

UNIVERSITY OF EDUCATION, WINNEBA

**PERCEPTION OF STUDENT-NURSES TOWARDS PROVISION OF
HEALTH CARE SERVICES TO PERSONS WITH DISABILITIES AT THE
COLLEGE OF COMMUNITY HEALTH NURSING, WINNEBA**

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DECLARATION

Student's Declaration

I, **Martha Mensah**, declare that this thesis, with the exception of quotations and references contained in published works which have all been identified and duly acknowledged, is entirely my own original work. It has not been submitted, either in part or whole, for another degree elsewhere.

Signature:.....

Date:.....

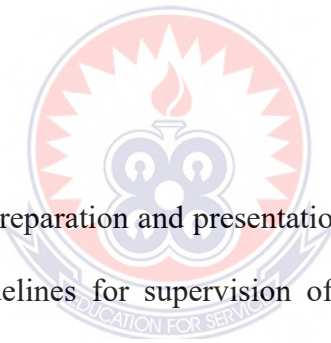
Supervisor's Declaration

I hereby declare that the preparation and presentation of this work were supervised in accordance with the guidelines for supervision of the thesis as laid down by the University of Education, Winneba.

Name of Supervisor: Dr. Daniel S. Q. Dogbe

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Date:.....



DEDICATION

This work is dedicated to my lovely sons, Selorm, Mawulawoe, and Nunyala; my dear husband, Bernard Kofi Kulekpo; and my parents and siblings.



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A successful accomplishment of a thesis of this nature is only possible with the help of a painstaking supervisor and the former Head of the Department. In this connection, I owe a debt of gratitude to Dr. Daniel S. Q. Dogbe, who supervised this work and saw it to its completion. I am fortunate to have him as a teacher and supervisor. You have not only supervised but also equipped me; I will be eternally grateful to you, especially for taking the time to transform my research problem into something meaningful and researchable.

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LIST OF ABBREVIATIONS

ASL	American Sign Language
BSL	British sign language
CCHN	Collage of community Health Nursing
CBR	Community – Based Rehabilitation
EHR	Electronic Health Record
EU	European Union's
FAS	Foetal Alcoholic Syndrome
FDA	Food and Drugs Authority
ID	Intellectual Disabilities
IDEA	Individuals with Disabilities Education Act
IHPs	Individualized Health Care Plans
JHPIEGO	Johns Hopkins University Affiliate
LMICs	Middle-Income Countries
NASN	National Association of School Nurses
NTI	Nurses Training Institutions
NMC	Nursing and Midwifery Council of Ghana
PWDs	Persons with Disabilities
PWVI	Persons with Visual Impairment
RCN	Registered Community Nursing
RWJF	Robert Wood Johnson Foundation
STIs	Sexually Transmitted Infections
SPED	Special Education
SNs	Students Nurses
UNFPA	United Nations Population Fund

USAID United States Agency for International Development

UEW University of Education, Winneba



ABSTRACT

The purpose of the study was to investigate the perceptions student nurses have toward people with disabilities. One hundred and fifteen respondents were polled, including five tutors, ten preceptors, and 100 third-year student nurses. The study adopted a descriptive survey design and used a questionnaire as the main instrument for data collection. Purposive sampling was used for selecting the respondents for the study. Frequencies and percentages were used to analysed the data. The study's findings revealed that the care provided to people with disabilities is not always based on the good attitudes of health professionals. Nurses have diverse views about people with disabilities. The perception of student nurses toward care provision for persons with disabilities depends on a number of factors. From the findings, it was recommended that the College of Community Health Nursing put in efforts to help Students Nurses (SN) have access to disability-related information and build more practical rooms to augment teaching and learning in the college. The management of the college should appropriately allocate courses to competent tutors and preceptors with regular field trips to help in the practical knowledge acquisition by the student nurses. Community Base Rehabilitation (CBR) should remain examinable for licensing, and access to online searching for student nurses. Workshops in relation to special education and disabilities are periodically organized. Research project work on disability-related topics should be part of the selected topics for student nurses' final-year projects.



CHAPTER ONE

INTRODUCTION

1.1 Background to the study

There has been a keen interest in providing appropriate attention and care for people with disabilities in all aspects of life, including health care. It is an undeniable fact that the number of people with disabilities has increased over the years (McColl, Forster, Shortt, Hunter, Dorland, Godwin, & Rosser, 2008). The need for student nurses to provide appropriate health care to people with disabilities requires a positive perception of student nurses and an understanding of disability-related issues. For these reasons and more, the health training institution collaborated with its collaborators to introduce community-based rehabilitation and introductory sign language as special education Programme components to the nursing training curriculum.

The importance of disability studies in nursing cannot be overemphasized in the College of Community Health Nursing (CCHN). Meanwhile, most of the nursing courses have special education components embedded in them, such as anatomy and physiology, psychiatric nursing, primary eye care and oral health, family planning, and others. The special education component is intended to provide student nurses with the knowledge, attitude, and skills necessary to identify, screen, and refer appropriate disability cases as well as assist individuals with disabilities in receiving services from the community rehabilitation system. The special education programme component will adequately prepare, change perceptions, and enhance student-nurses' competence to support individuals with disabilities in the community. Again, it will introduce student nurses to basic disability etiquette and techniques in sign language for effective orientation and communication with clients and patients with disabilities (Ziba, Yakong, & Ali, 2021) and (Boso & Gross, 2015).

The CCHN has a core mandate and is basically classified as a preventive nursing institution where student nurses are trained to acquire the skills and knowledge required for quality healthcare provision for all individuals, including those with disabilities, in their homes, schools, and hospital settings. Preventive nursing is achieved through home visits, child welfare clinics, and school health education programmes in the communities.

The special education programme would have a positive impact on student nurses' confidence and build student nurses' experience to be able to handle individuals with any health problems, including individuals with disabilities. The programme would assist student nurses' perception and attitude and, by extension, give them the opportunity to directly work with and support children and all people with disabilities. Change of perception and mindset is achieved through the study of special education programme components, which equip student-nurses to manage cases such as seizures, as the programme is designed to educate student-nurses (SNs) on strategies and resources for handling emergency situations (Austin et al., 2010).

Despite the fact that Eyeson (2017) conducted research on the clinical training of student-nurses at Cape Coast Teaching Hospital, the evaluation of healthcare professionals such as nursing students and registered nurses toward patients with disabilities remains lacking (Al-Abdulwahab & Al-Gain, 2003; Au & Man, 2006; Linden & Kavanagh, 2012; Sahin & Akyol, 2010).

Studies have concluded that there are various roles and responsibilities expected to be adopted by nurses with respect to promoting the health of children and young people in schools and other health-related problems, including disability, as special training is necessary for nurses to augment a complete health service for all Lewis, Gaffney, & Wilson, (2017) and (Nolan, Gleeson, Treanor, & Madigan, 2015). To the best of the

researcher's knowledge, there has been no study on the perception of student nurses towards people with disabilities in the College of Community Health Nursing, Winneba. Therefore, it is important to further examine the perception of student nurses towards persons with disabilities at the College of Community Health Nursing. Such research would enable nurse educators to expand the concepts of building student nurses' competence level and diversity in attending to issues pertaining to disability-related cases and nurses' perceptions. (Arndt, 2004; Fischer & Martinez, 2013; Wood & Marshall, 2010).

In Ghana, a study conducted by Eyeson (2017) on the evaluation of the clinical training of student nurses at Cape Coast Teaching Hospital revealed that clinical training helps in building the competence level and self-esteem of student nurses to augment the quality of health care services. Though Eyeson's (2017) study was on the evaluation of clinical training of student nurses, this study would examine the perception of student nurses towards persons with disabilities at the College of Community Health Nursing, Winneba. Before student nurses can begin clinical training in hospitals, they must first complete some classroom theory and practical stimulation to gain knowledge and skills in equipping and enhancing SN's competencies in identifying and addressing health issues related to disabilities.

Ashby (2012) conducted research on disability studies and inclusive teacher preparation and discovered that gaining additional experience in other learning subjects exposes one's professional career, which may result in some personal transformational learning. Special education programme components equip student nurses to appropriately separate disability cases from other cases for special attention and care. Though one can read about a course outline and teach, it is appropriate for a competent professional to provide clinical teaching. As Freire (2010) stated, if practicing nurses were not able

to transform their lived experiences, they would never be able to carefully participate in a dialogue as a learning and knowing process.

The National Association of School Nurses (NASN, 2015) conducted research on the role of the school nurse and indicated that school nurses serve as the link between the healthcare and educational communities and are valuable resources to students, families, staff, and communities. School nurses use their professional knowledge to assess and identify students who have health problems, socio-emotional issues, or developmental issues that put them at risk for learning problems and other school-related challenges, such as inclusive classroom issues. Input from school nurses is essential to determining the impact that health conditions have on teaching and learning and on the ability of individual students to participate in their educational programmes (Minchella & Brubaker, 2017).

In spite of all these, health promotion and prevention depend on the nurses' perception and competency level in identifying, screening, and appropriately referring all health and disability-related cases for all individuals during home visits and other health promotion programmes. Therefore, there is a need to explore the perception of student nurses towards persons with disabilities at the College of Community Health Nursing in a bid to investigate tutors' educational backgrounds in special education and its related subjects and student nurses' understanding and competency level in identifying and addressing disability cases and their etiquette. The health and well-being of children, including those with disabilities, is a fundamental value for all countries, including Ghana. Therefore, there is a need for student nurses to be well-equipped with knowledge and skills of the school environment, specialized knowledge of health conditions, and the specific health needs of individuals with disabilities. This is to help them develop individualized health care plans (IHPs) to outline appropriate

accommodations and health support and determine their perceptions of mindset (National Association of School Nurses, 2015).

According to the Robert Wood Johnson Foundation [RWJF] (2016), nurses ensure that all children, regardless of their health status, have access to appropriate educational opportunities. Nurses have a foundational role to play by providing services and promoting the health of all, including people with disabilities.

1.2 Statement of the Problem

The study seeks to understand the attitudes, beliefs, and readiness of student-nurses to deliver healthcare services to persons with disabilities and to identify potential factors that may influence their perceptions. By exploring this aspect of nursing education, the study intends to contribute valuable insights that can enhance the training and preparation of future healthcare professionals in addressing the diverse healthcare needs of individuals with disabilities.

Preventive nursing through home visits, schools, health facilities, and community health promotion programmes are some of the core values of community health nurses. Due to the importance of home visits, a class of student nurses is assigned to a community within the catchment area of the college. This is to enable student nurses to identify health and disability-related cases to help improve their skills and have a fair idea of health and disability-related cases in the community.

However, preliminary inquiries indicate that the College of Community Health Nursing, Winneba, has not fully considered focusing particular attention on equipping student nurses with total special educational knowledge to augment skills to easily identify, screen, and appropriately refer disability-related cases during health promotion programmes as a special educational service. Community-based rehabilitation (CBR) and introductory sign language are minor special educational

courses currently taught by professional nurses at the college. Although major courses have special education components fused into them, they do not provide details of special education services needed for people with disabilities. Investigating student nurses' perceptions toward people with disabilities is critical because it directly impacts the quality of care, patient experiences, equity in healthcare, and the overall development of healthcare policies and practices. Addressing negative perceptions and biases at the educational level is a crucial step in ensuring that healthcare professionals provide compassionate, equitable, and effective care to all patients, regardless of their abilities (Moldovan, Moldovan & Bataga, 2023).

The perception, positive or otherwise, is determined by the level of student-nurse understanding of special education programme components at the college (Chan, & Cheng, 2001). The researcher is also guided by the fact that CCHN has a core mandate (Stanhope, & Lancaster, 2015).

The competency level of nurses in the special education programme component would help equip student nurses with competence in positive perceptions of PWDs and identifying disability cases. Furthermore, information available at the College of Community Health Nursing at Winneba indicates that the only special education-related course, community-based rehabilitation (CBR), is taught by non-special educators. Hence, the challenges spanned from the backgrounds of the student nurses to the curriculum and appropriate staff with regard to special education. Awareness of disability issues has gained considerable interest from advocacy groups in recent years. Service providers have adapted to the healthcare needs of people with disabilities by acquiring relevant knowledge and skills. However, it is uncertain whether the special education guidelines available for student nurses in identifying disability cases during home visits with regards to special education programme components are appropriate

(NASN, 2015). Health promotion and prevention depend on the competency level of the health provider in identifying, screening, and referring all health and disability-related cases for all individuals during home visits, school health, and hospital settings. Therefore, there is a need to investigate student nurses' perceptions toward people with disabilities at the college.

Studies on student nurses' perceptions of people with disabilities have been conducted all over the world, including Africa and specifically Ghana. Despite the fact that the CCHN is committed to education provision as well as training competent nurses while focusing on its core mandate, the NTI has designed the curriculum to include CBR as a special education programme component. This is for the mission of producing professional and quality nurses to handle and care for the sick, including people with disabilities. Most of the research conducted concerning nurses' perceptions towards persons with disabilities has either not been conducted in recent years, does not focus on student nurses, or does not use general terms as in PWDs. although Slevin (1995) researched student nurses' attitudes toward people with learning disabilities.

The study measured and compared attitudes towards people with learning disabilities held by three groups of student nurses (two Project 2000 groups and one traditional group). Findings indicate significantly more positive attitudes towards people who have learning disabilities among the Project 2000 students who had placement experience with this client group. While the study by Matziou et al. (2009) was limited to the attitudes of nurse professionals and nursing students toward children with disabilities, Temple and Mordoch (2012) focused on nursing students' perceptions of disability and preparation to care for people with intellectual disabilities. Against this backdrop, the researcher conducted a study on student nurses' attitudes toward people with disabilities at the College of Community Health Nursing in Winneba. The purpose of this study is

to examine the perception of student nurses towards the provision of health care services to persons with disabilities (PWDs) and how student nurses are prepared to provide health care services to persons with disabilities. The study again is to find out how student nurses anticipate difficulties in providing health care services to persons with disabilities and the strategies that can be adopted to enhance the provision of health care services to persons with disabilities.

1.3 Purpose of the Study

The purpose of the study was to investigate perception of student-nurses towards provision of health care services to persons with disabilities at the college of community health nursing, Winneba

1.4 Objectives of the Study

The following objectives were developed for the study:

- To examine the perception of student-nurses at the College of Community Health Nursing, Winneba towards the provision of health care services to persons with disabilities (PWDs).
- To examine how student nurses are prepared to provide health care services to people with disabilities.
- To find out student-nurses perceived difficulties in providing health care services to persons with disabilities.
- To find out strategies that can be adopted to enhance the provision of health care services to people with disabilities.

1.5 Research Questions

The following research questions were raised to guide the study:

1. What perception do student-nurses at the College of Community Health Nursing, Winneba have towards the provision of health care services to persons with disabilities (PWDs)?
2. How prepared are student-nurses at the college towards the provisions of health care services to persons with disabilities?
3. What perceived difficulties do student-nurses face in providing health care services to persons with disabilities?
4. What strategies are adopted to enhance the provision of health care services towards persons with disabilities?

1.6 Significance of the Study

The results of the study would examine the perceptions of student nurses toward the provision of healthcare services to persons with disabilities (PWDs). This would help the management of Nurses Training Institutions (NTI) create a disability desk and/or office that will give appropriate lectures on the perceptions people have about PWDs and have positive pictorial posters of PWDs and nurses' care with disability etiquette.

Again, the result of the study would examine how student nurses are prepared to provide healthcare services to people with disabilities. This would enable the colleges to collaborate with the Department of Special Education or Disability Studies of accessible public universities and disability-related organizations to organize special education training workshops and seminars for tutors and preceptors, as well as to encourage further study in disability studies.

In addition, the result of the study would reveal student nurses perceived difficulties in providing healthcare services to people with disabilities. This would help inform college principals, academic officers, and programme heads to create a staff development agenda that includes studying special education courses for teaching staff and organizing more seminars on the subject that will aid in identifying and managing disability cases during training, clinical practicum, and post-training.

Furthermore, the result of the study would identify strategies that can be adopted to enhance the provision of healthcare services to people with disabilities. This would assist the CCHN academic board in determining how to implement the necessary guidelines for organizing student outreach programmes, increasing the number of special education courses and making them examinable, and reconsidering tutor recruitment and the right approach to teaching and learning special education in college that will equip student-nurses in the identification, screening, and referral of disability-related cases during home visits, school visits, and hospital visits. Finally, the result of the study will add to the existing literature for other researchers interested in similar studies.

1.7 Delimitation

Research of this kind should have covered at least all nurses in all nurses' training institutions in the Central Region of Ghana. However, the study has been restricted to the College of Community Health Nursing (CCHN), Winneba. Apparently, the researcher is a staff member of the CCHN, Winneba and had had appreciable working experience with the student nurses at the college and also supervised student nurses on practical simulation in the classroom and in the skills laboratory.

1.8 Limitations

This study was hindered mainly by limited research jargon, as in combining nursing and special education words for readers to understand. This research involves two major subject areas: nursing studies (nursing) and special education; therefore, not many examples can be given in the two subject areas. Though the researcher wanted to avoid yes-or-no questions, the advent of the COVID-19 pandemic and its restrictions made the researcher employ a few yes-or-no questions to represent agreeing and disagreeing, as most respondents were not willing to respond to questionnaires. This is because the respondents have limited time on campus.

1.9 Operational Definition of Terms

Perception: the ability to see, hear, or become aware of something through the senses, or the way in which something is regarded or understood or interpreted.

Competence: the combination of skills, knowledge, attitudes values and abilities that underpin effective performance in a profession.

Preceptor: preceptor is a qualified professional as in registered nurse (RN) or midwife who provides guidance and supervision to student during clinical experience.

Practical simulation: a situation where one acts as a health professional in cases relating to health conditions or mimics the real home situation in the absence of a family.

1.10. Organizational Structure of the study

The study has been structured into five chapters. Chapter one is the introductory part which tackles the following: background to the study; statement of the problem; purpose and objectives; research questions; significance of the study; delimitation and limitations of the study; and operational definition of terms. Chapter two is about the

theoretical framework, conceptual framework, and literature review as presented by other authors. Chapter three looks at the study of methodology. The fourth chapter presented the results of the study and the discussion. Fifth chapter concludes the study. It deals with the summary, conclusions, and recommendations and suggesting for further studies.



CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

The study's literature review is presented in this chapter. The theoretical framework and major issues that emerged from the study questions were covered in the literature review, including:

1. Theoretical framework
2. Perception of student-nurses on care provision for PWDs.
3. Student-nurses preparation towards the provision of health care services to PWDs
4. Difficulties in providing health care services towards PWDs
5. Strategies for providing health care services towards PWDs.
6. Summary of Literature

2.1 Theoretical Framework

The theoretical framework of the study, based on Mezirow's Transformative Learning Theory, is highly applicable to the topic of understanding the perception of student-nurses towards providing healthcare services to persons with disabilities. This theory posits that transformative learning occurs when individuals (nurses) encounter disorienting dilemmas that challenge their existing beliefs. In the context of the study, the initial attitudes and perceptions of student-nurses regarding caring for individuals with disabilities serve as such dilemmas.

Transformative learning involves critical reflection on these attitudes, and open dialogue with peers and instructors, and ultimately results in a profound change in perspective. The exposure of student-nurses to a special education program within their nursing education can facilitate this transformative process. Mezirow's theory

underscores the importance of competent professionals and the potential for such transformative learning to influence professional attitudes and practices, which, in the study, relate to the quality of healthcare services for persons with disabilities.

According to Ashby (2012), learning about disability studies on one's own would expose one to disability studies in one's professional position, which could result in some personal transformation later in one's (educational or nursing) career. Clinical, medical, educational, and therapeutic approaches to disability that prioritize rehabilitation, prevention, or treatment are challenged and contradicted by this viewpoint (Ferguson & Nusbaum, 2012; Linton, 1998; Wiener, 2021). This may force medically trained and indoctrinated educational and nursing staff who previously saw impairment as a singular medical condition or flaw to reconsider their standard methods and procedures. In order to examine how education and nursing professionals acquire and apply disability studies information in their own philosophy, research, and practices, it is imperative to comprehend the personal transformative process that these professionals go through while learning about disability studies. This study makes use of Mezirow's (1978, 1991) transformative learning theory. According to this concept, personal transformation is a dynamic, uniquely distinctive process of growing awareness in which a person becomes critically aware of both their old and new self-views and choose whether or not to combine them into a new self-definition (Wade, 1998). Through dialogue inquiry, people learn to relate new information and points of view to their own lives in a non-linear way, enabling them to, in some ways, have a clearer and broader perspective of the world (Wade, 1998).

This encompasses a variety of emotions that might result in negative or positive changes, including melancholy, joy, self-pity, agony, fury, helplessness, freedom, and fulfillment (Jaffe, 1985; Wade, 1998). The child welfare clinic's (weighing) nurse is knowledgeable about all medical issues, but she is not conversant in sign language and therefore the nurse will be unable to communicate with a deaf patient. Praying in the use of sign language is therefore required. Transformation can only take place when a person deliberately chooses to actively engage a challenging situation when they are faced with it (Ferguson, 1980; Mezirow, 1991; Wade, 1998). Personal changes lead to an increased sense of freedom and creativity as well as new and expanded definitions of oneself (Wade, 1998). A new level of consciousness occurs during the transformative process, incorporating experiences into the new framework and producing more thorough and integrated knowledge (Mezirow's, 1991; Wade, 1998). (Ross, 2020) Self-reflection and an integrative process are necessary for this personal development to happen, but additional transformative process modalities must be made available (Mezirow, 1978). While exposure to a new context requires transformation, it also calls for strengthening in order to put the new context into practice or adapt it within their existing frame of reference (Mezirow, 1978).

This comprises helping students develop competency as they connect the context to their personal experiences and interpretations in addition to enabling them to better grasp the context (Mezirow, 1978). A supportive setting is necessary for critical thinking, learning-centered, interactive, and collaborative work (Mezirow, 1992; 1997). According to Wiggins (2011), practicing nurses are hindered from actively engaging in a dialogue as a learning and knowing process if they are unable to convert experiences into knowledge and use previously gained knowledge to forge new friendships. Not only does transformation help people learn a new frame of reference, but it also helps

people replicate the agreements achieved by people working for social change, such as nurses and special educators (Freire, 2010; Mezirow, 1992). Thus, rather than being a unique experience or something that others may accomplish, a sense of change (and emancipation) is a process that can only happen in the context of fellowship and solidarity (Freire, 2010). A person's work career is obviously exposed by acquiring extra learning experiences across numerous disciplines, which may lead to some personal change. As a result, student nurses (SNs) who complete particular educational programmes will be qualified to provide PWDs with high-quality healthcare in a range of settings as part of health promotion programmes.

2.2 Perception of Nurses on care provision for PWDs

A nurse's viewpoint on people with disabilities is likely to be generalized. According to the 2011 World Report on Disability, PWDs include wheelchair users, people who are blind or deaf, people who were born with a congenital disorder like cerebral palsy, people who have lost a part of their body due to an accident, or people who have severe arthritis, dementia, or aging, among many other conditions. Many individuals consider older adults to be a disabled population that needs special care and resources. Students frequently represented disability as physical by using a wheelchair (Temple & Mordoch, 2012). Long-term care registered nurses' opinions toward people with disabilities ranged from neutral to somewhat positive, but nurses working in training facilities, health departments, or the rehabilitation services industry showed more positive sentiments. As a result, the attitudes and beliefs of healthcare professionals affect the general care and/or rehabilitation given to people with impairments (PWDs). As a result, when providing care for patients with disabilities, nurses and other health personnel need to be positive in all aspect of themselves.

Disability awareness issues have recently attracted the attention of advocacy groups. However, it is uncertain whether this has affected the attitudes and perceptions of disabled individuals among student nurses and other healthcare professionals (Badu, Opoku, & Appiah, 2016). Since people with disabilities tend to proliferate and expand, making them more susceptible to a range of medical conditions and psychiatric disorders, general practice nurses should anticipate seeing a rise in the population of people with disabilities in the community. In order to provide great nursing care, practicing nurses must have a favorable attitude toward individuals with disabilities and a thorough awareness of their healthcare requirements and claims (Tagoe, 2017). Furthermore, those who have intellectual disabilities can struggle to define their challenges or communicate their fears in a way that calls for further inquiry; they occasionally struggle to support themselves during questioning. Understanding the nature and classification of PWDs is necessary for developing favorable perceptions.

Badu, Opoku, and Appiah (2016) assert that healthcare professionals' attitudes, or their knowledge base and attitudes, influence how persons with disabilities view health inequities. According to a large body of data, nurses feel more at ease caring for patients with physical disabilities than those with intellectual disabilities. According to initial investigations and interviews with staff nurses at Trauma and Specialist Hospital Winneba, they lack enough formal training and real-world experience in providing care for people with impairments. As a result of special education programmes, more disabled children are finishing high school, enrolling in post-secondary education, and developing into independent adults who work for pay (Southward, & Kyzar, 2017). Johnson (2017) asserts that school health services are the systems that enable better child healthcare coordination and stable school funding. Hospital-based professional support networks are advantageous to school nurses because of these connections,

which lead to healthier communities. Practicing nurses ensure that all children, regardless of their health state, have access to appropriate educational opportunities, according to the Robert Wood Johnson Foundation (RWJF). They play a significant role in advocating for the health needs of the communities they live in and serve, as well as persons with disabilities, and in providing direct services to students with health difficulties. An attitude is a disposition that directs thoughts, feelings, and actions. The most significant hurdles to accessing healthcare are frequently cited by people with disabilities as being unsuitable staff attitudes and behaviors. The attitudes of healthcare professionals toward people with disabilities are significant in rehabilitation (Cherry, & Morin, 2020). Based on a nurse's attitude, people with disabilities make crucial and unpleasant decisions.

Age, gender, occupational classification, education, years of experience, general understanding of a condition, and the quantity and quality of staff training all have an impact on how health workers view people with disabilities. Despite the statistical tendency, different professional groupings have significant attitude patterns (Goossens, 2011). The author again opined that, perceptions of people with disabilities varied significantly among nursing, medical, and other healthcare students. The choice of a profession is influenced by a number of variables, including age, gender, education, and socioeconomic situation. As a result, the various attitudes cannot be explained solely by occupational status. Gender had no effect on attitudes or comfort in rehabilitation settings, but disability experience did (American Nurses Association, 2011).

The National League for Nursing carried out a pilot study to see whether clinical placement in a rehabilitation setting had an impact on nursing students' opinions of their ability to care for adult patients with acquired disabilities brought on by head and spinal trauma (Nelson, Motacki, & Menzel, 2009). Unexpectedly positive attitudes about people with impairments were present before the students started their clinical placement, and they remained largely steady throughout the course of the program. A disability-specific training programme may have been completed by student nurses prior to the placement, which would reinforce the findings of other research that show how beneficial such programmes are in fostering positive attitudes toward individuals with impairments (National League for Nursing, 2016).

Student nurses' attitudes about individuals with disabilities include choosing what is in their own best interests and enjoying a normal life, as well as being sensitive to positive characteristics and respecting the person (National League for Nursing, 2016).

The nursing profession is built on the ideals of compassion, sensitivity, and empathy; hence it has been projected that nurses will have positive attitudes about people with disabilities (Cervasio & Fatata-Hall, 2013). Studies on nurses' attitudes toward those with disabilities, however, have yielded conflicting results. Al-Abdulwahab and Al-Gain (2003) and Sahin & Akyol (2010) reported that nursing students and RNs generally have positive attitudes toward individuals with disabilities, while other research revealed that the opposite is true (Al-Abdulwahab & Al-Gain, 2003; Sahin and Akyol, 2010) Avery & Haynor, 2012).

According to Tervo and Palmer's (2004) research, students in health professions have more unfavorable views of people with disabilities than the general public. Nursing students, out of all the students in health-related fields, felt the least positive about their

education (i.e., medical students, physical and occupational therapy students, communication disorder and audiology students, and psychology students). The majority of the preceding research looked at how RNs and nursing students felt about patients with disabilities. This topic was expanded to include nursing colleagues with disabilities (Wood & Marshall, 2010), i.e., people who joined nursing school or practice with a congenital or acquired handicap. Nurses with disabilities reported encountering social and physical barriers after being made aware of their impairments. For instance, Neal-Boylan (2019) conducted semi-structured interviews with nurse recruiters and RNs with disabilities to elicit detailed information about what it's like to be an RN with a disability. According to McConkey and Truesdale (2012), healthcare providers' attitudes and knowledge bases contribute to some health inequities. According to Neal-Boylan (2019) and McConkey and Truesdale (2012), nurses are more at ease in providing care for patients with physical disabilities than those with intellectual disabilities (?).

Through text analysis, physical and social hurdles for nurses with disabilities—whether inherited or acquired—were brought to light (e.g., stigma and a lack of information about how to work with or support a person with a disability). Nurse recruiters discussed how they purposefully avoided interviewing nurses with disabilities, while nurses with disabilities discussed how they tried to conceal their disabilities until they could not anymore. In addition, when nurses with disabilities acknowledged their limitations, they were dismayed to discover that their formerly helpful coworkers and management had abandoned them in their professional obligations. It's important to address unfavorable attitudes, cultural sensitivity, and the inclusion of nursing students with disabilities (Heideveld-Gerritsen, van Vulpen, Hollander, Maatman, Ockhuijsen, & van den Hoogen, 2021).

We hypothesized that nursing students' views about colleagues with disabilities would be related to their attitudes toward patients with disabilities because the current nursing curriculum covers cultural competency in the context of patients (American Nurses Association, 2011). According to recent reports by Dewing and Dijk (2016), people with intellectual or learning disabilities continue to receive subpar healthcare due to inadequate training of healthcare staff, and staff attitudes remain negative, despite some studies showing that training can improve attitudes and skills.

Disability simulation has been used to enhance students' and professionals' attitudes toward people with impairments in educational, counseling, rehabilitation, and healthcare contexts. By placing students and professionals in circumstances where they can experience what it's like to live with a particular illness, the aim is to aid them in developing empathy (Belman & Flanagan, 2010). Even though some studies show that training can enhance attitudes and skills, attitudes are still unfavorable.

2.2.1 Stigma and discrimination

A person's physical or mental impairments and disabilities are presumed to be fixed under traditional medical conceptions of chronic illness and disability (CID) (Chan, Cardoso, & Chronister, 2009). According to contemporary sociological theories of CID, society's barriers to equality force people with CID to live with a disability (Chan, Cardoso, & Chronister, 2009) As a result, the ability of people with CID to manage psychologically is greatly impacted by environmental barriers that are either physical or based on attitudes (Marme 2016).

Governments, cultural background, historical backdrop, and other pre-vialing factors can affect prevailing attitudes, claims (Marme, 2016). Public beliefs are typically more nebulous and may not necessarily line up with personal ones. Due to their great distance from one another, they differ in certain ways. These discrepancies can also be seen as

distant, with individual attitudes de-manned in favor of individual accountability over collective attitudes. People with disabilities struggle to comprehend their limitations all across the world, claim (Likumbo, de Villiers, & Kyriacos, 2021). These may affect a variety of facets of their lives. Alternative ideas are based on the attitudes and beliefs of numerous African nations. Views on the natural and spiritual realms are discussed, along with presumptions, misconceptions, traditional or religious beliefs, and more.

Offei (2014) reveals that societal attitudes and notions of disability are:

1. Some societies consider disability to be taboo, and as a result, people with disabilities are shunned. It is a sign of a bad omen for them.
2. People with disabilities are denied their rightful place in their families and communities.
3. Imaginatively, the notion that disability is taboo stems from the belief that disability is a punishment for a crime committed by the crippled person or a family member. As a result, he is shunned and despised by both his family and society.
4. Because disability is typically viewed as a type of illness, people with disabilities are pitied and are not permitted to leave the house or engage in domestic duties.

Disability-related maltreatment, undernourishment, and poor clothing induce people to beg for food. Regardless of age, a person with a disability may be seen as a child. Without his input, decisions are made for him, and he is supposed to accept them without question (Connors & Stalker, 2007). According to Offei (2014), Kauffman, Mock, and Simpson (2007), there is also the problem of mistaken identity, in which people with disabilities are occasionally mistakenly identified as people with similar behavioral patterns, and as a result, people's perceptions of them are influenced by the

behavior of the first, who are generally perceived as wicked people. The situation of those with disabilities has been harmed by these attitudes and ideas. Many families are ignorant of the benefits of properly caring for disabled children or relatives, as well as the training needed to provide a source of income for PWDs.

2.2.3 Disability etiquette

A set of guidelines known as "disability etiquette" establishes the proper way to approach and interact with people who have disabilities Murphy, (2007). Speak to the person directly, not to the person who is with them, for instance. Also, don't assume anything about their aptitude. It is appropriate to use language that emphasizes the person rather than the handicap. Instead of "disabled person," "blind person," and "crippled person," the phrases "persons with disabilities," "persons with vision impairment," and "persons with a physical disability" are recommended in the person's native tongue Murphy, (2007). Many people are uncertain of what to say or how to behave when they encounter someone who is disabled. The same way you do it, so do people with impairments. If you treat individuals with disabilities the way you want to be treated, you cannot go wrong (Newton & Shah, 2013). Always get permission before helping someone who is disabled. If one does not have the patience to help, there is no need. Persons with vision impairments (PWVIs) should not be pulled; hence, it is polite to let PWVIs grab the person directing. Canes for PWVI are a significant part of their lives and need to be handled carefully.

2.2.4 Disability vs. Handicap

Both names seem to be equivalent. If one or both of these things are used improperly, someone who has one or both of them might suffer maltreatment. A disability is a condition that limits a person's ability to move, hear, see, speak, or think due to an injury, illness, inherited causes, or other circumstances (Bishop, 2017). There are some persons who are disabled in different ways. A person is considered to be handicapped if they have a physical or mental restriction, regardless of whether they have a disability. Stairwells would be challenging for a someone with a disability who is in a wheelchair (Gadagbui, 2013; Yekple, 2014).

The lack of concern from others is the biggest barrier to communication for those who are deaf. Due to poor communication with their medical experts, many people may develop chronic or treatable illnesses. By being ready and preparing the patient, medical practitioners can foster better communication and help patients to get effective healthcare (Newton & Shah, 2013).

2.3 Student-nurses' preparation towards providing health care services to PWDs

The overall goal of nursing education is to assist future nurses in developing professional nursing traits and foundational special education skills so that they are prepared to care for a variety of patients, including those with disabilities (Bastable, 2021). To put it another way, special education teaching and learning is a vital educational experience that aids student nurses in developing the special education and nursing skills they require to assist in providing care for everyone, including people with disabilities. Clinical and applied education are two essential areas that are integrated and complementary in the teaching and learning of special education processes in nursing education (Skar, 2010). Student nurses must, according to Dag and Gorgulu (2019), have the knowledge and abilities required to perform nursing duties.

Students must be prepared for the real professional duties they will encounter in the clinical setting. Student nurses' benefit from receiving a head start on their future careers through clinical instruction (Sprenkel, & Job, 2004). The opportunity to work in teams, make decisions, complete assessments, address issues, and use critical thinking will be provided to nursing students. Additionally, they will have the ability to apply their theoretical knowledge through interacting with real patients and their issues. Student nurses must possess the necessary knowledge and skills to conduct nursing duties. People must therefore get ready for their actual professional responsibilities in the clinical setting. Through clinical education, students can get a jump start on their future careers. In addition to collaborating, making decisions, making evaluations, solving problems, and exercising critical thinking, student nurses will also interact with actual patients and their concerns and put theory into reality (Beigzadeh, Bahaadinbeigy, Adibi, & Yamani 2019).

In order to provide competent nurses with the knowledge, attitudes, and skills necessary to deliver high-quality care, the World Health Organization has identified core competencies for nurse educators and highlights the importance of addressing nursing education quality (Jang & Lee, 2017). For both teachers and students, clinical teaching may present a variety of challenges and issues. An extensive study was conducted on the methods students used to overcome the challenges they faced in advanced nursing practice. The study categorized the difficulties impacting clinical education as either internal or external issues. A major concern for nurse educators is the student nurses' professional competence.

2.3.1 Professional competence of student-nurses

One must assume ownership of and responsibility for their own professional development in order to become a professional. All nurses must have a fundamental

understanding of how to teach patients, families, and the general public, even though some nurses have a natural tendency toward it. As part of their roles and responsibilities as professionals, nurses carry out the essential duties of nursing (Fukada, 2018). Regardless of how much a nurse engages in each position, all of them are used in practice, including patient-family education for everyone, including those with impairments (Fukada, 2018).

In home visits and other health promotion programmes, the ability of nurses to identify, assess, and refer patients for all health- and disability-related issues is crucial for health promotion and prevention. Because of this, special education needs courses must be offered in nursing schools to improve students' aptitude for spotting cases of impairment during home visits. All countries, including Ghana, respect the health and welfare of children, especially those who are disabled. In order to create individualized health care plans (IHPs) that specify the necessary accommodations and medical care for those people with disabilities, student nurses are required to have a thorough understanding of the school and community environments, specific medical knowledge, and understanding of the special needs of people with disabilities. Nursing education is to produce multidimensional nurses who can practice and provide healthcare to people of all ages, including those with disabilities, in families and the general public (PWDs) (Uysal, Albayrak, Koçulu, Kan, & Aydın, 2014) The knowledge and abilities acquired would increase student nurses' (SNs) competency in special education needs courses, enabling them to meet the health needs of PWDs in community, school, and clinic settings and eventually become knowledgeable nurse practitioners. Student nurses must be able to think critically in order to comprehend scientific facts, plan nursing care for patients, and provide safe treatment to people with disabilities (Myatt, 2015). In support of this assertion, Mwale and Kalawa (2016)

asserted that student nurses will gain proficiency in the knowledge, skills, and qualities necessary for successful nursing practice through clinical experience with patients and clients in healthcare facilities, communities, and educational settings.

Clinical practice is essential for the growth of competent and skilled nurses, according to (Franklin, 2013). When exposed to clinical experience, students in Australia lacked clinical experience and shown incompetence in completing clinical procedures (Bogossian, Cooper, Beauchamp, Porter, Kain, & FIRST2ACTTM Research Team 2014); (Lee, Cholowski, & Williams, 2002). This was corroborated by Powell (2012), who cited a lack of clinical learning opportunities and exposure to clinical learning as reasons.

Simulation is one efficient and secure way for professors to improve their capacity to assist students in clinical settings (Myatt, 2015). Rapid action is necessary to develop new training techniques for nursing practitioners (Myatt, 2015). Service providers should assess staff development, training, and support requirements against competencies that will be developed by Skills for Health and other stakeholders in order to ensure that student nurses providing inpatient care and identifying disability cases provide excellent services through person-centered care. To attract and develop a trained nursing workforce, career structures that encourage specialization in this area of practice must be developed (Eyeson, 2017).

According to the WHO's introduction from 2016, effective nurse educator preparation is essential for the advancement of nurses' attitudes, abilities, and knowledge (Tan, Yue, & Fu, 2017). The necessary changes in nursing schools and training facilities cannot be made solely through the educational system (Haraldseid, Friberg, & Aase, 2015). Ministries of health, regulatory bodies, medical professionals, and communities must be involved in and supportive of nursing education (as beneficiaries of educational outcomes) (Haraldseid, Friberg, & Aase, 2015). When it comes to organizing, delivering, and evaluating nurse education programmes, a successful nurse educator should have the knowledge, skills, and dispositions to attempt new things. To assist Member States in their efforts to improve nursing education and, as a result, the quality of nursing care, the World Health Organization and its partners have developed a list of core competencies for nurse educators (Tan, Yue, & Fu, 2017).

2.3.2 Measuring clinical competence

The role of clinical competence assessment in nursing education has increased. Fifty percent of the entire amount of each student's evaluation is made up of evaluation of practice (clinical competency assessment), in addition to theoretical assessment (Myatt, 2015). To become a registered nurse, you must pass both the academic and practical tests (Myatt, 2015). There is not yet a consensus definition of competence, despite the recent substantial discussion of the concept in nursing literature (Eyeson, 2017). The purpose of nursing students' clinical experiences is to improve their nursing skills, apply theory, and integrate what they have learned. Effective nursing practitioners must have the ability to "practice" their nursing roles in environments that support achieving clinical goals. Nursing faculty must consider the unique characteristics of the clinical setting while developing clinical experiences (Eyeson, 2017; Gubrud, 2015). Nursing

educators are aware that it is their moral and professional responsibility to see to it that students graduate with the knowledge and abilities necessary to provide patients with safe, high-quality care (Langins & Borgermans, 2015). Nursing faculty understands the importance of offering each student a positive learning environment and educational experience, which is why educators are always developing unique teaching, learning, and evaluation methodologies to enhance students' academic growth (Darling-Hammond, 2015).

The effectiveness of an approach for teaching is assessed in terms of how well it fosters cognitive and motor learning (Sparacino, 2016). To evaluate the effects of multiple teaching, more data are necessary. The performance or behavior approach, the general approach, and the holistic approach are the three judgment notions on which Fukada (2018) bases his definition of competence. No matter how much compliance there is, this is true. From a behavioral standpoint, competence is made up of several different elements, including the integration of cognitive, emotional, and psychomotor abilities, psychological competency, and the capacity to do physical activities. The generic model characterizes competence as a group of all-encompassing, translatable talents necessary for successful performance, such as knowledge, problem-solving strategies, and critical thinking abilities (McMullan, Jones, & Lea, 2010).

The Lancet Commissions (2010) state that because competency is context-dependent and depends on knowledge, skills, attitudes, beliefs, and professional judgments to be effective in a given circumstance, it is favored as a thorough, integrated approach. Although nursing school places a strong emphasis on the development of skilled clinical practice, there is no standardized technique for determining clinical competency (Lancet Commissions, 2010). The measurement methods employed are also dubious. The combination of cognitive and psychomotor skills is necessary for

nursing practice. It's vital to include the skills component in competency evaluations while avoiding a checklist approach (American Association of Colleges of Pharmacy, 2019). Phillips (2019) examined the data from competency documentation in four focus groups made up of tutors, preceptors, and students to ascertain the worth of a revised technique for competence evaluation. Some issues were discovered, such as students who were too focused on obtaining their competencies to recognize alternative learning opportunities.

The competence domains were outlined by William, Rothwell, and Graber (2010), who also recommended that they be further enlarged locally in the form of significant aspects employing performance criteria. As a result, competency is evaluated using both tangible features and observable behaviors. Examples of such characteristics are values, judgments, and aptitude, or a person's potential. According to Eyeson (2017), a nurse's competency is demonstrated by their ability to deal with and handle the various situations that occur in the real world of nursing.

2.3.3 Methods and evaluation tools used in clinical practice

In clinical practice, student nurses are evaluated using a variety of methodologies and strategies. There have been several attempts to improve each strategy's validity and reliability, but no single method has been discovered that completely satisfies all researchers. The evaluation method or approach to be employed is determined by the goals of the clinical practice experience (Adewuyi, Kimble, Dormire, & Sudia, 2018). According to Sonmez (2017), clinical practice objectives include learning objectives for cognitive, psychomotor, and emotional skills. The author claims that each area of learning should be evaluated using a distinct methodology when it comes to issues with competency assessment. The authors looked at evaluation practices for corporate careers like nursing and medicine.

To assess a student's performance, an assessor may employ questioning techniques, stimulation, skills evaluations, and direct observation. A multitude of techniques can be used by an assessor to obtain a very accurate picture (Sonmez, 2017). External examiners are frequently seen as as morally upright people. They have the choice of passing or failing a pupil. They must produce a report on the examination that is consistent with their actions. However, responses to individual observations made during practical evaluations of the performance of student nurses, as well as a post-examination report read by the chief examiner and other examiners, stated that more emphasis should be placed on providing SNs with the necessary skills through more practical examinations in order to raise SNs' level of competencies (Meel, 2022).

Nurses are essential in providing basic health care (BHC) services, which include emergency treatment, according to Crisp, Brownie, and Refsum (2018). In order to manage patients in the emergency room and uphold their professional status, nurses are therefore required to learn new skills and specializations. In order to deliver health services to their communities, Duncan, Scaia, and Boschma (2020) stress the significance of nurses accepting and increasing their responsibilities in light of scientific and cultural developments. This should also be reflected in their training plan. With an emphasis on quality care, there is an opportunity to address long-standing inequities that affect PWDs and to provide sufficient competence at all levels of healthcare so that PWD families may feel confident that their loved ones will receive high-quality treatment. The inclusion of core educational preparation for all healthcare workers, both as part of their initial undergraduate programmes and as part of ongoing professional development, is an essential first step toward addressing the discrimination that still occurs in many health care settings despite the rights of equal citizenship for people with disabilities (Krahn, Walker & Correa-De-Araujo, 2015). It will be crucial

to evaluate the effectiveness of educational programmes so that future investments in education are supported by data demonstrating that they enhance patients' access to healthcare. Health care cannot afford to engage in staff education if it does not produce the desired results for patients and service delivery. On the other hand, structural improvements in the governance of service delivery for individuals with disabilities will need to be made in addition to investments in education (Melnyk & Fineout-Overholt, 2011).

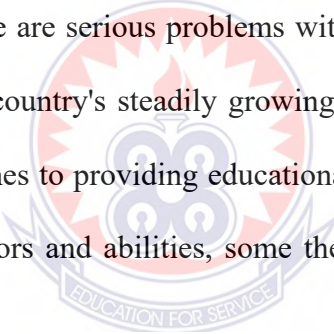
2.4 Difficulties in providing health care services to PWDs

Higher education faces a number of challenges, including increased digitization, shifting worker dynamics, and rising customer expectations (Salmi, 2001). Higher education has seen a developing marketization in its approach to education due to the influence of technology and the diversity of options accessible. A variety of tools are now readily available to improve education and learning thanks to the quick development of information technology (IT), including those with the potential to foster collaboration and connection as well as the capacity to get beyond constraints based on place and time. Despite the enormous potential for the design and delivery of teaching and learning, there are difficulties associated with adopting emerging technology and for the staff who design and deliver it, such as cost, understanding the underlying emerging pedagogies, and supporting staff to develop and maintain competence in its use (Guthrie, 2019).

In many areas, the nursing programme is largely comparable to other nursing school programmes across the globe. In Turkey, four years of nursing education result in a bachelor's degree in nursing. These programmes offer 4600 hours of theoretical and practical teaching, which satisfies the European Union's (EU) minimum need for nursing education hours (Guthrie, 2019).

Clinical nurses working in hospitals and lecturers at nursing schools are the most common sources of clinical instruction in nursing education (Timmins, & Kaliszer, 2002). There are various challenges in clinical education in Ghana (Atakro, & Gross, 2016). A number of issues need to be addressed, including an increase in the number of students, insufficient student preparation for clinical education, insufficient time spent in the clinic and on clinical education, inadequate clinical facilities, a shortage of educators, ineffective clinical staff, and poor academic collaboration (Atakro, & Gross, 2016). Due to these factors, nursing students graduate without having gained any clinical experience while learning all the necessary skills during their study (Dag, Kilic & Gorgulu, 2019).

It is well known that there are serious problems with instructor-student interaction in Ghana as a result of the country's steadily growing student population, especially in recent years. When it comes to providing educational chances for kids to acquire and practice particular behaviors and abilities, some therapeutic settings fall short (Dag, Kilic & Gorgulu, 2019).

The logo of the University of Education, Winneba, is a circular emblem. It features a central sunburst design with rays extending outwards. Below the sunburst, there is a banner with the motto "EDUCATION FOR SERVICE". The entire emblem is set against a light blue background.

In a study of stressful situations faced by educators in clinical work, it was shown that insufficient physical conditions contributed to the creation of an unfavorable learning environment. These flaws make it very evident that clinical education needs to be reorganized and that an immediate evaluation of the clinical teaching strategy and learning environments is required. The difficulties instructors face while teaching practical skills must be acknowledged and examined in order to uphold and improve the standard of nursing education. Only after sharing experiences and accurately describing the scope of the problem can meaningful initiatives toward improving clinical teaching be done (Farzi, Shahriari, & Farzi, 2018).

A thorough investigation into the methods students used to overcome the challenges they faced in advanced nursing practice was conducted. The study examined the difficulties that clinical education faces and classified them as either internal or external issues. The absence of clinical settings, preceptor programmes, and a loss in educational options in metropolitan areas were deemed to be external issues, whereas high student demands, rising faculty workloads, and a shortage of nursing educators were recognized as internal issues. To address these issues, it is suggested that patient-centered research be developed, simulation usage be enhanced, and collaboration between educational institutions and hospitals be increased (Guthrie, 2019).

To determine the difficulties faced by clinical educators and instructors during the clinical training of nursing students, a qualitative study was conducted in Japan. It is difficult to try to directly alter people's opinions; there are disparities between academic and clinical education materials; it is difficult to teach skills to students who have never attended school; and there are human and time restrictions on education (Dag, Kilic, & Gorgulu, 2019).

2.4.1 Nurses training programmes in the world

Nursing, a fascinating and challenging profession, is one of the sections of the healthcare industry that is expanding the fastest. Nurses are in high demand since they can work both alone and with doctors. At prestigious universities, medical schools, and other educational institutions, there are numerous options for studying nursing, including bachelor's, master's, doctorate, and specialized course levels (Jindal, 2020).

The purpose of nursing programmes is to prepare highly qualified nursing practitioners; therefore, they often combine both classroom and clinical study. Programmes for nursing education are designed to satisfy the changing demands of the industry. To help communities, families, and individuals recover, maintain, and improve their health,

students will learn and practice diagnostic, evaluation, and treatment techniques (Baron, 2017).

Nursing is responsible for providing ongoing care for the sick, injured, disabled, and dying. In both hospital and community settings, nursing is responsible for promoting the health of individuals, families, and communities. Every day, nurses take involved in-patient advocacy, research, policy debates, and administration of healthcare. Nurses who have completed an independent post-baccalaureate programme can provide primary healthcare and speciality services to people, families, and communities (Hockenberry & Wilson, 2018).

McKenna, Davis, and Williams (2020) state that autonomous and collaborative care of people of all ages, families, groups, and communities, whether unwell or in good health, is within the purview of nursing practice. By establishing specific practice standards and codes of ethics, national nursing associations contribute to the clarification of the scope of nursing practice. The national and state agencies also govern the range of nursing practice. Together, these groups develop legal guidelines and restrictions for nurses who work as physicians, teachers, administrators, or researchers.

2.4.2 Nurses' training programme in Ghana

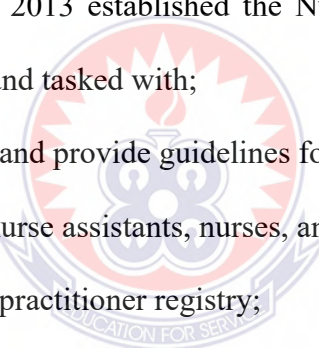
The Nurses and Midwives Council of Ghana, the National Accreditation Board, and the Health Assistance (Clinical) Training Programmes all grant accreditation to nursing education programmes in Ghana. Excellent collaborative relationships have been established by the project with medical professionals around the country. Several hospitals use the hands of students to immunize people in the community as part of nursing training programmes. The Premier Nurses' Training College of Nursing provides students with an exceptional range of educational and clinical opportunities, as well as a plethora of knowledgeable nursing faculty members and technical

resources. It is part of a network of healthcare delivery systems and a top-tier health research facility. Nurses' Training College provides excellent and challenging opportunities for nursing students to explore nursing research and science, be professionally involved with student governance and professional leadership, and have access to clinical experiences with patients of different ages and cultural backgrounds. The Ministry of Health will hire recent college graduates who succeed on the Nurses and Midwives Council of Ghana's licensing exam. According to Eyeson (2017) and Gubrud (2015), the goal of nursing students' clinical rotations is to help them hone their nursing skills, apply their academic knowledge in the real world, and synthesize what they have learned. The ability to "practice" the nursing role in an environment that promotes the accomplishment of clinical goals is essential for the development of skilled nursing practitioners. As a result, nursing faculty must consider the characteristics of the clinical site when organizing a practical experience. The Nurses and Midwifery Council of Ghana has added a number of special education component courses to the curricula for nursing schools, which is significant to highlight. This will assist nursing students in gaining the skills they need to demonstrate their awareness of issues related to disabilities (Eyeson, 2017; Gubrud, 2015).

2.5 Strategies adopted to enhance the provision health care services to PWDs

It is believed that knowledge of the special education program's component will help nursing students distinguish between medical conditions requiring particular attention and care and obstacles related to disabilities. Authorities have chosen to add a disability-related component in nursing curricula in order to better understand the needs of persons with disabilities and give them quality and compassionate medical care (Smeltzer, Blunt, Marozsan & Wetzel-Effinger, 2015). The Nursing and Midwifery Council of Ghana (NMC) decided to formally incorporate disability-related

components into nursing curricula in October 2015 after consulting with the Ministry of Health, the World Health Organization (WHO), the Johns Hopkins University Affiliate (JHPIEGO), the Population Council, the Ghana Health Service, the Food and Drug Administration (FDA), the United States Agency for International Development (USAID), and the United Nations Population Fund. (UNFPA). Changes to the curriculum are suggested to improve nursing students' comprehension of and empathy for people with disabilities (Temple, & Mordoch, 2012). The curriculum was developed for the assessment and training of qualified healthcare professionals who possess the knowledge, attitudes, and skills necessary to deliver high-quality healthcare to all individuals, including PWDs (NMC, 2015). Part III of the Health Professions Regulatory Bodies Act of 2013 established the Nursing and Midwifery Council of Ghana (NMC) (Act 857), and tasked with;

- 
- establish standards and provide guidelines for the development of a curriculum for the training of nurse assistants, nurses, and midwives;
 - register and keep a practitioner registry;
 - impose disciplinary measures on practitioners;
 - prescribe and uphold professional standards and behavior for practitioners
 - ensure that nursing and midwifery schools are accredited in collaboration with appropriate government agencies.
 - determine and implement post-registration, continuing education, and professional development programmes for practitioners;
 - administer licensing exams for the certification and registration of nurses and midwives

- ensure that the education and training of nurses, midwives, and other nursing practitioners is carried out at approved educational institutions for efficient nursing and midwifery practice;
- advise the minister for health on matters relating to the training and practice of nursing and midwifery;
- training institutions and health facilities in collaboration with the Health Facilities Regulatory Agency; and
- perform any other functions that are ancillary to the objective of the Council.

If used by the Council, the aforementioned approaches, which are codified in the Act 2013 (Act 857), will aid in the achievement of the Curriculum for the Registered Community Nursing (RCN) Programmes objectives (NMC, 2015).

2.5.1 The community Based Rehabilitation (CBR) course

The goal of community-based rehabilitation is to equip student nurses with the knowledge, disposition, and abilities they'll need to recognize, screen, and appropriately refer cases with impairments, as well as to help those with disabilities access community-based rehabilitation programmes. As well as being introduced to fundamental disability etiquette and sign language techniques for effective orientation and communication with clients and patients with disabilities, student nurses will also be adequately prepared and enhanced in their capacity to support people with disabilities in the community (Nursing & Midwifery Council of Ghana, 2015).

Since CBR's curriculum as a college nursing course addresses some fundamental concepts in disability and rehabilitation difficulties, it is a good fit for special education courses. The text also discusses the issues faced by PWDs as well as society's attitudes

and views toward people with disabilities (PWDs). A lot of focus has been placed on the types, causes, and treatments of impairments (Offei, 2014).

Development of the capacity to impart knowledge and skills to PWDs, families, community groups, and other service providers to fulfill the needs of people with disabilities, according to the UEW 2010/2021 CBR course description. This programme will benefit participants by providing them with information and expertise in the field of disability rehabilitation. The programme will recognize the accomplishments of those who have created initiatives aimed at improving the lives of people with disabilities (Ghana Disability Excellent Award, 2021).

Nursing students are taught how to provide fundamental services to people with disabilities in the course Community-Based Rehabilitation, which is offered by the College of Nursing. In the Community-Based Rehabilitation (CBR) program, theory and practice are jointly examined (NMC, 2015). The following are the CBR lessons taught at nursing colleges:

2.5.2 Concept of disability and rehabilitation

The World Health Organization (WHO, 2019), as cited in Offei (2014), states that disability is a crucial aspect of human health because everyone has the potential to become impaired at some point in their lives. In order to improve SNs' comprehension of the healthcare needs of persons with disabilities and to increase access to specialized educational knowledge in recognizing disability-related cases, it is crucial to familiarize student nurses (SNs) with disability and its related problems.

Disability can occur at any age as a result of congenital defects, trauma, sickness, or the normal aging process. Children's disabilities are especially concerning because they are

still developing. The words "disability" and "impairment" are frequently used interchangeably (Offei, 2014).

According to the World Health (2019), Organization, impairment is any loss, harm, or abnormality of a person's distinctive psychological, physiological, or anatomical structure or function. For instance, anomalies of the inner ear, limb loss, and eye loss, to name a few.

Offei (2014) defined impairment as the absence or abnormality of a person's unique mental, physical, or anatomical structure or function. As a result, organ-related disabilities such a malformed inner ear, paralyzed muscles, or a mild intellectual handicap are frequent. According to Yekple (2014), an impairment is any loss or distortion of psychological, physiological, or anatomical structure or function. According to Yekple (2014), impairment describes a person's level of incapacity.

As a result, impairment is defined as harm to any portion of the human body, including permanent or temporary harm, a change in how well that part of the body functions that results in incapacitation, or any combination of these. When someone has a disability, their capacity to carry out an activity in the usual way is constrained or limited. Over 15% of the world's population is impaired, with 2-4 percent experiencing major functioning challenges, according to a 2011 WHO report on disability (Krahn, 2011). The previous estimate of the prevalence of disability around the world is higher than earlier estimates from the WHO from the 1970s, which put the rate at about 10. This estimate of disability around the world is rising as a result of a number of factors, including population growth, aging, the rapid spread of chronic diseases, and improvements in disability assessment techniques (Krahn, 2011). The term "person with disability" refers to any restrictions or limitations brought on by impairment in the performance of an activity in a manner or within the parameters considered normal for

any particular individual. Therefore, the term "disability" refers to the affected person (Stucki, Cieza, & Melvin, 2007). A few examples are difficulty speaking or understanding verbal communication, difficulty walking, and difficulty using one hand, and learning challenges.

"Disability is a loss of functionality of the senses and/or physical abilities because disability is a condition that has to do with dysfunctions or non-performance of a task owing to the destruction of the sensory organs such as vision, hearing, taste, and smell, claims (Gadagbui, 2013). Gadagbui added limits to physical structure, such as hemiplegia (affecting only one side of the body), paraplegia (affecting lower limbs), diplegia (affecting upper limbs), triplegia (affecting all three limbs), and quadriplegia (four limbs).

Or to put it another way, a disability is a condition, either temporary or permanent, that restricts or limits a person's ability to execute a task, function, or activity within the parameters of what is regarded as normal for that individual. When someone needs outside help, that person has a handicap. Additionally, a person is handicapped if their inability causes them to "hold a cup in hand" or plead for help in order to eat themselves (Kanjatanga, Fofie, Owusu, Marfo, & De-Heer, 2020).

A disadvantage for a person caused by an impairment or handicap that prohibits them from performing a function that is typical for that person is known as a handicap, based on their age, sex, and/or sociocultural variables (ing). The performance level and handicap are consequently linked. For instance, if there are not enough special educators and a student cannot attend class, or if someone cannot get a job because of prejudice, their opportunities for learning and economic advancement are significantly hindered, perpetuating a cycle of inequality and disadvantage. (Offei, 2014).

Gadagbui (2013) argues that any environmental barrier, such as a lack of ramps and rails, that interferes with or precludes the performance of a routine role, does not make the environment disability-friendly. A newly employed nurse with a distinctive educational background will critically assess the medical center (the entire environment) in order to favor persons with disabilities.

According to Ashby (2012), becoming exposed to disability studies later in one's education or nursing profession results in some degree of personal transformation for the individual. Mezirow (1978) contends that nursing students who are aware of the special education component of a nursing curriculum will be better able to distinguish between medical circumstances requiring specialized attention and care and disability difficulties. A competent professional should teach a course based on a course outline rather than anyone else. The more knowledgeable nurses are about special education, the more effective they will be. You have faith in your abilities to provide better service because you are knowledgeable with disability studies. A variety of impairments exist, and each has unique causes and remedies. The kind and degree of treatment depends on the kind and degree of disability. The majority of impairments can be treated, though. According to reports from the Department of Health (2007, 2008) people with intellectual or learning disabilities continue to receive inadequate treatment due to inadequate training of healthcare workers, and employee attitudes are still unfavorable despite training, which improve skills.

2.5.3 Causes and prevention of impairment and disability

It is a major barrier for individuals with disabilities to access health and other associated services, making it a global public health issue (Munthali, Swartz, Mannan, MacLachlan, Chilimampunga, & Makupe, 2019). The scientific reasons of impairments could be divided into three categories: pre-natal (before conception), peri-natal (during

conception), and post-natal (after conception or delivery) (Cameron, Spence, Laws, Hesketh, Lioret, & Campbell, 2015) and (Bunning, Gona, Newton & Hartley, 2017).

. For prenatal, perinatal, and postnatal causes, congenital, genetic, and environmental variables may all be important (Bunning, Gona, Newton & Hartley, 2017).

The embryo is particularly susceptible to harmful substances like alcohol, cigarettes, and other drugs in the early stages of pregnancy. Drug abuse, often known as the misuse or excessive use of drugs, is hence a widespread problem. Because of this, the pregnant mother's use of these substances could result in the birth of a baby with Foetal Alcoholic Syndrome (FAS), which could lead to issues for the unborn child (Skagerstrom, Chang & Nilsen, 2011).

Attempts to terminate unwanted pregnancies through abortions sometimes fail. There is a chance of eye abnormalities (visual impairment) in the newborn baby in such cases of botched termination of the fetus (Pandey, 2021). If maternal illnesses including Rubella, jaundice, diabetes, hepatitis B, sickle cell anemia, herpes, and STIs like gonorrhoea are not identified and treated in a timely manner, the baby may be born with a visual impairment.

Red blood cells in the unborn child are harmed by Rh incompatibility, which happens when a mother who is Rh-negative develops Rh antibodies while carrying a child who is Rh+ (erythroblastosis). But these harms could include, among other things, visual issues (Birth Defect Research for Children, 2020).

Attempts at abortion, Rh incompatibility of mother and fetus, maternal (malnutrition, trauma/accidents, drugs/alcohol, disease/infection), and other factors can cause a variety of disabilities, including visual, hearing, mobility, and cerebral challenges (Birth Defect Research for Children, 2020).

2.5.4 Visual impairment

Peri-natal causes (During pregnancy)

Anbukkarasi (2020) asserts that presentation parts of the fetus during delivery, including as breech, transverse, footling presentation, and a large baby that cannot fit into the birth canal, may be the cause of protracted labor and delivery delays. The delay may lead to birth hypoxia (lack of oxygen), which would prevent the foetus's brain from getting enough oxygen. Additionally, according to Anbukkarasi (2020), the mother's age can contribute to perinatal visual impairment. On the other hand, younger women, who are likewise more at risk, are more willing to take higher risks than older women. As a result, when the mother is exceedingly young or, conversely, relatively old, there is a general risk. Inadequate forceps or vacuum delivery could result in the newborn having long-term or irreversible health problems, including bleeding inside the skull or a skull fracture to the occipital bone that results in blindness (Goordyal, 2020). If the baby was born prematurely, there was placental hemorrhage, or the mother had an illness while she was pregnant, the fetus is likely to sustain harm during birth. Compared to children born at term, individuals who are born very preterm are more likely to experience delayed neurological and visual development (Jackson, 2020).

Preterm birth is associated with retinopathy of prematurity, a proliferative retinal vascular disease, and can affect the development of brain structures related to the post-retinal processing of visual information, according to a study by Wiley and Sons (2017) on the effects of preterm birth on visual development. Tutors and preceptors must also have some knowledge of special education in order to instruct SNs and make sure they are aware of the causes of visual impairment. Additionally, the knowledge gained will help SNs in teaching patients and clients about early screening and eye care in hospitals, communities, and schools to prevent future vision impairment (Myatt, 2015).

Post-natal causes (after pregnancy)

After the infant is delivered, postnatal causes of vision impairment become apparent. And it's related to any physical trauma the youngster may experience that has a negative impact on the child brain injuries brought on by home or automobile accidents. Other examples include child mistreatment, vitamin A deficiency, and measles infections. When a child sustains repeated head trauma (occipital) or accidentally sustains a head injury, it may be child abuse (Gadagbui, 2013).

The American Foundation for the Blind found that postnatal infections or eye conditions such cataracts, glaucoma, corneal opacity, and onchocerciasis that the infant receives in the environment raise the pressure of the fluid inside the eye, resulting in peripheral vision loss. If the issue is not identified and resolved straight away, it could get worse. Bailey and Thompson (2020) argued that after the age of 40, an individual may start to have problems seeing and reading small print, a condition known as presbyopia, in addition to infection or disease being a prenatal cause of visual impairment. As people age, their ability to focus up close naturally declines. Presbyopia, which is caused by pressure in the eye that might harm the optic nerve, often manifests itself after age forty for the majority of people.

In Ghana, eye care service providers have a responsibility to prevent eye diseases, detect them early, and provide rehabilitation. It is the duty of ophthalmic nurses to promote eye health and early detection of eye conditions (Ackah, 2020). There needs to be more done nationally to prevent eye problems from occurring in the first place because by the time patients arrive at institutions, it may be too late to successfully treat them. For instance, eye injuries are common; therefore, promoting stronger health and safety laws (such as requiring eye protection for jobs like welding or chemical handling) may help to reduce occupational injuries.

Increased testing and awareness, including instruction in community-based health planning and services (CHPS) (Naariyong, Poudel, Rahman, Yasuoka, Otsuka, & Jimba, 2012). Once more, early detection could be improved by using conventional healers and making sure appropriate equipment is available, such as a device to measure intraocular pressure for glaucoma. Better integration with other current health services, such those for diabetes and high blood pressure, is one method to further enhance it. Early detection necessitates quick action, which may include visual and medical support (Naariyong, Poudel, Rahman, Yasuoka, Otsuka, & Jimba, 2012). By improving their understanding of the causes and prevention, SNs can do their tasks more adeptly by learning more about the special education component. Inform SNs of their responsibilities to provide appropriate accommodations for the care of people who are as a result blind or visually impaired.

2.5.5 Physical disability /mobility impairment/orthopaedic impairment *Pre-natal causes*

According to Hockenberry and Wilson (2018), genetic incompatibility, which can be brought on by a mother's infection during pregnancy and negatively affect the fetus in the womb, is one of the prenatal causes of mobility limitation. A few examples of viral and sexually transmitted infection (STI) diseases that can be transmitted across the placental membrane to the fetus' bloodstream are rubella, syphilis, AIDS, diabetes, and genital herpes. Rh incompatibility, which affects both the mother and the fetus, may potentially be to blame. According to a study by Eyeson (2017) on the evaluation of the clinical training of student nurses at Cape Coast Teaching Hospital in Ghana, clinical training aids in increasing student nurses' levels of competence and self-esteem to improve the quality of healthcare services. The researcher would analyze special

education programme components for student nurses at the College of Community Health Nursing, Winneba, which is popular, even though Eyeson's (2017) study focused on the evaluation of clinical training of student nurses. Before beginning clinical training in hospitals, student nurses must complete some classroom theory and practical to gain the knowledge and skills necessary to equip and improve their competences in recognizing and resolving health concerns related to disabilities. The red blood cells of the Rh-negative mother's Rh+ fetus develop toxic substances (erythroblastosis) as a result of the mother's (Rh-) production of antibodies to fight the fetus' red blood cells. According to a study by Pirker and Katzenschlager (2017), the most common risk factors for mobility impairment are advanced age, insufficient physical exercise, obesity, weakness or balance issues, and chronic conditions like diabetes or arthritis. 10% of adults between the ages of 60 and 69 and more than 60% of people over the age of 80 were said to have irregularities in their gait and balance. A fall occurs in about 30% of persons 65 and older on average every year; for those 80 and older, the proportion rises to 50%. Emergency hospital admissions for falls-related reasons rose among people 65 and older in 2016–2017, with almost 67 percent of people 80 and older being admitted.

Offei (2014) made the argument that disability can happen to a person at any time in their life and can be caused by congenital defects or trauma, sickness, or age. Humans have a number of physiological changes as they age that affect their anatomical structure. As the bones lose bulk and density, they become brittle and more prone to breaking. They also become a little bit shorter. Muscles lose strength, endurance, and flexibility with age, which may impact their balance, stability, and coordination. Everyone can experience impairment at some point in their lives. Learning about disability can help nursing students (SNs) better understand how important it is to

human health. In order to improve student nurses' comprehension of the healthcare needs of persons with disabilities and to increase access to specific educational knowledge in detecting disability-associated issues, it is crucial to familiarize SNs with disability and related concerns.

Adults should take at least 1,000 milligrams (mg) of calcium daily, according to the (Phillips, McCauley, & Koller, 2021). The daily dose is increased to 1,200 mg for males and females who are 51 years old and older, respectively. Dairy products, broccoli, kale, salmon, and dairy products all contain calcium. Vitamin D intake should be 600 international units for adults under the age of 70 and 800 IU for adults over the age of 70, if additional calcium is sufficient. This is in addition to taking calcium supplements. For many people, sunlight is an excellent source of vitamin D. Among the additional sources are tuna, salmon, eggs, milk fortified with vitamin D, and vitamin D supplements.

A developing infant may be impacted by maternal nutrition when compared to maternal health and nutrition. Iron, vitamin, and calorie deficiencies can harm the mother's health and endanger the unborn child. Having a healthy baby is more likely when the mother is healthy, which can also be impacted by long-term illness. Alcohol quickly crosses the placenta and stays in the baby's system longer than it does in the mother's, which leads to drug abuse (fetal alcohol syndrome) (FAS Symposium). Alcohol can affect a newborn in a variety of ways, some of which may result in physical impairment (May, Chambers, Kalberg, Zellner, Feldman, Buckley & Hoyme 2018). Although drinking during pregnancy affects the unborn child, the quantity and unprocessed state of the alcohol are the main concerns. As examples, both cassava and sugar cane have a small proportion of alcohol. Pregnant women should generally stay away from raw alcohol

(drug). Therefore, in order to offer professional advice, SNs must be knowledgeable about food and drug use during pregnancy.

Post-natal causes

Age-related conditions: For certain persons with disabilities, the aging process begins earlier than usual, and they may develop age-related conditions like osteoporosis. Infections that induce contractures and deformities, such as poliomyelitis, tuberculosis, and buruli ulcer. Physical limits can be brought on by conditions including lumbar spondylosis, cardiovascular accidents (strokes), cerebral palsy, and convulsion. Physical impairment has historically been associated with violence, conflicts, falls, landmines, occupational injuries, and road traffic accidents (RTAs) (Cox, & Stokes, 2018).

Prenatal causes (before pregnancy)

Hearing loss in children can be inherited or acquired and can occur as a result of bacterial infections during pregnancy, childhood, or delivery problems, as well as ototoxic medicines, excessive noise, and particular nutritional deficits prior to pregnancy (Graydon, Waterworth, Miller & Gunasekera, 2019).

Maternal care (malnutrition, trauma, drug abuse)

Maternal drug therapy during pregnancy can also result in congenital or prenatal hearing loss. Some medications can harm or kill the cochlea's hair cells, which results in sensorineural hearing loss. Examples of substances that can affect inner ear neuronal components include alcohol, streptomycin, gentamicin, neomycin, quinine, and chloroquine phosphate (Ma, Guo, Fu, Shen, Jiang, Zhang, & Chai, 2022). The most frequent cause of hearing loss is use of ototoxic drugs during the first trimester, with

damage to the auditory system most typically happening in the sixth- or seventh-week following conception (Clark-Gambelunghe & Clark, 2015).

According to Chinwendu (2017), a nutritious diet that includes the essential vitamins A, B, C, D, and E as well as iron, copper, magnesium, iodine, and folate—all of which are known to be good for ear development and maintenance—is associated to healthy hearing. For instance, iodine deficiency is common throughout the world and is one of the main causes of preventable intellectual disability, including the hearing loss-associated condition known as cretinism. If identified soon after birth, congenital hypothyroidism, which is brought on by maternal hypothyroidism, is completely treatable. If the child is not treated, cretinism will set in.

5–10% of cases of congenital hearing loss are caused by prenatal illnesses and maternal infections like rubella, jaundice, hepatitis, cytomegalovirus, sickle cell anemia, and herpes or syphilis. These conditions also include toxins consumed by the mother during pregnancy or other conditions present at birth (Birth). Numerous disorders can cause sensorineural hearing loss, which can range in severity from mild to severe. According to the WHO (Waterworth, Marella, O'Donovan, Bright, Dowell, & Bhutta, 2022), 80% of deaf and hearing-impaired individuals reside in low- and middle-income nations. This statistic demonstrates that infection is a significant contributor to hearing loss since infectious diseases are more prevalent in developing countries (Chinwendu, 2017). According to Chinwendu (2017 p.6), in "X-linked hearing loss," the mother carries the recessive trait for hearing loss on the sex chromosome, which she can pass on to both male and female offspring, however typically only male offspring are affected. X-linked disorders include Hunter syndrome, Alport syndrome, and Norrie syndrome, which all appear early in infancy rather than at birth. The cause of "deafness with fixation of the stapes" is a mutation in an X-linked gene that results in "progressive

hearing loss of sensory and conductive types." Even though this mutation is extremely rare, detection is crucial to prevent further hearing damage that may necessitate surgical procedures to mitigate the dangers.

Ultraviolet radiation, the mother's age, tough and protracted labor, brain damage from inappropriate forceps use causing in cerebral bleeding, and prematurity/low birth weight are some of the perianal reasons of hearing impairment, according to Gadagbui (2013). Gadagbui (2013) went on to say that abuse (such as forceful slaps to the head) and neglect during a child's growth can have long-term effects on the child's health. These effects can last throughout the child's life. This is associated with a higher chance of developing major health issues as an adult. Holtz (2020) made the observation that maltreatment, including ignoring physical and sexual abuse, is more prevalent among deaf and hard-of-hearing children than among teens by a factor of more than 25%, which serves as support for this claim. In addition, noise pollution can result from engaging in loud activities like sailing, motorcycling, attending athletic events, attending concerts, or mowing the lawn, among others. Children's hearing loss can be brought on by foreign objects placed into the external auditory meatus, accidents (domestic or car, such as head injuries), and infections that affect young people (measles).

2.5.7 Intellectual disability

Prenatal causes

Around 500 diseases may have intellectual difficulties as a symptom, according to Yekple (2014). These conditions are categorized according to when they manifest during pregnancy. Prenatal, perinatal, and postnatal are the three categories of intellectual disability (ID). There are some prenatal influences that can be prevented, like environmental effects. Fourty five percent of ID is caused by genetic causes. Down

syndrome is the most frequent genetic cause of ID, while Fragile X syndrome is the most prevalent inherited cause of ID. Fetal alcohol syndrome is the most frequent reason for ID (Prelock & Hutchins, 2018).

Children with disabilities may be more vulnerable to undernutrition in low- and middle-income countries (LMICs), which should be taken into account when developing disability and nutritional initiatives and policies. Iodine shortage is common, for instance, in several regions of the world. Iodine consumption prevents cretinism and other forms of intellectual disability worldwide. The mother's dietary intake, both in terms of quality and quantity, affects the growth and development of the unborn child (Yekple & Deku, 2014).

Prenatal, perinatal, postnatal, and congenital complications that arise during pregnancy are the four categories that they fall under. Some of these issues can arise prior to a woman becoming pregnant, during her pregnancy, or following delivery, and some of them are brought on by external factors that are out of her control. However, there are precautions that can be taken in some cases, such as drug usage or congenital rubella syndrome, to reduce the risk of pregnancy complications (American Psychological Association, 2020).

2.5.8 Classification of disabilities and their challenges

Physical, mental, and social disabilities are all viable classifications, according to Offei (2014). Disabilities can be inherited or acquired, obvious or invisible, stable or progressive. Physical impairments include paralysis, amputations of limbs, hemiplegia, cerebral palsy, sickle cell disease, and hearing and vision loss. Examples of mental impairments include mental illness, brain injury, Down's syndrome, and brain damage. Social disabilities include things like drug abuse, alcoholism, and trouble speaking after a stroke. People who neglect their families, especially their children, are likewise

socially disadvantaged (Veselinova, 2013). One could potentially be classified as having information disabilities in this technological age. Lack of access to resources could make it difficult for someone to perform in society or at a job.

2.5.9 Levels of prevention of disability

The prevention of disabilities can be divided into four levels, according to Kisling and Das (2020). The four stages of prevention are initial prevention, primary prevention, secondary prevention, and tertiary prevention. Community health nurses advise women to take suitable and efficient preventative measures both during pregnancy and the postpartum period in order to reduce the likelihood of impairment and disabilities in children (Offei, 2014).

Primordial prevention, according to Kisling and Das (2020), concentrates on social and environmental settings to lower risk factors across the board. All Ghanaians must adhere to all pandemic-prevention measures, according to an edict from the country's president. National policy and legislation are two instances of the primordial. Primary disability prevention involves educating the public about health promotion strategies like getting enough rest, food, and exercise to stay healthy. The use of seat belts to prevent injuries in the event of an accident, home safety precautions, early and regular prenatal care, and maternal and child care to prevent birth defects are additional preventive measures. Other preventive measures include good sanitation, specific immunization for protection such as polio and measles immunization, environmental surveillance, and environmental monitoring. Primary prevention is to reduce the risk factors connected to the emergence of a particular impairment. Additionally, it is the action taken prior to the onset of the illness or impairment to reduce the risk that it would manifest (Offei, 2014).

2.6 Summary of Literature Review

The study reviewed literature on the perception of student-nurses on care provision for PWDs, student-nurses preparation towards the provision of health care services to PWDs, previewed difficulties in providing health care services towards PWDs and strategies for providing health care services towards PWDs.

The literature revealed that the Nursing and Midwifery Council of Ghana (NMC), in collaboration with other agencies and related partners, saw the need and agreed to officially integrate a disability-related component into nursing curricula. Community-based rehabilitation and introductory sign language are the main stand-alone special education programmes studied at CCHN, Winneba. Other courses studied at the college have a special education component in them. Again, there were many prospects of studying special education in the nursing colleges, which included handling, communicating and caring for people with disabilities. Competency and staffing were some of the challenges that needed attention, while negative attitudes of student nurses were revealed in the literature. None of this literature addressed or mentioned specific special education courses or subject titles to be taught in the nursing college. Also, there was not enough literature on the challenges of teaching and learning special education programmes in nursing college. On the strategies for providing health care services towards PWDs, different forms and or categories of disabilities were reviewed, thus exposing causes and prevention of disability conditions as a strategy to equip students nurses. This study therefore sought to the perception of student-nurses on care provision for PWDs at CCHN, Winneba.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter presents the methodology for the study. The following areas were covered: research approach research design, population, sample size, sampling techniques, research instruments, validity and reliability, data collection procedure and data analysis.

3.1 Research Approach

The investigation was conducted using a quantitative approach. Quantitative approaches, according to Nardi (2018), stress objective measurements and statistical, mathematical, or numerical analysis of data acquired through polls, questionnaires, and surveys, as well as modifying pre-existing statistical data using computing tools. This strategy was chosen by the researcher because it allowed the researcher to collect data that could be utilized to see if there is empirical evidence to back up the objectives. The quantitative approach allows for easier study of simple statistics like percentages, tables, and cross tabulation, among other things, which aid in the understanding of results. Furthermore, this method assisted the researcher in obtaining information from the participants regarding student-nurses perception towards persons with disabilities. (Satinem, 2016).

3.2 Research Design

A descriptive survey was used as the design for the study so that inferences could be made about characteristics with respect to the sample size. Cohen, Manion, and Morrison (2017) note that descriptive surveys are versatile and practical, especially for the researcher in identifying present needs. The authors further note that descriptive

research is basic for all types of research in assessing the situation as a prerequisite for conclusions and generalizations. Fraenkel and Wallen, (2003) in support said that the purpose of descriptive research is to observe, describe, and document aspects of a phenomenon as it naturally occurs. The design has the advantage of producing a good number of responses. They further contend that in descriptive research, the events or conditions either already exist or have occurred, and the researcher merely selects the relevant variables for analysis of their relationship.

Best and Kahn (2014) opined that a descriptive survey is concerned with the conditions or relationships that exist, such as determining the nature of prevailing conditions, practices and attitudes, opinions that are held, processes that are going on, or trends that are developing as in the perception of student-nurses towards persons with disabilities at the college of community health nursing. Fraenkel and Wallen, (2003) also maintained that in descriptive research, an accurate description of activities, objects, processes, and people is the objective.

The descriptive survey deals with interpreting the relationships among variables (student nurses and persons with disabilities) and describing their relationships. A descriptive survey seeks to find answers to questions through the analysis of relationships between or among variables (Fraenkel & Wallen, 2003). In addition, the descriptive survey affords the opportunity to select a sample from the population being studied and then generalize from the sample of the study (Best & Kahn, 2014). Descriptive research design is highly regarded by policymakers in the social sciences where large populations are dealt with using questionnaires, which are widely used in educational research since data gathered by way of a descriptive survey represent field conditions. However, there are difficulties involved in a descriptive survey, especially when one uses questionnaires. These include ensuring that the questions to be answered

are clear and not misleading; getting respondents to answer questions thoughtfully and honestly; and getting a sufficient number of questionnaires completed and returned so that meaningful analyses can be made (Fraenkel & Wallen, 2003).

Despite the shortcomings identified, the descriptive survey design will be used because, according to Fraenkel and Wallen (2003), the big advantage of the design is the potential to provide a lot of information obtained from a sample of individuals. It will be practical to use the descriptive survey since it will involve the subjects of study (student nurses and tutors/preceptors) as respondents sought to find out whether student nurses have any perception towards PWDs and how the tutors' preparations help change student-nurses' perceptions if any at the college of community health nursing, Winneba.

3.3 Population

This study was conducted in the College of Community Health Nursing, (CCHN) Winneba in the Central region of Ghana. The targeted population for this study included all tutors, preceptors and all third-year student-nurses at the CCHN. The total population of the study was 145, according to records on file at the academic office. This comprised 20 tutors, 13 preceptors and 112 third year student-nurses in the college as in 2018/2019 academic year.

Table 1 shows the population distribution for the study, as shown in the table below.

Table 1: Population distribution of respondents

Participants	Number
Tutors	20
Preceptors	13
Student nurses	112
Total	145

Source: (Field data, 2022).

3.4 Sample Size

The sample for the study was made up of 118 drawn from the accessible population. These comprised 5 tutors teaching related special education component courses, 13 preceptors teaching student- nurses with practical's during field work and simulations of skills. And 100 third year student nurses who have gone through the course awaiting final examination, were purposefully selected in the College of Community Health Nursing, (CCHN) Winneba. Table 2 shows the sample size distribution of respondents.

Table 2: Distribution of sample size of respondents

Participants	Number
Tutors	5
Preceptors	10
Student nurses	103
Total	118

Source: (Field data, 2022).

3.5 Sampling Technique

Selection of the respondents was done using purposive sampling technique. The purpose of sampling is to obtain a group of participants who will be representative of the larger population or will provide specific information needed to address the questions raised (Etikan, Musa & Alkassim, 2016). Perumal and Maistry (2020) also

noted that in purposive sampling, the researcher handpicks the cases to be included in the sample on the basis of his or her judgment. The purposive sampling technique was used to select the 5 tutors because those tutors teach CBR and special education component courses, and had been teaching disability related courses in the college for more than 5 years and were available at the time of collecting data for the study. The 5 tutors were well experienced and could provide reliable information about the research questions. Preceptors were purposively selected because they are responsible for taking student - nurses to the field during practical session and coaching in the practical demonstration room. Preceptors' close involvement in practical sessions of teaching helped in giving relevant responses during data collection. These 10 preceptors were available during the time of collecting data. One hundred third year student-nurses were involved during the study because they had gone through the courses, including Community-Based Rehabilitation then awaiting their final examination and therefore were capable of providing the necessary information needed for the study.

3.6 Instrumentation

The main instrument for data collection was questionnaire. It is a popular means of collecting data in all kinds of research. Cohen, Manions and Morrison, (2011) and Kothari and Garg, (2014) agree that questionnaire is mostly used and one of the best instruments for collecting survey information. It is widely used in educational research to obtain information about certain conditions and practices, and to inquire into opinions and attitudes of an individual or a group. Researchers use questionnaires to obtain information about thought, feelings, attitudes, beliefs, values, perceptions, personality and behavioural intentions of research participants (De Leeuw, Valois, Ajzen & Schmidt 2015). Due to the few numbers of preceptors and tutors, interview could have been employed as well (mixed method). Interview was ruled out of the

instruments due to the treat of spread of corona virus (covid 19) at the time of collecting data (Rothan, & Byrareddy, 2020).

Two types of questionnaires were designed. Appendix A contains the questionnaire for students and Appendix B contains the questionnaire for tutors and preceptors. Both sets of questionnaires were designed in such a way that they contained opened-ended and close-ended types of questions. For the close-ended type of questionnaires options were given and respondents were asked to tick the answer which was applicable. With open-ended type of question, respondents were required to express their responses in the spaces that were provided on the questionnaire. Items of the questionnaire were grouped under the content of curriculum of special education programme component, prospect of special education programme in nursing education, challenges of teaching and learning of special education and perception of nurses towards persons with disabilities. The questionnaire for tutors and preceptors comprised section “A” – “E”. Section “A” consisted of personal data of the respondents; Section “B” consisted of collection of data about perception of student-nurses on care provision for PWDs; section “C” sought information from respondents about student-nurses’ preparation towards the provision of health care services to PWDs; section “D” concentrated on previewed difficulties in providing health care services towards PWDs and section “E” sought views about Strategies for providing health care services towards PWDs.

3.7 Validity and Reliability

In order to ensure content validity and reliability, pre-test on the questionnaires were conducted on the 10 members of the target group who would not be part of the study participants. This enabled the researcher to identify any ambiguities relating to the questions on the questionnaire and necessary corrections were made after the pre-test

prior to the main distribution. First of all, a written format of the questionnaire guide was scrutinized by a colleague (M.Phil. graduate) and (Ph.D. graduate) and finally shown to the researchers' supervisor for approval. Also, the validity consideration for this study was done by the collection of data through the administration of the questionnaire. Critical analysis of views expressed by the respondents was done to reveal the findings. The content validity was then adopted where the questionnaire items were carefully designed to cover the key themes raised in the research questions.

3.8 Procedure for Data Collection

The questionnaire was personally administered to the participants purposively selected for the study. An introductory letter was taken from the Department of Special Education of University of Education, Winneba, to the principal of Nursing Training College through the administrator.

The researcher took permission from the authorities of the College and then sought the consent of the respondents. With the help of some teaching staff, the researcher explained the reason for the research and assured the respondents of their privacy. The respondents were given ample time to answering the questionnaire. Due to the COVID-19 pandemic, getting majority of the students at the same time was an issue. Sharing of questionnaires was changed from one-time sharing and student answering. The researcher then resorted to share the questionnaire during the general examination period with the help of colleague preceptors since that was the only favourable time all or majority of the student nurses were available. Some of the tutors and preceptors (staff) responded to the questionnaire the same day while others took 3 days to return their questionnaire. All the questionnaires for the staff were returned = 100%. Student nurses responded to the questionnaire on the same day. After the collection of the questionnaire, the researcher realised 100 questionnaires out of the 103 set of

questionnaires distributed to nurses were returned, representing 99.91% rate of response.

3.9 Procedure for Data Analysis

According to Amoakoah (2018), data analysis was defined as the systematic examination of organized information to uncover underlying facts. The research aimed to investigate the perception of student nurses towards the provision of health care services to persons with disabilities at the College of Community Health Nursing, Winneba.

After collecting responses to the survey questions, the researcher employed data summarization techniques to draw meaningful conclusions.

Furthermore, in the data analysis process, the researcher not only recorded responses but also utilized statistical measures such as the percentage, mean and standard deviation to gain deeper insights. To accomplish this, the Statistical Package for Social Sciences version 25.0 (IBM SPSS, 25.0) was employed as a valuable tool. This software proved instrumental in organizing and analyzing the collected data, facilitating a more comprehensive understanding of the research findings.

As part of the analysis, responses from the questionnaires were categorized and subsequently converted to determine frequency counts and simple percentages and mean and standard deviation for each item. This step-by-step, item-by-item analysis allowed for a more detailed exploration of the data. The use of mean and standard deviation alongside this categorization and frequency analysis provided a well-rounded view of the dataset, making the research findings more robust and informative. The choice of the SPSS software was based on its user-friendliness and its capacity to handle these statistical calculations effectively.

3.10 Ethical Consideration

Although researchers should be excited and enthusiastic about their work and about publishing that work, the most important thing to remember is that of human beings serving as respondents in the research (Kuo, et al., 2021) Regarding this view, the researcher ensures that the dignity of all those who matter in the study was maintained. Issues of importance such as those with ethical behaviour were carefully considered. In this study the researcher sought the informed consent of respondents using an approved introductory letter from the researcher's Department before the study was conducted. The privacy of respondents was maintained. Being anonymous within research context means that there is no way that anyone other than the principal investigator can match the results of an experiment with the respondents associated with results (Kuo, et al., 2021). Again, the researcher was very careful not to allow participants to be forced into participation in the study. Furthermore, the code of ethics stipulated in the University of Education, Winneba Handbook for Graduate Research including data storage and management was adhered to by the researcher.

CHAPTER FOUR

PRESENTATION OF RESULT AND ANALYSIS OF FINDINGS

4.0 Introduction

This chapter presents the results and findings from the study. Section 'A' of the chapter present the results, and section 'B' present the discussion for each research question. The data from the respondents were analysed according to the research questions raised and also based on each set of questionnaire items. The results from the questionnaire items under each research questions were analysed and discussed using mean and standard deviation.

A total number of 118 copies of questionnaire were distributed to respondents in the two categories of respondents (staff and students nurses) and 115 were successfully completed and retrieved, giving a response rate of $\approx 97.46\%$ (15 out of 15 = 100% for staff (tutors and preceptors); and 100 out of 103 = 99.91% for student nurses. Babie (2005) Nulty, (2008). stated that for a survey, a response rate of fifty percent (50%) is adequate for analysis and reporting. The author further stated that a response rate of sixty percent (60%) is good while that of seventy percent (70%) is very good. The response rate of 99.91% as stated above, fell within the accepted domain proposed by (Babie, 2005) & (Nulty, 2008). The chapter has been organized under the following headings: section A, results and section B, discussion.

4.1 Results

Research question 1:

4.1.1 What perception do student-nurses have towards the provision of health care services to persons with disabilities (PWDs)?

To answer this research question, student-nurses' responses to the questionnaire items 1 to 7 were used.

Table 4.1 shows the frequency distributions of student nurses' responses to the questionnaire items in relation to perception of student nurses on health care provision for persons with disabilities.

Table 4.1: Student nurses' perception on care provision for persons with disabilities

Statement	Agree	Neutral	Disagree
1. Care offered to persons with disabilities towards rehabilitation depends on good attitudes of health professionals.	36(36%)	33(33%)	31(31%)
2. Serving /caring for persons with disabilities is tedious.	62(62%)	5(5%)	33(33%)
3. I feel comfortable when caring for persons with disabilities	44(44%)	43(43%)	13(13%)
4. Most persons with disabilities are able to do things the same as persons without disabilities.	47(47%)	10(10%)	43(43%)
5. PWDs are rigid in nature and difficult to manage	61(61%)	8(8%)	31(31%)
6. I do not want to care for the persons with disabilities because it depresses me	42(42%)	3(3%)	55(55%)
7. I feel more comfortable caring for persons with physical disability than persons with intellectual disability.	26(26%)	20(20%)	54(54%)

Key: F = Frequency; % = Percentage

Source: Field data collected (2022)

SECTION A: Results (Table 4.1)

Statement 1 - Care Depends on Good Attitudes: Mean: 3.00 (Neutral), Standard Deviation: 1.00.

Statement 2 - Serving/Caring for PWDs is Tedious: Mean: 4.32 (Agree), Standard Deviation: 0.97.

Statement 3 - Comfortable When caring for PWDs: Mean: 3.57 (Slightly above Neutral), Standard Deviation: 1.34.

Statement 4 - PWDs are Able to Do Things the Same: Mean: 3.79 (Slightly above Neutral), Standard Deviation: 1.18.

Statement 5 - PWDs are Rigid and Difficult to Manage: Mean: 4.18 (Agree), Standard Deviation: 1.17.

Statement 6 - Depressed When caring for PWDs: Mean: 4.11 (Agree), Standard Deviation: 1.19.

Statement 7 - More Comfortable with Physical Disability: Mean: 3.70 (Slightly above Neutral), Standard Deviation: 1.19.

Perception of Student-Nurses

The findings show a mix of positive and negative perceptions among the respondents. Statements 2, 5, and 6 have mean scores that lean toward agreement, suggesting that respondents find caring for PWDs tedious, view them as rigid and difficult to manage, and some feel depressed when caring for them.

Statements 3 and 4 have mean scores slightly above neutral, indicating that respondents are somewhat comfortable when caring for PWDs and believe that most PWDs are able to do things the same as persons without disabilities.

Statement 7, while leaning towards neutrality, suggests that some respondents are more comfortable caring for persons with physical disabilities than those with intellectual disabilities.

Statement 1 has a mean score of 3.00, right at the neutral point, indicating a mixed perception regarding the role of attitudes in providing care to PWDs.

The standard deviations for most statements indicate some variability in responses, highlighting diverse attitudes and perceptions among the respondents.

The attitudes of health professionals toward people with disabilities are influenced by age, gender, occupational categorization, education, years of experience, general understanding of a condition, and the quantity and quality of staff training. Regardless of the statistic, there are substantial attitudinal tendencies for various professional groups (Goossens, 2011). Views on people with disabilities were expected to differ by field, and significant differences were found among nursing, medical, and other healthcare students. This is especially important if these graduates are tasked with working with communities to influence politicians', the public's, attitudes, beliefs, and behaviors after graduation. Factors such as age, gender, education, and socioeconomic status influence occupational choice. As a result, the various attitudinal characteristics cannot be simply linked to occupational status. In rehabilitation scenarios, gender had no bearing on attitudes or comfort, but disability experience did (American Nurses Association, 2011).

Research Question 2:

4.1.2 How are student-nurses prepared towards providing health care service to persons with disabilities?

Table 4.2 shows the frequency distributions of Tutors/Preceptors' responses to the questionnaire items in relation to period of teaching and preparing student-nurses towards providing health care service to persons with disabilities.

Table 4.2. Tutors/Preceptors' period of teaching and preparing student-nurses towards providing health care service to persons with disabilities.

Years in service	Frequency	Percentage (%)
0-5	9	60.0
6-10	2	13.3
11-15	4	26.7
16-20	-	0
21 years and above	-	0
Total	15	100

Key: F = Frequency; % = Percentage

Source: Field data collected (2022)

Table 4.2 shows the frequency of years of teaching experience respondents had gained in five (5) categories. It can be seen that 9 (60.0%) have 1-5 years' experience, 2(13.3%) have 6-11 years of experience, 4(26.7%) have 11-15 years of experience.

The findings of the study indicate a notable proportion of respondents who are serving as tutor/preceptors have accumulated five years of teaching experience. This suggests that these individuals have likely acquired a substantial level of expertise in instructing the designated courses.

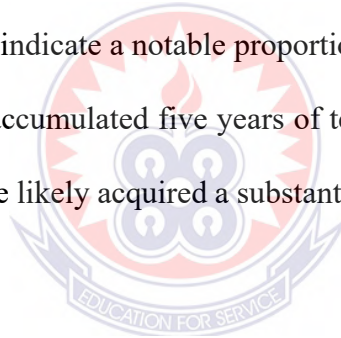


Table 4.3 shows the frequency distributions of tutors/preceptors' responses to the questionnaire Actual names of courses taught in the college in relation to student-nurses preparation towards providing health care service to persons with disabilities.

Table 4.3 Frequency distribution of tutor/preceptors' responses to questionnaire

Courses	Frequency	Percentage (%)
Community -Based Rehabilitation	4	26.67
Introductory To Sign Language	3	20.0
Community Health Nursing	1	6.67
Psychiatric nursing	5	33.33
Psychopathology	2	13.33
Total	15	100

SECTION A: Results (Table 4.3)

A substantial portion, 4 (26.7%), of the respondents are involved in teaching "Community-Based Rehabilitation," indicating a significant emphasis on this course in the curriculum.

"Introductory To Sign Language" is taught by 3 (20.0%) respondents, reflecting an essential component of the training, considering the importance of communication in healthcare.

"Community Health Nursing" is being taught by 1 (6.67%) respondent, indicating a lower emphasis on this specific course.

"Psychiatric Nursing" is taught by 5 (33.33%) respondents, highlighting a significant focus on mental health nursing education.

"Psychopathology" is covered by 2 (13.33%) respondents, contributing to a comprehensive understanding of mental health conditions in nursing training.

Student-Nurses Preparedness

The data presented in Table 4.3 provides insights into the courses taught by tutor/preceptors responsible for preparing student nurses to provide healthcare services to persons with disabilities. Several noteworthy observations can be made are: emphasis on key courses, communication skills.

It is evident from the table that there is a substantial emphasis on courses such as "Community-Based Rehabilitation" and "Psychiatric Nursing," which are essential for addressing the unique needs of persons with disabilities. These courses prepare student nurses to provide specialized care and support, which is crucial in ensuring the well-being of this vulnerable population.

The inclusion of "Introductory to Sign Language" is crucial, as effective communication is a cornerstone of quality healthcare provision. This course equips student nurses with the necessary skills to communicate with individuals who may have hearing impairments or use sign language as their primary mode of communication.

The data in Table 4.2 indicates that tutors and preceptors have appreciable years of teaching experience in the courses they offer. This suggests that they bring valuable expertise to their roles, further enhancing the quality of education provided to student nurses.

This approach ensures that future healthcare professionals are equipped with the necessary knowledge and skills to provide inclusive and high-quality healthcare services to this population.

Table 4.4 Student nurses' responses on their preparation towards providing health care service to persons with disabilities

Statements	Agree	Neutral	Disagree
8. CBR is examinable	100(100%)	-	-
9. CBR is examinable the content of the programme equipped me with relevant knowledge and competencies	96(96%)	-	4(4%)
10. I am able to link and relate theory to practice.	76(76%)	24	10(10%)
11. I can list all categories of disabilities.	79(79%)	-	21(21%)
12. There is a field trip every semester	31(31%)	-	69(69%)

Key: F = Frequency; % = Percentage

Source: Field data collected (2022)

SECTION A: Results (Table 4.4)

Statement 8 - CBR is Examinable: Mean: 5 (Agree), Standard Deviation: 0 (No variability).

Statement 9 - Content of the Program Equipped with Relevant Knowledge: Mean: 4.96 (Agree), Standard Deviation: 0.19.

Statement 10 - Able to Link and Relate Theory to Practice: Mean: 4.24 (Agree), Standard Deviation: 1.31.

Statement 11 - Can List All Categories of Disabilities: Mean: 4.79 (Agree), Standard Deviation: 0.41.

Statement 12 - Field Trip Every Semester: Mean: 2.62 (Neutral), Standard Deviation: 1.18.

The findings indicate generally positive perceptions among student nurses in their preparation for providing health care services to persons with disabilities (PWDs).

Statements 8, 9, 10, and 11 have mean scores above the neutral point, indicating agreement. The standard deviations for these statements are relatively low, suggesting that there is little variability in responses, and most respondents agree.

Statement 12, related to the presence of field trips every semester, has a mean close to the neutral point but is considered neutral. However, the relatively high standard deviation suggests some variability in responses.

Overall, the findings suggest that the student nurses feel well-prepared and have received relevant knowledge and competencies to work with PWDs. The presence of field trips is somewhat neutral, indicating that there might be room for improvement or increased clarity on this aspect of their education.

According to Dag and Gorgulu (2019), student-nurses must be properly equipped for nursing functions by understanding and performing the issues. As a result, it is critical that they prepare for their actual professional tasks in the clinical setting. Clinical education allows student-nurses to get a head start on their future careers. Student-

nurses will get the opportunity to participate in teamwork, decision-making, assessments, problem solving, and critical thinking as well as deal with real patients and their issues and apply theoretical knowledge in practice.

The clinical experience for nursing students is designed to allow them to gain expertise in nursing skills, apply theory, and synthesize what they've learned. It is critical for the development of competent nursing practitioners to be able to "practice" the nursing role in an atmosphere conducive to achieving clinical goals. When organizing clinical experience, nursing faculty must consider the characteristics of the clinical site. (Eyeson, 2017; & Gubrud, 2015).

By learning and performing the issues, student nurses must be well qualified for nursing tasks. As a result, individuals must prepare for their actual professional duties in the clinical setting. Students can gain a head start on their future professions by participating in clinical education (Beigzadeh, Bahaadinbeigy, Adibi, & Yamani 2019).

The goal of nursing education is to produce multifaceted nurses who can practice and deliver health care to individuals, families, and the community at large, including people with disabilities (PWDs). The information and skills gained would improve student nurses' (SNs') proficiency in special educational needs courses, allowing them to serve PWDs' health needs in the community, school, and clinic settings and eventually become skilled nurse practitioners. To understand scientific data and plan and administer safe nursing care to patients and individuals with disabilities, student nurses must be able to think critically (NMC, 2015).

Research Question 3:**4.1.3 Perceived difficulties in providing health care services for PWDs***Table 4.4 Student Nurses' Responses to the questionnaire items in relation to Perceived difficulties in providing health care services towards PWDs*

Statements	Agree	Neutral	Disagree
13. I have difficulty providing health care services for PWDs	90(90%)	10(10%)	–
14. I have less time spent for clinicals	90(90%)	10(10%)	–
15. There are inadequate clinical facilities	64(64%)	27(27%)	9(9%)
16. There is limited instructor-student interaction	64(64%)	24(24%)	12(12%)
17. Not enough clinical staff	71(71%)	20(20%)	9(9%)
18. There is an increase in the number of students in a class	64 (64%)	21(21%)	15(15%)
19. I have interest in caring for PWDs	64 (64%)	25 (25%)	11 (11%)

Key: F = Frequency; % = Percentage

Source: Field data collected (2022)

SECTION A: Results (Table 4.5)

Statement 13 - Difficulty Providing Health Care Services: Mean: = 3.02, Standard Deviation: = 1.34

Statement 14 - Less Time Spent for Clinicals: Mean: = 3.75, Standard Deviation: = 1.39

Statement 15 - Inadequate Clinical Facilities: Mean: = 3.24, Standard Deviation: = 1.13

Statement 16 - Limited Instructor-Student Interaction: Mean: = 3.33, Standard Deviation: = 1.26

Statement 17 - Not Enough Clinical Staff: Mean: = 3.33, Standard Deviation: = 1.31

Statement 18 - Increase in Number of Students in a Class: Mean: = 3.82, Standard Deviation: = 1.16

Statement 19 - Less Interest in PWDs: Mean: = 3.78, Standard Deviation: = 1.19

Student Nurses 'difficulties in Providing Health Care Services for PWD

The findings from the analysis show that, on average, respondents' perceptions and experiences are slightly above the neutral point (mean around 3) for most statements. However, there is some variability in their responses, as indicated by the standard deviations. The data suggests that student nurses may have some concerns or difficulties in providing health care services to persons with disabilities, such as limited time for clinicals, inadequate facilities, and less instructor-student interaction. The increase in the number of students in a class and potential decline in interest in PWDs are also areas of concern. These findings can serve as indicators for potential areas of improvement in nursing education and clinical training related to PWDs.

Clinical educators generally experience the following problems: increased numbers of students, students' lack of proper preparation for clinical education, inadequate time devoted to clinical education and time spent in the clinic, inadequate clinical field and an insufficient number of educators, inadequate collaboration between clinical staff and academia (Dağ, Kılıç, & Görgülü, 2019).

Clinical education in Ghana is fraught with challenges. Increased numbers of students, students' lack of proper preparation for clinical education, insufficient time devoted to clinical education and time spent in the clinic, inadequate clinical field and an insufficient number of educators, and inadequate collaboration between clinical staff and academia are all issues that clinical educators face. For these reasons, nursing students graduate with a lack of clinical experience, although they learned all the skills during their education (Dag, Kilic & Gorgulu, 2019).

The rapid advancement of information technology (IT) has made a wide range of tools available to enhance education and learning, including the potential to promote connection and cooperation as well as the ability to overcome geographical and time-based obstacles. However, there are challenges associated with adopting emerging technology and for the staff who design and deliver it, including cost; understanding the underpinning emerging pedagogies; and supporting staff to develop and maintain competence in its use, in addition to the huge potential for the design and delivery of teaching and learning (Guthrie, 2019).

According to Tagoe (2017), practicing nurses must have a positive attitude toward persons with disabilities and a full understanding of their health needs in order to deliver excellent nursing care to them. Furthermore, people with intellectual disabilities are sometimes unable to describe their difficulties or express their worries in a way that requires further investigation; they are sometimes unable to assist themselves during interrogation. Gaining a positive perception requires an understanding of the nature and categorization of PWDs.

According to Badu, Opoku, and Appiah (2016), healthcare practitioners' attitudes, or their knowledge base and attitudes, play a role in the perspective of people with disabilities in health inequalities. Nurses are more at comfortable caring for patients with physical disabilities than those with intellectual disabilities, according to much research. Staff nurses at Trauma and Specialist Hospital Winneba have inadequate official training and practical experience in caring for people with impairments, according to interviews with them. As a result of special education programmes, more children with impairments are graduating from high school, enrolling in post-secondary education, and becoming self-sufficient adults working for compensation (U.S. DOE,

2010). According to Johnson (2017), school health services are the systems that allow for improved coordination of children's healthcare and funding stability in schools. School nurses benefit from hospital-based professional support networks as a result of these relationships, which result in healthier communities. According to the Robert Wood Johnson Foundation (RWJF), practicing nurses ensure that all children, regardless of their health status, have access to suitable educational opportunities. They play a crucial role not only by providing direct services to students with health issues but also by advocating for the health needs of the communities in which they live and serve, as well as people with disabilities. Attitudes are learned dispositions that guide emotions, ideas, and behaviors. People with disabilities commonly identify inappropriate staff attitudes and behavior as the most important barriers to receiving health care. In rehabilitation, health care personnel' attitudes toward people with disabilities are crucial (Morin LCSW, 2020). People with disabilities make essential and unfavorable decisions based on a nurse's attitude (first impression).

Research Question 4:

4.1.4 What strategies are adopted to enhance the provision of health care services to PWDs

Table 4.6 and 4.7 present the frequency distribution of **Student Nurses'** and **tutors'/preceptors'** responses respectively to the questionnaire items in relation to student-nurse strategies adopted to enhance the provision of health care services to PWDs

Table 4.5: Student Nurses' Responses on strategies adopted to enhance the provision of health care services to PWDs

Statement	Agree	Neutral	Disagree
The community-Based Rehabilitation (CBR) course equip me to care for PWDs	61(61%)	8(8%)	31(31%)
Knowing the disability definitions, its etiquette, the right terms, and first-person language is helpful.	50(50%)	20(20%)	30(30%)
The special education course component helps me gain knowledge to care for PWDs, and council families of PWDs.	62(62%)	5(5%)	33(33%)
Periodic educational trips to disability and rehabilitation centers	13(13%)	6(6%)	81(81%)
Reading more information on disability issues online increased my interest.	81(81%)	8(8%)	11(11%)
Disability-related courses are examinable for licensing so I take those courses seriously	68(68%)	12(12%)	20(20%)
Encourage to do research project work on disability-related topics	82(82%)	3(3%)	15(15%)

Key: F = Frequency; % = Percentage

Source: Field data collected (2022)

Table 4.6: Tutors'/preceptors' responses to the questionnaire items in relation to strategies adopted to enhance the provision of health care services to PWDs

Statement	Agree	Neural	Disagree
I attended a workshop in relation to disabilities	2(13.3%)	-	11(73.3)
Student nurses are taught the skills to identify and care for PWDs during health promotion.	15(100%)	-	-
Student- nurses are regularly sent on educational trips to rehabilitation/ assessment centers and special schools within the catchment area.	3(20%)	2(13.3)	10(66.7)

Key: F = Frequency; % = Percentage

Source: Field data collected (2022)

SECTION A: Results (Table 4.7)

Positive Findings:

The Community-Based Rehabilitation (CBR) Course (Statement 20): Mean: 4.62, Standard Deviation: 1.14. Knowledge of Disability Definitions and Etiquette (Statement 21): Mean: 4.3, Standard Deviation: 1.07.

Special Education Course Component (Statement 22): Mean: 4.66, Standard Deviation: 1.02. Reading More Information Online (Statement 24): Mean: 4.78, Standard Deviation: 0.63. Taking Disability-Related Courses Seriously for Licensing (Statement 25): Mean: 4.56, Standard Deviation: 0.84. Encouragement for Research on Disability Topics (Statement 26): Mean: 4.74, Standard Deviation: 0.52.

Negative Finding:

Periodic Educational Trips (Statement 23): Mean: 1.11, Standard Deviation: 1.49.

Discussion of findings

Strategies for Providing Health Care Services to PWDS

Positive Findings:

The mean scores for Statements 20, 21, 22, 24, 25, and 26 are all above 3, indicating agreement with these statements. Respondents generally express positive views on the effectiveness of courses, the value of knowledge and terminology, the importance of online information, taking disability-related courses seriously, and being encouraged to do research in the field.

Negative Finding

Statement 23 has a low mean score (1.11) and a relatively high standard deviation (1.49), suggesting that most respondents disagree with the value of periodic educational trips, and there is variability in their responses. This indicates that improvements might be needed in the design or implementation of these trips to make them more beneficial and engaging for the respondents

According to Ashby (2012), becoming exposed to disability studies later in one's education or nursing profession results in some degree of personal transformation for the individual. Mezirow (1978) contends that nursing students who are aware of the special education component of a nursing curriculum will be better able to distinguish between medical circumstances requiring specialized attention and care and disability difficulties. According to a study by Eyeson (2017) on the evaluation of the clinical training of student nurses at Cape Coast Teaching Hospital in Ghana, clinical training aids in increasing student nurses' levels of competence and self-esteem to improve the quality of healthcare services. Reports from Department of Health (2007, 2008) suggested that due to insufficient training of health care staff, people with intellectual or learning disabilities continue to receive inappropriate health care and that attitudes of staff remain negative although training can improve attitude and skills.

Statement: "I attended a workshop in relation to disabilities"

Agree: 2 (13.3%)

Neutral: -

Disagree: 11 (73.3%)

This statement suggests that a relatively small percentage of tutors/preceptors (13.3%) attended workshops related to disabilities, while a significant majority (73.3%) disagreed with this statement. This could be an important finding as it may indicate a potential lack of training or awareness among tutors/preceptors regarding disabilities and healthcare services.

Statement: "Student nurses are taught the skills to identify and care for PWDs during health promotion."

Agree: 15 (100%)

Neutral: -

Disagree: -

All of the tutors/preceptors (100%) agreed that student nurses are taught the skills to identify and care for PWDs during health promotion. This is a positive sign, indicating that the curriculum or educational program in the College of Community Health Nursing emphasizes the importance of training in this area.

Statement: "Student-nurses are regularly sent on educational trips to rehabilitation/assessment centers and special schools within the catchment area."

Agree: 3 (20%)

Neutral: 2 (13.3%)

Disagree: 10 (66.7%)

This statement shows that only a small percentage (20%) of tutors/preceptors agreed that student nurses are regularly sent on educational trips to relevant facilities. A relatively small percentage (13.3%) had a neutral stance, while the majority (66.7%) disagreed with this statement. This suggests that there might be limitations or gaps in providing practical exposure and experience to student nurses regarding PWDs.

Strategies for Providing Health Care Services to PWDS

The results presented in Table 4.7 provide valuable insights into the perceptions and practices related to the provision of healthcare services to persons with disabilities (PWDs) among tutors and preceptors at the College of Community Health Nursing in Winneba. Let's discuss the implications of these results:

Lack of Workshop Attendance: The fact that only 13.3% of tutors/preceptors have attended workshops related to disabilities is concerning. Workshops and training

sessions are essential for keeping healthcare professionals, including nursing educators, up-to-date with the latest knowledge and best practices in disability care.

This result suggests that there may be a need for more opportunities and incentives for educators to attend workshops and training programs focused on disabilities. It could indicate a potential gap in their knowledge and skills in this area.

Emphasis on Classroom Instruction: The unanimous agreement (100%) that student nurses are taught the skills to identify and care for PWDs during health promotion is a positive finding. It indicates that the curriculum at the College of Community Health Nursing places a strong emphasis on theoretical education in this area.

However, it's important to note that practical experience is equally crucial in healthcare education. While theoretical knowledge is essential, hands-on experience in settings like rehabilitation centers and special schools can significantly enhance the ability of student nurses to provide effective care to PWDs.

Limited Educational Trips: The fact that only 20% of tutors/preceptors agree that student-nurses are regularly sent on educational trips to rehabilitation/assessment centers and special schools within the catchment area is concerning.

Educational trips provide students with practical exposure and real-life experiences in caring for PWDs. The majority (66.7%) disagree with this statement, which suggests that there may be a lack of emphasis on practical training and exposure during the students' educational journey or resources for practical training is limited or not available.

Increasing the frequency and quality of educational trips or clinical rotations can be an effective way to bridge this gap and provide students with the necessary practical skills and empathy required to care for PWDs effectively.

In summary, these results indicate a potential need for improvements in the educational and training strategies at the College of Community Health Nursing regarding the provision of healthcare services to PWDs. The findings highlight the importance of addressing the following areas:

Providing more opportunities for educators to attend workshops and training programs related to disabilities. Continuing to emphasize theoretical education in the curriculum while also enhancing practical training and exposure. Increasing the frequency and quality of educational trips or clinical rotations to ensure that student nurses gain practical experience in caring for PWDs. These insights from the results can serve as a basis for further research or for making necessary changes in the curriculum and educational practices to better prepare student nurses for providing healthcare services to PWDs effectively.



CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

The purpose of the study was to investigate perception of student-nurses towards provision of health care services to persons with disabilities at the college of community health nursing, Winneba.

Four research questions were developed to guide the study (see p.10). Transformative learning theory by Mezirow (1998) was adapted to guide the study. The study involved 10 tutors, 5 preceptors and 100 third year student nurses in the College of Community Health Nursing. closed-ended and open-ended questionnaire were the instruments used to collect data. To ensure content validity and reliability, pre-test on the questionnaires were conducted on the 10 members of the target group who would not be part of the study participants. The purposive sampling technique was used for the selection of tutors and preceptors while the students were sampled using the census approach. The questionnaire data were subjected to descriptive analysis using IBM SPSS software, version 25.0. This analysis involved the calculation of percentages, frequencies, means, and standard deviations to summarize and interpret the data.

5.1 Summary of Major Findings

The first research question sought to find out the perception student-nurses at the College of Community Health Nursing, Winneba have towards the provision of health care services to persons with disabilities (PWDs), the result found out that there was a mix of positive and negative perceptions among the respondents.

The second research question sought to find out how prepared are student-nurses at the college towards the provisions of health care services to persons with disabilities. The result found out that there was a notable proportion of respondents who are serving as tutor/preceptors who have accumulated five years of teaching experience. This suggests that these individuals have likely acquired a substantial level of expertise in instructing the designated courses.

The third research question sought to find out the perceived difficulties student-nurses face in providing health care services to persons with disabilities. The findings indicate that there is a general positive perception among student nurses in their preparation for providing health care services to persons with disabilities (PWDs).

The fourth research question sought to find out the strategies adopted to enhance the provision of health care services towards persons with disabilities. The findings indicated that there was an average respondents' perceptions and experiences slightly above the neutral point (mean around 3) for most statements. However, there is some variability in their responses, as indicated by the standard deviations. The data suggests that student nurses may have some concerns or difficulties in providing health care services to persons with disabilities, such as limited time for clinicals, inadequate facilities, and less instructor-student interaction. The increase in the number of students in a class and potential decline in interest in PWDs are also areas of concern. These findings can serve as indicators for potential areas of improvement in nursing education and clinical training related to PWDs.

5.2 Conclusion

Nurses mostly deal with people of diverse backgrounds and characteristics. Inevitably, some of these people will be people with disabilities or those with special needs. The importance of Special Education programme component in nursing cannot be under-emphasized in the College of Community Health Nursing (CCHN). Since the CCHN has the core mandate and basically classified as preventive nursing institution where student-nurses are trained to acquire skills and knowledge required for quality health care provision for all individuals including individuals with disabilities in the homes, schools, and in the hospital settings.

Based on the findings the study concludes that, care offered to persons with disabilities is not always based on the good attitudes of the health professionals. Nurses have diverse views about persons with disabilities but do not translate those views into positive or negative perception about persons with disabilities. Perception of student nurses towards care provision for persons with disabilities depend on number of factors. In order to help and positively improve the perception of SNs towards the care provision for PWDs, individual SNs interest must be enhanced through further reading on the subject for knowledge on PWDs and disability issues, making available practical facilities, more educational trips to disability centres and special schools, giving all students equal chance to practice and use all practical facilities by reducing number of students that access a practical facility. These would help student nurses to develop interest and gather much information on PWDs to positively improve perception towards care provision for PWDs.

5.3 Recommendations

In order to equipped student nurses with the necessary skills and knowledge to enhance their competence towards care provision for persons with disabilities. The following are the recommendations arising from the findings of the study.

5.3.1 Perception on care provision for persons with disabilities

Care offered to persons with disabilities is not always based on the good attitudes of the health professionals. Nurses have diverse views about persons with disabilities but do not translate those views into positive or negative perception for persons with disabilities. Perception of student nurses towards care provision for persons with disabilities depend on number of factors. Thus, the College of Community Health Nursing must put in efforts to help SNs to have access to disability related information, build more practical rooms to augment teaching and learning in the collage.

5.3.2 Student-nurses preparation towards providing health care services to PWDs

The finding revealed that the following: Special education component courses such as Community-Based Rehabilitation and Introductory to Sign Language equip student nurses. Thus, the management of the collage must restructure those courses and be thought by competent tutors and preceptors. There is less or no field trips to augment teaching and learning. This must be positively reviewed, appropriate centers must be visited to help in practical knowledge acquisition by the student nurses.

5.3.3 Perceived difficulties in providing health care services towards PWDs

The findings revealed that there is less time spent at the clinical facility due to inadequacy and large class with limited clinical staff (preceptors). These suggest that management and other stake holders of the collage should build extra clinical rooms to reduce number of student nurses who access those rooms. Principal of the collage

should also request for more practical tutors or preceptors or clinical staff to help in practical sections.

5.3.4 Strategies that can be adopted to enhance the provision of health care services to PWDs

The findings pointed out that reading more information on disability issues online increase subject interest and interest in disability-related courses were because they were examinable for licensing. These is a signal that CBR must remain examinable for licensing. workshops in relation to special education/disability related to gain new knowledge on disability issues for tutors and preceptors be encouraged. research project work on disability related topics must be part of selected topics for student nurses.

5.4 Areas for Further Study

The following recommendations were made as suggestions for future study:

The researcher focused on perception of student-nurses towards persons with disabilities at the College of Community Health Nursing, Winneba. Other researchers can concentrate on the following:

1. Evaluation of health care professionals' attitudes towards persons with disabilities.
2. The role of a community health nurse in caring for persons with disabilities
3. Nursing college tutor recruitment: the need for special educator considerations
4. Access and use of health facilities for persons with disabilities.

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APPENDICES

APPENDIX A

QUESTIONNAIRE FOR TUTORS/PRECEPTORS

I am an M.Phil. student from the department of special education (University of education, Winneba) undertaking a study on perception of student-nurses towards persons with disabilities at the college of community health nursing, Winneba. Kindly take a few minutes of your busy schedule to complete this questionnaire as sincere as possible. Information you provide will be treated as confidential. Thank you.

Kindly check [] the appropriate answer provided section 'A'.

For example; what is your gender?

Male []

Female[]

Section A: Demographic Data

1. Gender?

Male []

Female []

2. Age in years

21-30years. []

31-40years. []

41-50years. []

51-60years. []

3. Highest academic qualification.

a. In nursing

b. In other Fields



4. How long have you been working as a tutor/preceptor?

- a) 0 – 5 []
- b) 6 – 10 []
- c) 11 – 15 []
- d) 16 – 20 []
- e) 21 years and above []

SECTION B

How prepared are student-nurses towards the provisions of health care services to persons with disabilities?

Tutors/preceptors' years of teaching experience

Years in service	Frequency	Percentage (%)
0-5		
6-10		
11-15		
16-20		
21 years and above		

SECTION C

Actual names of courses taught in the college

Courses	Frequency	Percentage (%)
Community -based rehabilitation		
Introductory to sign language		
Community health nursing		
Psychiatric nursing		
Psychopathology		

SECTION D

What strategies are adopted to enhance the provision of health care services for persons with disabilities?

QUESTION	Agree	Neural	Disagree
27. I attended a workshop in relation to disabilities.			
28. Are student nurses taught the skills to identify and care for PWDs during health promotion?			
29. Are student nurses regularly sent on educational trips to rehabilitation and assessment centers and special schools within their catchment areas?			

APENDIX B

QUESTIONNAIRE FOR STUDENT-NURSES

I am an MPhil student from the Department of Special Education (University of Education, Winneba) undertaking a study on "Analysis of the Special Education Component of the Community Health Nursing Programme, at Winneba." Please take a few minutes out of your busy schedule to complete this questionnaire as completely as possible. The information you provide will be treated confidentially. Thank you.

Kindly check the box that best describes you in Section A.

For example, what is your gender?

Male

Female

Section A: Demographic Data

1. Gender?

Male

Female



2. Age in years: Below 20 , 20-25yrs. , 26-30yrs. , 31-35yrs. , 35 and above

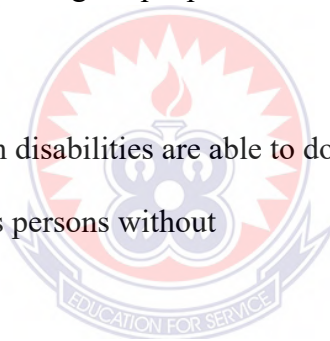
3. Year: 1st , 2nd , 3rd

4. Programme:

SECTION B

What perception do student nurses have towards the provision of health care services to persons with disabilities (PWDs)?

QUESTION	Agree	Neutral	Disagree
13. The quality of care offered to persons with disabilities toward rehabilitation depends on the attitudes of health professionals.			
14. Serving and caring for persons with disabilities is tedious.			
15. I am at ease when caring for people with disabilities.			
16. Most persons with disabilities are able to do things the same as persons without disabilities.			
17. PWDs are rigid by nature and difficult to manage.			
18. I don't want to care for people with disabilities because it makes me sad.			
19. I feel more comfortable caring for people with physical disabilities than for people with intellectual disabilities.			



SECTION C

How prepared are student nurses for the provision of health care services to persons with disabilities?

QUESTION	Agree	Neutral	Disagree
20. CBR is examinable.			
21. The content of the programme equipped me with relevant knowledge and competencies.			
22. I am able to link and relate theory to practice.			
23. I can list all categories of disabilities.			
24. There is a field trip every semester.			



SECTION D

What perceived difficulties do student nurses face in providing health care services to persons with disabilities?

QUESTION	Agree	Neutral	Disagree
25. Do you have difficulty providing health care services to PWDs.			
26. I have less time spent for clinicals.			
27. There are inadequate clinical facilities.			
28. There is limited instructor-student interaction.			
29. Not enough clinical staff.			
30. There is an increase in the number of students in a class.			
31. I show less interest in PWDs-related.			



SECTION E

What strategies are adopted to enhance the provision of health care services for persons with disabilities?

QUESTION	Agree	Neutral	Disagree
32. The community-based rehabilitation (CBR) course equips me to care for PWDs.			
33. Knowing the disability definitions, its etiquette, the right terms, and first-person language is helpful.			
34. The special education course component helps me gain knowledge to care for PWDs, and council families of PWDs.			
35. Periodic educational trips to disability and rehabilitation centres.			
36. Reading more information on disability issues online increase my interest.			
37. Disability-related courses are examinable for licensing so I take those courses serious.			
38. encourage to do research project work on disability related topics.			

APPENDIX C

INTRODUCTORY LETTER



UNIVERSITY OF EDUCATION, WINNEBA
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DEPARTMENT OF SPECIAL EDUCATION

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✉ sped@uew.edu.gh

9th December, 2020

TO WHOM IT MAY CONCERN

Dear Sir,

LETTER OF INTRODUCTION: MS. MARTHA MENSAH

I write to introduce to you, **Ms. Martha Mensah** an M.Phil student of the Department of Special Education with index number 818015003.

She is currently working on her thesis on the topic: **“Analysis of the Special Education Component of the Community Health Nursing Programme at Winneba”**. She needs to administer questionnaire at your school.

I would be grateful if you could give her the needed assistance to enable her collect the data.

Thank you for the consideration and assistance.

Yours faithfully,

A handwritten signature in black ink, appearing to read 'D. Dogbe', written over a faint stamp of the University of Education, Winneba logo and department name.

DR. DANIEL S. Q. DOGBE
Ag. Head of Department