

Nursing Practice: Supporting People with Developmental/Intellectual Disabilities

POSITION STATEMENT



Professional Association of Nurses in Developmental Disability Areas (Aust) Inc.

EXECUTIVE SUMMARY

This position paper has been developed by the Professional Association of Nurses in Developmental Disability Areas Australia Inc. and contains six statements about nursing in relation to the support of people with a developmental/intellectual disability and their families. These statements are based on the premise espoused by the International Council of Nurses that:

'Nurses should play a significant role in policy and planning aimed at improving the quality of life for people with disabilities, in the care of people with disabilities and in the prevention of disability. Nurses are key to early detection and intervention, and need to be involved in health promotion, prevention, teaching and counselling programs for people with disabilities and their families' (International Council of Nurses, 2000).

These statements also reflect the ongoing need for, and changing role of, the specialist disability nurse in a rapidly evolving and contemporary Australian nursing framework. Specialist disability nurses should be valued as practitioners, managers, educators, researchers and policy-makers.

STATEMENT 1

People with a developmental/intellectual disability require, and are entitled to, specialist nursing services

Developmental/intellectual disability describes difficulties with functioning as a result of a variety of conditions. The Australian Institute for Health and Welfare (AIHW) indicate 1.1% of the total population has a developmental disability as their main disabling condition, while 2.7% have a developmental disability as a part of other disabling conditions (AIHW, 2003). Approximately 60% of all people with a developmental disability are male; since 1993 diagnosis of developmental disability has been steadily increasing in relation to the increase of Attention Deficit Hyperactivity Disorder (ADHD) and autism amongst boys. People with a developmental/intellectual disability experience greater mortality and morbidity than people without a developmental disability; this greater health need also extends to unique differences between the sexes and between different ages. Nursing, and in particular specialist disability nurses, are most able to support the generic and unique health requirements of people with a developmental/intellectual disability.

STATEMENT 2

The history of nursing with people with developmental disabilities provides a context for services

While nursing has been involved with people with a developmental/intellectual disability for a significant period of time, disability nursing has always differed from other specialised areas of nursing as it has not conformed to the 'sickness model of care'; disability nursing has always remained focussed on habilitation and long-term care. Disability nurses have historically played a major role in the provision of direct services in addition to the management and development of specialised needs-based services in a variety of contexts and settings including the family home. Disability nursing has historically and continues to adapt to the changing demands of time through its foundation in reflexive and ethical practice. Disability nursing remains focussed on the promotion of autonomy and health outside the 'sickness model of care' and rejects the historical questioning of its professional position in providing a specialist nursing service.

STATEMENT 3

Contemporary nursing philosophy is consistent with the current philosophy of developmental/intellectual disability services

Contemporary nursing philosophy reflects the growing acceptance of viewing and understanding health in the context of people's lives; this includes an appreciation of the intersection between the biological, emotional and social determinants of health. Developmental/intellectual disability nursing is uniquely positioned to apply this philosophy to the individual environmental, social and biological factors people with a developmental/intellectual disability face in their pursuit of health and well-being. Contemporary developmental/intellectual disability nursing acknowledges while deinstitutionalisation and community integration as a service aim has resulted in positive outcomes for some, for others community integration has little bearing on their capacity to experience health and well-being. Contemporary developmental/intellectual disability nursing is therefore reflexive to the context people with a developmental/intellectual disability live their lives; developmental/intellectual disability nurses are able to adapt to the ever-changing philosophical and political goals of rights, independence, choice and inclusion.

STATEMENT 4

Nursing, as a profession, is accountable to its discipline for its practice

The practice of professional nurses in Australia is governed by the Nursing and Midwifery Board of Australia (NMBA) as part of the Australian Health Practitioner Regulation Agency (AHPRA). The NMBA oversees the registration of nursing and midwifery practitioners, the development of nursing and midwifery profession standards, the handling of notifications and complaints in relation to the profession, and the assessment of overseas trained practitioners who wish to practice in Australia. Nursing is also cognisant of general legislation which affects its practice such as laws related to occupational health and safety, poisons and therapeutic goods, child protection, human rights, privacy and confidentiality. Furthermore, specialist disability nursing pays particular heed to the principles of the relevant federal and state Disability Services, and Disability Discrimination Acts.

STATEMENT 5

Professional development regarding developmental disabilities is essential to the nursing profession

The structure of nurse education in Australia leads to nurse graduates who have generic training; nursing standards reflect expectations for professional nursing practice (PANDDA, 2002). Nurses wishing to later specialise are encouraged to do so by undertaking further study. A variety of postgraduate disability programmes are available at universities across Australia, usually within schools of health sciences, education, psychology or medicine. The increasing absence of developmental disability studies at both the undergraduate and post graduate level from schools of nursing remains an anomaly inconsistent with the identified unique health needs of people with a developmental/intellectual disability. The hallmark of a professional developmental/intellectual disability nurse includes peer supervision, conference attendance and presentation, short courses, and evidence-based clinical supervision.

STATEMENT 6

Nursing research in the area of developmental disabilities provides the framework for evidence-based practice

While the body of nursing research in developmental/intellectual disabilities remains small compared with other areas of nursing research, research in developmental/intellectual disabilities is integral to improved standards and in adding to the ongoing development of developmental/intellectual disability nursing. Involvement in research includes its acceptance as pivotal to nursing practice, to seek out and understand research findings, to apply evidence-based findings to practice and to engender a positive research culture within developmental/intellectual disability nursing.

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