

## EXPERIENCE EXCHANGE

# Integrating critical disability perspectives in nursing education

Charles K. Anyinam\*<sup>1</sup>, Sue Coffey<sup>2</sup>, Celina Da Silva<sup>3</sup>

<sup>1</sup>School of Nursing, Nipissing University, North Bay, Canada

<sup>2</sup>Faculty of Health Studies, University of Ontario Institute of Technology, Oshawa, Canada

<sup>3</sup>School of Nursing, York University, Toronto, Canada

**Received:** March 18, 2019

**DOI:** 10.5430/jnep.v9n9p63

**Accepted:** May 30, 2019

**URL:** <https://doi.org/10.5430/jnep.v9n9p63>

**Online Published:** June 17, 2019

## ABSTRACT

Undergraduate nursing education has a duty to make certain that the focus of both nursing practice with disabled people and nursing education are enabling, rather than disabling. However, depictions of disability in nursing education have been identified as inadequate and at times problematic, with insufficient attention paid to disability in curricula. In this paper, we provide an overview of representations of disability in nursing and examine the gaps and inadequacies in nursing education. We also support the argument that nursing educators must utilize critical perspectives on disability to challenge discrimination and address the gaps that currently exist. Finally, we focus on how nursing programs and educators can take action to support all nursing students to develop the knowledge, attitudes, and behaviours to meet the needs of disabled people in a more comprehensive and meaningful way. Practical and effective strategies are shared.

**Key Words:** Disability, Nursing education, Critical disability perspectives, Curriculum

## 1. INTRODUCTION

While the definition of the term disability remains contested, it is widely acknowledged as “an evolving concept . . . (resulting) from the interaction between persons with impairments and attitudinal and environmental barriers that hinders full and effective participation in society on an equal basis with others”.<sup>[1]</sup> Historically, disability has been the province of all but disabled people.<sup>[2]</sup> However, over the last several decades, disabled people have developed a global, cross-conscious disability movement that has successfully garnered human and civil rights for disabled people, raised social consciousness about disability, and seeded a politicized disability culture that includes a growing body of literature, theory, art and performance, and political know-how. These gains notwithstanding, it remains that in all areas of social life, the expe-

riences of the world’s estimated one billion disabled people (15% of the global population)<sup>[3]</sup> continue to be characterized by the impacts of discrimination and oppression, owing largely to traditional perspectives of disability.<sup>[4]</sup> In many societies, negative cultural mindsets about disability predominate, reinforcing systematized discrimination at all levels of social life.

Given the frequency with which nurses interact with disabled people,<sup>[4,5]</sup> the profession is well positioned to take on a leadership role in forming enabling partnerships with disabled people and assisting the health care system to keep pace with social changes related to disability.<sup>[6,7]</sup> However, if the nursing profession is to live up to its commitment to social justice and equity in this realm, nurses and nursing educators

\*Correspondence: Charles K. Anyinam; Email: [charlesa@nipissingu.ca](mailto:charlesa@nipissingu.ca); Address: 100 College Drive, Box 5002, North Bay, Ontario, Canada.

must continue to develop more contemporary perspectives on disability. From a critical disability perspective, nursing educators must re-examine their approach to understanding disability and disabled people, including disabled nursing students and nurses. Within the literature on nursing and disability, it has been widely suggested that change must begin at the level of undergraduate nursing education, wherein outmoded perspectives may prevail unchallenged within curricula. The result is that negative attitudes and disabling practices continue to be transmitted, even unintentionally, through professional socialization.<sup>[4-9]</sup>

In this paper, we argue that undergraduate nursing educators must actively engage with disability and the changing social landscape of disabled people's experiences. We contend, as others have, that in nursing education we must: 1) adopt critical disability perspectives as a means of addressing the gaps and inadequacies that currently exist in undergraduate nursing curricula, and 2) challenge the discrimination and oppressive practices traditionally found within health care that influence nursing perspectives. We begin with an overview of representations of disability in nursing and move on to identify the gaps that exist in nursing education. Lastly, we provide an overview of critical perspectives on disability and examine how these approaches can inform key areas of undergraduate nursing education.

### Terminology

It is essential to begin by recognizing that linguistic pluralism exists and there is no single, most correct term to use when referring to people with impairments. For that reason, we have chosen to use disabled people and its derivatives over other agreeable terms (e.g., people first language).

## 2. REPRESENTATIONS OF DISABILITY IN NURSING

Within the literature, several authors<sup>[6,10]</sup> have problematized representations of disability in nursing, arguing that disability discourses in nursing contribute to the social inequalities and discrimination that disabled people experience. Portrayals of disability in nursing tend to be informed by medicalized models of disability (e.g., the medical model of disability; the rehabilitation model of disability).<sup>[4,5,8,9]</sup> A recent review of models of disability in the nursing literature demonstrates that within nursing, we have traditionally viewed disability "as a medical condition or illness (amounting) to a deviation from biological or social norms and resulting in dependency".<sup>[4]</sup> This perspective results in the construction of disabled people as helpless and dependent. In the absence of critical disability perspectives, the focus typically remains on individual and medically-based topics, such as functional

restrictions, measurement of impairments, and rehabilitation, rather than examining the social factors disabled people have identified as having an impact on their lives.<sup>[4,9]</sup>

The influences of traditional perspectives of disability are also evident in the domain of nursing practice. While nurses are highly regarded and valued for their knowledge and compassionate care by the general public, disabled people frequently report experiencing discrimination and receiving poor care from nurses.<sup>[9,11,12]</sup> Research has shown that nurses perceive disabled people in a less than favourable light.<sup>[13,14]</sup> As a result of the conflation of impairment and disability with the sick role found within the medical model of disability, "nursing professionals resist the opportunities to view disabled people as peers or equals- who may actually bring a new set of skills and abilities because of their disabilities".<sup>[9]</sup> Thus, although nurses often possess limited knowledge about disabilities, at the same time they tend to overlook disabled people's expertise about their disabilities.<sup>[12,15-17]</sup> Such lack of knowledge about disability inadvertently transmits and reinforces the objective and mechanistic nature of medical socialization. Left unchallenged, this technically-rational ideology is perpetuated by nurses who are not socially aware.

## 3. GAPS AND INADEQUACIES IN NURSING EDUCATION

The growing body of nursing literature addressing disability and nursing education highlights several key gaps and inadequacies that must be addressed. This undertaking is critical if nurses are to become informed partners in care and if nursing is to play a key role in confronting discrimination and oppression within the profession and beyond.

### 3.1 Exclusion of disability-related content in nursing curricula

Several studies suggest that nursing education fails to pay adequate attention to disability and disability-related issues in undergraduate curricula.<sup>[4,7,8,18]</sup> Disability content all too often remains on the fringes of curricula or is missing altogether.<sup>[19,20]</sup> In a survey of 234 accredited schools of nursing in the United States, schools most often reported that disability content was integrated into the medical/surgical and pediatric courses of their undergraduate curricula, using content from textbooks.<sup>[7]</sup> At the same time, other research demonstrates that such textbooks contain little to no coverage of disability content.<sup>[19]</sup> Content from sources other than textbooks, such as materials written by disabled people about their experiences, are scarcely utilized.<sup>[7]</sup> And while disability-related content may be available in the context of medicine and rehabilitation, disabled people are not neces-

sarily ill and in need of rehabilitation.<sup>[21]</sup> Further, these portrayals are not representative of the diversity of viewpoints about disability and disabled people in society and therefore, should not wholly constitute what is taught in undergraduate nursing education.

In neglecting disability in undergraduate nursing curricula, nursing educators fail to actively challenge traditional constructions of disability, thereby permitting the medical model of disability to dominate. The exclusion of disability-related content inadvertently reinforces the negative impacts of these discourses. As a result, nursing students, and subsequently nurses, may fail to problematize and disrupt their own and others' oppressive attitudes towards disabled people. Additionally, this lack of awareness of contemporary disability issues serves to marginalize and potentially oppress disabled nursing students and disabled nurses in both academic and practice environments.

### 3.2 Negative attitudes and discriminatory practices

The research literature on the topic of nurses' and nursing students' attitudes towards disabled people is contradictory. To varying degrees, some studies indicate that nurses and nursing students perceive disability negatively.<sup>[13,14,21]</sup> Other research suggests nurses and nursing students hold positive and accepting attitudes towards disability and disabled people.<sup>[22,23]</sup> Several studies have found that nursing faculty also harbour negative attitudes and prejudices about disabled learners<sup>[24,25]</sup> and tend to exhibit a bias towards disabled people.<sup>[24]</sup> Yet, other research indicates that nursing faculty members hold positive attitudes towards disabled nursing students and their ability to become competent nurses.<sup>[25]</sup> Even with these contradictory findings, there is a clear indication that nursing students are negatively impacted by the attitudes and discriminatory behaviours of their student colleagues, faculty, and preceptors or mentors.<sup>[9,26,27]</sup> Any discriminatory practices and negative attitudes towards disability and disabled people held by nurses, nursing faculty, and nursing students have the potential to adversely impact care and the wellbeing of disabled people.<sup>[28]</sup> Leaving these attitudes and behaviours unchecked may contribute to the neglect of disability issues in health care, further promoting health inequities for disabled people.

### 3.3 Lack of knowledge and understanding

Nursing faculty members' interest and expertise in the area of disability are key determinants of whether disability content is included in nursing curricula. However, the literature reveals a concern that nursing faculty do not have adequate knowledge and understanding of disability and disability-related issues.<sup>[16,20]</sup> In the absence of an understanding of

disability that is reflective of current social changes, faculty set a discourse for the profession that potentially reaffirms oppressive and outmoded conceptions of disability and disabled people. Through the hidden curriculum – learning that is understood and caught rather than formally taught – this discourse filters into nursing students' attitudes about disability and disabled people, which they then carry into their practice as health professionals.

Additionally, given this context, it is perplexingly that nursing educators tend to express concerns about disabled students' ability to practice nursing safely, despite a lack of evidence to this effect.<sup>[5,9]</sup> Research findings indicate the opposite may be true, in that disabled nursing students and nurses are often vigilant in their practice and work to allay fears that their disability will negatively impact patient safety.<sup>[26,29–31]</sup> Further, patient safety is an issue for all students, not just those with impairments.<sup>[9]</sup> Singling out disabled students in this regard is discriminatory and potentially illegal.

If nursing educators are to foster enabling nursing practices among students and graduates, both nursing faculty and clinical mentors must first develop an understanding of disability culture and identity, as well as engage with the experiences of disabled people, including those who may be members of their student body.<sup>[5,9]</sup> They must expand their understanding of disability to not only include, but also apply the more comprehensive and complex theories and perspectives on disability that have emerged from the disability movement and the interdisciplinary field of disability studies. To this end, exploring the fit and utility of critical disability perspectives in nursing education is essential. In the next section we explain what we mean by the term critical disability perspectives and highlight the most prominent of these that hold possibilities for integrating disability into nursing education.

## 4. CRITICAL DISABILITY PERSPECTIVES IN NURSING EDUCATION

The term critical disability perspectives refers to work that draws on critical theories and perspectives from many disciplines (e.g., feminist theory, post-modernism, queer theory, critical race theory) and uses these as lenses to critique how disability is constructed, as well as the dependence and disempowerment associated with disability. Such a critique recognizes that social relations, self-identity, empowerment, and disempowerment are produced and reproduced by power relationships.<sup>[32]</sup> Power relationships influence representations of disability in all aspects of society including how disabled people act, what others think about them, and their interactions with others. Critical disability perspectives help

to underscore that as a body of knowledge, disability has also been colonized by medical knowledge and power. Adopting critical disability perspectives allows for the recognition and confrontation of harmful representations of disability as well as disability discrimination and oppression within various facets of social life, such as education and health care.

#### 4.1 Social perspectives on disability

Among critical disability perspectives, social approaches, particularly the social model of disability, have been identified within nursing literature as a means to develop the key insights needed to bring about social changes related to disability in nursing education. Several authors have suggested that social approaches to disability hold the potential to have a positive impact within nursing and remedy the challenges within the profession that sometimes exist concerning the orientation to disability.<sup>[4, 6, 9, 10]</sup> In brief, social approaches to disability fall into two broad categories: 1) the social-idealist approach which views disability as a set of ideas produced within a specific cultural context through societal development and assumes it is the product of cultural beliefs, attitudes, and prejudices;<sup>[33]</sup> and 2) the social-materialist approach, which frames disability as the material product of historically contextualized socio-economic relationships. The social-materialist approach forms the philosophical basis of the social model of disability.

##### *Social model of disability*

The social model of disability emerged as a reaction from disabled people to the medical model of disability. Within this model, disability is conceptualized as “the disadvantage of restriction of activity caused by a contemporary social organization which takes little or no account of people who have physical (and other) impairments and thus excludes them from participation in the mainstream of social activities”.<sup>[34]</sup> From this perspective, disability is a social response to an individual’s impairment or medical condition, and oppression and institutionalized discrimination are the root cause of the issues affecting people with impairments. Within the social model of disability, there is a rejection of the narrow perspectives of individualism purported by medicalized perspectives of disability that portray a person as an individual actor with rights and duties derived intrinsically without any relationship to others.

The social model of disability has been acknowledged as a powerful tool used to empower, politicize, and educate disabled people. More recently, it has also been taken up by some scholars in the field of disability studies and furthered in different ways. However, the model is not without its detractors. A fundamental criticism is that the social model of disability is narrow and simplistic in its interpretation of

disability and accounts of the lived experience of disabled people. However, proponents<sup>[32]</sup> have argued that, given the model’s influence and demonstrated impact, it should be further developed rather than dismissed or diminished.<sup>[35]</sup>

#### 4.2 Intersectional understandings of disability

The discourse about social approaches to disability has created space for multiple and shifting ways in which to understand disability. Among these post-social model perspectives, intersectional understandings of disability carries promise of a deepened understanding of disability. Intersectional understandings of disability, drawn from (i.e., intersectional feminism and disability studies) expose the multiple forces that impact upon constructing an individual’s identity.<sup>[36, 37]</sup> These identities should be understood in ways in which gender, race, and socioeconomic status intersect with the disability experience. Intersectional analyses of disability can also foreground issues of power and domination that impact those living with disabilities. Moreover, an intersectional approach to disability provides the opportunity to reflect on and apply a social justice discourse in education policy and practice in dealing with diversity and differences.

### 5. INTEGRATING CRITICAL DISABILITY PERSPECTIVES IN NURSING

While appreciating the discourse and growing body of literature around critical disability perspectives, our focus cannot remain merely academic. Integrating these critical disability perspectives into both nursing education and nursing practice is an urgent requirement if we are to improve the care provided to disabled people and the experiences of and opportunities afforded to disabled nursing students.

#### 5.1 State of disability inclusion in nursing education

The discussion in this paper makes evident the acute need for undergraduate nursing educators to develop an awareness of disability that is in step with the social changes of the last several decades. For more than a decade, scholars<sup>[7, 8]</sup> have been calling for an integration of critical disability perspectives into undergraduate nursing education as a means of addressing existing gaps and inadequacies. In particular, some scholars have advocated for the integration of the social model of disability into curricula to remedy the oppression and discrimination that exists within health care and the health professions, including nursing.<sup>[4]</sup> However, according to recent literature<sup>[7, 8, 18, 19]</sup> these calls have been largely ignored. Critical disability perspectives and disability-related issues have received little attention in both nursing literature and the discipline itself. The inclusion into nursing curricula of critical perspectives, models, and theories, such as the social model of disability, is limited and non-proportional

in comparison to traditional models, such as the medical model and the rehabilitation model.<sup>[7]</sup> On a positive note, while not well substantiated, there are emerging signs within the nursing literature that critical disability perspectives are being used to guide nursing education and curricula.<sup>[7,38]</sup>

## 5.2 Strategies for integrating critical disability perspectives

Despite the need to integrate critical disability perspectives into nursing and nursing education, promoting disability inclusion in nursing programs and integration of disability content into curricula is neither a quick nor easy endeavour. As yet, there is no evidence of widespread movement towards integrating critical disability perspectives into nursing curricula and ready-made best practice guidelines to support this work do not exist. Concerning the latter, we present beginning considerations towards articulating best practices in promoting disability inclusion into undergraduate nursing programs. The discussion that follows is informed by the literature we have reviewed, and work completed in other disciplines focusing on disability inclusion. We aim to provide ideas for consideration and practical strategies based on this literature and our own experiences as nursing faculty.

### 5.2.1 Disability competency

An important tool that could facilitate the inclusion of disability in nursing education is a competency framework on disability informed by critical disability perspectives. A competency framework is “a standardized structure that outlines and defines clearly a set of competencies . . . [typically] in the form of skills statements that are specific observable actions that can be demonstrated by an individual”.<sup>[39]</sup> Thus, a competency framework broadly describes performance excellence in a particular role or within an organization. It consists of competencies that define excellence in behaviour and act as a benchmark against which an individual’s performance can be assessed.

Well researched, clearly articulated and measurable practice competencies are now the norm in many health professions. In recent years we have seen meaningful curricula emerge on important issues such as cultural competency, determinants of health and health disparities, and patient-centered care, more effectively preparing the next generation of health care providers to meet the needs of a culturally, racially, and socioeconomically diverse patient population. These efforts, however, have overlooked disabled people. Disabled people continue to experience health care disparities, reflecting lower quality of health care and worse health outcomes.<sup>[40]</sup> These disparities are perpetuated by inadequate knowledge and skills in providing care for this population. Developing a competency framework on disability for nursing education

will make explicit standards for nursing education and establish the baseline knowledge, skills, judgment, and attributes needed to provide high quality, safe care for disabled patients across the lifespan. More specifically, such a framework could form the basis for: 1) reforming existing traditional or competency-based curriculum to include disability; 2) development of curricula content such as learning and methods of teaching, assessment and evaluation; 3) self-assessment of knowledge and skills to identify areas for growth; and 4) addressing education and professional development needs of faculty.

Developing a competency framework on disability for nursing education would not require starting from scratch. There are several existing competency frameworks on disability for health practitioners and education that are informed by critical perspectives or generally reflective of a more social than medical model of care.<sup>[40,41]</sup> As the starting point of the development process, these different frameworks can be examined through the lens of critical disability perspectives. Participatory approaches and the Delphi method may be used to include the voices of person’s living with disability and those with subject matter expertise. While we argue that the development of such a framework is a necessary next step, that process is beyond the scope of this paper, which instead provides an overview of the state of the art and science of nursing and nursing education in relation to disability.

### 5.2.2 Access to undergraduate nursing education

Integrating critical disability perspectives into nursing education must begin with an examination of the philosophical foundations of nursing programs and the gaps that exist between theory and practice in this regard. For example, social justice and equality are concepts well enshrined in the profession of nursing, particularly in nursing educational programs. However, many of these same programs fall short of meeting the profession’s moral and ethical commitments where social justice and equity for disabled people are concerned.<sup>[4]</sup> Nursing programs need to examine and challenge the ableism that privileges and selects in some individuals while selecting out others. Such practices render nursing programs and educators as gatekeepers and at worst, self-interested, rather than as advocates for and contributors to a socially just society. More specifically, nursing programs can:

- Develop reciprocal relationships with disability communities to foster partnerships and greater understanding of disability, disability culture, and disability issues, such as those relating to higher education.<sup>[42]</sup>
- Address concerns and issues of systemic discrimination raised by regulatory fitness standards and lists of requisite skills and abilities<sup>[43,44]</sup> by challenging

the narrowly defined parameters and assumptions of these standards, while advocating for policy changes that enable the inclusion of disabled people within the profession. Additionally, nursing programs can clearly articulate for prospective disabled students and the public how they interpret and implement fitness standards and requisite skills and abilities. In considering these issues, programs of nursing must clarify for themselves their position on what makes a nurse a nurse and the role ableism plays in defining these parameters.

- Review and develop or revise recruitment and admission policies and practices such that they are congruent with a commitment to supporting disabled students and do not privilege non-disabled students and exclude disabled students interested in the profession. Nursing programs can demonstrate transparency in this regard by outlining these policies within recruitment materials and addressing them during recruitment activities.

### 5.2.3 Learning environment

Education is an international human right and including disabled students in nursing is not merely a nice thing to do, but the right and most just thing to do. Consequently, accommodation in the learning environment is a duty that cannot be ignored. As all students are unique in their strengths, needs, and aspirations, accommodating disabled students is no different from supporting other students to reach their potential. “Nurse educators need to move away from the notion that they are attempting to identify a particular group of individuals (disabled students) who are entitled to some type of special treatment”.<sup>[5]</sup> Instead, nursing programs should permit students to meet learning outcomes and professional competencies using a range of strategies and technologies. Doing so does not constitute ‘special’ treatment, but rather, good pedagogical practice. Strategies that nursing programs and their faculty can implement to instill an inclusive learning environment informed by critical disability perspectives include:

- Establishing relationships and collaborating with the disability community and disability services specialists within and beyond their institutions.<sup>[9]</sup>
- Developing knowledge about disability, disabled students, and accommodation, including an understanding of anti-discrimination legislation, academic institution policies and processes for accommodation, and what comprises appropriate and reasonable accommodations.<sup>[9]</sup>
- Promoting and advocating for an understanding of accommodation with educational partners and more

broadly, within the nursing profession.<sup>[45, 46]</sup>

- Supporting design that allows access to the learning environment and facilitates empowerment of students such that, as much as possible, they are able to engage with the campus community seamlessly and in real-time.<sup>[47]</sup>
- Ensuring that universal instructional design (UID) is used and that all faculty members receive instruction in UID<sup>[48]</sup> Examples of UID include being flexible and ready to make accommodations to support student success, ensuring that course materials are available in digital or online format, and designing courses and evaluations that take into consideration a wide range of learning styles.
- Advocating for appropriate accommodations for students in practice situations and seeking out practice environments that are enabling and willing to support and accommodate students’ needs.

### 5.2.4 Curriculum integration

Undergraduate nursing curricula represent a key area where change must occur if nursing is to address issues of ableism and discriminatory practices in society and within the profession. Increasing the depth and breadth of disability-related content in nursing curricula as well as the approach to teaching this content is a significant undertaking. Several authors have encouraged the use of the social model of disability as a theoretical basis for disability inclusion in nursing curricula. While the aim of the social model to move the discourse of disability beyond the individual to an examination of the multiple social factors that contribute to disabled peoples’ experiences is desired, replacing any one model of disability with another may only serve to create the same bias that currently exists. Preferably, nursing programs should endeavour to foster a lens based upon a range of critical disability perspectives, enabling students to question and challenge their own and others’ attitudes, beliefs, and actions. This approach will potentiate graduates’ ability to successfully develop partnerships for care with disabled people that address needs and support wellbeing. The use of multiple critical perspectives on disability will also promote the inclusion of disabled nursing students and nurses as valuable individuals who possess the talents and skills needed and desired within the profession.<sup>[5]</sup>

A fulsome discussion of a process to ensure the development of inclusive curricula is beyond the scope of this paper. Below we present some key areas for consideration and recommend approaches and strategies related to the central aspects of curriculum development.

- Curriculum Development Team: Curricular integration of disability-related content, however small, should involve members of disability communities such that changes reflect the priorities of disabled people, and not solely those of the nursing program. As a prologue to this partnering process, nursing faculty and program administrators can develop their knowledge and understanding of disability, disability culture, and the experiences of disabled people.
- Components of Curriculum: Nursing curriculum has been described as consisting of three components: 1) the taught curriculum which deals with theoretical knowledge, 2) the hidden curriculum which involves experiences, and 3) the social context of nursing education including the practice environment.<sup>[49]</sup> Given that values and attitudes “transmitted in the ‘real’ world of nursing- the workplace- tend to have a stronger influence than the official curriculum or intentional learning transmitted in the classroom”,<sup>[50]</sup> the hidden curriculum as well as the context within which a curriculum is situated must be examined and addressed in the curriculum development process.
- Curriculum Development Process: The process of developing nursing curriculum often involves establishing context and foundations, developing a macro-curriculum (i.e., program blueprint), and developing a micro-curriculum (course development and unit plans).<sup>[51]</sup> At each of these levels, critical disability perspectives can be used to guide development as a lens for decision making. These perspectives can also be incorporated into the key activities of each level of the development process. Critical disability perspectives can inform the development of program philosophy, as well as integrated into the foundational meta-paradigm concepts of a curriculum. At the macro-curriculum level, critical perspectives on disability can be integrated as a curricular thread that is interwoven within a curriculum. Finally, at the level of course development, disability content and materials can be incorporated into a variety of courses such as those focused on the health continuum (e.g., wellness, acute care), life span, and populations.<sup>[52,53]</sup> As an example, in a foundations course, students could be given an assignment exploring how models of disability influence perceptions and attitudes by reflecting their attitudes and beliefs about disability and disabled people, identifying influences, and analysing them from the perspective of different disability models. Additionally, the voice of disabled people can be included in course materials about disability. For example, in

a professionalism course, first-person accounts of disabled peoples’ experiences with nursing care can be included in the reading materials.

### 5.2.5 Teaching and learning

Nurse educators are currently faced with challenges in meeting the educational needs of disabled nursing students. It is essential for educators to be knowledgeable about disabilities, to understand the issues involved, and to use appropriate interventions to help students succeed. Strategies for teaching and learning to meet the diverse needs of students are numerous and include: ensuring tasks have a clear meaning and purpose, providing students with opportunities to generalize knowledge and skills, using techniques such as, skimming, scanning and highlighting key words/key facts in written pieces of information, sequencing activities, and mind-mapping. Educators are encouraged to reflect on, revise, and share strategies related to how disability fits into the teaching learning environment, syllabi, and undergraduate nursing programming, and how utilizing principles of universal instructional design supports student learning.<sup>[54]</sup>

### 5.2.6 Professional development

Nursing faculty play an important role in an agenda of disability inclusion in nursing education. Through their participation in governance structures and officiating teaching and learning, nurse educators largely influence if and how disability is integrated into the nursing program and the success of these measures. They also have significant influence on the attitudes and behaviours of nursing students and subsequently, nurses. Research evidence indicates that nurse educators and nurses in practice who support students in experiential learning have insufficient knowledge and skills related to providing care for disabled people.<sup>[20,55,56]</sup> There is also evidence that to varying degrees, many nursing faculty and clinical preceptors harbour negative attitudes towards disabled people.<sup>[24-27]</sup> Within the literature several key recommendations and strategies have been proposed to address gaps in knowledge and know-how. Additionally, faculty are in a position to ensure mechanisms are implemented to support more positive attitudes and perceptions about disability and disability competency among nursing students. Nursing faculty are encouraged to:

- Conduct a needs assessment to determine their own disability-related learning needs, as well as identify the gaps between the current and a desired curriculum in the nursing program.
- Use faculty governance structures to contribute to the inclusivity of the curriculum.<sup>[57]</sup>
- Develop knowledge in several domains necessary for working with disabled students, such as human rights

legislation, university policy, and the process used to evaluate and determine accommodation for a student who requests consideration. Other requirements include information about the most effective learning strategies for various disabilities, accommodations in the clinical setting, and evaluative methods most effective in determining if learning outcomes have been met.

- Address the attitudes and potential perceptual biases held by nursing faculty in relation to disabled students. Research suggests that educators who have received some disability education are more likely to have a positive attitude towards students living with a disability and inclusion.<sup>[58]</sup> Since disability education plays such a significant role in shaping an educator's attitudes, it has been widely argued that adequate preparation of content and pedagogy that best prepares faculty for an inclusive learning environment and through a critical perspective lens is warranted.<sup>[59]</sup>

In addition to the above recommendations, nursing programs can support educators by providing professional development opportunities such as training that focuses on inclusion and disability. The effectiveness of such initiatives have been demonstrated within the literature.<sup>[60,61]</sup>

## 6. CONCLUSION

Scholars in the areas of disability and health professions education have been calling for change in how we educate postsecondary health students about disability for more than a decade. Nursing programs and educators cannot continue to ignore these calls, essentially neglecting disability and disability issues. As nurses, it is time that we accept the unfortunate reality of ableism lurking within nursing and attend to disability issues within the discipline and profession. Taken together, the growing body of research evidence examined in this paper strongly suggests new ways forward are needed if changes related to disability in nursing education are to occur. We agree with calls within the literature to integrate critical disability perspectives into undergraduate nursing education. This approach offers the prospect of addressing prejudices and stereotypes. It also holds the potential to prepare nurses of the future who embrace disability and possess the knowledge and know-how to provide effective co-constructed, care to disabled people. It is hoped that the ideas and strategies for moving forward presented in this paper will challenge nursing programs and nurse educators to begin the process of uncovering and addressing disability-related issues in their nursing curricula and beyond.

## CONFLICTS OF INTEREST DISCLOSURE

The authors declare that there is no conflict of interest.

## REFERENCES

- [1] Convention on the rights of persons with disabilities (CRPD) [Internet]. Geneva: United Nations [cited 2018 Dec 5]. Available from: <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>
- [2] Mitchell DT, Snyder SL. Introduction. Disability studies and the double bind of representation. In Mitchell DT & Snyder SL, editors. *The body and physical difference. Discourses of disability*. Ann Arbor, MI: University of Michigan Press; 1997; 1-31. <https://doi.org/10.3998/mpub.11114>
- [3] World report on disability [Internet]. Geneva: World Health Organization; c2011 [cited 2018 Dec 5]. Available from: [https://www.unicef.org/protection/World\\_report\\_on\\_disability\\_eng.pdf](https://www.unicef.org/protection/World_report_on_disability_eng.pdf)
- [4] Scullion PA. Models of disability: Their influence in nursing and potential roles in challenging discrimination. *Journal of Advanced Nursing*. 2010 Mar; 66(3): 697-707. PMID:20423405 <https://doi.org/10.1111/j.1365-2648.2009.05211.x>
- [5] Marks B, McCulloh K. Success for students and nurses with disabilities: a call to action for nurse educators. *Nurse Educator*. 2016 Jan/Feb; 41(1): 9-12. PMID:26402910 <https://doi.org/10.1097/NNE.0000000000000212>
- [6] Scullion P. Enabling disabled people: responsibilities of nursing education. *British Journal of Nursing*. 2000 Aug; 9(15): 1010-1015. PMID:11276638 <https://doi.org/10.12968/bjon.2000.9.15.5484>
- [7] Smeltzer SC, Dolen MA, Robinson-Smith G, et al. Integration of disability-related content in nursing curricula. *Nursing Education Perspectives*. 2005 Jul; 26(4): 210-216.
- [8] Boyles CM, Bailey PH, Mossey S. Representations of disability in nursing and healthcare literature: an integrative review. *Journal of Advanced Nursing*. 2008 May; 62(4): 428-437. PMID:18355228 <https://doi.org/10.1111/j.1365-2648.2008.04623.x>
- [9] Marks BA. Commentary: jumping through hoops and walking on egg shells or discrimination, hazing, and abuse of students with disabilities? *Journal of Nursing Education*. 2000 May; 39(5): 205-210. <https://doi.org/10.3928/0148-4834-20000501-05>
- [10] Willis DS, Thurston M. Working with the disabled patient: exploring student nurses views for curriculum development using a swot analysis. *Nurse Education Today*. 2015 Feb; 35(2): 383-387. PMID:25467717 <https://doi.org/10.1016/j.nedt.2014.10.013>
- [11] Gibbs SM, Brown MJ, Muir WJ. The experiences of adults with intellectual disabilities and their carers in general hospitals: a focus group study. *Journal of Intellectual Disability Research*. 2008 Dec; 52(12): 1061-1077. PMID:18466292 <https://doi.org/10.1111/j.1365-2788.2008.01057.x>
- [12] Smeltzer SC, Avery C, Haynor P. Original research: interactions of people with disabilities and nursing staff during hospitaliza-



- tion. *American Journal of Nursing*. 2012 Apr; 112(4): 30-37. PMID:22421319 <https://doi.org/10.1097/01.NAJ.0000413454.07369.e3>
- [13] Lewis S, Stenfert-Kroese B. An investigation of nursing staff attitudes and emotional reactions towards patients with intellectual disability in a general hospital setting. *Journal of Applied Research in Intellectual Disabilities*. 2010 Jul; 23(4): 355-365. <https://doi.org/10.1111/j.1468-3148.2009.00542.x>
- [14] Matziou V, Galanis P, Tsoumakas C, et al. Attitudes of nurse professionals and nursing students towards children with disabilities. Do nurses really overcome children's physical and mental handicaps? *International Nursing Review*. PMID:19930074 2009 Dec; 56(4): 456-460. <https://doi.org/10.1111/j.1466-7657.2009.00735.x>
- [15] Brown S, Kalaitzidis E. Barriers preventing high-quality nursing care of people with disabilities within acute care settings: a thematic literature review. *Disability & Society*. 2013 Oct; 28(7): 937-954. <https://doi.org/10.1080/09687599.2012.748646>
- [16] Sowney M, Barr OG. Caring for adults with intellectual disabilities: perceived challenges for nurses in accident and emergency units. *Journal of Advanced Nursing*. 2006 Jul; 55(1): 36-45. PMID:16768738 <https://doi.org/10.1111/j.1365-2648.2006.03881.x>
- [17] Velonaki VS, Kampouroglou G, Velonaki M, et al. Nurses' knowledge, attitudes and behavior towards deaf patients. *Disability and Health Journal*. 2015 Jan; 8(1): 109-117. PMID:25240297 <https://doi.org/10.1016/j.dhjo.2014.08.005>
- [18] Smeltzer SC, Blunt E, Marozsan H, et al. Inclusion of disability-related content in nurse practitioner curricula. *Journal of the American Association of Nurse Practitioners*. 2015 Apr; 27(4): 213-221. PMID:24948029 <https://doi.org/10.1002/2327-6924.12140>
- [19] Smeltzer SC, Robinson-Smith G, Dolen MA, Duffin JM, Al-Maqbali, M. Disability-related content in nursing textbooks. *Nursing Education Perspective*. 2010 May; 31(3): 148-155.
- [20] Ilkhani M, Glasper A, Jarrett N. Nursing curricula relating to care for disabled children: literature review. *International Nursing Review*. 2016 Mar; 63(1): 78-83. PMID:26190753 <https://doi.org/10.1111/inr.12203>
- [21] Uysal A, Albayrak B, Koçulu B, et al. Attitudes of nursing students toward people with disabilities. *Nursing Education Today*. 2014 May; 34(5): 878-884. PMID:24080269 <https://doi.org/10.1016/j.nedt.2013.09.001>
- [22] Au KW, Man DW. Attitudes toward people with disabilities: a comparison between health care professionals and students. *International Journal of Rehabilitation Research*. 2006 Jun; 29(2): 155-160. PMID:16609328 <https://doi.org/10.1097/01.mrr.0000210048.09668.ab>
- [23] Satchidanand N, Gunukula SK, Lam WY, et al. Attitudes of health-care students and professionals towards patients with physical disability: a systematic review. *American Journal of Physical Medicine & Rehabilitation*. 2012 Jun; 9(6): 533-545. PMID:22596075 <http://dx.doi.org/10.1097/PHM.0b013e3182555ea4>
- [24] Lyon L, Houser R. Nurse educator attitudes towards people with disabilities. *Nursing Education Perspectives*. 2018 May/June; 39(3): 151-155. PMID:29432283 <https://doi.org/10.1097/01.NEP.0000000000000282>
- [25] Ashcroft TJ, Lutfiyya ZM. Nursing educators' perspectives of students with disabilities: a grounded theory study. *Nursing Education Today*. 2013 Nov; 33(11): 1316-1321. PMID:23537939 <https://doi.org/10.1016/j.nedt.2013.02.018>
- [26] Morris D, Turnbull P. Clinical experiences of students with dyslexia. *Journal of Advanced Nursing*. 2006 Apr; 54(2): 238-247. PMID:16553710 <https://doi.org/10.1111/j.1365-2648.2006.03806.x>
- [27] Stanley N, Ridley J, Harris J, Manthorpe J. Disclosing disability in the context of professional regulation: a qualitative UK study. *Disability & Society*. 2011 Jan; 26(1): 19-32. <https://doi.org/10.1080/09687599.2011.529663>
- [28] Lindgren CL, Oermann MH. Effects of an educational intervention on students' attitudes toward the disabled. *Journal of Nursing Education*. 1993 Mar; 32(3): 121-126. <https://doi.org/10.3928/0148-4834-19930301-07>
- [29] Anyinam CK. Work experiences of nurses with self-identified disabilities [dissertation]. Toronto (ON): York University; 2018. Available from: <http://hdl.handle.net/10315/34966>
- [30] Joyce T, McMillian M, Hazelton M. The workplace and nurses with a mental illness. *International Journal of Mental Health Nursing*. PMID:19883410 2009 Nov; 18(6): 1-7. <https://doi.org/10.1111/j.1447-0349.2009.00629.x>
- [31] Matt SB. Nurses with disabilities: self-reported experiences of hospital employees. *Qualitative Health Research*. 2008 Nov; 18(11): 1524-1535. PMID:18849513 <https://doi.org/10.1177/1049732308325295>
- [32] Weller P. New law and ethics in mental health advance directives: the convention on the rights of persons with disabilities and the right to choose. New York: Routledge; 2013.
- [33] Shakespeare T. Cultural representation of disabled people: dustbins for disavowal? *Disability, Handicap and Society*. 1994 Feb; 9: 283-299. <https://doi.org/10.1080/09687599466780341>
- [34] Fundamental principles of disability [Internet]. Leeds (UK): Union of Physically Impaired Against Segregation (UPIAS); 1976 [cited 2019 Jan 10]. Available from: <http://www.Leeds.ac.uk/>
- [35] Oliver M. Understanding disability. From theory to practice 2nd ed. London: Macmillan Press; 2010.
- [36] Crenshaw K. Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford Law Review*. 1991 Nov; 43: 1241-1299. <https://doi.org/10.2307/1229039>
- [37] Collins PH, Sirma B. Intersectionality. Malden (MA): Polity Press; 2016.
- [38] Evans NJ, Assadi JL, Herriott TK. Encouraging the development of disability allies. *New Directions for Student Services*. 2005 Jun; 110: 67-79. <https://doi.org/10.1002/ss.166>
- [39] A review of competency frameworks for disability service staff [Internet]. Dublin (UK): National Disability Authority; 2018 [cited 2019 May 7]. Available from: <http://nda.ie/Publications/Other/Research-Publications/Review-of-Competency-Frameworks-Disability-Service-Staff1.pdf>
- [40] Core competencies on disability for health care education [Internet]. Peapack (NJ): Alliance for Disability in Health Care Education; 2018 [cited 2019 May 7]. Available from: [http://nisonger.osu.edu/wp-content/uploads/2018/09/Core-Competencies-on-Disability\\_8.31.18.pdf](http://nisonger.osu.edu/wp-content/uploads/2018/09/Core-Competencies-on-Disability_8.31.18.pdf)
- [41] Innovation disability awareness brief: disability competency for providers [Internet]. Montpelier (VT): Vermont Health Care Innovation Project; 2015 [cited 2019 May 7]. Available from: <https://healthcareinnovation.vermont.gov/sites/hcinnovation/files/DTSS/Disability%20Awareness%20Brief%20-%20Disability%20Competency%20for%20Providers%20-%20June%202015.pdf>
- [42] Etowa JB, Foster S, Vukic AR, et al. Recruitment and retention of minority students: diversity in nursing education. *International Journal of Nursing Education Scholarship*. 2005 Jun; 2(1). PMID:16646907 <https://doi.org/10.2202/1548-923X.1111>

- [43] Sin CH, Fong J. 'Do no harm'? professional regulation of disabled nursing students and nurses in Great Britain. *Journal of Advanced Nursing*. 2008 Jun; 62(6): 642-652. PMID:18503646 <https://doi.org/10.1111/j.1365-2648.2008.04633.x>
- [44] Marks B, Ailey S. White paper on the inclusion of students with disabilities in nursing educational programs for the California Committee on Employment of People with Disabilities (CCEPD) [Internet]. Sacramento (CA): California Committee on Employment of People with Disabilities (CCEPD); 2014 [cited 2019 May 20]. Available from: <http://rrtcadd.org/2015/10/05/white-paper-on-inclusion-of-students-with-disabilities-in-nursing-educational-programs-for-the-california-committee-on-employment-of-people-with-disabilities-ccepd/>
- [45] Hubbard S. Disability studies and health care curriculum: the great divide. *Journal of Allied Health*. 2004 Jan; 33(3): 184-188.
- [46] Campbell FK. Medical education and disability studies. *Journal of Medical Humanities*. 2009 Dec; 30(4): 221-235. PMID:19756985 <https://doi.org/10.1007/s10912-009-9088-2>
- [47] Salmen JPS. Universal design for academic facilities. In Huger MS, editor. *Fostering the increased integration of students with disabilities: New directions for student services*. San Francisco (CA): Jossey-Bass; 2011; 13-20. <https://doi.org/10.1002/ss.391>
- [48] Palmer J. Universal instructional design implementation guide [Internet]. Geulph (ON): University of Guelph; c2003 [cited 2019 Jan 10]. Available from: [http://www.includ-ed.eu/sites/default/files/documents/ug16-implementation\\_guide.pdf](http://www.includ-ed.eu/sites/default/files/documents/ug16-implementation_guide.pdf)
- [49] Robinson S, Hill Y. Miracles take a little longer: Project 2000 and the health-promoting nurse. *International Journal of Nursing Studies*. 1995 Dec; 32(6): 568-579. [https://doi.org/10.1016/0020-7489\(95\)00021-6](https://doi.org/10.1016/0020-7489(95)00021-6)
- [50] Edwards H, Chapman H, Davis LM. Utilization of research evidence by nurses. *Nursing & Health Sciences*. 2002 Sep; 4(3): 89-95. PMID:12153406 <https://doi.org/10.1046/j.1442-2018.2002.00111.x>
- [51] Uys L, Gwele N, editors. *Curriculum development in nursing: process and innovation*. New York: Routledge; 2004.
- [52] Gilson FS, Depoy E. Theoretical approaches to disability content in social work education. *Journal of Social Work Education*. 2002 Jan; 38(1): 153-165. <https://doi.org/10.1080/10437797.2002.10779088>
- [53] Scullion PSA. Disability' in a nursing curriculum. *Disability & Society*. 1999 Jun; 14(4): 539-559. <https://doi.org/10.1080/09687599926118>
- [54] Ashcroft TJ, Chernomas WM, Davis PL, et al. Nursing students with disabilities; one faculty's journey. *International Journal of Nursing Education Scholarship*. 2008 Apr; 5(1): 1-15. PMID:18454732 <https://doi.org/10.2202/1548923X.1424>
- [55] Gardner MR, Suplee PD, Jerome-D'Emilia B. Survey of nursing faculty preparation for teaching about autism spectrum disorders. *Nurse Educator*. 2016 Jul/Aug; 41(4): 212-216. PMID:26771944 <https://doi.org/10.1097/NNE.0000000000000237>
- [56] Ndubaku U. Barriers to providing quality care for pediatric patients with autism spectrum disorder as identified by baccalaureate prepared registered nurses: a basis to enhance professional practice [dissertation]. San Jose (CA): San Jose State University; 2018.
- [57] Huger MS. Fostering a disability-friendly institutional climate. In Huger MS, editor. *Fostering the increased integration of students with disabilities: New directions for student services*. San Francisco (CA): Jossey-Bass; 2011; 3-12. <https://doi.org/10.1002/ss.390>
- [58] Shaema U, Forlin C, Loreman T. Impact of training on pre-service teachers' attitudes and concerns about inclusive education and sentiments about persons with disabilities. *Disability and Society*. 2008 Dec; 23(7): 773-785. <https://doi.org/10.1080/09687590802469271>
- [59] Levy Marquette JA. Attitudes of nursing faculty towards nursing students with disabilities: an integrative review. *Journal of Postsecondary Education and Disability*. 2014 Fall; 27(3): 321-332.
- [60] Carballo R, Morgado B, Cortés-Vega MD. Transforming faculty conceptions of disability and inclusive education through a training programme. *International Journal of Inclusive Education*. 2019 Feb; 1-17. <https://doi.org/10.1080/13603116.2019.1579874>
- [61] Murray C, Lombardi A, Seely JR, et al. Effects of an intensive disability-focused training experience on university faculty self-efficacy. *Journal of Postsecondary Education and Disability*. 2014 Sum; 27(2): 179-193.