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A LITERATURE REVIEW

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Abstract

In the process of introducing a new disability unit into an undergraduate nursing curriculum in a New Zealand educational setting, the opportunity arose to conduct a small study comparing the attitudes of student nurses to people with disabilities. This paper discusses the literature reviewed which formed the basis for the study. A range of perspectives and research was identified that explored societal and nurses’ attitudes, disability studies in undergraduate nursing curricula, the impact of nurses’ attitudes on patient care, and interventions for changing those attitudes. Effective nursing care can be severely compromised through negative attitudes, and concerns are expressed at the lack of attention given to this issue in nursing curricula generally. The literature showed that combining educational approaches with opportunities for student nurses to interact with disabled people provides the most effective means for student nurses to develop positive attitudes towards disabled people. The goal for nurse educators is to ensure the inclusion of disability studies as a core component in undergraduate nursing education.

Keywords

Nursing, education, disability, attitudes
In the process of revising a New Zealand undergraduate nursing curriculum, a new unit addressing disability issues was introduced to ensure a focused rather than fragmented approach to disability issues in the student nurses’ education. During implementation of the revised curriculum, an opportunity was identified to compare the attitudes of two cohorts of nursing students towards disabled people in a small research project. The literature reviewed showed diverse approaches to facilitating attitudinal change and particular implications for nurse educators. The literature is summarized in relation to societal and nurses’ attitudes, the impact of negative attitudes on nursing care, disability studies in nursing curricula and interventions for changing attitudes. The research results will be summarized in a later report.

The scheduled closure in 2006 of the Kimberley Centre at Levin will mean the end of large institutions for intellectually disabled people in this country. All children and adults with physical and/or intellectual disabilities will be supported and cared for in our communities rather than institutions (Hunt 2000). One in five New Zealanders identify themselves as ‘disabled’ which equates to large numbers of people requiring comprehensive support and health services in the future (Statistics NZ 2003). Society provides the greatest barriers to the quality of life for disabled people in the community. These barriers may be physical such as access, financial, or attitudinal with ongoing discrimination and prejudice shown to people who are disabled (Ministry of Health [MOH] 2001).

Nurses may reflect societal attitudes in their care by demonstrating avoidance, judgment and negative comments about disabled people. The medical model of care where curing the condition is the focus, continues to guide the delivery of nursing care in many situations. This approach sustains the constraining and negative interactions with health professionals that continue to be experienced by disabled people. Currently a social model of care is supported which, while not perfect, recognizes the individuality of disabled people and their rights to participate in and make choices regarding their health care and lifestyle (Beatson 2001).

Societal and nurses’ attitudes

The attitude of one person towards another impacts upon the effectiveness of any interactions between them. This interaction is most significant in the provision of health care where open communication is essential for safe practice to occur. Society's attitudes towards and perceptions of disabled people are influenced by the images, language and information provided in the media (Barnes et al 1999; Wishart & Johnston 1990). The language used is very important as it says a lot about the people and organisations that use it, the value of disabled people and their place in the community (Millen 1999). Attitudinal barriers, particularly discrimination, are identified as one of the significant disabling factors in NZ society (MOH 2001). The attitudes of society may be reflected in the attitudes and care of health professionals towards people who are different. Attitudes are developed across an individual’s lifetime and can reflect their environment, the perceptions of significant others, and personal experiences in life. Student nurses thus enter the profession with a predetermined set of values and beliefs that influence their attitudes to others (Brillhart et al 1990). The negative attitudes of parents, teachers and
friends can also have a negative effect on a developing child’s attitude (Royal & Roberts 1987). Previous experiences and contact with disabled people, ethnicity and family values contribute to attitude development (Brillhart et al 1990; Westbrook et al 1993). A number of studies have identified prior experience with disabled people in a social or work environment as positively affecting student nurses’ attitudes to disabled people (Gething 1991; Lindgren & Oermann 1993; Slevin 1995). A study by Tervo (2004) considered the attitude and comfort of various health disciplines towards disabled people and found “Nursing students had the least positive attitudes to people with a disability as a group” (p913).

The impact of negative attitudes on nursing care

People living in the community with learning disabilities, expressed their dissatisfaction with hospital care in a study by Hart (1998). Hart suggested a need to improve health service provision in this area and specifically in the area of communication. Nurses working in a medical model of care, dis-empower and at times de-humanise their patients according to George (1992). Citing numerous examples from hospital and community settings, George found discrimination and negativity towards disabled people was clearly reflected in the attitudes, approaches and comments of health professionals encountered by disabled people, during times when positive support and care was needed. Nurses’ attribution of blame is also a significant factor with possible consequences on ensuing care. Sharu (1996) found that nurses made judgments about maternal control and blame in relation to the type of disability with which a child was born.

The impact of nurses’ attitudes occurs across the spectrum of ages. The personal experiences of disabled people and parents of disabled children reinforces the belief that nurses still relate disability to illness and the need to ‘rehabilitate’ while demonstrating patronising and disempowering practices (Bowes 1998; Heaton 2002; Hershey 1999; Shaw 1995). In an Australian study, Parsons (1993) suggests stereotyping, myths and the media contribute to age discrimination and a lack of willingness to work with disabled elderly people.

The effect of nurses’ negative attitudes on the care disabled people receive has been the subject of much discussion, as these attitudes are believed to influence nurse/patient interactions (Chubon 1982; Sadlick & Penta 1975). Factors such as the patient’s illness or condition, behaviour and responses, social background, perceived patient attitudes and judgments made by staff are significant in determining attitudes (Kelly & May 1982). Nurses with negative perceptions may have difficulty establishing appropriate relationships and providing effective education to their patients, while the patient’s attitude towards the nurse may also be negatively influenced (Kelly et al 1988). In the rehabilitation setting, where stress is placed on the abilities rather than disabilities of patients, negative attitudes can impact profoundly on the patient and their intended outcomes (White & Olson 1998).

Concern has been expressed that nurses still work within reductionist and medical models which continue to restrict their practice potential (Goodall 1994; Shaw 1995; Whitehead 2001). Understanding disability as a medical condition that affects a person negates the individuality of that person and makes no provision for their experience of living with a disability. According to Goodall (1995, p324), "disability, here, is perceived as a falling away from normality" with an expectation that the disabled person will be accepting and grateful for the care provided. These views did not address the social
difficulties that come with living with a disability (Scullion 2000a; Slevin & Sines 1996) and the medical model concept implied deviancy and dependency (Scullion, 1999b).

Individuals working constantly with disabled people may be assumed to show knowledge of and sensitivity to issues related to disabled people. However, in a study involving a range of health professionals undertaking disability awareness training, Peterson and Quarstein (2001) showed that staff may become inured, conditioned to or lack sensitivity to the needs of their disabled clients. Harborne (1996) also suggested that an increase in negative emotions or affect may be related to increasing experience in nursing implying that older nurses interactions with their patients are affected by their increasing disillusionment with nursing. This observation is also made by O’Brien (1995) who noted increased dissatisfaction in older nurses working in the mental health field and suggested this makes these nurses unsuitable as preceptors for student nurses. However Gething (1992b) asserts that while student nurses’ education may contribute to positive attitudinal change, positive changes continue as nurses progress through their careers.

Nurse educators must recognize the potential impact of negative attitudes during the provision of nursing care. This may be reflected in the quality of nursing care, judgmental approaches, discriminatory treatment and dis-empowering practices as outlined.

Disability studies in nursing curricula

The inclusion of a disability studies unit requires knowledge of current perspectives, input from disabled people themselves and educational strategies which support the personal growth of student nurses. Identifying the best formula for this approach is difficult.

A number of authors have expressed concern about the lack of research into student nurses’ attitudes towards disabled people (Biordi & Oermann 1993; Scullion 2000a), and the need for more attention to disability issues in nursing curricula (Holmes 1999/2000; Northway 1997; Scullion 2000a; Shanley & Guest 1995). A need for changes in attitude in both health professionals and physically disabled people is identified by Conway (1996), as both affect related interactions and outcomes of care.

Nolan and Nolan (1999) expressed concern at the preparation of student nurses to work with and meet the rehabilitative needs of people who live with chronic illness and disability. Their analysis of curriculum documents for a wide range of courses in the United Kingdom revealed a lack of in-depth focus on rehabilitation, chronic illness and disability in undergraduate nursing. As a disabled person herself, Linton (1998) describes the debates that occurred in the 1990s over the inclusion of disability studies in university curricula and discusses how the disability movement over the last twenty years has highlighted the inadequacy of previous conceptualisations of disability. Linton asserts that the restricted views of academia as presented to students need to be challenged as they "play a significant role in the perpetuation of a divided and unequal society" (p7).

The importance of utilising effective teaching strategies which address the significant components of attitude development is noted as a challenge for nursing education (Oermann & Gignac 1991). It is suggested that introducing this early in the student nurses’ education may avoid the development of negative attitudes (Tervo, 2004). Nurse educators need to ensure students are given accurate, current information while providing opportunities for questioning which will allow students to establish their values and feelings (Lester & Beard 1988). Shanley and Guest (1995) call for more content
about learning disabilities in general nursing courses, an opinion echoed by Northway (1997, p. 471) who states that "there is little room for complacency and considerable room for improvement" to address the oppression of all disabled people still apparent in modern nursing practice. Enabling the patient to take the lead in their care is the suggestion of Biley (1994) who found nurses show negative attitudes and lack of awareness of the needs of disabled persons in their care.

Preparation of student nurses to work with disabled people in a practice setting needs to include information about the agency while promoting a strong empowerment focus and consideration of the abilities of the disabled persons (Johnston & Dixon 2003). Educators need to adopt language which is positive and acceptable to disabled people, move away from the medical model of care to incorporate the social model, and then acknowledge and embrace the expertise of disabled people themselves (Scullion 1999a). He suggests that nurse educators should encourage students to reconceptualise disability and challenge social oppression.

Constant lecturer support for students as they consolidate and apply their knowledge and reflect on their experience is imperative for positive attitudinal change to be facilitated (Lee & Rodda 1994; Seccombe & Blair 2003). Acknowledging cultural diversity as a factor influencing attitudes has implications for nurse educators, also recognising that individuals tend to have more positive attitudes towards people of their own ethnicity or culture (Hernandez et al 1998; Rooda 1993). Understanding the relationship of stigma, visible and invisible chronic conditions to a persons’ choice regarding disclosure will also guide nurses’ practice and influence their approach (Joachim & Acorn 2000). Creating an awareness of disability issues and equality is imperative for facilitating change in attitudes towards disabled people, in society and especially in health professionals (Scullion 2000b).

The quality of nurse educators’ support is identified as an important factor in facilitating changes in student nurses’ attitudes (Brillhart et al 1990; Happell 2000; Royal & Roberts 1987). A number of barriers to the implementation of change in nurses’ practice were identified by Scheller (1993) including the nurses’ perception that “administrators and staff educators were far removed from the daily practice” (p. 121). This has important connotations for nurse educators generally. It would seem that while positive attitudes and enthusiasm are essential qualities, nurse educators also require clinical credibility alongside an ability to strengthen theory/practice links (Reilly & Oermann 1992). An Australian study found that the pre-registration experience of nursing students contributed to more positive attitudes and that "health professionals are powerful models who consciously and unconsciously convey expectations about behaviours, goals and aspirations” (Gething 1992a, p26).

One desired outcome of undergraduate nursing education is to foster the development of positive professional attitudes towards disabled people (Thomson et al 2003). Combining effective educational approaches with positive contact opportunities will provide a foundation for this outcome to occur. While a solid theoretical preparation is essential for student nurses, the ability to provide safe nursing care should never be compromised by negative attitudes. From this perspective, nurse educators must specifically address disability issues in nursing curricula today.

Interventions for changing attitudes
The literature mainly focuses on the effectiveness of various interventions on the attitudes of nurses towards disabled people. These ranged from single interventions to combined approaches. While contact with disabled people was suggested to be a strong factor in influencing attitudinal change, the type, duration, and environment where contact occurs plus the level of support given to nursing students also influence the experience.

Some authors suggest that contact and working with disabled people can change attitudes (Beh-Pajooh 1991; Slevin & Sines 1996; White et al 2000; Yuker & Hurley 1987). Gething et al (1994, p.69) distinguish between the various types of contact i.e. 'social' or 'working', and believe that type and quantity of contact must be taken into consideration when viewing professionals' attitude formation. This view is also supported by McConkey and Truesdale (2000, p. 158) who comment that "the form of contact is a more salient variable on staff attitudes than contact per se".

The use of simulation to increase student nurses’ awareness of, and sensitivity to, disability issues has been explored without finding statistically significant results (Bishop et al 1990; Van Boxtel et al 1995), but it may assist student nurses to develop positive attitudes towards disabled people (Oermann & Lindgren 1995). However, other authors have suggested that simulation exercises focus on problems associated with disability and may in fact influence the development of negative attitudes towards disabled people (French, 1992 cited in Timms et al 1997). Pernice and Lys (1996) used a combination of contact, information and simulation in their rehabilitation studies programme for student nurses. While the students had more positive attitudes than the control group before the course, their scores after the course were the same as the general population and not as positive as disabled people may expect. However, Goddard and Jordan (1998) showed positive attitudinal change in nursing students after they participated in an eight hour affective teaching strategy called “Sensitivity Lab”. This strategy involved the use of simulation, a panel discussion by disabled persons and a debriefing session. In a similar study, Peterson and Quartstein (2001) held a sensitivity training session for staff in a school for deaf and blind students where the staff assumed specific disabilities for an organised activity. The results of this study indicated beneficial outcomes were achieved with staff reporting increased understanding of the difficulties of living with a variety of disabilities.

Positive attitudes to disabled people develop through a combination of education, information and supported contact (Chan & Cheng 2001; Eichinger et al 1991; Happell, 2000; Procter & Hafner, 1991). Students’ previous experiences, expectations, the contact and nature of the contact along with staff support were all elements which contributed to changing attitudes (Murray & Chambers 1991), while students entering nursing may already have personality characteristics that positively affect their attitude to people with disabilities (Snowden 1997). Utilizing the knowledge and experiences of disabled people or parents of disabled children in the educational process is also recommended (Heatton 2002; Scullion 1999a).

Nursing education has an important role in changing nurses attitudes towards people with physical disabilities (Lindgren & Oermann 1993; Scullion 2000a; Snowden 1997). Educational strategies that affect the attitudes of student nurses include a wide variety of approaches. The combination of education and information, complemented by
some form of contact with disabled people, appears to be the most frequently used approach to changing attitudes.

One study specifically considered the impact of a curriculum change on the attitudes of third year nursing students (Thompson et al 2003). Students were tested prior to and at the conclusion of their senior year, a period of nine months. This results of this study, and the implementation of a new course on chronic illness with an emphasis on rehabilitation, indicated a significant positive effect on student nurses’ attitudes to disabled people.

In order to address the identified issues and provide opportunities for nursing students to develop an empowering approach to their nursing practice, current undergraduate nursing curricula should be reviewed. Changing attitudes towards disabled people, or people who are different, is an essential element in the education and development of student nurses for the future.

Conclusion

This literature review has considered the responsibility of nurse educators and of nursing generally to educate for change. While a variety of approaches have been discussed, no clearly effective strategy for creating positive attitudinal change towards disabled people has been identified. As discriminatory incidents in health care continue to be widely reported in all media, there is an urgency to address the issue in nursing education undergraduate curricula.

The studies reviewed for this research have included a focus on the attitudes of health professionals including student nurses. They have variously explored attitudes about physical disabilities or specific named disabilities, a number discussed rehabilitation while others debated terminology, attitude measurement or a variety of perspectives including education for attitudinal change. A limited amount of research was located that involved student nurses, their education and their attitudes towards disabled people. Evidence of the effect of a nursing education curriculum change on the attitudes of student nurses was found in only one study.

This author strongly believes that attitudes towards people who are different must change and nurses are in a position to initiate that change. When people have health issues they are vulnerable, and the negative attitudes of health professionals towards them, compound that vulnerability. Student nurses’ education must prepare them to meet the needs of the increasing numbers of disabled children and adults living in our communities. Our challenge now is to acknowledge and address these issues in undergraduate education of nurses for the future. This will be achieved when disability studies are a core component of an undergraduate nursing curriculum, when nurses respect the individuality and uniqueness of every patient, and when disabled people feel valued and accepted in society.

References


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