registrants coming." Alex (Disability Tutor)

Lecturers recognised that this lack of disclosure had an effect on the provision available for nurses and whether reasonable adjustments could be applied, particularly during the assessment process.

Seven out of nine lecturers identified that supporting registered nurses with dyslexia required extra time or effort to accommodate reasonable adjustments. Exam arrangements were particularly seen as problematic both in terms of extra time. Reasonable adjustments in marking academic work were seen to cause some difficulties for some and some concerns regarding fairness when compared with other students.

Lifelong learning for nurses occurs both in academic and practice setting and many post-registration courses have a practice component. Safety in practice was a key concern regarding both reasonable adjustments and assessment:

> "If a student has a scribe or what have you in the university setting, they wouldn't necessarily be appropriate in practice. Obviously, it's not safe for us to apply those in the practice setting, such as additional time to resuscitate somebody is not going to fit." Alex (Disability Tutor).

All nine lecturers discussed access to specialist student support. For example, Judy raised difficulties with access:

> "The post-reg students aren't supernumerary and have got limited time, although they may or may not be on shift work. But those that are doing nine to five, it is definitely more difficult." Judy (Return to Practice Lecturer)

The role of specialist support received mixed views from the nurse participants; for example, Adi described how they had worked with a specialist teacher during their nurse training:

> "She was teaching me what they expected me to write, and that made a huge difference really. I had not automatically realised what they expected me to write." Adi (Renal Nurse)

Alternatively, Charlie discussed how they had accessed specialist support during their training but had found it difficult to find the time to attend the additional sessions along with other commitments once qualified. Danni also felt that their specialist support was not very helpful to them or individualised and may have been detrimental:

> "It just kind of felt like people just wanted to instil this way of working on me, and it was almost like it felt like one-size fits all. I'd managed to get to university and I'd managed to cope for as long as possible and I'd clearly found some skills and what were they and were they still viable?" Danni (Mental Health Specialist Nurse).

As can be seen from the findings, both the nurses and lecturers recognised that dyslexia had an effect on the lifelong learning of registered nurses and the support that they might seek or benefit from.

4. Discussion

4.1. Emotional impact of dyslexia

The emotional impact of dyslexia was recognised by the nurses and lecturers; with both groups discussing the effect of diagnosis and how it had impacted on the nurses' sense of self. Whilst for many the diagnosis came later in life, it was often not a surprise, as all had identified that they had had difficulties in school. A late diagnosis did generate thoughts of what might have been if they had been identified as having dyslexia earlier. Previous childhood experiences such as negative comments from teachers affected their perception of their academic self-concept and frustration when comparing themselves to others, mirroring previous research with trainee teachers (Glazzard and Dale, 2013). Narratives from the nurses identified poor self-esteem for many, particularly in childhood, when comparing themselves to others. This finding is supported by research by McNulty (2003) who demonstrated that self-esteem was negatively affected by dyslexia, even if successful in adulthood.

Research has shown that formal identification of dyslexia can

improve a person's self-concept as they are able to differentiate between difficulties attributed to their SpLD and intelligence (Glazzard, 2010). Marsh and Martin (2011) theorised that there is a reciprocal effect of increasing academic achievement and academic self-concept. For those nurses in the study who had achieved academically, their academic self-concept was higher, although this still appeared to be rather precarious, especially when questioned by others such as lecturers and educational psychologists as in the case of Lesley. Humphrey and Mullins (2002) identified that children with dyslexia are more likely to attribute academic success to external forces such as good teachers than their own achievement and amount of work effort, however, academic failure was attributed internally, with factors such as lack of intelligence or lack of effort cited. Hjemdal et al. (2012) identified that high levels of resilience were a protective factor in the development of helplessness. It could be argued that to have met the requirements to become a registered nurse the nurse participants needed to have shown resilience and self-development, as they all had overcome difficulties in education. This perseverance or tenacity has been shown in a 20-year longitudinal study by Goldberg et al. (2003) to be essential for longer-term success in education and employment for individuals with learning difficulties and ultimately engagement in lifelong learning.

The narratives of the nurses demonstrated a strong sense of wanting to prove themselves both to themselves and to others, particularly to those who had not seen their potential earlier in life. Many of the nurses including Jo and Jamie had engaged in learning activities for self-development or as a challenge. Self-determination theory suggests that people need to feel autonomous, competent and related to others around them and that they will pursue goals to achieve these states (Deci and Ryan, 2000). For those nurses who had been able to achieve their goals and progress their career, their motivation to continue with education was high, however, it is important to recognise the emotional impact that dyslexia can have on the personal development of the nurse and how emotional factors can influence whether the nurse is willing to engage with further learning, especially if there is a risk of failure or they feel that they have no control of their own success. Positive experiences of learning and achievement of success, as well as the positive use of personal compensatory strategies, can motivate nurses to engage in further learning which will help them develop professionally.

4.2. Personal compensatory strategies

The extra effort required both in theory and practice was recognised by the nurses and lecturers within this study. It took extra time to complete assignments and to learn to structure their work. The ability to recognise how and when to use strategies for learning (metacognition) is often not automatic for those with dyslexia (McLoughlin and Leather, 2012) and therefore it will take time and extra effort to engage in activities that others may not have to think about.

Many of the participants were drawn to nursing because of the practical nature of the career, some before the nursing became a graduate profession. The nurses in this study identified that they were very practical and enjoyed learning in this way. The nurses within this study also identified that they learnt best when they were engaged in the learning either at a practical level or when it was applied to their area of practice, and this is supported by the literature (Kirby et al., 2008). Post-registration CPD is often very applied to the nurse's area of interest and practice and this will encourage nurses to invest the time and effort required to engage in for learning (Roberts, 2010).

The nurses identified that they had developed their verbal skills but these did not match their ability to write. This was also identified by the lecturers and is commonly one of the earliest signs of dyslexia (Mather and Wendling, 2012). Compensatory strategies are likely to be developed as part of the lifelong learning process along with other skills, although the nurses within this study were not always overtly aware of this development. For the nurses, it was important that these strategies were recognised and for those who had developed them successfully to be able to use them. It is recognised that each person with dyslexia is an individual (Day, 2013) and that a uniform approach to dyslexia support is not going to be effective (Busgeet, 2008).

4.3. Transitions

Many of the nurses chose courses at secondary school which required less academic writing to reflect their strengths, or attended school when dyslexia may not have been as widely acknowledged (Jamieson and Morgan, 2008). The findings of this study identified that the increasing academic level could cause difficulties and might even lead to recognition of dyslexia.

The findings of this study also identified that the nurses found changes to the style of academic assessments, as well as changes in the academic level of study challenging and often their compensatory strategies were initially insufficient to meet these demands. It took them time to learn how to structure an assignment in a certain way and once they had done this they used this as a template for future work. This is in contrast to current educational thinking where a variety of assignment types are used to cater for different student preferences and to enhance student engagement (Fry et al., 2014). The variety of approaches may even be detrimental to learners with dyslexia, as the structure is often a problem in academic writing (Tops et al., 2013).

4.4. Support and disclosure

Many people are involved in the professional development of a nurse, but for nurses with dyslexia, professional and educational support was seen as particularly important to assist them in areas that they found more difficult. To be able to access additional resources, dyslexia needs to be recognised and disclosure is required. The lecturers in the study identified that whilst some nurses were aware that they had dyslexia, support was sometimes only requested when the student was failing. Unsurprisingly, Goldberg et al. (2003) found that students with dyslexia were more successful when they actively sought out support and accepted it when it was offered. Both nurses and lecturers were aware that there is a stigma attached to the label of dyslexia and stigma is likely to affect disclosure and therefore support available (Evans, 2014). Lecturers identified that disclosure of dyslexia was much more likely to occur once they had developed a relationship with the student.

In this study, the level of knowledge of dyslexia amongst the lecturers interviewed was variable. The lecturers without specialist education sought out colleagues with more experience for support or relied on personal experience of supporting their own children with dyslexia. It is important that nurses with dyslexia are supported using an evidence-based approach to ensure that practice is current and effective (Locke et al., 2015). The level of provision and specialist support available to students with dyslexia at universities was also highly variable and was dependent on the personnel available and the university policies and philosophy (Speed, 2014).

Access to assessment for dyslexia was identified as a potential problem by both nurses and lecturers. For students to be identified as requiring assessment for dyslexia, lecturers have to recognise the signs, although provision of assessment for dyslexia was particularly difficult at the beginning of the academic year. For qualified nurses accessing CPD units, they may have finished their course of study before assessments can be completed. A more inclusive approach to teaching and assessment such as Universal Design for Learning (UDL) as being adopted in many countries including the United States and Ireland (CAST, 2011; Tonge and Treanor, 2017), may help these students until their diagnosis is confirmed and specialist support can be arranged as well as reducing the reasonable adjustments required (Hall et al., 2015). From the results of this study, this will rely on the universities increasing the level of education of all lecturing staff so that they recognise the needs of students with dyslexia so that they can adopt inclusive practices. This will include the use of assistive technologies,

although students with dyslexia need to be trained and supported to use these, otherwise they will not be effective or valued (Stewart, 2002).

5. Conclusions

While dyslexia could be seen to have a big impact on nurses both personally and professionally they had developed compensatory mechanisms to enable them to be effective practitioners and engage in learning. However, these strategies came at a cost to themselves in both effort and in some cases career progression. The strategies developed to enable engagement in learning were not always effective and were dependent on the personality traits of the nurse and their resilience. Childhood and early career experiences of supportive relationships impacted on how they engaged in learning and how they viewed their capabilities as learners. Early identification of dyslexia also had a positive effect, with the nurses attributing difficulties to dyslexia rather than lack of intellectual ability and accessing support earlier.

The study also demonstrated that there was still a lack of understanding of dyslexia and a fear that nurses with dyslexia were a risk to patient safety or the profession. However, these myths perpetuate the stigma associated with dyslexia in nursing, inhibited disclosure, which in the current provision reduced the support available. This is a particular problem for registered nurses on short programmes who may be failing before any difficulties are recognised and support offered. Inclusive approaches to teaching and learning would help mitigate this problem, although wider education and understanding would also improve the situation.

6. Limitations

As with all research, there are limitations to this study. Data were collected from a small self-selecting sample, therefore, may not be representative of the experiences of all registered nurses with dyslexia, as the way that dyslexia affects registered nurses is variable (Wajuihian and Naidoo, 2012). Nurses and lecturers with strong views or interest in the subject are more likely to volunteer to be involved in research than those who are ambivalent. It must also be recognised that many factors may influence the way that the registered nurses and lecturers express their narrative, including the influence of the researcher, although this is in keeping with the constructivist paradigm (Lincoln et al., 2013) in which this research is situated. The use of the online discussion forum, member checking both the stories and the themes would have reduced some of these effects (Mero-Jaffe, 2011), but they should still be acknowledged.

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Appendix A. Supplementary data

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