



Working with the disabled patient: Exploring student nurses views for curriculum development using a swot analysis[☆]



Diane S. Willis^{a,*}, Mhairi Thurston^{b,1}

^a Nursing Health Care, University of Glasgow, 57-61 Oakfield Avenue, Glasgow G12 8LL, United Kingdom

^b Nursing and Counselling, Abertay University, Kydd Building, 1-3 Bell Street, Dundee, DD1 1HD, United Kingdom

ARTICLE INFO

Article history:

Accepted 16 October 2014

Keywords:

Student nurses
Disability
Awareness
Simulation
Curriculum planning

SUMMARY

Background: Increased longevity will mean an increase in people presenting with cognitive and physical disabilities, such as sight loss or dementia. The Patient Rights (Scotland) Act 2011 states that health care should be patient-focussed, taking into account patient needs. This will necessitate nursing curricula to reflect the needs of people who have disabilities and equip the future workforce with knowledge and skills to provide appropriate care. This study explores student nurses' strengths and weakness when working with people with disabilities and identifies opportunities and threats to developing their knowledge and skills to meet the needs of this population.

Methods: As part of a study day, students from the year one Nursing programme were asked to take part in a SWOT analysis and post comments under the categories: strengths, weakness, opportunity and threats on a central wall about working with people with disabilities.

Results: Students acknowledged some of the challenges of being disabled especially in a health setting but also believed they were developing their skills to provide holistic care that ensured autonomy. Communication was viewed as both a strength and weakness and was identified as an essential skill to working effectively with people who had a disability. Students acknowledged that clinical staff were not always experts in working with people who were disabled and welcomed the opportunity to work with experts and clients as well as being directed to resources to increase their knowledge.

Conclusions: Integration of disability into the nursing curriculum is needed to ensure students have awareness of and the confidence to work effectively with people who have a range of cognitive and physical disabilities alongside other medical problems.

© 2014 Elsevier Ltd. All rights reserved.

Introduction

This study explores disability from a student nurse perspective to inform the curriculum. Advances in medicine have increased longevity and the number of people aged 85 years or older is estimated at 3.5 million by 2034 (Office of National Statistics). This means that there will be more disability for example one in every nine people aged over 60 and one in every three aged over 85 are currently living with sight loss (RNIB, 2012). Whilst one in three people aged over 65 will end their life with some form of dementia (Dementia, 2010 Alzheimer's Research Trust).

Patient-focussed health care (Patient Rights (Scotland) Act, 2011) means that the nursing workforce needs to be able to meet the needs of people who have a disability and although nursing purports to give

'holistic care', the literature suggests that people with disabilities view the care and treatment they receive in a negative light (Scullion, 1999; Melville, 2005; Smeltzer, 2007; Thurston and Thurston, 2010a). Reasons for such negativity include attitudes of staff towards people with disabilities alongside the level of staff knowledge and skills (McConkey and Truesdale, 2000). This is aside from the lack of disability studies embedded within the curriculum. Although research has been undertaken in these areas, there is little work within the literature on consulting students about what opportunities they would like during their training in order to inform the curriculum.

Background

All student nurses will at some stage in their training work with clients that have a range of disabilities and be exposed to clients who are considered 'disabled'. Such disability may be in terms of their impairment limiting how they live their life (such as type-two diabetics who can self-care to people with profound intellectual disabilities who need constant care) or the permanency of their disability which can range from being life-long (being deaf from birth), acquired through

[☆] We would like to thank all the students who participated in this study.

* Corresponding author. Tel.: +44 141 330 5613.

E-mail addresses: diane.willis@glasgow.ac.uk (D.S. Willis), m.thurston@abertay.ac.uk (M. Thurston).

¹ Tel.: +44 1382 308719.

trauma to those who are temporarily disabled due to injury or exacerbation of chronic problems (Smeltzer, 2007 pg 190). Within the literature two models which attempt to contextualise disability predominate. The medical model sees the disability residing with the individual and views people with disabilities as 'ill' and as such needing help from expert health professionals (Richardson, 1997; Scullion, 2000). The social model of disability views disability externally in that society disables people because of the way the environment is constructed i.e. it is created for the able-bodied in society (Hughes and Patterson, 1997). However for the purpose of this paper we have opted for the generic definition outlined by Seccombe (2007a, p446) which includes 'all intellectual and physical impairments that may impact on an individual's life to a greater or lesser degree'.

People with disabilities who enter the National Health Service (NHS) experience more inequalities in terms of having needs met and accessing services (NHS Scotland, 2004; Melville, 2005). They are described in negative terms by healthcare workers (MENCAP, 2006; Kinne et al., 2004; Thurston and Thurston, 2010b). Such criticism is also fuelled by the suggestion by service users that healthcare policy (especially mental health policy) is underpinned by the medical model (Beresford et al., 2010). By working within the parameters of the medical model, healthcare staff display little understanding of what it is like living with a disability and therefore lack sensitivity to the needs of clients with disabilities (Seccombe, 2007b).

Improving the awareness of the health needs of people who are disabled has moved up UK health agendas. In pre-registration nursing programmes in the UK, there has been a requirement for the involvement of service users and patients for some time (Bollard et al., 2012). More recently the Nursing and Midwifery Council (NMC) standards for nurse education (2010) re-emphasised that schools of nursing should be delivering a curriculum that exposes student nurses to a variety of patients/clients. This has been underpinned by the introduction of The Equality Act (2010) which has meant that all UK citizens need to have greater awareness of needs of people who have disabilities and ensure organisations such as the NHS make reasonable adjustments within the services they provide. The difficulty for educators is translating this policy and legislation into tangible learning outcomes that ensure a meaningful experience for the student and for the person who is disabled.

Within the healthcare literature work on attitudes towards people with disabilities in different healthcare professions suggests that negative views are held, although less has been written about student nurses (Teruo et al., 2002; Stachura and Garven, 2007; Rosenthal et al., 2006; Au and Man, 2006; Ten Klooster et al., 2009). Such negative attitudes have been found to impact on behaviour towards people with disabilities and influence attitudes and behaviour of other team members, students and the public (Teruo et al., 2004; Antonak and Livneh, 2000).

Education and exposure to people who are disabled have been found to be conducive to positive attitudinal change towards disabled people (Seccombe, 2007a; Slevin and Sines, 1996; White et al., 2000). Contrary evidence suggests ineffective teaching and poor placement experiences reinforce negativity towards disabled people (Fitzsimmons and Barr, 1997). Additionally the type and quantity of exposure to people with disabilities was also important (Gething et al., 1994; McConkey and Truesdale, 2000; Seccombe, 2007b). Exposure to disability within the classroom tends to take the form of service user involvement; this again needs to be monitored as evidence suggests that it can be undertaken tokenistically and inadvertently reinforce negative stereotypes and social exclusion (Bollard et al., 2012; Cowden and Singh, 2007). Simulations have been found to help students to appreciate the difficulties people with disabilities encounter (Seccombe, 2007b). However, there are concerns that it can disempower the person with disabilities since it emphasizes 'tragedy' and the idea that disability is to be pitied (Scullion, 2000; Smeltzer, 2007; Swain and Lawrence, 1994; Northway, 1997).

Some curricula of trainee healthcare professionals are being more proactive about having disability studies in their programmes (Melville, 2005), however the general consensus in the literature concludes that too little attention has been given to disability (Smeltzer, 2007). Given the forecast increase in people with disabilities, 'disability' can no longer be the preserve of rehabilitation and must be integrated across the whole of the healthcare curriculum (Lezzoni, 2006). This raises questions in terms of what students feel confident with, what concerns them in terms of nursing a patient who has health problems alongside their disability and what opportunities for education and relevant experience they would like. Limited work has been undertaken in this general area, although within the literature on intellectual disability students welcomed more experience of working with this client group (Barr, 1990). Fuller understanding regarding what students need would assist in developing a richer curriculum and student experience.

Methods

The aim of this research was to develop an understanding about what nursing students wanted in terms of education on disability. These views could then inform the planning of future curricula.

SWOT

Traditionally SWOT analysis are associated with business studies and used to identify strengths, weaknesses, opportunity and threats for planning, development and decision making. More recently SWOT analysis has been used outside of business, for example in educational setting to develop new school programmes (Balamuralikrishna and Dugger, 1995) and to increase college admissions in minority groups (Gorski, 1991). As a method, SWOT analysis has been seen to be versatile and has been employed 'loosely' to explore team and organisational diversity, whereby current diversity research (the strengths and weaknesses) was used to identify new areas to explore the 'dynamics of diversity' (opportunities) and the difficulties (threats) in advancing this work (Jackson et al., 2003 p 803). Furthermore it can be undertaken in groups or individually, although group work has been seen to dilute difficulties of agenda and add clarity and structure (Balamuralikrishna and Dugger, 1995; Glass, 1991).

SWOT analyses are useful because they can help to identify areas of strengths and weaknesses of an organisation, discipline or individual (Hill and Westbrook, 1997). This allows forward planning to address weaknesses and build on strengths but by the same token, this also allows 'cherry picking', matching strengths only to advantageous opportunities rather than rising to the challenge of meeting the more difficult opportunities and deficits (Hay and Castilla, 2006). SWOT analysis has been criticised because of the ambiguity of categories and responses. The most telling criticism is that it tends to generate lists without the requirement to address the weaknesses identified (Hill and Westbrook, 1997; Mindtool, 2006). Despite this SWOT can provide useful information and it is this attribute that this study draws on (Hay and Castilla, 2006).

Unlike other studies examining disabilities, we wanted to explore with the students not only what their experiences were but also to see what educational opportunities they felt would be useful in their training and for educators in planning the curriculum. To ensure students understood what was being asked, we defined the categories to make them clearer. So strengths were defined as 'what they were confident at'; weaknesses as 'what they were unsure of or feel they needed to learn more about'; opportunity as 'what they wanted and what they had been given'; and threats as 'what their concerns are'. Their thoughts (individual and group) were captured using the SWOT categories and the issues raised were used to facilitate discussion within their session on disability.

Download English Version:

<https://daneshyari.com/en/article/10316407>

Download Persian Version:

<https://daneshyari.com/article/10316407>

[Daneshyari.com](https://daneshyari.com)