

The Discourse Surrounding Disabilities in Nursing Education: An Integrated Literature Review

Heather J. Payraastre, RN, BScN

A project submitted in partial fulfillment of the requirements for the degree of Masters of Nursing from the University of Victoria, School of Nursing, Faculty of Human and Social Development.

Supervisor: Lynne Young, RN, BSN, MSN, PhD, Professor, School of Nursing, University of Victoria

Project Committee: Anne Bruce, RN, BSN, PhD, Associate Professor, School of Nursing, University of Victoria

### **Abstract**

People with disabilities continue to suffer from health inequities and discrimination in North American society at large and even within the health care system (Scullion, 2010). It is widely believed that disability-related theory needs to be explored in undergraduate nursing education in order to disrupt the social inequities faced by people with disabilities (Goddard, Mackey & Davidson, 2010; Smeltzer, Dolen, Robinson-Smith & Zimmerman, 2005; Thompson, Emrich, & Moore, 2003). How are nurse scholars conceptualizing and theorizing disability in nursing education literature? The purpose of this integrated literature review is to draw on current nursing literature about disability education in order to critically examine the authors' discourses, assumptions, and attitudes regarding disability that are embedded in nursing education literature. A discourse lens frames the analysis of relevant literature to examine how disability is conceptualized and portrayed. While authors of the articles reviewed held that disability-related education is important at the undergraduate level, their writings presented a range of conceptualizations and various theoretical approaches to disability. These findings are encouraging, but more emphasis on disability theory is needed to adopt a consistent approach to disability education that is grounded in our disciplinary values. The results of this critical review of the literature could be used in the development of disability-specific nursing competencies or an educational framework for North-American nursing curricula. Overall, in the articles reviewed, there is promising evidence of movement towards social awareness and the empowerment of people with disabilities as a priority in undergraduate nursing curricula.

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## The Discourse Surrounding Disabilities in Nursing Education: An Integrated Literature Review

An estimated 650 million people worldwide have some form of disability (WHO, 2010). Here in Canada, 14% of people report having a disability that requires assistance with daily activities; in the elderly population the disability rate climbs to 50% (Statistics Canada, 2006). The population of people who have disabilities is growing along with longer life expectancies and improved medical care, particularly for neonates and children (Graham, Pemstein & Curley, 2009; WHO 2010). Statistically, people with disabilities utilize more health care services and spend more time in hospitals than people without disabilities: nurses therefore have significantly more exposure to people with disabilities than does the general public, and the frequency of this contact is growing (Sanders et al., 2007). Nurses encounter people with disabilities in all practice areas (Smeltzer, Robinson-Smith, Dolen, Duffin & Al-Maqbali, 2010). Current literature suggests that people with disabilities continue to face societal obstacles rooted in judgment and discrimination; sadly, the health care system does not always provide respite from these injustices (Goddard, Mackey, & Davidson, 2010; Scullion 2010; Thomas, 2001).

Historically, people with disabilities have been ill treated by society: they have suffered segregation, been denied basic human rights, and been pushed to the margins of society (Barker, 2010). Major progress has been made in fulfilling the basic human rights of people with disabilities; however, many people with disabilities continue to face discrimination and negative assumptions about their conditions (WHO, 2011; Northway, 1997). Unfortunately, disabled people report that this mistreatment continues within the health care system at the hands of nurses (Barker, 2010; Seccombe, 2006). Does the nursing discipline foster attitudes that uphold “normal” as an ideal rather than simply a benchmark for physiological comparison? This

integrated literature review aims to examine how nurse scholars are conceptualizing and theorizing disability in nursing education to identify the current nursing disciplinary stance. Major concepts are delineated to set the context of the paper; then current nursing literature pertaining to disability education is analyzed through a discursive lens. The discussion consolidates major findings from the analysis and discusses potential application to nursing practice and education.

### **Discourse**

In its most simplistic form, discourse can be understood as a conversation, a dialogue, or a set of words. McCloskey (2008) defines discourse as a “belief, practice or knowledge that constructs reality and provides a shared way of understanding the world” (p. 24). Fowler sees discourse as the beliefs and values that are embedded in written or spoken dialogue (as cited in Mills, 2004). As these beliefs and values frame dialogue, discursive structures are formed through language. Discursive structures are innately fluid, reshaping and evolving with societal growth to reflect changes in values over time. In order to explore the discourse surrounding disabilities in nursing literature a structured set of questions were used to analyze each article, referred to as the Template for the Analysis of Discourse (please refer to Appendix A). Within this integrated literature review I explore the discourse surrounding disabilities in nursing education literature to identify the current nursing disciplinary stance on this concept and explore areas for growth.

### **Defining Disability**

The Disability Discrimination Act defines a disabled person as “someone who has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities” (Disabled World, 2009, para. 3). This is a commonly accepted definition of disability as it acknowledges both physical and mental conditions that disrupt normal activities while establishing disability as a long-term condition. However, using normal as a reference point presents a challenge since it is not itself easily defined. The World Health Organization (WHO, 2011) has developed a framework for classifying disabilities called The International Classification of Functioning, Disability and Handicap (ICF) in hopes of developing internationally standardized terminology and classification. The ICF defines disability as “the outcome of the interaction between impairment and functioning and the environment” (Hurst, 2003, p. 574). This definition represents a paradigm shift in how disabilities are perceived: the ICF acknowledges that the social and physical environment present functional limitations which create space for a disability to emerge. Research from the USA Centre for Disease Control (CDC) suggests that “major problems for disabled people are social: poverty, lack of personal and technical assistance, unemployment and attitudes” (Hurst 2003, p. 574). Drawing on the ICF and CDC perspectives, I put forth a working definition of disability within this paper as a long-term physical or mental impairment that is illuminated by social and environmental obstacles.

### **Theorizing Disability**

Worldwide, the consequence of having a disability extends beyond pathophysiology to a compromised social and political climate. For example, disability is considered to have both a causal and consequential relationship with poverty (WHO, 2010). Additionally, people with

disabilities report negative judgment, avoidance, and disempowerment from society and specifically, from health care professionals (Scullion, 2000; Seccombe, 2006). There are differing theories as to why people with disabilities are a marginalized population; within this paper I discuss the roots of colonialism with respect to the historical treatment of people with disabilities and suggest critical social theory as one means to explore the consequences of oppression.

Western colonialism was rooted in the domination of assimilated groups encompassing Western European civilizations. The dominant group measured other groups by their differences from their established standards. Colonial ideology resulted in a critique of European people with disabilities as deviations from the common physiological norm (Barker, 2010; Mills, 2004). As science gained credibility in the mid twentieth century, people with disabilities were further devalued by society by labeling different as defective. Subsequently, people with disabilities were segregated from so-called 'normal, rational' society and pushed to the margins of civilizations (Barker, 2010; Kliever & Fitzgerald, 2001). Eventually, as science became increasingly hegemonic, people with disabilities were recognized as having medical conditions requiring treatment (Barker, 2010). Subsequently, medical segregation became commonplace and people with disabilities had their basic needs provided for by members of the dominant groups; however, they remained disempowered and socially marginalized (Foucault, 1965). There is historical evidence of disempowering discourses surrounding disabilities that may be grounded in marginalization, segregation, and curative approaches. Exploring the roots of colonial history offers one perspective into how disability discourses became embedded in a disempowering medical model of treatment as care.

Certain nurse scholars are concerned that without focused disability education “nurse[s] may reflect societal attitudes in their care” (Seccombe, 2006, p. 460) and perpetuate a disempowering approach to people with disabilities. The history of colonialism offers insight into how disability discourse became embedded in a disempowering medical model of treatment as care. Critical social theory is increasingly used in the nursing discipline to explore the health impact of sociopolitical oppression on marginalized populations such as religious or ethnic groups (Browne, 2000). I suggest that applying critical social theory to explore the oppression faced by people with disabilities may contribute to a nursing disciplinary shift towards social equity for people with disabilities.

### **Disability Models**

There were four distinct theoretical disability models found in nursing literature: the medical model, the rehabilitation model, the social model, and the interface model. The medical model is based on the pathophysiology of disabilities and takes a curative approach to care, aligning disability with illness (Seccombe, 2006). This model has historically dominated nursing education, but is criticized for dehumanizing the lived experience of disability and disempowering people with disabilities (Scullion, 2010; Smeltzer, Robinson-Smith, Dolen, Duffin, & Al-Maqbali, 2010). The rehabilitation model is grounded in empowering people with disabilities to rehabilitate or work towards improving their physical state (Pledger, 2003). The rehabilitation model is often valued in the treatment of newly acquired or progressive disabilities; however, it stems from a curative vision and may fall short of addressing the social impact of disability. The social model of disability recognizes that people with disabilities have physical impairments; however, the model focuses on the disabling effects of society such as



discrimination, environmental obstacles, or financial issues (Scullion, 2010; Seccombe, 2006). There has been some critique that the social model underemphasizes the pathophysiology of disabilities; subsequently, the interface model was developed by Goodall (1995), a nurse with a disability, as a bridging framework between the medical model and the social model of disability. The interface model is considered a blend of the previous three models in that it recognizes disability as the meeting place between a person's medical diagnosis and their social environment with a central goal of empowerment (Smeltzer et al., 2010). These four descriptions present a brief synopsis of the disability models encountered in the nursing literature reviewed. Presently within the nursing literature, there is inconsistent use of a particular disability model for nursing education.

### **Purpose**

The purpose of this integrated literature review is to examine current nursing literature that explores disabilities in nursing education in order to critically examine the authors' discourse, assumptions, and attitudes towards disability that are housed in nursing education literature. This is important in order to ensure that our disciplinary discourse reflects a commitment to social awareness and empowerment of people with disabilities.

### **Methods**

An integrated literature review was conducted as it permits the use of both quantitative and qualitative research in order to better understand the phenomena of concern: how disability is conceptualized in nursing education literature (Whittemore & Knafl, 2005). Literature searches were conducted via the The Cumulative Index to Nursing and Allied Health Literature

(CINAHL), Summon, a search engine that draws from the University of Victoria library collection including on-line and hard copy materials, and Google Scholar, a world wide web search engine. Search terms in all three databases were variations of the words disability, nursing, and education or curricula. Literature that addressed any type of physical or developmental disability was included as well as literature that was intended to educate practicing nurses or nursing students. The Whitemore and Knafl relevance scale was used to identify the most current, relevant literature through assigning points for specific criteria. The more points an article obtained on a scale of 0-3 the better it fit the purpose of the integrated literature review. One point was assigned for each of the following criteria: publications from the year 2000 and later in a nursing journal, to ensure currency and relevancy to nursing; publications that were conducted and written in English, recognizing that discourse is embedded in language and culture; and publications that are primary research, to optimize an analysis of discourse within first-source material. Lastly, literature that focused on educating nurses who have disabilities or learning disabilities was excluded to avoid narrowing the analysis to educative methods as opposed to generalized discourse.

The preliminary search yielded 264 journal articles, with a total of 92 articles being selected as potentially relevant to the study purpose based on the purpose of analyzing the disciplinary discourse of disability. The ancestry approach was used to confirm an inclusive sampling of the nursing literature that brought forth two additional articles for a total of 94. These 94 articles drew from multiple languages and disciplines, and included many literature reviews, narratives and opinion papers. This inclusive sampling was reviewed in part to ensure that I had a broad understanding of disability research and its evolution through time. All 94 articles were reviewed and ranked using the relevance scale whereby eight articles received the

highest score of three points for being published in a nursing journal, in English, in the past 11 years (please see appendix B). The final eight articles used for the integrated literature review were all peer-reviewed. These eight articles were independently critiqued and analyzed using a set of questions to explore discursive structures and the conceptualization of disability (please see appendix A). An ongoing reflective journal was kept throughout the analysis process to facilitate a constant-comparative analysis.

## **Results**

In this section, the eight articles that best fit the integrated literature review are analyzed separately beginning with a brief synopsis of the study, followed by an analysis of discourse. The analysis of discourse explored how disability was conceptualized, what assumptions were made, if people with disabilities were discussed as individuals, and whether marginalization or a need for social change was discussed. Within the discussion, themes and trends from the results are woven together to explore the discourse, assumptions and attitudes towards disability within the nursing education literature reviewed.

Baker's (2011) quantitative study explored the perspectives of family members of people with neurological disabilities regarding the need for targeted disability training for nurses working with this population. The author approached this as a service evaluation and used a cross-sectional survey of relatives of inpatients at a hospital for people with neuro-disabilities. The results indicated that the majority of relatives believe that nurses should undergo targeted educational programming prior to working with patients with neurological disability; however, the response rate was very low at 39% (Peat, Barton & Elliot, 2008). The perspective of the person with the disability was not included in this study but the authors illuminated the

inexorable influence that disabilities have on family members of people with disabilities. This study addressed an important consideration: family members of people with disabilities are heavily involved in the process of health and healing and as such represent valuable human resources who deserve a voice. Baker's research supports the growing body of literature that recommends focused disability education for nurses working with people with disabilities.

Baker (2011) delineates disability as a lifelong condition that will affect the person and their family forever. This definition shifts disability away from a strictly pathophysiological condition by creating space for social implications. Additionally, the author states that people with disabilities "should be viewed in terms of their wellness, or functional ability, rather than their disability" (Baker, 2011, p. 270). Although this study did not explore the perspective of the person with a disability, there is a discourse of disability being socially embedded. Within this study the explicit goal of nursing care for people with disabilities is empowerment, understood as care that emphasizes the functional ability of the patient and positions them at the center of their experience.

Goddard, Mackey and Davidson (2010) used action research to create a functional clinical placement model for undergraduate nursing students learning about disabilities. The students volunteered to participate in a community-based placement with volunteer families of children with disabilities after completing a theory course about chronic illness and disability. Data was collected from the authors, the students and the parents of the volunteer families; the placement was considered a valuable learning experience for all participants. The authors concluded that community-focused professional experience placements offer a viable alternative to clinical placements. The authors suggest that students successfully met competencies in this

community placement; however, the specific competencies were not identified. The perspective of the child with a disability was not included in this study; in fact, they are entirely invisible apart from a medical diagnosis. Overall, this study represents valuable progress in the academic setting of placing direct emphasis on the need to improve undergraduate nurses comfort and knowledge surrounding disabilities. Additionally, this study raises the possibility of a need for nursing competencies that are specific to caring for people with disabilities.

Goddard, Mackey and Davidson (2010) define disability as physical and/or intellectual health problems that impact the health and well being of the individual and their families. The authors expressed concern that nursing students were eager to solve problems prior to completing a full family assessment; this may be a consequence of the undercurrent of a disabling discourse towards children with disabilities as a burden to their families. One of the discursive structures within this study is seeing the person with a disability as embedded within a family system, not as a separate entity, and suggesting that nursing care needs to involve the whole family to optimize the health of a person with a disability.

Honey, Waterworth, Baker, and Lenzie-Smith (2006) explored the use of formal, graded student reflections as a tool to enhance learning in disability education. Students voluntarily submitted reflections to the researchers to provide a data set for an inductive qualitative analysis. Their program used a social model of disability in their theoretical teaching and the reflective papers drew on the students' clinical experience working with people with disabilities. Upon analysis, the authors felt that the reflective papers explored the students' general growth in a clinical setting as opposed to any learning specific to disabilities. The authors suggest that a more specific framework for the reflective paper might have improved this outcome, or even a

preparatory session may have helped to alleviate some of the initial stressors of beginning a clinical rotation working with people with disabilities. The authors illuminate the importance of undergraduate education about disability theory and the value of critical reflection to help assess individual learning.

The conceptualization of disability is drawn from Statistics New Zealand as self-perceived and long term. Furthermore, the authors explicitly draw on a social model of disability in students' theoretical education. The authors refer to exploring assumptions and challenging students' values as a means to improve nursing students attitudes toward people with disabilities. The discourse is one of combatting oppression and encouraging social change through nursing education with reflective practice as the tool to benchmark students learning.

Sanders et al (2007) utilized virtual patient modules, or case studies, of two children with disabilities as a learning tool for nursing students. Nursing students from three undergraduate nursing programs participated in a test of their knowledge and comfort providing nursing care to children with disabilities before and after completing a virtual patient module. The researchers found that the virtual patient module significantly increased student's comfort and knowledge scores. Students also provided positive feedback about their learning based on the virtual patient module experience. This study was limited to the exploration of two case studies and thus only two pathologies; however, the authors suggest that the results are likely replicable with other cases and other nursing student groups. This study provides a viable alternative to clinical placements for students to explore disabilities, although facilitators would have to be cautious that a pathology-based teaching module risks focusing on deficits rather than the expanded social implications of living with a disability.

Within this study, disability is categorized based on pathology but is never formally defined. The authors recognize that their positive results are limited to the pathologies encountered in their two modules; however, they postulate that care strategies learned by the nursing students may be transferable to other disability groups. The assumption that people with similar pathologies will require the same care creates a discourse grounded in the medical model and risks disempowering people with disabilities to direct their own experiences. Despite this potential risk, the authors suggest that nurses directly impact the self-image and well being of children with disabilities, thus the modules are designed to teach a strength-based approach towards providing nursing care. The strength-based approach taught nurses to identify and support the individual abilities of a child with a disability. The discourse in this article is grounded in a medical model but supports nursing care that is empowering based on the individual needs of a person with a disability.

Secombe (2007) developed a research study to assess the impact of a modified undergraduate disability course. Students who engaged in an intensive theory and practicum course were compared with a previous group of students who completed a more basic practicum course, both courses focused on the nursing care of people with disabilities. This quantitative study used the well-accepted Attitudes Towards Disabled People measurement tool to provide pre and post test scores for both student groups. The researchers were disappointed to discover no significant difference between the scores of the two groups but they offer some insight into why these results might have occurred. First of all, empowerment theory is threaded through the curriculum and may have contributed to overall positive attitudes of all students towards people with disabilities. Also, students who were not exposed to classroom disability theory may well

have been exposed to this content in their clinical rotations. Despite the lack of significant improvement based on the addition of disability theory to undergraduate education, this study is another example of developing knowledge surrounding the effectiveness of disability education for undergraduate nursing students.

Disability is broadly conceptualized as any intellectual or physical impairment that impacts on a person's life. The authors explicitly identify their theoretical beliefs about disability education in stating "incorporating an empowerment focus and the social model of care into the theoretical training of student nurses is important to stimulate movement away from the restrictive medical model of care still reported in the provision of nursing care today" (p. 451). This research article represents a positive shift in the discourse on disabilities as self-determined, socially connected, and approached by nurses with empowerment goals.

Smeltzer, Dolen, Robinson-Smith and Zimmerman (2005) undertook a descriptive survey study exploring to what extent undergraduate nursing programs in the United States of America incorporated disability-related content into their curricula. The authors randomly selected nursing schools across the country and asked questions surrounding disability models, pedagogical approaches, and obstacles to incorporating disability-related content into curricula. The survey results showed that the mean number of disability related topics covered by undergraduate nursing curricula was 56%; further, many programs stated that they are unsure if their disability education is effective. Textbooks were the most frequently used resource for disability-related content and clinical experiences were seldom reported. Overall, this study highlights an urgent need for nurse educators to increase the depth and scope of disability-related content in undergraduate nursing education.



Within the text of this article, disability is considered to encompass a broad range of medical conditions ranging from sensory impairments to learning disabilities; however, the authors recognize that disability may be conceptualized differently across the educational sectors, thus presenting a potential limitation to their survey results. Smeltzer, Dolen, Robinson-Smith and Zimmerman (2005) recommend that programs use either the social model or the interface model of disability to encourage nursing students to provide empowering care to people with disabilities. Again, this study embraces a discourse of disabilities that is socially connected and promotes nursing care that is empowering.

Smeltzer, Robinson-Smith, Dolen, Duffin and Al-Maqbali (2010) carried forward their results from the aforementioned study to explore the coverage of disability-related topics in thirty-three textbooks commonly used in undergraduate nursing programs in the United States of America. The authors produced a descriptive survey based on a detailed list of key content in order to systematically review the adequacy of disability-related content. The key content list was developed based on input from people with disabilities and experienced health care providers, underpinned by the premises of the interface model. Based on their analysis, the authors found that “textbooks widely used in undergraduate nursing education contribute to the lack of attention to the health, health care needs and care of people with disabilities” (p. 152). Some of the consistent findings through their analysis were an inattention to pre-existing disability, a greater need for discussion about abuse, little attention to disability secondary to substance abuse, the need for self-care and health promotion for people with disabilities, and little or no mention of disability models. The authors conclude that educators cannot assume that textbooks offer adequate coverage of disability-related content and therefore educators need to

ensure that it is adequately addressed in undergraduate curricula. Furthermore, the authors suggest that disability-related issues need to be integrated throughout textbooks and curricula as opposed to being taught in isolation.

Disability is never formally defined in this particular study but the authors consider people with disabilities as entitled to individualized care that is empowering and shaped by their own goals. The authors deepen their commitment to empowerment by engaging people with disabilities in the development of their disability-related content list to serve as experts in the field. This creates a powerful discourse of empowerment and individuality surrounding disabilities both through the development of the study and the explicit use of the interface model.

Thompson, Emrich and Moore (2003) developed a quantitative study centered on the impact of a disability-focused course on the attitudes of undergraduate nursing students. Data was collected using the Attitudes Towards Disabled Persons (ADTP) tool before beginning a chronic illness and disability course partnered with a clinical placement in various rehabilitation facilities; students repeated the ADTP upon completion of the course. The students' attitudes were significantly more positive after completing the course. The authors believed that their program effectively exposed students to the lives of people with disabilities offering "an expanded view of health in light of disability" (p. 35). The authors used a rehabilitation model in their approach to caring for people with disabilities. Moreover, they discussed common myths and assumptions about people with disabilities as part of the coursework. This study highlights that a combination of theory and clinical experience can effectively improve nursing students' attitudes towards disabilities.

Disability is not explicitly defined in this article; however, the authors describe a rehabilitation model as underpinning their theoretical teaching. Thompson, Emrich and Moore (2003) describe their course work as placing emphasis on the individual when caring for a person with a disability and focusing nursing care on restoring, maintaining and achieving maximum health. The discourse surrounding disabilities is one of empowerment, individuality, and health promotion. The course is also described as looking at assumptions and dispelling myths, which places value on inquiry and exploration for nursing students as a valuable means to learn about disabilities.

### **Discussion**

A common thread through the literature reviewed is a need for social change in the nursing discipline regarding the care of people with disabilities. Many of the studies examined suggest that this disciplinary change needs to start with undergraduate nursing education. Disability awareness remains on the margins of curriculum, often excluded completely from undergraduate nursing education (Scullion, 2000). In a random sampling of undergraduate nursing schools in the USA, 1.3% reported covering no disability content while 28% only covered half of relevant disability-related subject areas (Smeltzer, Dolen, Robinson-Smith & Zimmerman, 2005). Mills (2004) suggests “exclusion is, in essence, paradoxically one of the most important ways in which discourse is produced” (p. 60). What discourse is created for nursing students through neglecting to acknowledge the oppression faced by people with disabilities in our society? Exclusion of disability-related topics in nursing curricula permits societal discourse to dominate the discipline; moreover, students are not challenged to disrupt the oppressive attitudes towards people with disabilities in our health care system and communities.

Neglecting disability content in undergraduate education may contribute to neglecting disability issues in the health care environment, thus perpetuating existing health inequities for people with disabilities.

Several of the studies allude to the need for specific undergraduate nursing competencies that relate to caring for people with disabilities. Sanders et al. (2007) state, “specific minimal student competencies for working with this patient population [with disabilities] should be developed to subsequently shape curricular experiences” (p. 458). The functional clinical placement model developed by Goddard, Mackey and Davidson (2009) claimed to help students to achieve competency-based learning outcomes, but which competencies were met? In Canada, undergraduate nursing competencies do not specifically address care provided to people with disabilities. Perhaps developing nursing competencies that relate to the care needs of people with disabilities would create a curriculum standard that supports disability-related education at the undergraduate level. Another consideration is the inclusion of disability-related content on the national registered nursing exams since nursing educators have expressed “if it is not tested, we don’t teach it” (Smeltzer, Dolen, Robinson-Smith & Zimmerman, 2005, p. 214). Nurse leaders and scholars set the discourse for the profession and this filters into how nursing students conceptualize disability throughout their education and carry this forward into their careers. Smeltzer et al discovered that many educators were unsure about the efficacy of their disability-related content in their programs, therefore standardizing a disciplinary approach to disability education through competency development or examination criteria would support educators in developing undergraduate nursing curricula.

There is clear consensus in the nursing literature reviewed that it is important to explore the unique challenges faced by people with disabilities as part of nursing education. The theoretical approach to how nurses are educated about disabilities is also important as it shapes discourse. Within the eight articles reviewed, disability was conceptualized in a range of ways: in two studies disability was defined medically, whereas five studies described disability as self-defined and associated with social and environmental conditions. Only one of the studies acknowledged that different people might conceptualize the term disability differently. The majority of studies included in this integrative literature review mentioned the need to recognize the individual strengths and experiences of the person with a disability when providing care. Disability models were discussed by four studies: one study identified the social model as guiding their curriculum; another drew on the interface model; one grounded its theoretical teaching in the rehabilitation model; and one recommended either the social or interface model for use in nursing education. In 2005, Smeltzer, Dolen, Robinson-Smith and Zimmerman discovered that undergraduate programs predominantly draw on the medical model or the rehabilitation model. People with disabilities have criticized these models for focusing on pathology and healing while neglecting the wider spectrum of social and oppressive influences of living with a disability. The medical or rehabilitation model of disability may perpetuate the concept of disability as a deviation from the norm. Several of the authors of the studies reviewed stated preference for the social or interface model as “the use of these models may encourage students to become advocates for the removal of barriers to health care and to examine how society and health professionals contribute to discrimination by constructing disability as an abnormal state” (Smeltzer, Dolen, Robinson-Smith & Zimmerman, 2005, p. 215). Perhaps a trend in the literature towards a social or interface model of disability will bleed into

undergraduate education and shift the discourse of disability away from abnormality and towards empowerment and equality.

### **Limitations**

A concerted effort was made to capture all of the extant literature surrounding disability education for nurses, acknowledging the limitations inherent to the search engines used and the inclusion and exclusion criteria applied to the literature search. For the purpose of this literature review, research was selected that was conducted in Canada, the United States of America, the United Kingdom, Australia and New Zealand in order to minimize cultural differences surrounding disability discourse. Articles written in non-English languages were not used as discourse is embedded in language may lose its subtleties when language is subjected to the limitations of translation. The focus of the literature was also restricted to research addressing nursing education for undergraduate level nurses or practicing nurses; this is because the competencies and subsequent learning objectives differ for advanced practice nurses. Lastly, a limitation inherent in analyzing discourse is that despite efforts to strive for consistency, there is space for subjectivity in analysis and interpretation.

### **Conclusions**

The findings of this review suggest that extant nursing literature is moving towards a more socially aware and empowering approach to providing care for people with disabilities. Future research could be directed towards examining nursing curricula at Canadian nursing schools for disability-related content, disability models used, and discursive structures. Additionally, the findings of this integrated literature review could be used to support a proposal

for disability-related undergraduate nursing competencies. This would not only extend the nursing discipline's commitment to equality for people with disabilities but also provide direction for undergraduate nursing programs to develop their disability content. Secombe (2007) captured the value of disability education in writing "while nurses' attitudes may reflect those of society, nurses have a role and indeed a responsibility to influence attitudinal change towards disabled people" (p. 450). From within the nursing discipline, there is an option whether to perpetuate the dominant societal discourse of disability as a deviation from the norm, or, to approach disability as a human rights issue related to social obstacles. Based on the literature reviewed, the nursing discipline is embracing equality for people with disabilities as a foundational component of nursing education.

In conclusion, while limited to eight articles, the nursing literature reviewed shows promising evidence of evolution towards a socially conscious approach to disability that involves empowerment through nursing care. Although differing disability models are used or absent from nursing education, there is an emphasis on a need for social change surrounding the marginalization of people with disabilities. Overall the nursing literature reviewed demonstrates a commitment to strengthening the disability-related content in nursing curricula, but adopting a consistent disability theory could further strengthen educational processes. I propose that selecting a disability model that best aligns with nursing values would help to clear the murky discourse waters of medical versus social models and provide structure to nursing education. Additionally, applying critical social theory to the oppression of people with disabilities may help nurses to understand the roots and health consequences of disability history. There is some evidence of differing conceptualizations of disability across the literature; however, the majority

of the nursing literature points to a strength-based, empowering approach to nursing care for people with disabilities.



## References

- Barker, C (2010) Disabling Postcolonialism: Global Disability Cultures and Democratic Criticism. *Journal of Literary & Cultural Disability Studies* 4(3) 219-236
- Baker, M., J. (2011). Education requirements for nurses working with people with complex neurological conditions: Relatives' perceptions. *Nurse Education in Practice*, 11(4), 268-272.
- Browne, A. (2000). The potential contributions of critical social theory to nursing science. *Canadian Journal of Nursing Research*, 32(2), 35.
- Cooper, H. M. (1982). Scientific guidelines for conducting integrative research reviews. *Review of Educational Research*, 52(2), 291-302.
- Disabled World, (2009). Definitions of Disability. Retrieved from <http://www.disabled-world.com/definitions/disability-definitions.php>
- Foucault, M. (1965). *Madness and civilization: A history of insanity in the age of reason*. New York Vintage Books.
- Goddard, L., Mackey, S., & Davidson, P. (2010). Functional clinical placements: A driver for change. *Nurse Education Today*, 30(5), 398-404.
- Goodall, C. (1995). Is Disability any Business of Nurse Education? *Nurse Education Today* 15(5) p. 323-327

- Graham, R., Pemstein, D., & Curley, M. (2009). Experiencing the pediatric intensive care unit: perspective from parents of children with severe antecedent disabilities. *Critical Care Medicine*, 37(6), 2064-2070.
- Honey, M., Waterworth, S., Baker, H., & Lenzie-Smith, K. (2006). Reflection in the disability education of undergraduate nurses: An effective learning tool? *Journal of Nursing Education*, 45(11), 449-453.
- Hurst, R. (2003). The international disability rights movement and the ICF. *Disability & Rehabilitation*, 25(11), 572.
- Kliwer, C & Fitzgerald, L. (2001) Disability, schooling, and the artifacts of colonialism. *Teachers College Record* 103(3) 450-470
- Merriam-Webster, 2011. Merriam-Webster Dictionary. Retrieved from <http://www.merriam-webster.com/dictionary/disability>
- Mills, S.(2004). *Discourse* (2nd ed.). New York: Routledge.
- Northway, R. (1997). Disability and oppression: Some implications for nurses and nursing. *Journal of Advanced Nursing*, 26(4), 736-743.
- Peat, J. K., Barton, B., & Elliot, E. (2008). *Statistics workbook for evidence-based health care*. Hoboken, NJ: Wiley-Blackwell.
- Sanders, C., Kleinert, H., Free, T., Slusher, I., Clevenger, K., Johnson, S., & Boyd, S. (2007). *Caring for children with intellectual and developmental disabilities: Virtual patient*

- instruction improves students' knowledge and comfort level. *Journal of Pediatric Nursing*, 22(6), 457-466.
- Scullion, P. (2000). Disability as an equal opportunity issue within nurse education in the UK. *Nurse Education Today*, 20(3), 199-206.
- Scullion, P. (2010). Models of disability: Their influence in nursing and potential role in challenging discrimination. *Journal of Advanced Nursing*, 66(3), 697-707.
- Secombe, J. (2006). Attitude towards disability in an undergraduate nursing curriculum: A Literature Review. *Nurse Education Today*, 27, 459-465
- Secombe, J. (2007). Attitudes towards disability in an undergraduate nursing curriculum: The effects of a curriculum change. *Nurse Education Today*, 27(5), 445-451.
- Smeltzer, C., Dolen, A., Robinson-Smith, G., & Zimmerman, V. (2005). Integration of disability-related content in nursing curricula. *Nursing Education Perspectives*, 26(4), 210-216.
- Smeltzer, S., Robinson-Smith, G., Dolen, M., Duffin, J., & Al-Maqbali, M. (2010). Disability-related content in nursing textbooks. *Nursing Education Perspectives*, 31(3), 148-155.
- Statistics Canada, (2006). Persons with disabilities, by age group and sex. Retrieved from <http://www40.statcan.gc.ca/l01/cst01/health71a-eng.htm>
- Thompson, T., Emrich, K., & Moore, G. (2003). The effect of curriculum on the attitudes of nursing students toward disability. *Rehabilitation Nursing*, 28(1), 27.

Whittemore, R., & Knafl, K. (2005). The integrative review: Updated methodology. *Journal of Advanced Nursing*, 52(5), 546-553.

WHO (2011). International Classification of Functioning, Disability and Health (ICF). Retrieved from <http://www.who.int/classifications/icf/en/>

WHO (2010). World report on disability. Retrieved from [http://www.who.int/disabilities/world\\_report/concept\\_note\\_2010.pdf](http://www.who.int/disabilities/world_report/concept_note_2010.pdf)

## Appendix A: Template for the Analysis of Discourse

### **Disability Conceptualization**

1. How is the meaning of disability delineated?
2. Are there assumptions made about what disability is? What are they?
3. Are people with disabilities discussed as individuals or grouped together? Any examples?
4. What is the discussion surrounding victimization or marginalization?
5. Is there suggestion of a need for social change? What are the suggestions?

## Appendix B: Relevancy Scale for Ranking Preliminary Literature Search

| article reference (APA)   | EX: non-nursing journal | EX: learning disabilities                            | EX: nurses with disabilities | IN: 2000-present | IN: English-speaking country | IN: primary source | total points (3 is highest ranking) (*indicates a literature search) |
|---|-------------------------|--|------------------------------|------------------|------------------------------|--------------------|--|
| Culley, G. (1999). Parenting by people with learning disabilities: The educational needs of the community nurse. <i>Nurse Education Today</i> , 19(6)   | 0                       | 1- research about parents with learning disabilities | 0                            | 0                | 1                            | 1                  | 2  |
| Nolan, M., Nolan, J., & Nolan. (1999). Rehabilitation, chronic illness and disability: The missing elements in nurse education. <i>Journal of Advanced Nursing</i> , 29(4), 958-966   | 0                       | 0  | 0                            | 0                | 1                            | 1                  | 2  |
| Caring for infants and toddlers with disabilities: A continuing education program for nurses. (1998). <i>Virginia Nurses Today</i> , 6(2), 26-26.   | 0                       | 0  | 0                            | 0                | 1                            | 0                  | 1  |
| Goodwin, L. D., Igoe, J. B., & Smith, A. N. (1984). Evaluation of the school nurse achievement program: A follow-up survey of school nurses... working with disabled students. <i>Journal of School Health</i> , 54(9), 335-338.                            | 1                       | 0  | 0                            | 0                | 1                            | 1                  | 2  |
| Harris, J., & Gallien, E. (1989). Nurse educators respond to the needs of the chronically mentally disabled. <i>Archives of Psychiatric Nursing</i> , 3(3), 148-152.  | 0                       | 0  | 0                            | 0                | 1                            | 1                  | 2  |
| Taguiam-Hites, S. (1995). The americans with disabilities act of 1990: Implementation and education in rehabilitation nursing. <i>Rehabilitation Nursing</i> , 20(1), 43-44   | 0                       | 0  | 0                            | 0                | 1                            | 1                  | 2  |
| Astin, F., Closs, S. J., & Lascelles, M. (2005). A 21st century approach to chronic disease management in the united kingdom: Implications for nurse education. <i>Contemporary Nurse: A Journal for the Australian Nursing Profession</i> , 20(2), 201-211 | 0                       | 0  | 0                            | 1                | 1                            | 0                  | 2  |

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| Baker, M., J. (2011). Education requirements for nurses working with people with complex neurological conditions: Relatives' perceptions. <i>Nurse Education in Practice</i> , 11(4), 268-272                                   | 0 | 0 | 0 | 1 | 1 | 1 | 3 |
| Blomquist, K. B., Brown, G., Peersen, A., & Presler, E. P. (1998). Transitioning to independence: Challenges for young people with disabilities and their caregivers. <i>Orthopaedic Nursing</i> , 17(3), 27-35.                | 0 | 0 | 0 | 0 | 1 | 1 | 2 |
| Carty, E. M., Conine, T. A., & Hall, L. (1990). Comprehensive health promotion for the pregnant woman who is disabled: The role of the midwife. <i>Journal of Nurse-Midwifery</i> , 35(3), 133-142.                             | 0 | 0 | 0 | 0 | 1 | 1 | 2 |
| Davis, S. M. (1995). An investigation into nurses' understanding of health education and health promotion within a neuro-rehabilitation setting. <i>Journal of Advanced Nursing</i> , 21(5), 951-959                            | 0 | 0 | 0 | 0 | 1 | 1 | 2 |
| Franca, I., & Pagliuca, L. (2009). Social inclusion of disable [sic] people: Achievements, challenges and implications for the nursing area [portuguese]. <i>Revista Da Escola De Enfermagem Da USP</i> , 43(1), 178-185        | 0 | 0 | 0 | 1 | 1 | 0 | 2 |
| Kearney, P. M., & Pryor, J. (2004). The international classification of functioning, disability and health (ICF) and nursing. <i>Journal of Advanced Nursing</i> , 46(2), 162-170.  | 0 | 0 | 0 | 1 | 1 | 0 | 2 |
| Kennedy, C. W., Polivka, B. J., & Chaudry, R. V. (1999). The role of public health nurses in service delivery to youth with mental disabilities. <i>Journal of the American Psychiatric Nurses Association</i> , 5(6), 177-186. | 0 | 0 | 0 | 0 | 1 | 1 | 2 |
| King, E. H., & Cheatham, D. (1995). Health teaching for people with disabilities. <i>Home Healthcare Nurse</i> , 13(6), 52-58.  | 0 | 0 | 0 | 0 | 1 | 1 | 2 |

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| Lindsey, E. (1995). The gift of healing in chronic illness/disability. <i>Journal of Holistic Nursing</i> , 13(4), 287-305  | 0 | 0 | 0 | 0 | 1 | 1 | 2 |
| Sanders, C. L., Kleinert, H. L., Free, T., King, P., Slusher, I., & Boyd, S. (2008). Developmental disabilities: Improving competence in care using virtual patients. <i>Journal of Nursing Education</i> , 47(2), 66-73.   | 0 | 0 | 0 | 1 | 1 | 0 | 2 |
| Sanders, C. L., Kleinert, H. L., Free, T., Slusher, I., Clevenger, K., Johnson, S., & Boyd, S. E. (2007). Caring for children with intellectual and developmental disabilities: Virtual patient instruction improves students' knowledge and comfort level. <i>Journal of Pediatric Nursing</i> , 22(6), 457-466. | 0 | 0 | 0 | 1 | 1 | 1 | 3 |
| Scullion, P. (2000). Education. enabling disabled people: Responsibilities of nurse education. <i>British Journal of Nursing (BJN)</i> , 9(15), 1010-1015   | 0 | 0 | 0 | 1 | 1 | 0 | 2 |
| Scullion, P. A. (2010). Models of disability: Their influence in nursing and potential role in challenging discrimination. <i>Journal of Advanced Nursing</i> , 66(3), 697-707  | 0 | 0 | 0 | 1 | 1 | 0 | 2 |
| Secombe, J. A. (2007). Attitudes towards disability in an undergraduate nursing curriculum: The effects of a curriculum change. <i>Nurse Education Today</i> , 27(5), 445-451.  | 0 | 0 | 0 | 1 | 1 | 1 | 3 |
| Boyles, C. M., Bailey, P. H., & Mossey, S. (2008). Representations of disability in nursing and healthcare literature: An integrative review. <i>Journal of Advanced Nursing</i> , 62(4), 428-437.  | 0 | 0 | 0 | 1 | 1 | 0 | 2 |
| Gething, L. (1992). Nurse practitioners' and students' attitudes towards people with disabilities. <i>Australian Journal of Advanced Nursing</i> , 9(3), 25-30.   | 0 | 0 | 0 | 0 | 1 | 1 | 2 |



|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| Goddard, L., Mackey, S., & Davidson, P. M. (2010). Functional clinical placements: A driver for change. <i>Nurse Education Today</i> , 30(5), 398-404.  | 0 | 0 | 0 | 1 | 1 | 1 | 3 |
| Goodall, C. J. (1995). Is disability any business of nurse education? <i>Nurse Education Today</i> , 15(5), 323-327.  | 0 | 0 | 0 | 0 | 1 | 0 | 2 |
| Hahn, J. E. (2003). Addressing the need for education: Curriculum development for nurses about intellectual and developmental disabilities. <i>The Nursing Clinics of North America</i> , 38(2), 185-204.   | 0 | 0 | 0 | 0 | 1 | 0 | 2 |
| Honey, M., Waterworth, S., Baker, H., & Lenzie-Smith, K. (2006). Reflection in the disability education of undergraduate nurses: An effective learning tool? <i>Journal of Nursing Education</i> , 45(11), 449-453.   | 0 | 0 | 0 | 1 | 1 | 1 | 3 |
| Matziou, V., Galanis, P., Tsoumakas, C., Gymnopoulou, E., Perdikaris, P., & Brokalaki, H. (2009). Attitudes of nurse professionals and nursing students towards children with disabilities. do nurses really overcome children's physical and mental handicaps? <i>International Nursing Review</i> , 56(4), 456-460. | 0 | 0 | 0 | 1 | 1 | 0 | 2 |
| Northway, R. (1997). Disability and oppression: Some implications for nurses and nursing. <i>Journal of Advanced Nursing</i> , 26(4), 736-743.  | 0 | 0 | 0 | 0 | 1 | 0 | 2 |
| Oermann, M. H. (1995). Personal experience with people who have disabilities: The effects on nursing students' attitudes. <i>Rehabilitation Nursing Research</i> , 4(1), 28-32.   | 0 | 0 | 0 | 0 | 1 | 0 | 1 |
| Sahin, H., & Akyol, A. D. (2010). Evaluation of nursing and medical students' attitudes towards people with disabilities. <i>Journal of Clinical Nursing</i> , 19(15-16), 2271-2279.  | 0 | 0 | 0 | 1 | 0 | 1 | 2 |

|  |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|
| Scullion, P. (2000). Disability as an equal opportunity issue within nurse education in the UK. <i>Nurse Education Today</i> , 20(3), 199-206.   | 0 | 0 | 0 | 1 | 1 | 0 | 2 |
| Seccombe, J., & Blair, L. (2003). Nursing people with disabilities: Who cares? <i>Kai Tiaki Nursing New Zealand</i> , 9(10), 14-15.  | 0 | 0 | 0 | 1 | 1 | 0 | 2 |
| Seccombe, J. A. (2007). Attitudes towards disability in an undergraduate nursing curriculum: A literature review. <i>Nurse Education Today</i> , 27(5), 459-465.   | 0 | 0 | 0 | 1 | 1 | 1 | 3 |
| Smeltzer, S. C. (2007). Improving the health and wellness of persons with disabilities: A call to action too important for nursing to ignore. <i>Nursing Outlook</i> , 55(4), 189-195.   | 0 | 0 | 0 | 1 | 1 | 0 | 2 |
| Smeltzer, S. C., Dolen, M. A., Robinson-Smith, G., & Zimmerman, V. (2005). INTEGRATION of disability-related content in nursing curricula. <i>Nursing Education Perspectives</i> , 26(4), 210-216.   | 0 | 0 | 0 | 1 | 1 | 1 | 3 |
| SMELTZER, S. C., ROBINSON-SMITH, G., DOLEN, M. A., DUFFIN, J. M., & AL-MAQBALI, M. (2010). Disability-related content in nursing textbooks. <i>Nursing Education Perspectives</i> , 31(3), 148-155.  | 0 | 0 | 0 | 1 | 1 | 1 | 3 |
| ten Klooster, P.,M., Dannenberg, J., Taal, E., Burger, G., & Rasker, J. J. (2009). Attitudes towards people with physical or intellectual disabilities: Nursing students and non-nursing peers. <i>Journal of Advanced Nursing</i> , 65(12), 2562-2573 | 0 | 0 | 0 | 1 | 0 | 1 | 2 |
| Thompson, T., Emrich, K., & Moore, G. (2003). The effect of curriculum on the attitudes of nursing students toward disability. <i>Rehabilitation Nursing</i> , 28(1), 27.  | 0 | 0 | 0 | 1 | 1 | 1 | 3 |
| Tommet, P. A., York, J. L., Tomlinson, P. S., & Leonard, B. J. (1993). Graduate nursing education: Developmental disabilities and special health care needs. <i>Issues in</i>  | 0 | 0 | 0 | 0 | 1 | 1 | 2 |

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|---|---|---|---|---|---|---|---|
| Comprehensive Pediatric Nursing, 16(4), 239-258.  |   |   |   |   |   |   |   |
| Wilson, J. S., & Merrill, A. S. (2002). Teaching students to care for and about people with disabilities. Nurse Educator, 27(2), 89-93.   | 0 | 0 | 0 | 1 | 1 | 0 | 2 |
| <b>Ancestry Search</b>  |   |   |   |   |   |   |   |
| Webb, M., Tittle, M., & VanCott, M. L. (2000). Increasing students' sensitivity to families of children with disabilities. Nurse Educator, 25(1), 43-47.  | 0 | 0 | 0 | 1 | 1 | 0 | 2 |
| Lindblad, B., Rasmussen, B. H., Sandman, P., Omvårdnad, Medicinsk fakultet, & Umeå universitet. (2005). Being in tune with oneself, children, and parents: Meanings of being a supporter to families with children who disabilities as narrated by parent-selected professionals. Journal of Pediatric Nursing : Nursing Care of Children and Families, | 0 | 0 | 0 | 1 | 0 | 1 | 2 |
| Mantziou, V., Brocalaki, I., Andrea, S., Ktenas, E., Chatira, K., & Kotzabassaki, S. (2002). Children's nursing. attitudes of registered nurses and student nurses to disabled children. British Journal of Nursing (BJN), 11(17), 1141-1146.   | 0 | 0 | 0 | 1 | 0 | 1 | 2 |