Educating for Inclusion: Transforming Disability Nursing in Australia

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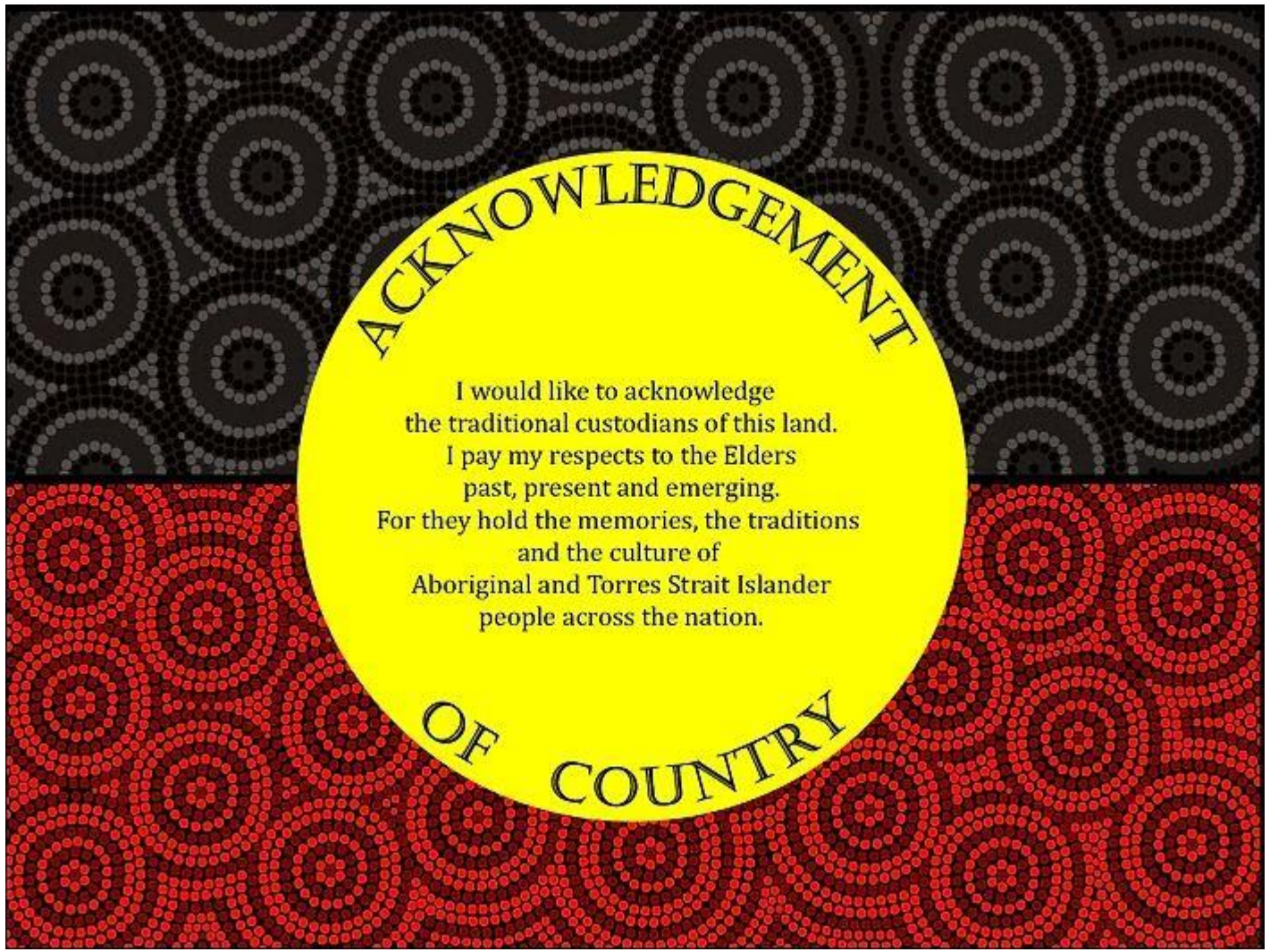

ACKNOWLEDGEMENT
I would like to acknowledge
the traditional custodians of this land.
I pay my respects to the Elders
past, present and emerging.
For they hold the memories, the traditions
and the culture of
Aboriginal and Torres Strait Islander
people across the nation.
OF COUNTRY

Introduction

Background

Discrimination against any person with disability is a violation of the inherent dignity and worth of the human person (UN convention on rights of person with disability, 2008).

01

Despite this, people with disabilities still encounter many barriers (UNCRPD, 2008).

02

Over half a million Australians (3%) have intellectual disabilities (AIWH, 2008).

03

Majority (60%) have severe or profound disability and require a significant amount of support from family, care givers or health professionals especially nurses (AIWH,2008).

Background

People with intellectual disabilities experience poorer health outcomes overall; compromised physical health and well-being; and limited accessibility to health services

(PANDDA report, 2019).

38 % of the avoidable deaths in contrast to 17% within the general population

26-year gap in life expectancy compared with the general population

Background

The prevalence of intellectual disability is more than double in Indigenous Australians (AIHW, 2011).

Closing the gap priority reforms should focus on strengthening the workforce to deliver complex care (AIHW,2011).

Introduction of NDIS changed the intellectual disability workforce, where the speciality of disability nursing has stalled.

A reduction in the supply chain of suitably prepared nurses

Significance of the study

- Lack of disability nursing speciality has taken the lens off the health care, recovery and wellbeing needs .
- Pause of disability nursing advocacy within health ,social care and educational sectors and a lag in leadership.
- Needs of people with intellectual disability are overlooked
- Education does not prepare student nurses to care for people with intellectual disabilities.
- With 3% of people impacted it is likely that nurses will encounter people with intellectual disabilities.

Aim

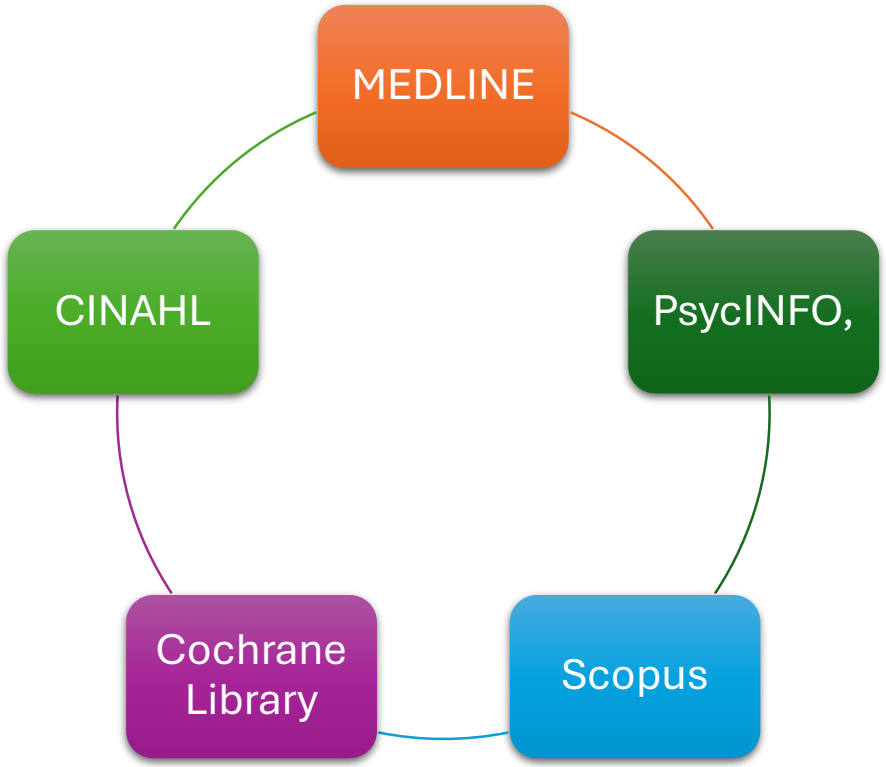
- An integrative literature review was conducted to collect all available literature to illuminate what is known about the quality of nursing care and educational preparedness for ID nursing practice in Australia.

Research questions

What is known about the quality of nursing care of people with IDs in Australia across the last 13 years (2010–2023)?

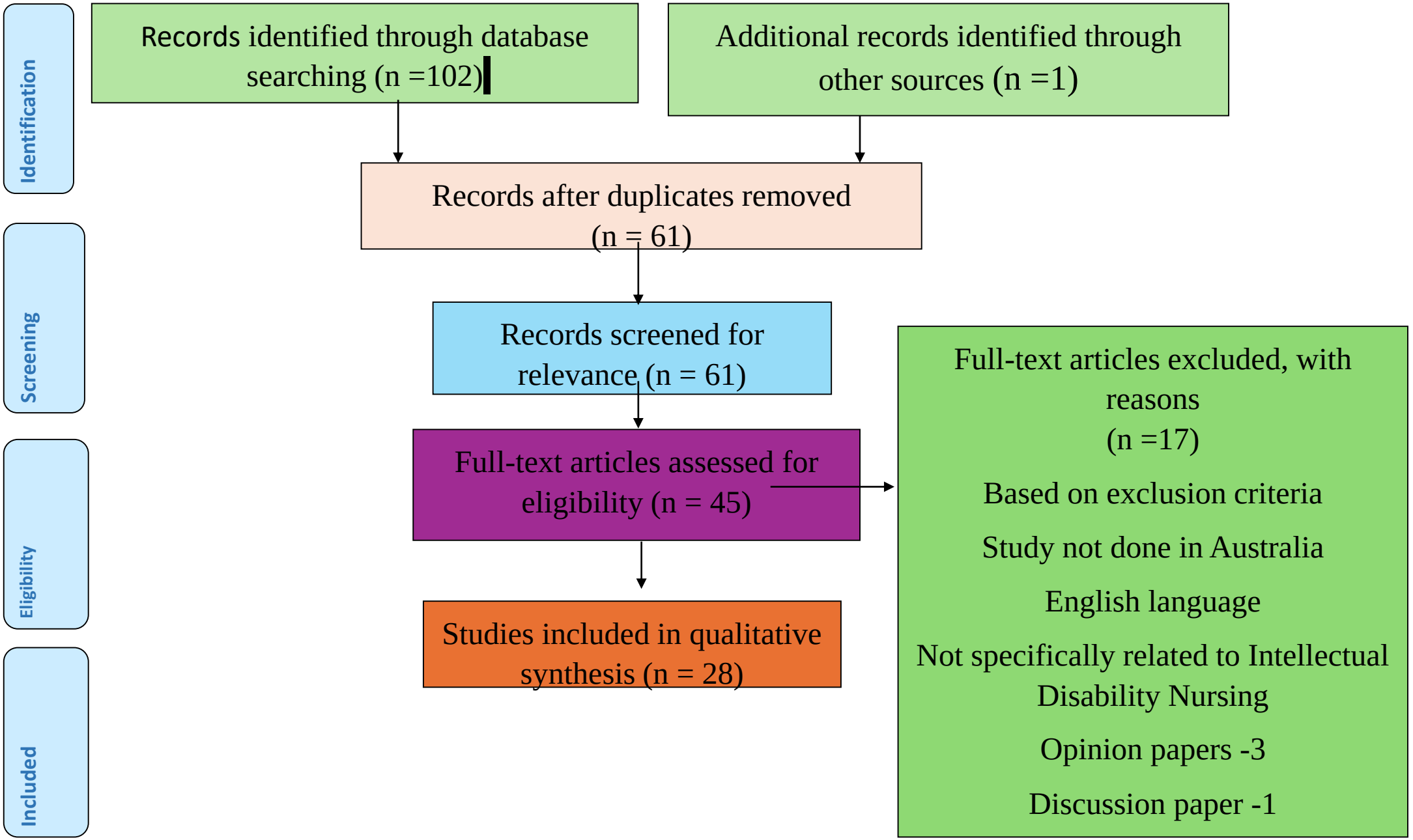
- What is known about nursing education and preparedness to care for people with IDs safely?

Method



DATABASES

PRISMA chart



Data analysis

Articles were reviewed independently by an experienced team of researchers.

The parameters recorded included author, country of the primary author, year of publication, main issue/research question, type of study, no of participants/number of studies included, main findings, accompanied by recommendations and limitation.

Data extraction was done by the one researcher independently and any discrepancies were resolved by joint discussion with the second researcher.

Synthesis was based on comparability of the themes across the included studies, which resulted in a narrative synthesis.

Types of articles

- literature reviews (n=5)
- qualitative studies (n=8)
- descriptive and correlation studies (n=7)
- mixed-method research (n=1)
- web searches or document analyses (n=3)
- audits (n=3)
- report (n=1).

Findings

Theme 1: Workforce Development and Professional Standards

Theme 2: Hospital Experience and Support Needs of Individuals With IDs

Theme 3: Nursing Curriculum and ID

Theme 1: Workforce Development and Professional Standards

- Fragmented education of nurses working in the disability (Lewis et al., 2020; Wilson et al., 2020).
- Only half of the nurses had a further acquired specialist qualification in ID-specific contexts.
- Around 12 people had a mental retardation nursing certificate a few (*n* = 7) had a Certificate IV qualification in disability studies
- This explains the challenges faced by nurses in caring for people with IDs reported in different studies in Australia (Foo et al., 2021; Hemsley et al., 2012; Jaques et al., 2018; Lewis et al., 2019; Taua et al., 2012; Wilson et al., 2018, 2020).

Theme 1: Workforce Development and Professional Standards

- Insufficient preparedness for effective health promoting communication (Lewis et al., 2019 & Helmsley et al., 2011).

- Paid care providers' play an important role ;meeting activities of daily living; for communication and advocacy (Hemsley, 2011) .

- Nursing **standard 2 implies engagement in therapeutic and professional relationship** and **standard 6 is providing safe, appropriate, responsive quality nursing practice** (NMBA, 2021).

Theme 1: Workforce Development and Professional Standards

- Nurses encounter difficulties in comprehending the requirements of individuals with IDs and struggle to accommodate their unique conditions. (Lacono et al., 2014).

- It is further complicated by the poor attitude of nurses towards people with IDs (Lacono et al., 2014).

Theme 1: Workforce Development and Professional Standards

- A national survey reported significant deficiencies in the knowledge, preparedness, confidence and comfort of nurses (Cashin, Pracilio, et al., 2022).

- Majority of nurses lack postgraduate qualifications related to ID, and a significant proportion has no CPD in these areas.

- Nurses reported the least confidence in specific skills, such as referring caregivers to resources, nonverbal communication and managing escalation behaviours.

Theme 1: Workforce Development and Professional Standards

- Nurses were unfamiliar with reasonable adjustment plans, the NDIS and their role within NDIS support services.

- clinical placements improved nurses' confidence and preparedness, but there remains a clear need for enhanced education and training in this critical healthcare area.

- Staff training in ID were more likely to talk to people with IDs about death and dying (Foo et al., 2021).

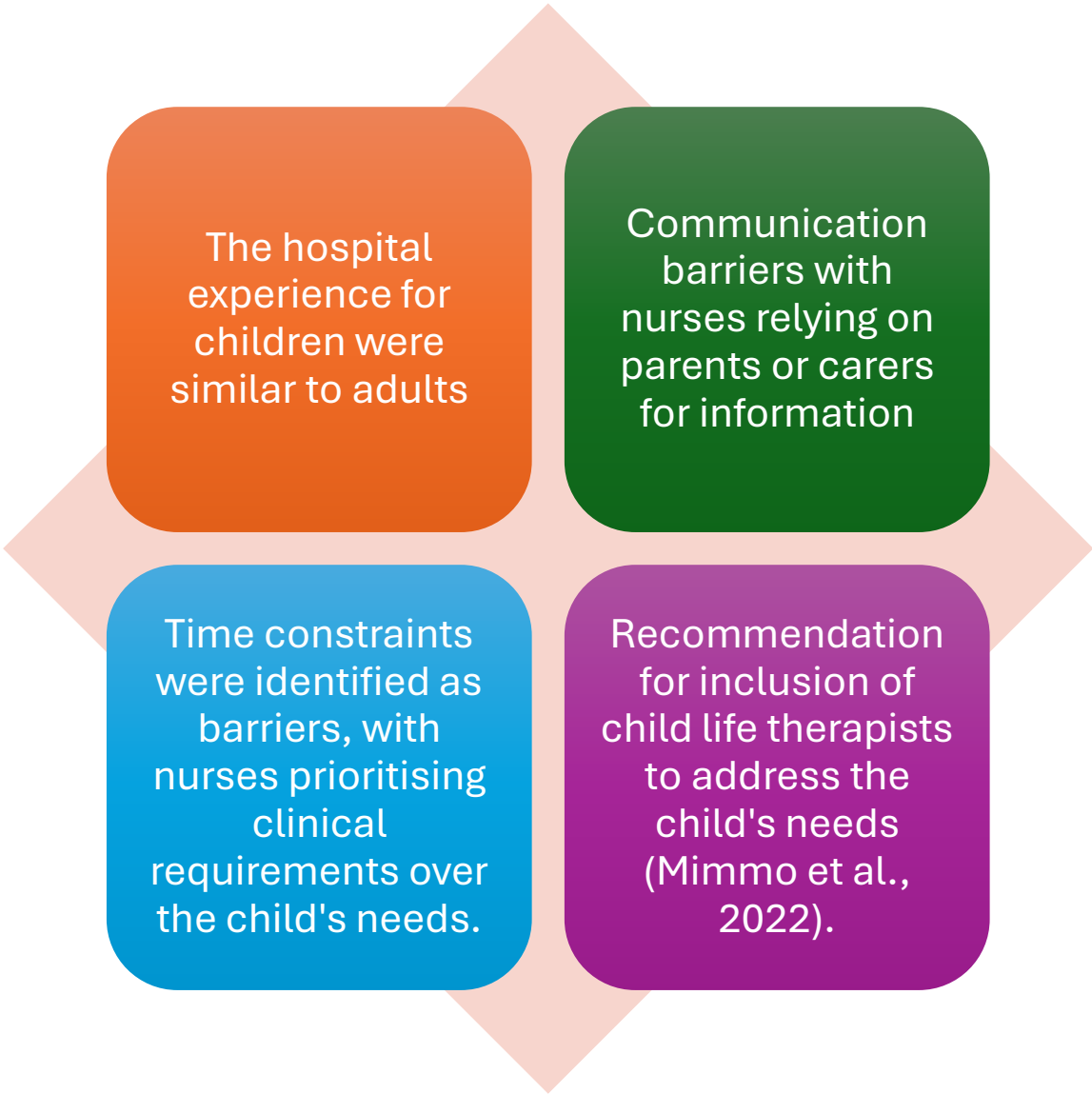
Theme 1: Workforce Development and Professional Standards

- People with intellectual disabilities are fearful of hospital encounter because they perceived a failure with nursing staff's ability to provide safe and appropriate care (Lacono etal, 2014).
- A National survey reported that average age of nurses is more than 50 years (Lewis,2020).
- This group of nurses with specialised training in intellectual disability may decrease in number and may not replace (Lewis,2020).

Theme 1:Work force development and professional standards

Highly variable understandings of practice standards designed for intellectual and developmental disability nursing (Wilson et al, 2018).
Developmental and intellectual disability standards are not evident in the national competency standards(Edmonds et al, 2016).
Evidence to inform nursing practice, guidelines and policies are lacking (O'Reilly, 2018).
Nurses with expertise are continuing to be in demand despite the deliberate policy changes (Wilson et al, 2018).

Theme 2: Hospital Experience and Support Needs of Individuals With IDs



Theme 2: Hospital Experience and Support Needs of Individuals With IDs

Importance of **forming partnerships**, effective **communication**, and **continuity of care** to enhance patient experience(Mimmo et al., 2022)

Establishing rapport through play, involving parents, seeking guidance from experienced colleagues, and demonstrating empathy

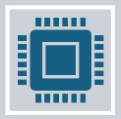
Theme 2: Hospital Experience and Support Needs of Individuals With IDs

Children from CALD backgrounds are more likely to receive diagnoses of gross developmental delay (GDD), intellectual and developmental disorder (IDD) and autism spectrum disorder (ASD) (Lewis, 2021).

Delayed access to services and interventions due to delayed referrals is a concern, as early intervention is crucial (Lewis, 2021).

Theme 2: Hospital Experience and Support Needs of Individuals With IDs

Individuals with IDs from culturally and linguistically diverse



(CALD) backgrounds face unique challenges (Lewis, 2021).

With a significant percentage of Australia's population (21%)

speaking a language other than English, effective service delivery is significantly impacted (Lewis, 2021).

Theme 3: Nursing curriculum and ID

People with intellectual disability are cared by nurses who have a general degree in nursing (Courtenay et al, 2017).

Nursing curriculums in universities in Australia are not providing adequate educational preparation for nursing students (Troller et al, 2018) .

There is an inconsistent inclusion of content on intellectual disability in the training programmes for nurses, which is mainly implemented as a part of professional development rather than an educational pathway (Courtenay et al, 2017).

Theme 3 Nursing curriculum and ID

Over half of Australian universities are failing to deliver sufficient content to prepare nurses to care for people with intellectual disability content (Trollor etal, 2018).

Intellectual disability content was not delivered by teachers who are specialized in the area in almost 80% of the Universities. (Trollor etal, 2018).

68.5% of nurses reported no content on intellectual disability included in their undergraduate curriculum (Cashin etal, 2021)

Majority (80.8%) did not have a clinical placement dedicated for caring people with intellectual disability, 65.2% of respondents had not taken any CPD related to intellectual disability(Cashin etal, 2021).

Recommendations

Need of pre-registration nursing students to have sufficient educational opportunities and practice preparation in caring for people with intellectual disability.

Clinical placement opportunities and specific intellectual disability nursing content.

A range of specialist post-graduate intellectual disability nursing programs

Further research to drive the evidence required to deliver high quality and safe best practice nursing delivery for the intellectual disability sector.

Conclusion

- This integrative literature review highlights the importance of training needs of nurses caring for the people with intellectual disability.

- It also recognizes the need to meet the complex needs of consumers with intellectual disability.

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REVIEW ARTICLE OPEN ACCESS

Enhancing Disability Nursing Practice in Australia: Addressing Educational Preparedness

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ABSTRACT

People with intellectual disabilities (IDs) face significant health challenges, including poor outcomes, limited access to health care, and a 26-year life expectancy gap compared with the general population. This highlights the need for improved public health and social policies to enhance the quality of care in hospital and community settings. An integrated literature review was conducted to examine the state of disability nursing practice in Australia following the implementation of the National Disability Insurance Support (NDIS) scheme. The review included English-language studies published from 2010 to 2023. Systematic searches in five databases resulted in a final sample of 28 studies. The data were then thematically analysed, and the following three themes emerged: Workforce development and professional standards, hospital experience and support needs of individuals with IDs, and nursing curriculum and ID. Study findings suggest that nurses lack preparation for effective health communication with individuals with IDs and their families. Evidence is insufficient to guide nursing practice and policies in ID care. Varying understandings of practice standards exist among nurses. Nursing curriculums in Australia fail to adequately prepare students to manage the unique needs of individuals with IDs, perpetuating the high mortality rates in this population. Specialised nursing practice areas are vital for meeting the complex needs of individuals with IDs. Reintroducing a disability nursing specialty and integrating dedicated study units and clinical placements in undergraduate programmes are recommended steps to improve care outcomes and support the overall well-being of this population.

1 | Introduction

The United Nations Convention on the Rights of People with Intellectual Disabilities (IDs) should be afforded a healthy life and well-being without facing inequality resulting from their disability (UN Convention on Rights of Persons

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Thank
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