Tomlinson, A., & Killingback, C. (2024). Experiences of a student with a visual impairment transitioning to higher education: A narrative inquiry. British Journal of Visual Impairment. Copyright © The Author(s) 2024. DOI: 10.1177/02646196231225071

Experiences of a Student with a Visual Impairment Transitioning to Higher Education – A Narrative Inquiry

Amy Tomlinson* and Clare Killingback

School of Sport, Exercise and Rehabilitation Sciences

University of Hull

Cottingham Road

Hull

HU6 7RX

***Corresponding Author:** amy.tomlinson@hull.ac.uk

Abstract

Transition to Higher Education is a considerable period of change for students, and can be a particularly challenging time for students with a visual impairment. The aim of this study was to understand the transition experiences of an undergraduate student in Sport Rehabilitation with a visual impairment. A narrative inquiry was conducted with one participant purposively sampled due to being certified severely sight impaired. Data were collected using a semi-structured interview, and analysed by creating narrative threads within Clandinin and Connelly's three-dimensional framework. The social influence of role models, peers and staff were noted in relation to their impact on confidence and feeling of fitting in. Navigating the campus, teaching spaces, and demonstrations were all highlighted as spatial factors that affected independence and participation during transition. Time related aspects such a personal development, proactivity, and pre, during, and post teaching session experiences were identified as key considerations. The narratives uncovered should

serve as a tool to trigger reflection on previous teaching practice, and inform future direction. The findings and recommendations within this study will benefit transition and inclusivity for students with a visual impairment, particularly on Sport Rehabilitation or other healthcare programmes, allowing them to study and practice effectively.

Background and Rationale

Transition to Higher Education

The transition to higher education (HE) is a considerable period of change for students and is regarded as much more than the induction period (Brooman & Darwent, 2014). Transition is reported to include pre-entry interventions, induction, and teaching and learning within the first trimester or year (Thomas, 2013), however this is not always recognised by institutions. Whilst models such as Bridges Transition Model (Bridges, 2011) and the U-Curve Theory of Adjustment (Risquez et al., 2008) have been developed to help understand transition, it remains under theorised, resulting in varying interpretations and levels of student support from HE institutions (Gale & Parker, 2014; O'Donnell et al., 2016). In addition, literature in relation to transition to HE often focuses on students without disabilities, and understanding of the experiences of specific groups such as those with a visual impairment (VI) is lacking (Croft, 2020; Pacheco et al., 2018). This period of change is challenging for most students, but particularly so for students with a VI, who can experience additional stresses due to imposed barriers (Hewett et al., 2020; Pacheco et al., 2018; Taylor et al., 2010). Support mechanisms are implemented to address these barriers, however students have noted a largely universal approach, rather than one that accounts for personal preferences and knowledge of individual needs (Croft, 2020). Students with a VI

have reported feeling lost, anxious and concerned about whether or not adequate support is in place, which has the potential to negatively impact retention and engagement, as well as their overall university experience (Pacheco et al., 2018). Research to improve understanding of the interactions between students and the environment in which they are situated has been recommended in order to enhance inclusivity and overall experience for students with a VI transitioning to HE (Hewett et al., 2020).

Inclusivity

VI can vary greatly in terms of severity and functional implication, resulting in the need for a tailored approach to teaching, learning and assessment for affected students to ensure full curriculum access (Sailsbury, 2007). In the context of HE in the United Kingdom, the Higher Education Academy (Thomas & May, 2010) and the Department for Education (DfE) (Disabled Student Sector Leadership Group [DSSLG], 2017) have both published guidance on inclusive teaching and learning in HE, however inclusivity is still reportedly lacking for students with a VI despite some appropriate action taken by institutions (Simui at al., 2018). In addition to providing guidance, these documents highlight the benefits of an inclusive approach and the experiences of institutions working on improving inclusivity, however it is not clear whether or not this links with what the student actually experiences. Most recently, the Quality Assurance Agency for Higher Education (QAA) published the Inclusive Higher Education Framework (Hubbard & Gawthorpe, 2023) and accompanying self-directed learning resources, in order to further aid implementation of inclusive practices. Reported benefits of inclusive approaches include improved recruitment and retention, improved employment outcomes, and improved staff and student satisfaction to name but a few (DSSLG, 2017); however, it should be noted that whilst creating an inclusive learning

environment for all is important, institutions should also recognise when specific adjustments for individuals are required (Hewett et al., 2020).

Support

Various elements underpin the support system for students with a VI. Financial support is available in the form of Disabled Students Allowance, a UK government grant that helps with disability related study costs to enable equal study opportunities for all students. In addition, the UK Equality Act (2010) is a legal framework that protects people from discrimination, and requires HE institutions to remove barriers and make reasonable adjustments to ensure that no student is disadvantaged. Reasonable adjustments are described as "a duty to avoid as far as possible by reasonable means the disadvantage which a disabled student experiences because of their disability" (DSSLG, 2017, p. 12). Timeliness is essential in ensuring these adjustments are anticipatory, however this can be challenging for institutions due to delays in disclosure, enrolment and overall communication during transition (Morgado et al., 2016; Taylor et al., 2010). In order to ensure implementation, institutions develop their own inclusion policies and employ support teams who work directly with students such as disability services.

University disability services provide extensive support and guidance for HE students with a VI. Accessibility, reasonable adjustments, and finances are facilitated and provide great benefit, however they do not address subject specific barriers and enablers. This task ultimately falls upon academic staff, who face barriers of their own in the form of limited specialist pedagogical guidance and resources for supporting students with disabilities (Hewett et al., 2017, 2020; Morgado et al., 2016). Unfortunately, this lack of guidance coupled with limited exposure to specialist teaching and learning needs can mean that

adjustments intended to provide support can be experienced as disabling rather than enabling by students with a VI (Byrne, 2014). For example, assignment deadline extensions are commonly utilised as 'enablers' by staff, however students report that this creates additional pressure in other course areas (Hewett et al., 2017). A need for student involvement and communication between all involved parties is essential, with regular discussion and feedback to help marry the realities and perceptions of what works for students with a VI (Atkinson & Hutchinson, 2005). Consultation with people with disabilities has been highlighted by the DfE (DSSLG, 2017) as a way to inform initiatives that will contribute to reasonable adjustments and demonstrate commitment to disability equality. This study aims to serve as such.

The Sport Rehabilitation Profession

Sport Rehabilitation is a profession accredited by the Professional Standards Authority and regulated by the British Association of Sport Rehabilitators (BASRaT), who ensure that Graduate Sport Rehabilitators are trained through high quality degree programmes and represented comprehensively upon registration (British Association of Sport Rehabilitators [BASRaT], n.d.). The profession focuses mainly on neuro-musculoskeletal (NMSK) injury assessment, management, and prevention as well as promotion of an active, healthy lifestyle. Having a VI should not preclude a student from undergoing training in Sport Rehabilitation or working as a Graduate Sport Rehabilitator upon qualification. A need for more suitably qualified people with disabilities to become health professionals has been identified, noting the potential for improved empathy, understanding and communication (Shakespeare et al. 2009). Physiotherapy, a profession often likened to Sport Rehabilitation due to the common NMSK injury assessment and management elements, has long been

recognised and supported as a viable career option for individuals with a VI (Atkinson & Hutchinson, 2005; Frank et al., 2020) and subsequently has more guidance to draw upon for students and graduates. The Association of Visually Impaired Chartered Physiotherapists (AVICP) is a subgroup of The Chartered Society of Physiotherapy (CSP) that actively supports working, retired and training physiotherapists with sight loss. AVICP have significant experience supporting physiotherapists given their 100-year history, currently supporting over 50 members and previously up to 250 members (The Chartered Society of Physiotherapy, 2020). As a relatively new profession of only 20 years, BASRaT has less experience in supporting students and registrants with a VI. Contributions towards informed guidance for supporting Sport Rehabilitation students with a VI on BASRaT regulated degree programmes, specifically regarding inclusive transition, teaching, learning, and assessment, would be beneficial in preparing them for successful post-graduate practice and enhancing their university experience overall. Thus, the aim of this study was to use an in-depth approach to understand the transition experiences of an undergraduate student in Sport Rehabilitation with a VI.

Methodology

Study Design

Narrative inquiry was the methodological approach adopted due to its ability to elicit individualised and personally meaningful interpretations of experiences and stories (Clandinin, 2006; Haydon et al., 2018). It is widely recognised as a worthwhile qualitative research methodology, and has been increasingly used to present both individual and group experiences (Bignold & Su, 2013; Coulter et al., 2007). Narrative inquiry has been described as a valuable tool for capturing complexities in pedagogical education, particularly for its use

within person or student centred studies (Bignold & Su, 2013; Craig, 2011). It has also been specifically highlighted as a beneficial methodology in medical and health care education research (Clandinin et al., 2017; Lindsay & Schwind, 2016). The three-dimensional framework described by Clandinin and Connelly (2000) was used to inform this narrative inquiry: sociality (interaction), temporality (past, present and future), and spatiality (space/place). The framework is based on a Deweyan theory of experience, and suggests that "studies have temporal dimensions and address temporal matters: they focus on the personal and the social in a balance appropriate to the inquiry: and they occur in specific places or sequences of places" (Clandinin & Connelly, 2000, p. 54). This framework was selected as it was developed by the pioneers of narrative inquiry as a methodology, and also due to the developer's attentiveness to teacher knowledge and education (Huber et al., 2013; Lindsay & Schwind, 2016). The authors ensured that Clandinin and Connelly's (2000) three dimensions were considered within the interview guide by including questions that encouraged the participant to address interactions with staff and peers (sociality), changes over time (temporality), and the environment (spatiality), in addition to broader questions about experiences that may elicit stories relating to any dimension (Table 1). The framework was also used to organise the narrative threads within the data.

Participant Recruitment

One participant, Katie (a pseudonym) was purposively sampled due to having a VI and being enrolled on the first year of an undergraduate Sport Rehabilitation degree programme. She was approached via email and provided with participant information, followed by a meeting to further discuss the nature of the study and allow Katie the opportunity to ask questions

before deciding whether or not to participate. Katie is certified severely sight impaired (blind), following onset of symptoms six weeks after the birth of her youngest daughter. She is completely blind in her right eye, and has tunnel vision up to arm's length in her left eye. Katie had the assistance of a support worker for part of the academic year, who attended a number of teaching sessions and also joined Katie for some online sessions at home. Her role was to keep Katie safe and facilitate learning.

Data Collection

A semi-structured interview was conducted with the participant in the summer of 2021 following her first year of study. The 2020/2021 academic year took place during the COVID-19 pandemic, however despite national lockdowns and a subsequent switch to online learning, essential face-to-face teaching continued for the Sport Rehabilitation programme due to it being a professional statutory regulatory body (PSRB) accredited healthcare course. The interview was conducted by the lead researcher (AT), who is a university lecturer and is experienced in qualitative research methods. The interview was conducted via Microsoft Teams due to the ongoing impact of COVID-19, and was audio recorded following written informed consent. The interview lasted approximately two hours and followed a semi-structured guide, serving as a conversation prompt and a method of eliciting broad experiences (Table 1). Prompts such as "tell me more about that" and "tell me how that made you feel" were used throughout the interview, along with explanations where necessary. AT had regular contact with the participant for nine months prior to starting the study, which is considered a benefit as narrative inquiry is said to work most effectively when there is trust and an established professional relationship between researcher and participant (Berry, 2016).

Table 1

Interview Guide

1	Tell me about why you chose to study Sport Rehabilitation
2	Tell me about the positive experiences you have had over the past year in relation to teaching, learning and assessment methods
3	Tell me about the challenges or barriers you have faced over the past year in relation to teaching, learning and assessment methods
4	Tell me about your experiences with teaching staff over the past year
5	Tell me about how different locations and environments have had an impact on your experiences over the past year
6	Tell me about your experiences with your peers over the past year
7	Tell me about how you yourself have changed as a result of your teaching, learning and assessment experiences over the past year
8	Can you highlight three key factors that should be considered in order to make the Sport Rehabilitation programme more inclusive in the future

Data Analysis

Data were transcribed verbatim into Microsoft Word and cross-checked for accuracy before being imported into NVivo Qualitative Data Analysis Software for ease of data organisation. The transcript was read multiple times by AT in order to promote thorough data immersion and understanding, before inductively separating into cohesive and relevant narrative threads (Carless & Sparks, 2008). The threads were cross-checked by the second author (CK) for accuracy, relevance, and to ensure that no other threads were present, and were then organised using the aforementioned three-dimensional framework of sociality, spatiality and temporality described by Clandinin and Connelly (2000). Once organised, narrative

threads were shaped to produce an uninterrupted story of the participant's experiences whilst consciously preserving her own use of language. This process followed a creative, non-fictional technique previously described within the literature in which the researcher takes on the role of both a co-constructor and narrator (Bignold & Su, 2013; Carless & Sparkes, 2008). In order to reduce the potential for author bias, enhance rigor, and ensure that data still presented an accurate representation of experiences following analysis, final analysis was checked and validated by the participant for authenticity (Birt et al., 2016). The participant confirmed authenticity and did not request any changes be made to the data.

Ethics

Ethical approval was obtained in June 2021.

Ethical consideration was given to the fact that visual impairment is a low incidence disability, therefore the participant may be identifiable despite anonymisation efforts. In order to mitigate this, modules and staff were anonymised and it was agreed that data would not be published until the participant had left the institution. The participant was made aware of this during the informed consent process, both in writing and verbally.

Ethical consideration was also given to the power dynamic between a lecturer and student. As such, it should be noted that AT had taught and examined the participant during the 2020-2021 academic year. All assessment grades were confirmed before the interview took place, and AT will not be involved in teaching, examining, or supervising the participant during the remainder of her undergraduate degree. This was therefore not considered an ethical issue. No other members of the research team were involved in future teaching or assessment of the participant.

As experienced educators (each with ten years teaching experience), the authors were aware of the impact their subjective perspectives may have on this qualitative research process. In order to reduce potential bias, authors engaged in personal reflexivity in the form of reflexive discussions during both development and undertaking of the project (Olmos-Vega et al., 2023).

Results

The following findings present narrative threads structured using the three dimensions of sociality, spatiality, and temporality described by Clandinin and Connelly (2000).

Sociality

"I'm as good as anyone else" - Confidence

People said I wouldn't be able to do this and I would never make it as a Sport Rehabilitator, but a blind Physiotherapist gave me the confidence to pursue the career and told me not to let anything get in my way. I had a lot of questions about the obstacles I would face and if I would even be able to do the course, so I sat down with him for quite a while and he was really lovely. I still have support from him now and he's always there at the end of the phone if the going gets tough. I was worried at first, particularly about finding different bony landmarks or potentially hurting someone, as my sense of touch is different from other peoples. I was worried that I would push too hard and damage something, but when I actually did it, it wasn't as bad as I thought and I realised that I had just worried about nothing. People that I work with are aware of my condition and what I'm capable of, I don't hide that I have a VI, I'm just straight up with everyone and I think that's what people like.

Everyone has their own opinion, and if they don't feel confident that I can treat them that's fine, but I am who I am and I'm as good as anyone else. Well, I try to say I'm better.

"I want people to work with me, ask for my input, and ask me what I did on Saturday night" - Peers and Fitting In

My experiences with peers have been hard. There have been times when we've been put into groups and no one talks, it's me doing all the work and people just sit there staring which I've found really difficult. I get frustrated because communication is essential if you want to be the best Sport Rehabilitator possible, and I think to myself, if I can do it, why can't you? There are a handful of people that do interact which makes me feel better knowing that people are willing to work with me and have conversations. Sometimes you might go off topic and start talking about a Saturday night, but that's what I want. I want people to work with me, ask for my input, and ask me what I did on Saturday night.

There were times when I felt like everybody knew people apart from me. When we were told to work in pairs in practical lessons I felt that some people didn't want to work with me, or maybe they just didn't know how to work with me or how to approach me. Maybe they thought that they would have to do extra work like repeating things for me or doing all of the reading, and they didn't want that. Or it could have just been the way I was thinking. For all they [peers] knew my support worker could have been another student, so they could have thought I was already in a pair. The person that I did work with a lot was really supportive, and I think it's good if you can work with the same person consistently, because then you haven't got to explain everything over and over again.

I think it would have been beneficial for me to introduce myself and my impairment to the group at the start of the course, which some people might find embarrassing, but I would

have happily stood up and explained. It would help in the long run for people to be aware of how I work and know that I can do what everyone else can do, just maybe slightly differently in order to make it safe for myself and the client. I think it is best if people are aware that someone has a disability and may need extra support with certain things, but that they don't want to be singled out or feel different. I would prefer for people to feel that they can approach me and ask questions, rather than avoid interaction for fear of upsetting me. It would also help for people to know that the person with me [support worker] is not there to do things for me or be my partner, they are just there to make sure I'm safe. If my peers knew this and were also able to offer support I might feel less singled out, and It would take a lot of pressure off me feeling like I need to do things their way to try and fit in.

"Nobody has made me feel different" - Staff

From the moment I put in my application the staff have been amazing, instead of saying "no we can't do that", they've gone above and beyond to make things happen. I may not have known everyone that I was going to be dealing with when I started, but I had the opportunity to meet a number of people in advance and the communication was fantastic.

I don't really have any negatives, because once I started and knew who the staff were, they have done everything they can to help me. There are some things that can't always be prepared for, and if I've had an issue they've dealt with it straight away whilst also trying to cater for everyone else. On one occasion there was a lesson coming up that was going to involve a colour task, and the lecturer contacted me beforehand to discuss it. I couldn't participate in one element but said that I was happy to listen, and I still had all of the data to use for the main task. It wasn't an issue, and I was pleased that I was made aware in advance.

It's not just the education, I've had a lot going on at home and I've had support with that side of things as well. I'm really happy that I can approach everybody and there isn't one member of staff I can't go to, everybody treats me the same. Nobody has made me feel different or singled out, or like I'm not going to be able to do something because I'm visually impaired. I feel part of the team and I'm always involved which is what I enjoy. If you make a mistake you're not made to feel stupid or like you've done something wrong, it's dealt with lightheartedly which makes you feel comfortable and not out of place.

Spatiality

"I need to get my bearings so I'm not freaking out" - Navigating the Campus

Being able to come onto campus to get my bearings before starting was fantastic. I was able to walk around the whole campus and was shown things that I felt would be useful for me, such as the library, café, gym, shop, and places like that. I need to create my own map in a way, so I know where the carpark is for example, and I have a route that I stick to from there. I can think, okay, these are the areas I'm going to be using, and plan out a map for where I need to be. Sticking to a set route for everything makes my life easier, helps my anxiety, and boosts my confidence, as I don't have to rely on people taking me places. At the moment I have my set routine and I've been able to get out of the taxi that I arrive in and make my own way to the rehab rooms, but I'm dreading next year a little as I don't know where I'm going to be and the rooms could be at opposite ends of the university. I need to know how long it takes me from each destination to the next at all times, so I'm hoping to get my timetable earlier than everyone else and do two visits before the term starts. I need to get my bearings so I'm not freaking out.

"Just walking in the door was challenging enough" - Practical Rooms

At the beginning, I wasn't able to get into the practical rooms because of COVID-19, but I was able to look through the window. When I came in for the first practical session it was quite difficult because I didn't know exactly what was in there and where things were. I was out of my comfort zone and quite nervous, just walking in the door was challenging enough, let alone having other students and staff in there that I didn't know. Even though I have a support worker I like to figure things out on my own first, but there was equipment that I couldn't see properly and I admit that on my first day I did knock over a skeleton and trip over the bed. At that point everything was on my right-hand side which is my blind side, so I need everything on my left-hand side. I laugh about it now because it was funny, your first impression involves knocking a skeleton over, it kind of broke the ice for me. The layout of the room was actually okay and the space between the beds was perfect, once I had been a couple of times I was happy, but sometimes at first the bed I was working at had the seating or the table on the wrong side. It would have been better for me to have stepped in on that first visit and said "I would work best at this bed in this location every week", then I could have just gone in and got on with it, nothing would have had to be moved from right to left.

"I would always prefer to be the model" - Demonstrations

Despite sometimes struggling with demonstrations, there hasn't been anything so far that I haven't been able to get involved with in practical sessions. I couldn't always see what was going on in the demonstrations and sometimes had to rely on my support worker to talk me through what was being shown, which can be annoying when they aren't sure what is being pointed to. Sometimes I had to ask for a close-up demonstration afterwards, or have somebody perform the skill on me, because if I can feel someone palpating a bony landmark on me it's a lot easier for me to do it on someone else. For this reason I would always prefer

to be the model for demonstrations, it wouldn't bother me having to be the model every time, it would actually make me feel like I was interacting with the group more. It would also allow me to give my eye a break which is important as I need to rest it as much as possible.

Temporality

"I do still doubt myself, but over the past *year I've started to doubt myself less"* - Progress

Previously, I couldn't go out of the house, I couldn't communicate or talk to anyone on the telephone, I shut myself away. I've worked so hard to get to where I am at present and be able to talk to people and hold a conversation, or go on a video call and complete a pre-screening form with a client who has approached me for a massage. To go from not being able to talk to being able to do a video consultation has been hard work.

I doubt myself sometimes. I convince myself that I'm not doing something right or I'm giving too much or too little information. I do still doubt myself, but over the past year I've started to doubt myself less. People tell me that I wouldn't have passed first year if I couldn't do it, it shows that I can actually do it.

"The figuring out needs to be done in advance, rather than as you are going along" – Future Priorities

I think the main priority for visually impaired Sport Rehabilitation students in the future should be preparation. Being proactive, rather than reactive, helps things run more smoothly and allows time for changes to be made if there are any problems. If potential issues are considered early enough they may not arise, which is better than realising you're not able to do something at the last minute. I had meetings with disability services to

discuss things I would like, such as printing in black ink only, and I know people do send emails, but it is better to have the opportunity to meet with lecturers and have a discussion with each of them as there are going to be different challenges for each module. It also ensures that lecturers understand what is required and allows you to get to know each other better. I'm not saying that it's possible for everything to be considered in advance, but I do think increased lecturer involvement and understanding would allow adaptations to be put into action more quickly than coming from a third party such as disability services.

It is great that staff members adapt if there is a problem, but the figuring out needs to be done in advance, rather than as you are going along. For example, if you attend a session and you're learning deadlift technique, but you've already discussed this with the lecturer and have prepared accordingly, you could just go in and get on with the session without having to worry about where equipment is or whether you're going to be in anyone's way. If things like that are highlighted at the beginning, sessions will run more smoothly.

"I'll put the work in and I will do it" – Pre, during, and post teaching session experiences

Over the last year we have done a lot of online learning, and the good thing for me is that everything can be accessed after the session if I'm struggling to keep up. Sitting at a computer is quite difficult for long lengths of time and I need to be able to take a break, so having lectures recorded was great. I was also able to access some content early, which allowed me to enlarge resources on my laptop to make them easily readable. I occasionally struggled with the colours and outlines of diagrams, but I would just make a note and go back to it later or search online for a better picture. There weren't any huge issues, if I couldn't access something I knew I could speak to the lecturer and we would always find a way around it. There were a couple of occasions in one module where journal articles hadn't

been provided in advance and when they were put on the screen I couldn't see them because I couldn't enlarge them, which was frustrating as it meant I had more work to do afterwards catching up. It also meant that I couldn't get fully involved in the discussion or answer questions because I didn't know what I was looking at. I do have to do some extra study out of class time because of my VI but for me to achieve what I want to achieve it has to be done. I'll put the work in and I will do it.

Discussion

The aim of this study was to understand the transition experiences of an undergraduate student in Sport Rehabilitation with a VI. The study found that aspects of sociality, spatiality, and temporality were important in facilitating a deep understanding of transition experiences and their different dimensions. It subsequently has four key contributions to make to supporting students with a VI as they transition to HE.

Firstly, from a temporal perspective, anticipatory rather than reactive adjustments from teaching staff are important in approaching specific module challenges and enabling participation (Hewett et al., 2020; Taylor, 2010). The timing of relevant interventions appears to have an impact on the experience of transition and well-planned anticipatory interventions help smooth the transition process. For example, disability services anticipated that navigating campus would rightly be an important adjustment for a student with a VI, and proactively set up a campus tour so that Katie could have a mental map in place for the start of the trimester. This facilitated a greater sense of independence, reduced anxiety, and increased confidence, which is important as worries about the physical environment can be overwhelming for students with a VI (Lourens & Swartz, 2016). The pre-

induction timing of these campus visits is central to that sense of independence, and this proactive approach by disability services allows students the opportunity to adjust and prepare for the learning environment, rather than focus on the challenges of navigating campus. However, it cannot be assumed that a single campus navigation is sufficient. This study has noted that from the student perspective, they should be afforded similar early campus navigation between years as they progress through their studies and room allocations change from trimester to trimester.

The timing of these navigation opportunities are inextricably linked to spatial aspects of transition. This was highlighted by Katie in that although she could navigate to her timetabled room on campus, once in the room she struggled to orientate herself. For theoretical sessions this was not too problematic, as lecture and seminar set up was relatively simple in that tables and chairs were easier to navigate. However, for Sport Rehabilitation students involved in practical skills sessions, the opportunity to visit the skills rooms prior to sessions would help students with a VI develop a mental map of the room, such that they can work out where best to be located to maximise the learning experience. Thus, the recommendation here is that although the campus navigation by disability services is an important aspect of transition, proactively having module leaders meet with the student prior to the start of the programme to help them develop a mental map of skills rooms would be beneficial.

The aforementioned role of early navigation visits highlights the importance of disability services and programme teams working together collaboratively and proactively, rather than as separate entities. These interrelations have the potential to mitigate disconnect between disability services staff and specific module leaders (Hewett et al., 2017, 2020).

Teaching staff may not have experience of working with students with a VI, which along with a lack of training may result in unintentional reactivity (Simui et al., 2018); however open discussion around individual subject specific learning and support needs that go beyond general adjustments communicated via disability services, would help equip teaching staff with an awareness of proactive steps required to support the transition journey for students. The personal agency of the student plays a vital role in this, which alongside proactivity of teaching staff in meeting with the student ahead of each trimester should help in understanding and advocating for the adjustments required (Hewett et al., 2017, 2020).

Secondly, sociality in the form of interactions with others, specifically role models, support workers, staff, and peers, can have a significant impact on self-belief and sense of belonging for students with a VI during transition. Katie experienced negativity from others regarding her career aspirations and clinical competence. This is reportedly a common issue for visually impaired practitioners, and one that may originate in a lack of understanding of VI and the alternative methods used to successfully learn and practice (Atkinson & Owen Hutchinson, 2013). Negative societal attitudes towards VI more generally are also likely to have an impact, and have been highlighted as a barrier to academic success (Simui et al., 2018). The doubt and negativity of others has the potential to contribute to significant disempowerment, however Katie has managed to combat this through her communications with a visually impaired Physiotherapist, who has provided much needed support and encouragement throughout the transition process. Other medical professionals and students have recently called for similar support, highlighting the lack of visible professional role models for people with disabilities and expressing a desire for conversation (British Medical Association, 2020). Where possible and with student agreement, this study

recommends that a link is facilitated between students with a disability and an appropriate professional role model during transition. Particularly in vocational and healthcare courses such as Sport Rehabilitation, that include a placement element and significant amounts of practical learning.

Katie experienced both positive and negative interactions with peers, which is important as peers can have a significant impact on feelings of belonging and are thought to aid successful transition and minimise withdrawal (Meehan & Howells, 2019). A desire, yet struggle for peer acceptance is commonly expressed by visually impaired students within the literature, along with a feeling of inferiority and a perceived need to prove ability (Almog, 2018; Amin et al., 2021; Frank et al., 2020; Lourens & Swartz, 2016). Katie mentioned encouraging interactions with a handful of peers and valued social conversation as well as academic, which is important as social support from peers has been found to impact present and future feelings of loneliness in young people with a VI (Heppe, 2020). She also placed value on working with the same partner in practical lessons, as familiarity decreased the regular need for explanation around working style. This is interesting, as feeling the need to work with the same partner every week for ease could be considered a barrier to interacting with other students, and may unintentionally contribute to a feeling of isolation rather than facilitating a feeling of belonging; a conflict that should be considered and highlighted to the student. Katie specifically recalled feeling that students did not want to work with her and suggested that this may be due to a lack of understanding around her impairment, an aforementioned notion by Atkinson and Owen Hutchinson (2013). More specifically, Katie suggested that this could be due to peers thinking that they would have to do extra work, or thinking that a partner wasn't required due to the presence of her support worker. It is disappointing to think that the presence of a support worker, whose purpose is

to enable learning, could actually be creating an unintentional barrier, however this does echo reports of frustration towards other visible forms of support such as hearing aids, note-takers and speedtext operators within the literature (Byrne , 2014). Upon reflection, Katie proposed that introducing herself and her impairment to peers at the start of the course may have been a way to combat this. It seems contradictory that Katie should have to single herself out in order to enable fitting in, but it is also positive that she does not feel compelled to hide her disability, as has been previously reported (Almog, 2018). It is recommended that students are supported to pursue the most comfortable avenue for them regarding addressing their disability with peers, for example sharing their story early during the transition period and explaining aids and barriers, or asking a staff member to share this on their behalf. This could benefit the full cohort as well as the individual with a disability, as having the opportunity to understand the experiences of peers with disabilities has been identified as a significant learning tool that can directly challenge negative assumptions (Shakespeare et al., 2009). This exposure would be particularly valuable for Sport Rehabilitation students who may volunteer or work in adaptive sport, exercise rehabilitation for special populations, or with individuals of varying needs in healthcare settings.

Supportive relationships with staff were highlighted by Katie as enablers to a positive learning experience during the transition period. The approachability and accommodating nature of teaching staff seemed to have a significant impact on Katie's sense of belonging, supporting the findings of Frank et al. (2020) and Steyl (2010). The presence of these qualities in Sport Rehabilitation teaching staff is not surprising given the healthcare nature of the profession, and will hopefully influence future positive interactions for all students on the programme. However, it has been previously noted that health culture and an

unconscious tendency to adopt a medical model perspective may result in focus on the limitations, rather than the potential of an individual with a disability (Atkinson & Owen Hutchinson, 2013). This is something that healthcare trained teaching staff should be conscious of when working with students with a VI.

Thirdly, when considering spatiality and the issues this may present, students with a VI may benefit from being the model for practical demonstrations, particularly for clinical skills that they will be required to perform on someone else. Katie expressed difficulty in seeing demonstrations, resulting in the need for an additional close up demonstration, or reliance on an explanation from her support worker who is not trained in the field. Although these reactive solutions are employed with best intentions, they both present potential barriers to learning. In order to combat this Katie suggested that she would prefer to be the model for demonstrations, and also suggested that it would improve her feeling of group interaction. This has been mentioned previously by visually impaired Physiotherapy students, but with conflicting views (Frank et al., 2020; Steyl, 2010). Many students have agreed with Katie's preference, whilst others have suggested that they should not have to be models for every demonstration, and instead should be prioritised to sit at the front (Frank et al., 2020; Steyl, 2010). Allowing oneself to be used as the model for every demonstration requires confidence, and may be uncomfortable for some students. It is therefore recommended that this explored on an individual basis, with students also being offered the option of prioritised location when viewing demonstrations.

Finally, the temporal burden of additional workload should be considered and steps to make learning accessible should be taken by teaching staff, rather than students with a VI. This is important in promoting an inclusive learning environment. The perceived need to complete

additional work as a result of VI was highlighted by Katie, as well as a number of HE students interviewed in other studies, and opposes the principles of inclusive education (Frank et al., 2020; Steyl, 2010). Inclusive education is described as an approach that enables equal participation for all students and allows everyone the opportunity to reach their full potential (DSSLG, 2017; Moriña, 2017). All students stand to benefit from adaptations made to meet the diverse needs of learners, such clear print document production, and adaptations should be implemented widely where appropriate rather than for specific learners in isolation. Some of the additional activities Katie reported having to complete were reactions to session content that had been inaccessible, such as journal articles on screen that were too small, and others were anticipatory, such as going through resources that had been provided before a session in order to enlarge, adapt, or do additional research. Whilst autonomy and independent learning skills are necessary for all students at university, the level of this necessity should not be disproportionate between learners within a module. It should also be noted that enabling tools such as early provision of resources can actually increase learning time and effort for students with a VI, an interesting paradox that has been highlighted previously (Frank et al., 2014; Frank et al., 2020). This increased learning time can present additional challenges in the form of eye tiredness for students with a VI, which may have knock on effects for other elements of study (Pacheco et al., 2021). Whilst completion of some additional tasks may be unavoidable, this study recommends that teaching staff endeavour to incorporate adaptations required by specific learners into module planning to increase inclusivity for all, and decrease any additional burden on students with a VI.

Strengths and Limitations

This study was an in-depth narrative inquiry gaining a valuable insight into the experiences of a Sport Rehabilitation student with a VI transitioning to HE, however with only one participant the results may not be transferrable to all Sport Rehabilitation students with a VI. To the authors knowledge this is the first study of its kind, with no other research in Sport Rehabilitation students with a VI or disability. Utilisation of the three-dimensional framework described by Clandinin and Connelly (2000) allowed for the development of clear and organised narratives that will serve to inform future practice and promote reflection within teaching and support staff. Despite the lead researcher not teaching or assessing the participant during the remainder of the programme, it is possible that their role as a lecturer could have had an impact on interview responses.

Conclusion

The aim of this study was to understand the transition experiences of an undergraduate student in Sport Rehabilitation with a VI. Institutions work hard to facilitate adjustments and promote inclusivity, however understanding what students with a VI actually experience is important in ensuring adjustments are effective and individualised. Katie's experiences demonstrate that confidence, proactivity, and organisation have been required in order to navigate the transition to university life, which are all qualities that contribute to being an effective Sport Rehabilitator. The narratives presented serve as a tool to trigger reflection on previous teaching practice, and inform future direction.

This study highlights the importance of an ongoing collaborative effort between support staff, teaching staff, and the student in order to facilitate proactive efforts during the

transition period. Findings recommend that module leaders meet with the student prior to programme commencement to discuss tasks, equipment, and teaching space set up that would inform planning and enable smooth, safe participation. Early campus navigation visits are also important, and should be repeated between trimesters as room allocations change. Interactions with others can have a significant impact on sense of belonging, therefore facilitating a link between students with a VI and an appropriate professional role model, as well as supporting students with a VI to address their disability with peers, may be of benefit. Teaching staff should be mindful of accessibility when demonstrating practical skills, and offer students with a VI the option to be the model, or have prioritised viewing location. Where appropriate, adaptations required by specific learners should be incorporated into module planning to increase inclusivity for all, and decrease any additional burden on students with a VI.

The experiences of the student within the findings of this study may benefit transition and inclusivity for other students with a VI, particularly on Sport Rehabilitation or other healthcare programmes, allowing them to study and practice more effectively. Future research should investigate the experiences of Sport Rehabilitation students with a VI during their second and third years of study, particularly as they begin to navigate assessed placements and advanced exercise prescription. Research should also aim to investigate teaching and learning within Sport Rehabilitation students more generally, as there is a lack of research within this population.

Acknowledgement

The authors would like to thank Katie for taking the time to share her experiences.

Declaration of Interest

The authors have no conflict of interests to declare.

References

Almog, N. (2018). " Everyone Is Normal, and Everyone Has a Disability": Narratives of University Students with Visual Impairment. *Social Inclusion*, *6*(4), 218-229.

Amin, A. S., Sarnon, N., Akhir, N. M., Zakaria, S. M., & Badri, R. N. F. R. Z. (2021). Main Challenges of Students with Visual Impairment at Higher Education Institutions. International Journal of Academic Research in Business and Social Sciences, 10(1), 734-747.

Atkinson, K., & Owen Hutchinson, J. (2005, September). Visually impaired physiotherapists: challenging professional attitudes. In *International Congress Series* (Vol. 1282, pp. 908-912). Elsevier.

Atkinson, K., & Owen Hutchinson, J. (2013). Transition from higher education to National Health Service for visually impaired physiotherapists: an interpretative phenomenological exploration. *British Journal of Visual Impairment*, *31*(1), 32-46.

Berry, L. E. (2016). The research relationship in narrative enquiry. *Nurse Researcher*, *24*(1).

Bignold, W., & Su, F. (2013). The role of the narrator in narrative inquiry in education: construction and co-construction in two case studies. International Journal of Research & Method in Education, 36(4), 400-414.

Birt, L., Scott, S., Cavers, D., Campbell, C., & Walter, F. (2016). Member checking: a tool to enhance trustworthiness or merely a nod to validation?. *Qualitative health research*, *26*(13), 1802-1811.

Bridges, W. (2011) *Managing Transitions: Making the Most of Change* (3rd ed.). Nicholas Brealey.

British Association of Sport Rehabilitators and Trainers. (n.d.). *Regulation of Sport Rehabilitation* [leaflet]. British Association of Sport Rehabilitators and Trainers

British Medical Association (2020) Disability in the Medical Profession: Survey Findings 2020. *British Medical Association*

Brooman, S., & Darwent, S. (2014). Measuring the beginning: A quantitative study of the transition to higher education. *Studies in Higher Education*, *39*(9), 1523-1541.

Byrne, B. (2014). Getting in and getting on? The experiences of young people with visual impairments and hearing impairments in third-level education. *International journal of disability, development and education*, *61*(2), 119-133.

Carless, D., & Sparkes, A. C. (2008). The physical activity experiences of men with serious mental illness: Three short stories. *Psychology of sport and exercise*, *9*(2), 191-210.

Clandinin, D. J. (2006). Narrative inquiry: A methodology for studying lived experience. *Research studies in music education*, *27*(1), 44-54.

Clandinin, D. J., Cave, M. T., & Berendonk, C. (2017). Narrative inquiry: A relational research

methodology for medical education. *Medical Education*, *51*(1), 89-96.

Clandinin, D. J., & Connelly, F. M. (2000). *Narrative inquiry: Experience and story in qualitative research.* San Francisco: Jossey-Bass.

Coulter, C., Michael, C., & Poynor, L. (2007). Storytelling as pedagogy: An unexpected outcome of narrative inquiry. *Curriculum Inquiry*, *37*(2), 103-122.

Craig, C. J. (2011). Narrative inquiry in teaching and teacher education. In *Narrative inquiries into curriculum making in teacher education*. Emerald Group Publishing Limited.

Croft, E. (2020). Experiences of Visually Impaired and Blind Students in UK Higher Education: An Exploration of Access and Participation. *Scandinavian Journal of Disability Research*, 22(1), pp. 382–392.

The Chartered Society of Physiotherapy. (2020). Happy 100th Birthday. *Frontline* (1).

Disabled Student Sector Leadership Group (2017) *Inclusive Teaching and Learning in Higher Education as a Route to Excellence.* Department for Education. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/587221/Inclusive_Teaching_and_Learning_in_Higher_Education_as_a_route_to-excellence.pdf

Frank, H., McLinden, M., & Douglas, G. (2014). Investigating the learning experiences of student physiotherapists with visual impairments: An exploratory study. *British Journal of Visual Impairment*, *32*(3), 223-235.

Frank, H., McLinden, M., & Douglas, G. (2020). Accessing the curriculum; university based

learning experiences of visually impaired physiotherapy students. *Nurse education in practice*, *42*, 102620.

Gale, T., & Parker, S. (2014). Navigating change: a typology of student transition in higher education. *Studies in higher education*, 39(5), 734-753.

Haydon, G., Browne, G., & van der Riet, P. (2018). Narrative inquiry as a research methodology exploring person centred care in nursing. *Collegian*, *25*(1), 125-129.

Heppe, E. C., Kef, S., de Moor, M. H., & Schuengel, C. (2020). Loneliness in young adults with a visual impairment: Links with perceived social support in a twenty-year longitudinal study. *Research in Developmental Disabilities*, *101*, 103634.

Hewett, R., Douglas, G., McLinden, M., & Keil, S. (2017). Developing an inclusive learning environment for students with visual impairment in higher education: Progressive mutual accommodation and learner experiences in the United Kingdom. *European Journal of Special Needs Education*, *32*(1), 89-109.

Hewett, R., Douglas, G., McLinden, M., & Keil, S. (2020). Balancing inclusive design, adjustments and personal agency: progressive mutual accommodations and the experiences of university students with vision impairment in the United Kingdom. *International Journal of Inclusive Education*, 24(7), 754-770.

Hubbard K. and Gawthorpe, P. (2023) *Inclusive Higher Education Framework.* Quality

Assurance Agency for Higher Education. https://www.qaa.ac.uk/docs/qaa/members/inclusive-higher-education-framework.pdf?sfvrsn=209aaa81_6

Huber, J., Caine, V., Huber, M., & Steeves, P. (2013). Narrative inquiry as pedagogy in education: The extraordinary potential of living, telling, retelling, and reliving stories of experience. *Review of research in education*, *37*(1), 212-242.

HM Government. (2010). *Equality Act 2010: Chapter 15.* https://www.legislation.gov.uk/ukpga/2010/15/contents

Lindsay, G. M., & Schwind, J. K. (2016). Narrative inquiry: Experience matters. *Canadian Journal of Nursing Research*, *48*(1), 14-20.

Lourens, H., & Swartz, L. (2016). Experiences of visually impaired students in higher education: bodily perspectives on inclusive education. *Disability & society*, *31*(2), 240-251.

Meehan, C., & Howells, K. (2019). In search of the feeling of 'belonging' in higher education: undergraduate students transition into higher education. *Journal of Further and Higher Education*, *43*(10), 1376-1390.

Morgado, B., Cortés-Vega, M. D., López-Gavira, R., Álvarez, E., & Moriña, A. (2016). Inclusive education in higher education?. *Journal of Research in Special Educational Needs*, *16*, 639-642.

Moriña, A. (2017). Inclusive education in higher education: challenges and

opportunities. *European Journal of Special Needs Education*, *32*(1), 3-17.

O'Donnell, V. L., Kean, M., & Stevens, G. (2016). *Student transition in higher education*. The Higher Education Academy. HEA - report

Olmos-Vega, F. M., Stalmeijer, R. E., Varpio, L., & Kahlke, R. (2023). A practical guide to reflexivity in qualitative research: AMEE Guide No. 149. *Medical Teacher*, 45(3), 241-251.

Pacheco, E., Lips, M., & Yoong, P. (2018). Transition 2.0: Digital technologies, higher education, and vision impairment. *The Internet and Higher Education*, *37*, 1-10.

Pacheco, E., Yoong, P., & Lips, M. (2021). Transition issues in higher education and digital technologies: The experiences of students with disabilities in New Zealand. *Disability & Society,* 36(2), 179–201.

Risquez, A., Moore, S. and Morley, M. (2008) Welcome to college? Developing a richer understanding of the transition process for adult first year students using reflective written journals, Journal of College Retention, 9 (2), pp 183-204.

Sailsbury, R. (2007). *Teaching Pupils with Visual Impairment*. David Fulton Publishers

Shakespeare, T., Lezzoni, L. I., & Grace, N. E. (2009). The art of medicine: disability and the training of health professionals. *Lancet*, *374*, 1815-1816.

Simui, F., Kasonde-Ngandu, S., Cheyeka, A. M., Simwinga, J., & Ndhlovu, D. (2018). Enablers and disablers to academic success of students with visual impairment: A 10-year literature disclosure, 2007–2017. *British Journal of Visual Impairment*, *36*(2), 163-174.

Steyl, T. (2010). Visually impaired physiotherapy students' perception of support while studying at a tertiary institution. *Journal of Community and Health Sciences*, 5(1), 10–16.

Taylor, M., Baskett, M., & Wren, C. (2010). Managing the transition to university for disabled students. *Education + Training*, *52*(2), 165-175.

Thomas, L. (2013). What works? Facilitating an effective transition into higher education. *Widening Participation and Lifelong Learning*, *14*(1), 4-24.

Thomas, L. and May, H (2010) *Inclusive Learning and Teaching in higher Education*. The Higher Education Academy.

https://s3.eu-west-2.amazonaws.com/assets.creode.advancehe-document-manager/documents/hea/private/inclusivelearningandteaching_finalreport_1568036778.pdf