

Educational needs of nurses working in the intellectual disability nursing sector in Australia



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The image features a central yellow circle containing text. The background is split horizontally: the top half is black with a pattern of concentric circles of grey dots, and the bottom half is red with a pattern of concentric circles of red dots. The text 'ACKNOWLEDGEMENT' is arched across the top of the yellow circle, and 'OF COUNTRY' is arched across the bottom. The central text is a formal acknowledgment of the traditional custodians of the land.

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

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).
- Despite this, people with disabilities still encounter many barriers (UNCRPD, 2008).
- Over half a million Australians (3%) have intellectual disabilities (AIWH, 2008).
- 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 (PANDDA report, 2019).
- 26-year gap in life expectancy compared with the general population (PANDDA report, 2019).

Background

- The prevalence of intellectual disability is more than double in Indigenous Australians (Australian Institute of Health and Welfare, 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 illuminate what is known about the educational preparedness of pre registration nursing students for intellectual disability nursing practice in Australia.

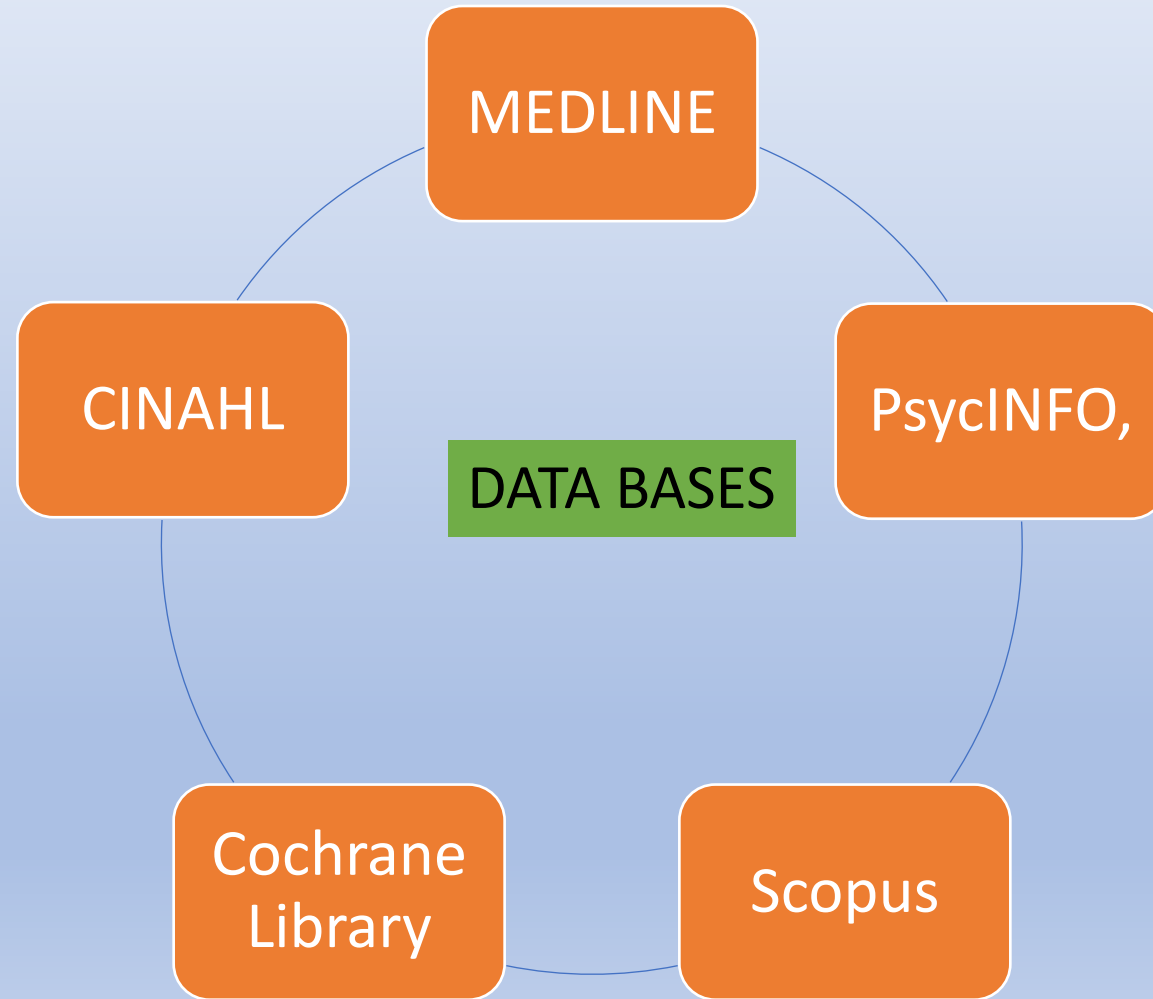
Research questions

What is known about nursing care of people with intellectual disabilities in Australia across the last 12 years (2011-2022).

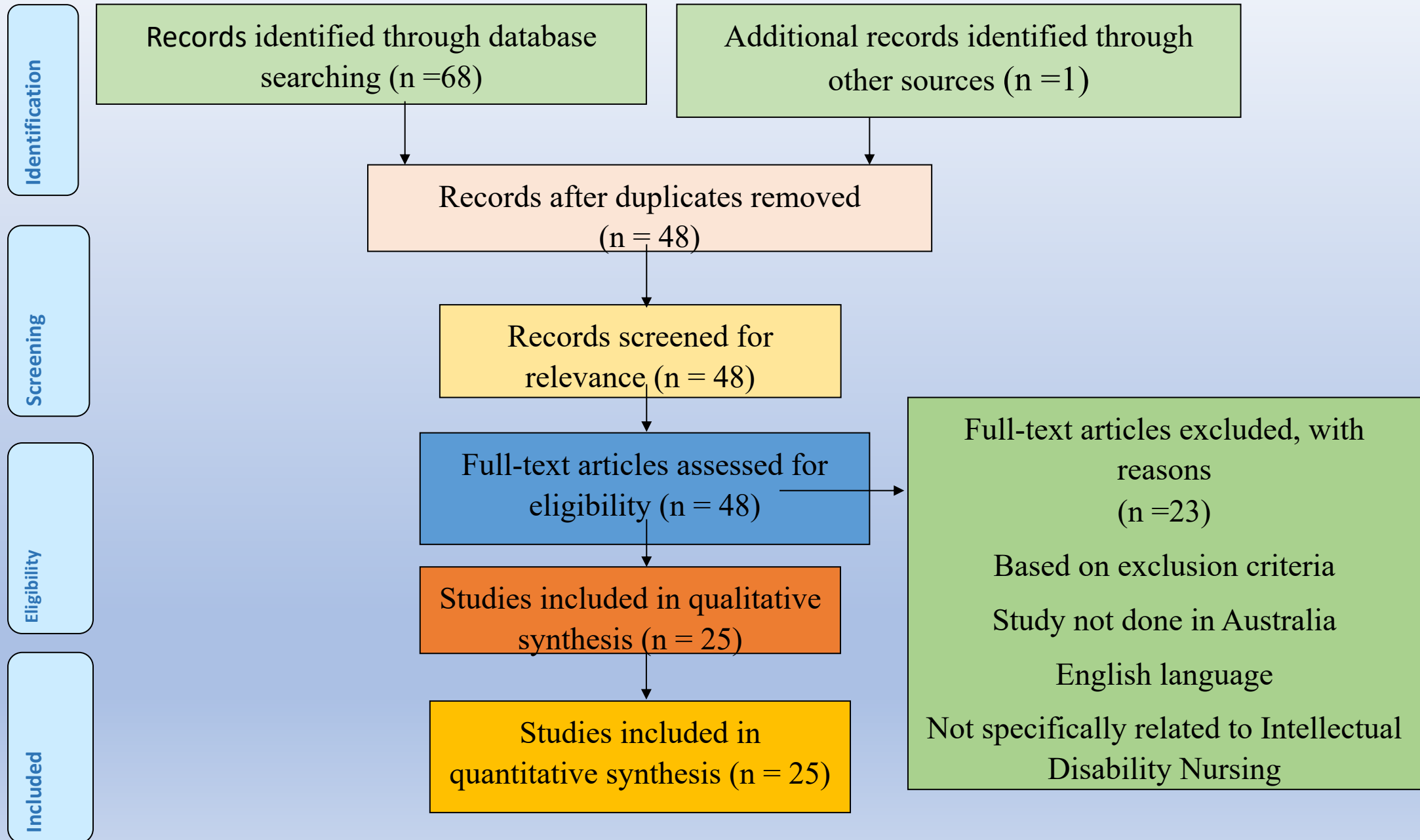
Are the nurses appropriately educated and prepared to safely care for people with intellectual disabilities?

Are the mental health services for people with intellectual disabilities adequate?

Method



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.

Findings

- Theme 1: lack of educational preparedness of nurses
- Theme 2: nursing curriculum and intellectual disability
- Theme 3: speciality practice standards for disability nurses

Theme 1: lack of educational preparedness of nurses

- Insufficient preparedness for effective health promoting communication with people with intellectual disabilities (Lewis et al., 2019 & Helmsley et al., 2011).
- Paid care providers' play an important role in supporting people with intellectual disability; 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 . If nurses do not have adequate communication skills, they won't be able to meet these professional standards (NMBA, 2021).
- Lack of evidence to inform intellectual disability nursing practice, clinical guidelines, and policies (Lewis et al., 2019).

Theme 1: lack of educational preparedness of nurses

- 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, lack of knowledge and skill of hospital staff, failure to adapt to the changing needs (Lacono et al, 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 by nurses qualified to care of people with Intellectual Disability (Lewis,2020).

Theme 2: nursing curriculum and intellectual disability

- 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 2: nursing curriculum and intellectual disability

- Over half of Australian universities are failing to deliver sufficient content to prepare nurses to care for people with intellectual disability content (Trollor et al, 2018).
- Intellectual disability content was not delivered by teachers who are specialized in the area in almost 80% of the Universities. (Trollor et al, 2018).
- 68.5% of nurses reported no content on intellectual disability included in their undergraduate curriculum (Cashin et al, 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 et al, 2021).

Theme 3: speciality practice standards for disability nurses

- 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).

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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*Thank
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