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Nursing students with disabilities and the challenges experienced in higher education

Discentes do curso de enfermagem com deficiência e os desafios vivenciados na formação superior

Estudiantes de enfermería con discapacidad y los retos a los que se enfrentam em la Educación superior

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Resumo

Objective: to describe the challenges experienced by undergraduate Nursing students with disabilities. **Method:** a cross-sectional, mixed-methods study with 23 Nursing students with disabilities from a public university in Piauí. Data were collected from August to November 2025 via an online questionnaire and analyzed using descriptive statistics and Content Analysis. **Results:** female students, those of mixed-race descent, and public school graduates predominated. Psychosocial disability was the most common, with a high prevalence of anxiety and depression. Physical barriers were identified, such as poor infrastructure and inadequate transportation; pedagogical barriers, marked by a rigid curriculum and unprepared faculty; and attitudinal barriers, evidenced by ableism and isolation. Participation in research and extension activities was low, and teaching assistantships were mostly unpaid. Despite the barriers, family and financial support acted as facilitators of retention. **Conclusion:** ensuring the right to education requires overcoming ableist logic by investing in architectural accessibility, teacher training, and expanded psychosocial support, ensuring an equitable education free from barriers.

Descriptors:
Architectural Accessibility. Nursing Students. School Inclusion. People with Disabilities. Universities.

What is known?
Education is a social right; however, students with disabilities face challenges in higher education, demonstrating that the university environment still presents barriers that hinder their retention and inclusion.

What does the study add?
It characterizes the physical, pedagogical, and attitudinal barriers faced by Nursing students with disabilities at a public university, revealing gaps between inclusive legislation and everyday institutional practice.

Resumo

Objetivo: Descrever os desafios vivenciados por discentes da graduação em Enfermagem com deficiência. **Método:** Estudo transversal, misto, com 23 estudantes de Enfermagem com deficiência de uma universidade pública do estado do Piauí. Os dados foram

coletados de agosto a novembro de 2025 por meio de questionário on-line e analisados por estatística descritiva e Análise de Conteúdo. **Resultados:** Predominaram estudantes do sexo feminino, pardos e egressos de escola pública. A deficiência psicossocial foi a mais frequente, com alta ocorrência de ansiedade e depressão. Identificaram-se barreiras físicas, como infraestrutura precária e transporte inadequado; pedagógicas, marcadas pela rigidez curricular e pelo despreparo docente; e atitudinais, evidenciadas por capacitismo e isolamento. A participação em pesquisa e extensão foi baixa, e a monitoria ocorreu majoritariamente sem remuneração. Apesar das barreiras, o suporte familiar e financeiro atuou como facilitador da permanência. **Conclusão:** A garantia do direito à educação exige superar a lógica capacitista, investindo na adequação arquitetônica, na formação pedagógica docente e na ampliação do suporte psicossocial, assegurando uma formação equânime e livre de barreiras.
Descritores:
Acessibilidade Arquitetônica. Estudantes de Enfermagem. Inclusão Escolar. Pessoas com Deficiência. Universidades.

Resumen
Objetivo: Describir los desafíos que enfrentan los estudiantes de enfermería de pregrado con discapacidad. **Método:** Se realizó un estudio transversal de métodos mixtos con 23 estudiantes de enfermería con discapacidad de una universidad pública del estado de Piauí. Los datos se recolectaron de agosto a noviembre de 2025 mediante un cuestionario en línea y se analizaron con estadística descriptiva y análisis de contenido. **Resultados:** Predominaron las estudiantes mujeres, de raza mixta y egresadas de escuelas públicas. La discapacidad psicosocial fue la más frecuente, con una alta incidencia de ansiedad y depresión. Se identificaron barreras físicas, como infraestructura precaria y transporte inadecuado; barreras pedagógicas, marcadas por rigidez curricular y profesorado no preparado; y barreras actitudinales, evidenciadas por capacitismo y aislamiento. La participación en actividades de investigación y extensión fue baja, y la tutoría fue mayoritariamente no remunerada. A pesar de las barreras, el apoyo familiar y financiero facilitó la retención. **Conclusión:** Garantizar el derecho a la educación requiere superar la lógica capacitista invirtiendo en adecuación arquitectónica, capacitación docente y ampliando el apoyo psicosocial, asegurando una educación equitativa y sin barreras.
Descriptores:
Accesibilidad arquitectónica. Estudiantes de enfermería. Integración Escolar. Personas con discapacidad. Universidades.

INTRODUCTION

Education is a fundamental right and an essential tool for social and human development. In Brazil, as enshrined in the Federal Constitution of 1988 and the Law on Guidelines and Foundations of National Education (Law No. 9,394/1996), education is defined as a continuous learning process.[1-2] Educational inclusion, driven by landmark documents such as the Salamanca Declaration (1994) and consolidated by the Brazilian Inclusion Law (Law No. 13,146/2015), guarantees the right to access on an equal footing at all levels.[3-4]

As a result of these affirmative action policies, the enrollment of students with disabilities in higher education has grown substantially. Data from the Higher Education Census show a jump from 63,404 students in 2021 to 92,756 in 2023.[5] However, access alone does not guarantee academic retention and success. Students with disabilities face physical, pedagogical, and attitudinal barriers that hinder

their academic progress, requiring institutions to implement effective inclusion policies that go beyond mere physical presence in the classroom.[6-7]

In the context of the undergraduate Nursing program, these challenges take on specific and complex forms. The program requires the development of theoretical and practical competencies involving motor, sensory, and communication skills for direct patient care. The presence of physical barriers, such as the lack of ramps and accessible restrooms, and the scarcity of accessible materials and assistive technologies directly impact Nursing education, especially in laboratories and clinical rotation settings, which are essential for professional practice.[8–9]

In addition to structural barriers, attitudinal barriers, manifested through ableism, profoundly affect Nursing students. Ableism is based on the false premise that people with disabilities are incapable, leading to discriminatory or overprotective practices that underestimate the competence of future healthcare professionals.[9–10] Furthermore, the lack of faculty training and adapted teaching methodologies constitutes a significant obstacle to effective inclusion, as many faculty members do not feel prepared to meet the specific needs of these students.[11]

The literature points to a disconnect between legal provisions and the reality experienced in Higher Education Institutions (HEIs). Some studies have highlighted that, despite regulatory advances, architectural, communicational, and pedagogical accessibility remains insufficient.[12–13] Retention in higher education requires pedagogical strategies that respect different learning styles; it is crucial that Nursing curriculum planning be tailored to students' actual needs, promoting autonomy and confidence in patient care.[14]

In light of the above, a close examination to the specificities of health education at the Universidade Federal do Piauí (UFPI) is necessary. It is essential to investigate how physical, pedagogical, and cultural barriers impact the education of nurses with disabilities, seeking to understand the gaps between inclusive legislation and daily practice on campus and in clinical settings. Given the above, this study aims to describe the challenges experienced by undergraduate Nursing students with disabilities.

METHODS

This is a descriptive, cross-sectional study with a mixed-methods approach, combining quantitative and qualitative methods, linked to the umbrella project titled "Healthcare Students with Disabilities and the Challenges Experienced in Higher Education". The research was conducted in the Nursing program at the Universidade Federal do Piauí (UFPI), on its campus in Teresina, Piauí.

The study population consisted of students with disabilities enrolled in the Nursing program. In August 2025, the Accessibility and Inclusion Center (NAU) reported that 16 students with disabilities were registered in the program. Given the presence of students with disabilities who were not registered with the aforementioned center, the survey was publicized more widely through messages in students' instant messaging groups, emails sent by the program coordinators to all regularly enrolled students, and in-person announcements in classrooms.

A non-probabilistic convenience sampling method was adopted, since participation was voluntary and based on students' response to the outreach efforts.

The participant self-reported having a disability when responding to the data collection instrument. The type of disability was also self-reported. In the case of psychosocial disability, the student's self-report regarding the presence of a psychosocial condition, mental disorder, or psychological distress that could create difficulties or barriers to full participation in academic activities was considered.

Data collection took place between August and November 2025. Participants who agreed to take part in the study signed the Free and Informed Consent Term (FICT) and completed the data collection instrument via the Google Forms platform. The instrument included both closed-ended and open-ended questions, administered at the same time.

The study included students regularly enrolled in the Nursing program at UFPI, aged 18 or older, who self-reported having a disability. Excluded were students from other UFPI campuses or programs, distance learning students, students who were not attending classes regularly, as well as those who had dropped out of the academic term or taken a leave of absence from the program. Of the participants who completed the questionnaire, three were excluded based on the aforementioned criteria. Thus, the final sample consisted of 23 participants.

The quantitative data were exported from the Google Forms platform and organized into a spreadsheet using Google Sheets. To ensure the reliability of the information, the records were double-checked through manual review and by verifying the original responses against the tabulated spreadsheet. Absolute and relative frequencies were calculated for the categorical variables, as well as measures of central tendency and dispersion for the numerical variables, according to the data distribution.

For the analysis of variables assessed on a numerical scale from zero to 10, responses were grouped into categories to facilitate the presentation and interpretation of the results. The following cutoff points were adopted: scores from zero to three were classified as negative evaluations; scores from four to six, as intermediate evaluations; and scores from seven to 10, as positive evaluations. This categorization was based on the distribution of scores and the need to group adjacent values with similar clinical and perceptual meanings, allowing for a more concise interpretation of the students' perceptions.

The qualitative data were analyzed using the Content Analysis technique proposed by Bardin[15], which comprises the stages of pre-analysis, exploration of the material, and processing of the results. The responses to the open-ended questions were read and organized into thematic categories, constructed based on the recurrence of the meanings expressed by the participants in each question, taking into account the most frequent responses and the predominant core meanings. Subsequently, the data were interpreted in light of the theoretical framework adopted in the study.

The study was approved by the Research Ethics Committee (REC) of the Universidade Federal do Piauí, under Opinion No. 7,791,126, CAAE: 91302825.9.0000.5214.

RESULTS

Table 1 presents a profile of Nursing students with disabilities, covering personal characteristics, health-related aspects, and opportunities to participate in UFPI activities and projects.

Table 1. Sociodemographic, academic, and health characteristics of the Nursing students participating in the study (n=23). Teresina, PI, Brazil, 2025.

Variable	n	%
Sex		
Female	17	73.91
Male	6	26.09
Gender		
CIS Woman	17	73.91
CIS Man	6	26.09
Age		
Min	18	-
Max	49	-
Median	23	-
Mean	26	-
Marital Status		
Single	15	65.22
Married	3	13.04
Separated	5	21.74
Race/Ethnicity		
Black	3	13.04
White	3	13.04
Mixed-race	17	73.91
Children		

No	15	63.64
Yes	8	34.78
Number of Children		
1	2	25.00
2	5	62.50
3	1	12.50
Number of people living with the participant		
1	4	17.39
2	6	26.09
3	6	26.09
4	4	17.39
5	1	4.35
6	2	8.70
Year of the Nursing program		
First year	9	39.13
Second year	2	8.70
Third year	5	21.74
Fourth year	6	26.08
Fifth year	1	4.35
How did you complete your Basic Education?	13	56.5
Public school	10	43.5
Private school	18	78.3
How did you gain admission to UFPI?	4	17.4
SISU quota admissions	1	4.3
SISU general admissions		
Transfer from another institution	6	25.00
Type of disability *	3	12.50
Visual	3	12.50
Hearing	2	8.33
Physical	10	41.67
ASD		
Psychosocial disability	6	40.00
Type of psychosocial disability *	4	26.67
Generalized anxiety	2	13.33
Severe or recurrent depression	1	6.67
Bipolar disorder	1	6.67
Obsessive-compulsive disorder	1	6.67
Schizophrenia		
Central auditory processing disorder	6	26.09
Do you have any other health issues?	17	73.91
Yes		
No		

Opportunities to participate in initiatives, projects, programs, and student representation at UFPI:	0	0
Have you ever been a teaching assistant for a course?	7	30.43
Paid	16	69.57
Unpaid		
No	2	8.70
Have you ever received a scientific research scholarship?	2	8.70
PIBIC	19	82.61
ICV		
No	3	13.04
Have you ever been part of another scholarship program?	20	86.96
PIBEX		
No	1	43.5
Have you been or are you currently part of a student movement?	22	95.65
Yes		
No	1	
If yes, which one?		
Academic center	3	13.04
Are you currently a member of, or have you ever been a member of, a student representative body (academic center, DCE, class representative)?	20	86.96
Yes		
No	9	39.13
Have you participated in the electoral consultation processes at UFPI?		
Yes		
no	14	60.87

*Multiple-choice questions.
Source: Prepared by the authors (2025).

Twenty-three college students participated in the study. The sample profile was characterized primarily by females and cisgender women, accounting for 73.91% (n=17). The participants' ages ranged from 18 to 49 years, with a median age of 23 years and a mean age of 26 years.

Regarding sociodemographic characteristics, the majority identified as single (65.22%, n=15) and of mixed race/skin color (73.91%, n=17). Regarding children, 65.22% (n=15) had no children; among those who did have children, corresponding to 34.78% (n=8), the most common number was two children, at 21.74% (n=5). Regarding housing, most live in households with two or three people, representing 26.09% (n=6) for each category. As for their prior educational history, the majority completed their basic education at a public school, 56.52% (n=13), while 43.48% (n=10) completed their basic education at a private school.

In terms of academic background, the primary means of admission to the university was through the SISU quota system, 78.26% (n=18). There is a concentration of students at the beginning and end of the academic cycle: the largest group is in the first year, 39.13% (n=9), followed by the fourth year, 26.09% (n=6), and the third year, 21.74% (n=5).

Regarding health and disabilities, in a multiple-choice question, the most commonly reported type of disability was psychosocial, at 43.48% (n=10), followed by visual impairment, at 26.09% (n=6). Among psychosocial conditions, the most frequently cited were generalized anxiety, 26.09% (n=6), and severe or recurrent depression, 17.39% (n=4). Moreover, 26.09% (n=6) reported having other health comorbidities, citing conditions such as endometriosis, hypertension, diabetes, and chronic pain.

Participation in academic activities and student representation at UFPI was low. The majority had never served as teaching assistants (69.57%, n=16), and of those who had (30.43%, n=7), they did so on an unpaid basis. Only 17.39% (n=4) participated in undergraduate research, and 13.04% (n=3) in

extension programs (PIBEX). Participation in student movements was minimal, at 4.35% (n=1), and participation in student representative bodies, such as Academic Center (CA) and Central Students' Directory (DCE), was reported by only 13.04% (n=3).

However, participation in the university's electoral consultation processes reached 39.13% (n=9) of the sample. Table 2 provides information on how participants perceive situations of discrimination or ableism, as well as variables related to accessibility in the Nursing program and at UFPI.

Table 2. Students' perceptions of accessibility conditions, institutional barriers, and experiences in the university setting (n=23). Teresina, PI, Brazil, 2025.

Variable	n	%
Have you ever felt that you were the target of discrimination or ableism at UFPI?		
Yes	10	43.48
No	13	56.52
If yes, who exhibited the prejudiced, discriminatory, or ableist behavior?		
Other students	8	80.00
Faculty	2	20.00
How would you rate physical accessibility at UFPI?		
Extremely poor	5	21.74
Poor	8	34.78
Fair	7	30.43
Good	2	8.70
Very good	1	4.35
Excellent	0	0.00
Do you face difficulties getting to UFPI?		
Yes	14	60.87
No	9	39.13
Do you experience difficulties moving between areas within UFPI?		
Yes	5	21.74
No	18	78.26
Do you have access to all the buildings/departments you need?		
Yes	23	100
No	0	0.00
Do you have difficulty accessing the institution's platforms, social media, and websites?		
No	17	73.91
Yes	6	26.09
Do faculty members seek to talk with you to find out the best way to present		
content to you and assess your learning?	9	39.13
Yes	14	60.87
No		
Do you need any instructional accommodations or assistive technology?	17	73.91
No	6	26.09
Yes		
If yes, do you have or have you had difficulty accessing these accommodations or assistive technology?	5	83.33
Yes	1	16.67
No		
Have accommodations been made in classes and assessments to meet your needs?	19	82.61

No	4	17.39
Yes		
Regarding difficulties in getting along with other classmates, on a scale of 0 to 10, how	5	21.74
would you rate this? Where 0 is very poor/difficult, and 10 is very good/no difficulties	2	8.70
Negative rating (0–3)	16	69.56
Intermediate rating (4–6)		
Positive rating (7–10)	2	8.70
Do you experience difficulties in your relationships with your professors? On a scale of 0 to 10, how would you rate this? Where 0 is very difficult/bad, and 10 is very good/no difficulties	4	17.39
Negative rating (0–3)	17	73.91
Intermediate rating (4–6)		
Positive rating (7–10)		

Source: Prepared by the authors (2025).

When asked about their experiences with perceived discrimination or ableism at the university, 43.48% (n=10) of the participants reported having felt targeted by such situations at UFPI. Among those who experienced such situations, the behavior originated primarily from other students, 80.00% (n=8), followed by faculty members, 20.00% (n=2). Regarding physical accessibility, the predominant assessment was negative: 34.78% (n=8) rated it as "Poor", and another 30.43% (n=7) as "Fair". The rating "Extremely poor" was given by 21.74% (n=5) of the participants.

As for transportation, the greatest barrier was identified on the route to the university, with 60.87% (n=14) reporting difficulties in getting to UFPI. Internal travel (between areas of UFPI) generated fewer complaints, at 21.74% (n=5). Despite these difficulties, 100% (n=23) of the students stated that they had access to all the buildings and departments they needed. As for educational and digital accessibility, 26.09% (n=6) reported difficulties accessing institutional platforms and websites. A significant gap was identified in teacher-student interaction: 60.87% (n=14) stated that professors do not seek to discuss ways to adapt the presentation of content or assessments.

Specifically regarding the need for resources, 26.09% (n=6) of the students reported needing pedagogical accommodations or assistive technology. Of this subgroup, 83.33% (n=5) reported facing difficulties in gaining access to these resources. Overall, 82.61% (n=19) of the sample stated that no accommodations were made in classes or assessments to meet their needs.

Finally, the assessment of interpersonal relationships, measured on a numerical scale from 0 to 10, showed a positive trend in both domains investigated, although negative evaluations were still observed among a portion of the participants. Regarding interactions with classmates, the majority of students (n=16; 69.56%) assigned scores of 7 to 10, indicating a positive evaluation; an intermediate assessment (scores of 4 to 6) was reported by two participants (8.70%), while a negative assessment (scores of 0 to 3) was reported by five students (21.74%), indicating that, although predominant, positive interactions are not unanimous. Concerning the relationship with professors, an even more favorable picture emerged: 17 participants (73.91%) rated the interaction as positive (scores of 7 to 10), four (17.39%) as intermediate (scores of 4 to 6), and only two (8.70%) as negative (scores of 0 to 3). It is worth noting that, in both domains, the maximum score (10) was the most frequent individual score, assigned by 39.13% (n=9) of the participants regarding their relationships with peers and by 43.48% (n=10) regarding their relationships with teachers.

Table 1 below presents the categorization of the subjective responses. The responses were organized into four thematic categories and ten subcategories. Duplicate responses were taken into account, and the most representative ones are highlighted.

Chart 1. Thematic categories of barriers and facilitators experienced by Nursing students during their academic journey. Teresina, PI, Brazil, 2025.

Thematic Categories	Subcategory	Representative accounts (participants)
Physical and Urban Barriers	Internal infrastructure	"Getting from one area to another, because the sidewalks are terrible, the pavement is full of potholes, and the classrooms don't have ramps at the doors." (R9) "Classrooms that are hard to find and steep slopes." (R1) "Lack of easy access to water during practice sessions." (R7) "Lack of accessibility for people with low vision." (R23)
	Urban mobility	"Limited transportation." (R3) "Distance, transportation…" (R13) "Walking the entire route to UFPI." (R1 and R23)
Pedagogical and Methodological Barriers	Curricular rigidity	"Intensive classes and content." (R22) "Traditional teaching, hierarchy." (R12) "Insufficient study time to prepare for assessments." (R10)
	Lack of adaptation	"I don't see this inclusion happening; I see that it's the student who has to adapt to the teachers' methodology." (R1) "Methodologies that contribute little to learning." (R23) "Exams with text that's too small." (R23)
	Best practices (exceptions)	"Teachers listen to our requests and try to adapt." (R19) "They give us more time on exams and administer separate exams." (R5)
Psychosocial and Attitudinal Barriers	Mental health	"Anxiety, I always feel inferior to others." (R2) "Low self-esteem, breakdowns." (R14) "A strong feeling that I won't be able to do it." (R17) "Nervousness makes me forget everything… physical pain throughout my whole body." (R2)
	Attitudinal barriers	"A lack of empathy and sensitivity on the part of some teachers." (R1) "Isolation by some classmates." (R5) "Interacting with people. I try not to have contact with them." (R8)
Facilitators and Support Network	Financial support	"Financial aid scholarships." (R23) "Working hard to keep my scholarship." (R5)
	Emotional support	"Family support and friends from the course." (R22) "The passion I have for the course." (R17) "The desire to succeed in life." (R6)
	Institutional support	"Course coordination." (R11) "Advising me on what to do." (R10) "Psychological support, follow-up with the educational counselor." (R5)

Source: Prepared by the authors (2025).

DISCUSSION

A detailed analysis of the participants' profiles in this study reveals a complex landscape that intertwines social achievements, individual vulnerabilities, and institutional barriers in the context of public higher education. The sociodemographic characteristics of the sample, composed mainly of cisgender women and self-identified mixed-race individuals, confirm the historical and persistent feminization of Nursing in Brazil. This phenomenon is not merely statistical but reflects sociocultural roots that link professional care to the female figure, a trend that remains strong in the contemporary national landscape.[16]

At the same time, the predominant racial profile, combined with the fact that more than half of the students attended public schools during their K-12 education and entered university through the quota system, highlights the transformative impact of affirmative action policies. The Quota Law fulfilled its role of breaking down elitist barriers to access, altering the "color/race" and "class" composition of the federal university by bringing into the Nursing program a student body that reflects the actual demographics of the Northeast Region and the state of Piauí.[17]

This demographic profile mirrors data from the Brazilian Institute of Geography and Statistics (IBGE), which indicate that the majority of Piauí's population self-identifies as mixed-race, thereby consolidating the university as a reflection of the society in which it is embedded.[18] However, the democratization of access evidenced by these results brings with it the imminent challenge of student retention. Recent data from the Higher Education Census warn that the socioeconomic profile identified in this study, quota students, public school graduates, and mixed-race people, historically constitutes the group most vulnerable to dropout when there is a lack of material and pedagogical support.[5]

A significant aggravating factor identified among the participants is their family and housing situation: although most are single, a significant portion has children, and it is common for two or more people to live together, often in large households. This reality entails a double or triple workload, in which students must balance the rigorous academic demands of the Nursing program with domestic work and parental care. This overload of roles creates an unfair cognitive competition, in which managing the family's survival directly competes with study time, impacting academic performance and, crucially, mental health.[19]

Mental health, in fact, emerges as the most alarming and critical finding of this study. The prevalence of psychosocial impairments in the sample, with cases of generalized anxiety and severe depression far outnumbering physical or sensory impairments, reveals an entrenched health crisis among the student body. This scenario corroborates international findings regarding the reality of high psychological strain and cognitive overload among Nursing students.[20]

The Nursing program, by its very nature, which involves dealing with pain, death, and technical responsibility at an early stage, already acts as a powerful stressor. When this academic pressure affects a socially vulnerable student, with fragile or overburdened family support, the risk of mental health issues skyrockets. Furthermore, the reported presence of various physical comorbidities in young individuals, such as migraines and chronic pain, can be interpreted from a psychosomatic perspective, creating "invisible" health barriers that affect attendance, but which are rarely recognized by academic administrators as legitimate limitations, a finding that aligns with the identification of chronic health conditions as a relevant category of disability among Nursing students, even though it is often overlooked in accommodation processes.[21]

Although psychosocial disability is predominant, the presence of students with physical and visual disabilities brings to the fore the discussion about the material reality of inclusion. Accessibility data reveal a disconnect between the right to come and go and the actual infrastructure experienced. The fact that most students report difficulties in getting to the university points to the precarious state of urban mobility, which acts as the primary barrier to inclusion. This finding is particularly relevant, as transportation barriers are the least investigated in the scientific literature, indicating an academic neglect of how students get to campus.[11]

Internally, the classification of physical accessibility as "poor" or "fair" suggests that access to buildings comes at the expense of autonomy, violating the principle of Universal Design and the provisions of the Brazilian Inclusion Law.[4] This context of physical and psychosocial barriers directly contributes to academic disengagement. The study revealed low participation in the teaching-research-outreach triad, as involvement in undergraduate research was limited to a minority of students. Even more concerning are the findings regarding teaching assistantships: all those who participated did so without compensation.[11]

These data must be interpreted from a socioeconomic perspective: low participation does not suggest a lack of interest, but rather material impossibility. Students who support their families do not have time for "academic volunteer work", facing the observed disconnect between the legal discourse on access and the actual conditions required for full participation and retention in the university setting.(11) In this cycle, the Academic Performance Index (API) becomes a mechanism of institutional exclusion. By using the API as an automatic criterion for scholarship selection, the university doubly penalizes vulnerable students: those who face health and transportation barriers see their performance affected and, consequently, are prevented from accessing the scholarships that would ensure their retention.[18]

In addition to structural barriers, the study reveals shortcomings in the areas of communication and attitude. The fact that the majority state that faculty members do not discuss inclusive methodologies points to a context that may indicate a systemic lack of pedagogical preparedness. This lack of dialogue undermines the "interactive process", which is essential for the collaborative definition of reasonable accommodations among the student, the faculty member, and the institution.[22] This

finding is consistent with what the literature identifies as the most prevalent barrier: failures in communication and information.[11]

Furthermore, the university environment proved to be hostile, with a significant proportion reporting discriminatory or ableist situations, mostly perpetrated by other students. This confirms the persistence of attitudinal barriers that prevent interpersonal relationships from being fully positive, even in environments that claim to be inclusive.[11] By challenging this exclusionary view, the presence of students with disabilities constitutes a valuable asset that enriches empathy and the quality of care in Nursing.[23] Paradoxically, the positive assessment of overall social interaction suggests the existence of informal emotional support networks that act as a factor of resilience, enabling students to withstand the pressures of the program despite institutional shortcomings.

Based on the accounts, it is possible to identify subjective aspects related to the factors that facilitate and hinder academic life at UFPI. Initially, the statements regarding physical and urban barriers stand out, referring both to the institution's internal infrastructure and to the context of the capital city. Urban mobility in Teresina is identified as a complex obstacle, with reports of "limited transportation" (R3) and difficulties with distance (R13). This dissatisfaction with commuting and the physical environment is not unique to this sample; the "environment" domain (which encompasses transportation, safety, and financial resources) has received the lowest quality-of-life scores among Nursing students, reinforcing that structural precariousness directly impacts student well-being.[23]

On campus, UFPI presents a challenging scenario, with "potholed roads" (R9) and a lack of accessibility (R23), which act as environmental stressors and exacerbate the perception of burnout experienced in the academic routine. In the pedagogical realm, the reports reveal a rigid curriculum that does little to promote inclusion. The perception of "traditional teaching" (R12) and the pressure to perform (R10) highlight a disconnect in the teaching-learning process. This scenario corroborates findings that identified the "Theoretical Activities" domain as the strongest predictor of stress among Nursing students, with 54.8% of the sample reporting high levels of stress related to assessments and course loads.[24] To reduce this overload caused by assessments, the implementation of pedagogical adaptations, such as adjusting the time and format of exams, is essential to remove the barriers of the traditional method and thus allow students to demonstrate their competencies without compromising the rigor of the assessment.[25]

Furthermore, feelings of unpreparedness and the pressure of practical activities (R1) lead to insecurity. This vulnerability is exacerbated by the lack of planned and specific support for the clinical setting, which requires individualized support strategies.[26] Academic experiences, when marked by failure or a lack of adaptation, negatively influence students' self-perception, impairing their ability to face the challenges of college life.[27] The severity of this scenario is underscored by data revealing that 91.2% of students attribute their need for psychological support to their undergraduate program itself, indicating that the current educational model may act as a determinant of ill health.[28]

Mental health emerges in the accounts as the area of greatest vulnerability. The statements express intense psychological distress, such as "anxiety", "low self-esteem" (R14), and somatization of pain (R2). This distress is corroborated by recent alarming data, which found that anxiety affects 85.2% of the Nursing students surveyed, followed by depression (66.6%). The "lack of empathy" (R1) and isolation (R5) cited by the participants reflect the intersubjective dimension of illness, often exacerbated by the faculty's own implicit biases regarding neurodiversity.[29] Low self-esteem among Nursing students is not an isolated occurrence but is shaped by interpersonal relationships and the negative professional self-image formed during the program.[30]

Low self-esteem is associated with self-destructive behaviors and reduced self-efficacy, which can lead to dropping out of the program, a phenomenon linked to the fear of being labeled and to the strategy of concealing one's disability as an attempt to remain in the program, as identified in the literature.[31] Despite these obstacles, the accounts shed light on factors that support students' continued enrollment. Financial support through scholarships (R23, R5) emerges as an indispensable material condition. On the emotional front, family support and a "passion for the program" (R17) serve as pillars of resilience. In addition to social support, coping strategies such as "Planning" and "Religion" are fundamental for students to reframe stress and remain in the program.[24]

Thus, support is recognized in specific forms (R11), but the need for care is urgent. Therefore, recognizing students' intersubjectivity and emotional needs is crucial for planning comprehensive care, suggesting that the university should be a welcoming space and not merely a place for academic demands.[27]

The main limitation of this study was the difficulty in recruiting participants, resulting from institutional underreporting and students' reluctance to self-identify as having a disability due to stigma, compounded by the scarcity of national literature on the subject. Despite this, the study contributes by shifting the blame from "individual failure" to structural barriers at the university, thereby supporting the revision of exclusionary policies, such as the inflexible use of the Academic Performance Index (API). There is a clear urgency to adopt Universal Design for Learning, whose benefits for inclusion and equity in Nursing education have been repeatedly highlighted in recent literature[32], and to train faculty to combat ableist biases, recognizing that effective inclusion depends less on individual accommodations and more on the structural transformation of academic culture[33], reaffirming that the educational environment must be, first and foremost, a space of care.

CONCLUSION

The results indicated that, despite the democratization of access promoted by affirmative action, students with disabilities face critical barriers to remaining in the Nursing program at UFPI. Poor infrastructure and transportation difficulties undermine physical autonomy, while a rigid curriculum and unprepared faculty reveal an ableist mindset that shifts the responsibility for adaptation onto the students.

This scenario of symbolic and material exclusion directly impacts students' mental health, as evidenced by high rates of psychological distress. It can therefore be concluded that guaranteeing the right to higher education requires going beyond formal enrollment and investing in the practical realities of inclusion. There is an urgent need for architectural adaptations, pedagogical training for faculty on diversity, and the expansion of psychosocial support, ensuring that nurse education takes place in an equitable and barrier-free environment.

CONTRIBUTIONS

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