REPORT OF THE RESEARCH PROJECT: UNDERPINNING THE DEVELOPMENT OF
FUTURE INTELLECTUAL AND DEVELOPMENTAL DISABILITY NURSING STANDARDS

FOR: PROFESSIONAL ASSOCIATION OF NURSES IN DEVELOPMENTAL DISABILITY, AUSTRALIA (PANDDA) INC.

2018
THIS REPORT HAS BEEN PREPARED BY:
DR NATHAN J WILSON, School of Nursing and Midwifery
DR PETER LEWIS, School of Nursing and Midwifery
DR MIQUEL WIESE, School of Social Science and Psychology
MS KATE O’REILLY, School of Nursing and Midwifery
MR HAYDEN JAQUES, School of Nursing and Midwifery
MS ZHEN LIN, School of Nursing and Midwifery

ACKNOWLEDGEMENTS
PANDDA Executive Committee
For entrusting the research team with a research project that is so fundamental to the future of intellectual and developmental disability nursing in Australia.

REFERENCE GROUP TO THE RESEARCH PROJECT:
Dr Nathan J Wilson, RN, Senior Lecturer, Western Sydney University
Dr Linda Goddard, RN, PANDDA President, Adjunct Senior Lecturer, Charles Sturt University
Ms Lanie Devine, RN, NDIS Transition Coordinator, Northern Sydney Home Nursing Service
Ms Ruyeda Booley, RN, Healthcare Manager, Northcott
Ms Julie Fayers, RN, Assistant Director Service Delivery, National Disability Insurance Agency
Mr Hayden Jaques, RN, Research Assistant, Western Sydney University

RESEARCH PARTICIPANTS:
We would like to acknowledge the nurses who gave up their time and consented to be interviewed for this research project.

Other:
Mr Luke Warren, Liaison Librarian, Hawkesbury Campus, Western Sydney University, who provided support for determining the search strategy, undertaking the literature searches, and providing Endnote support and training.
Mrs Natasha Boyce, School Administration Coordinator, School of Nursing and Midwifery, Western Sydney University, who provided significant administrative and financial accounts support.
A/Prof Deborah Hatcher, Dean, School of Nursing and Midwifery, Western Sydney University, who supported the principles and aims of this project and approved the substantial in-kind time of all School of Nursing and Midwifery investigators plus the in-kind use of office space and computer hardware at Hawkesbury Campus.
Dr’s Henrietta Trip and Jenny Conder (University of Otago, New Zealand), and Dr David Charnock (University of Nottingham, UK) for their time and expertise in reviewing published papers for Review 3 and contributing to the final version of the manuscript submitted for peer review.

SUGGESTED CITATION
http://doi.org/10.26183/5b970c5c09e2

DISCLAIMER
The Professional Association of Nurses in Developmental Disability, Australia (PANDDA) Inc. funded this report.

The project was conducted by researchers from Western Sydney University in 2017-2018.

This final report represents the views of the authors and do not necessarily reflect the views of PANDDA. No endorsement by PANDDA should be assumed.

Every effort has been made to ensure that the information contained in this report is accurate.
Contents

DISCLAIMER 2
ACKNOWLEDGEMENTS 2
SUGGESTED CITATION 2
CONTENTS 3
PREAMBLE 4
BACKGROUND 5
OBJECTIVE 1 – LITERATURE REVIEW 6
OBJECTIVE 2 - INTERVIEWS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITY NURSES 9
OBJECTIVE 3 - INTERVIEWS WITH NURSES IN ACUTE CARE SETTINGS 11
WHAT DOES ALL THIS MEAN FOR THE FUTURE DEVELOPMENT OF PRACTICE STANDARDS FOR INTELLECTUAL AND DEVELOPMENTAL DISABILITY NURSING? 12
THE NEED FOR A NATIONAL SURVEY OF INTELLECTUAL AND DEVELOPMENTAL DISABILITY NURSES 13
REFERENCES 14
PREAMBLE

With a shared interest in the role of nurses in the lives of people with intellectual and developmental disability, in late 2016 the PANDDA Executive and Dr Nathan J Wilson discussed the potential for some exploratory research to be conducted to underpin the future development of a revised suite of specialty practice standards for intellectual and developmental disability nurses. An agreement was reached that a partnership was both timely and worthwhile.

In February, 2017 Dr Nathan J Wilson assembled a research team (hereafter referred to as the research team) and developed a research proposal to conduct some exploratory research about nurses who specialise in the care and support of people with intellectual and developmental disability. In March, 2017, the research contract was signed and fully executed for the research team to undertake this research. Mr Hayden Jaques and Ms Zhen Lin were employed as part-time research assistants. The project ran from April, 2017 to May, 2018; this report is the outcome of that work.
BACKGROUND

The UN Convention (Articles 25 and 26 in particular) states that people with disabilities have the right to the highest attainable standard of health and to maintain a maximum level of social and economic participation (United Nations, 2006). People with intellectual and developmental disability (IDD) experience poorer health outcomes than the general population and many remain socially and economically marginalised (Emerson, Honey & Llewellyn, 2013). Nurses who work with people with IDD are central to reversing this disadvantage as they fulfil a multi-faceted role at the intersection of health, social and economic interests (Doody, Slevin & Taggart, 2012). Yet, the specialised role of nurses working with people with IDD has been disregarded and has come under threat at different points in time. The advent of the National Disability Insurance Scheme (NDIS) in Australia brings about a major change in policy towards the funding and delivery of services to people with IDD. Nurses with expertise in working with people with IDD will be at the forefront of the uncharted intersection between health and social services. This is a crucial historical moment to reposition and build the capacity of nursing of people with IDD.

PROJECT OBJECTIVES:

- Literature review using the two broad search terms “nursing” and “intellectual / developmental disability”
- Interviews with nurses working within disability-specific settings to explore their perceptions of nursing people with IDD in Australia and the utility and applicability of the PANDDA Standards
- Interviews with nurses who work in mainstream acute care settings to explore their experiences and perceptions of nursing people with IDD.

ETHICAL APPROVAL

Objective 1 did not require any ethics committee approval.

The research for Objective 2 received approval from the Western Sydney University Human Research Ethics Committee on the 8th February, 2017 (Approval ID: H12031). There were no adverse or unforeseen events to report.

The research for Objective 3 received approval from the South Western Sydney Local Health District (Approval ID: HREC/IS/LPOOL/458; Local Project Number: HE15/244 27th April 2017). There were no adverse or unforeseen events to report.
OBJECTIVE 1
LITERATURE REVIEW

WHAT WAS PROPOSED?
A literature review using the two broad search terms “nursing” and “intellectual/developmental disability”

Publication of one journal article and an accessible summary for the PANDDA Website

WHAT DID THE RESEARCH TEAM DO?
Initial meetings were held with the School of Nursing and Midwifery’s Liaison Librarian to determine the search strategy, search terms and range of support from the library. During these meetings it was determined that the initial search terms (“nursing” AND “intellectual/developmental disability”) were far too broad for a single search. A decision was taken to break the search up into three, more specific and meaningful, separate searches to:

1. identify what the most recently published literature (since 2000) could advise about the specialist roles that nurses perform and the specialist skills they use when providing care and support to people with intellectual and developmental disability,
2. review all the Australian speciality nursing organisations/associations and describe the content and structure of any published advanced practice standards to compare them to the PANDDA Standards (2002), and
3. explore the published literature about the specialist field of intellectual and developmental disability nursing from the last 30 years with a specific focus on policy changes, educational contexts, and nursing practice over time.

WHAT WAS ACHIEVED?
Review 1
A total of 1040 articles were found after the final searches were concluded. Once these had been screened for relevance, a total of 27 articles were reviewed in detail. Almost all of the articles were from the UK and Ireland and the majority used qualitative research designs. The articles were organised into three main categories:

1. Communicating with people with intellectual and developmental disability. This category uncovered how intellectual and developmental disability nurses used a range of advanced receptive and expressive communication skills to provide person-centred care and to help interpret and understand behavioural changes that might indicate pain or distress.
2. Supporting health and wellbeing. This category described the range of health support that intellectual and developmental disability nurses provide. These included observations, wound management, medication administration, feeding and swallowing support, seizure management, personal care, oral health, sexual health support, mobility assessment and support, advocacy, and behaviour support. Another key feature was the facilitation of access to mainstream health services as well as health promotion and health literacy.
3. Specialist nursing designations and contexts. This category focused on a range of UK- and Irish-based designations and contexts such as the Learning Disability Liaison Nurse in mainstream hospitals, community clinical nurse specialists, and nursing in forensic settings.

DISCUSSION POINTS
Although intellectual and developmental disability nurses provided medical and health care, communication and advocacy skills were central to the role and practice. That is, one part of the uniqueness of the role is not so much what the nurses do, but in how they relate to their clients with intellectual and developmental disability. The process of coming to know the person was complex and time consuming; relationships take time to develop, failing to take that time risks adverse health outcomes, people with intellectual and developmental disability need nurses to help them with health-specific advocacy and decision-making.

Findings from this literature review were presented by Hayden Jaques at the 28th PANDDA Conference, Parramatta, in October 2017. This review has also been drafted into a manuscript and published in the Journal of Clinical Nursing:

Review 2
A total of 69 specialty areas of nursing were identified across Australia; 33 of these had accessible published practice standards. The following issues arose from this review:

1. **Terminology.** Different specialty areas tend to use a range of different terminology including competency, credentialled, standards, assessment cues, competency standards, and performance criteria. This suggests that some of the specialty areas are offering their standards as a means to voluntarily assess individual nurses against credentialling criteria.

2. **Specialty practice domains.** Out of the 33 published practice standards, 21 organised their standards within a series of broader domains. These were collapsed into 6 broad domain categories: 1) legal and ethical, 2) nurse-patient relationships, 3) inter-professional relationship and inter-sectoral collaboration, 4) professional development, 5) research, and 6) leadership and advocacy.

3. **Specialty practice standards.** A small number of the 33 published practice standards had standards that were highly specific. These included standards from the neonatal nursing, nurse informatics, emergency nursing, remote area nursing and cancer nursing areas.

4. **Research.** Out of the 33 published practice standards, only 8 referred specifically to the use of research as an evidence-base for practice.

5. **Comparison of PANDDA Standards.** The PANDDA standards (therapeutic relationships, systematic care, promoting health and wellness, and culturally appropriate practice) were able to be easily collapsed into the 6 broad domains listed at point 2. What the PANDDA standards lacked were specific standards linked to Inter-Professional Relationships and Inter-Sectoral Collaboration, and Community Leadership and Advocacy.

DISCUSSION POINTS
Any future practice standards that PANDDA develops will need to mirror the over-arching beliefs and values prescribed in the Nursing and Midwifery Board of Australia (NMBA) professional standards. Nevertheless, the opportunity exists to incorporate research findings about intellectual and developmental disability nursing into future versions of the PANDDA standards. Further, the role of the intellectual and developmental disability nurse will continue to evolve in Australia under the NDIS; practitioners in the field need to be reflexive in order to successfully adapt to these changes and prosper into the future.

Findings from this review were presented by Dr Nathan J Wilson at the 28th PANDDA Conference, Parramatta, in October 2017. These findings were presented in July 2018 at the 5th International Association for the Scientific Study of Intellectual and Developmental Disabilities (IASSIDD) Europe Congress, in Athens by Dr Nathan J Wilson. This review has also been drafted into a manuscript which has been published in the academic journal **Collegian**:


Review 3
A total of 2385 articles were found after the final searches were completed. Once these had been screened for relevance, a total of 66 articles were reviewed in detail. Almost all of the articles were from the UK and Ireland and the majority were either a research article using a qualitative design or an opinions and perspectives article. The total lack of any literature from Australia and New Zealand was noted. The articles were organised into three main categories:

1. **Development of Intellectual Disability Nursing.** The philosophical and service setting changes over the last 30 years have aligned with changes to the role of the intellectual and developmental disability nurse. Despite deliberate policy decisions in Australia that sought to eliminate the need for the intellectual and developmental disability nurse, the ability of the profession to effectively adapt to these changes and remain relevant today reflects the specialty areas responsiveness to the needs of people with intellectual and developmental disability and their families. Further, the greater life expectancy of people with intellectual and developmental disability means that health issues are becoming more complex and intractable and nurses with expertise in responding to these needs will still be needed into the future, albeit in a wide range of different contexts. The lack of an expansive and rigorous research base that defines intellectual and developmental disability nursing is a major limitation and has hampered the field’s capacity to argue for their difference and specialisation.

2. **Intellectual Disability Nurse Education.** The health and wellbeing of people with intellectual and developmental disability is likely to improve with better educated nurses about their specific needs. Nurse education in this field has moved from being based on sickness models to a community-based model in the UK and Ireland. In the absence of an undergraduate program in Australia, the focus needs to turn to embedding concrete experiences into the undergraduate curriculum and creating a range of post-graduate options for the specialty field.

3. **Intellectual Disability Nursing Practice.** Essential practice areas include dual diagnosis and people with chronic and complex health problems. The ability to incorporate and be responsive to legislative changes as they relate to advocacy, consent and decision-making is also vital.
DISCUSSION POINTS
The major barrier to adequately conceptualising and arguing for the role of the intellectual and developmental disability nurse is the lack of an evidence-base that informs practice, guides national policy frameworks, and drive change within the professional governance of speciality practice areas. The implementation of the NDIS represents an opportune moment for intellectual and developmental disability nurses to argue for the uniqueness of their role and to re-engage with the health and social systems about their relevance.

These findings were presented in July 2018 at the 5th International Association for the Scientific Study of Intellectual and Developmental Disabilities (IASSIDD) Europe Congress, in Athens by Dr Peter Lewis. This review has also been drafted into a manuscript which has been published in the academic journal Collegian:

LIMITATIONS OF OBJECTIVE 1
The limitations of any literature search and review about such a broad ranging subject area, are in the search terms used and the reliance on researchers to foreground keywords such as “nurse” or “nursing”. That is, it is likely that some articles published by intellectual and developmental disability nurses do not have nurse-specific keywords in the title or abstract, thus preventing their location by such a search. Nevertheless, the paucity of published research in this area is widely known and so the final set of included literature across such a wide date range, does represent a substantial part of all the published literature.
OBJECTIVE 2
INTERVIEWS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITY NURSES

WHAT WAS PROPOSED?
Interviews with nurses who work with people with intellectual and developmental disability to explore their perceptions about their role and the applicability and the utility of the PANDDA standards.

WHAT DID THE RESEARCH TEAM DO?
Interviews were conducted with 18 nurses from across the Sydney basin who worked in a range of disability-specific roles. The interviews were digitally recorded and then transcribed verbatim by a professional transcription service. Dr Michele Wiese, Mr Hayden Jaques and Dr Nathan Wilson led the data analysis. There were 15 females and 3 males interviewed with a mean age of 51.7 years and a mean number of years’ experience working in the specialty field of intellectual and developmental disability nursing of 15.2 years. When asked if they had heard of the PANDDA Standards, 10 reported “yes”, and 8 reported “no”. Analysis of the interview data were divided into two parts: Part 1 was about intellectual and developmental disability nursing and what sets it apart from other fields of nursing, and Part 2 was about the utility and applicability of the PANDDA Standards (2002).

WHAT WAS ACHIEVED?

Part 1
This part was thematically analysed and organised into three core themes: 1) a unique investment in the nurse/patient dyad, 2) a bridge between disparate systems, and 3) an ambiguous future.

1. A unique investment in the nurse/patient dyad.
   Intellectual and developmental disability nurses view their professional relationship with people with intellectual and developmental disability as: promoting mutual understanding, managing individual complexity, multitasking complex collaborations, an investment in health and wellbeing, and value in the reciprocity of the relationship.

2. A bridge between disparate systems.
   Intellectual and developmental disability nurses use sophisticated advocacy skills to negotiate the complex language and structures of the diversity of health and disability systems. Advocacy operates in two ways: advocating for individual patients, and advocating systemically.

3. An ambiguous future.
   The NDIS has created a sense of uncertainty in client’s lives in addition to innovative skills required from the nurse to support people with intellectual and developmental disability through this change. Intellectual and developmental disability nurses perceived that the NDIS fails to acknowledge the role they play in supporting their clients.

Part 2
This part was about the utility and applicability of the PANDDA (2002) Standards. There were variable insights into the content and aim of the Standards, but broad acknowledgement of the role and importance of Standards for specialist areas of nursing, in particular with the advent of the NDIS. Where participants had detailed insight into the content of the Standards, they reported the value offered through having a guideline of what was expected from the intellectual and developmental disability nurse.

DISCUSSION POINTS
All allied health professionals, social workers and disability support workers would likely argue that their role was similar to that listed above. One significant difference is that intellectual and developmental disability nurses can talk to and liaise with other health professionals in a way that other professionals cannot. That is, the intellectual and developmental disability nurse holds authority by virtue of their special knowledge and that without this knowledge, overall care is sub-optimal. The combination of having clinical nursing skills as well as requiring complex advocacy skills because of the clients’ cognitive impairment, represents a sophisticated specialty area that sets intellectual and developmental disability nursing apart from other areas of nursing. Figure 2 shows the role of the nurse as a bridge between disparate systems with the NDIS exerting systemic, professional and individual pressure.
Figure 2: A uniquely relational bridge between disparate systems

Preliminary findings from Objective 2 were presented by Dr Wiese at the 28th PANDDA Conference, Parramatta, in October 2017. These findings will also be presented in July 2018 at the 5th International Association for the Scientific Study of Intellectual and Developmental Disabilities (IASSIDD) Europe Congress, in Athens by Dr Peter Lewis. Objective 2 has also been drafted into a manuscript which has been submitted and is currently under peer review with the *Journal of Advanced Nursing*:

OBJECTIVE 3
INTERVIEWS WITH NURSES IN ACUTE CARE SETTINGS

WHAT WAS PROPOSED?
A literature review was undertaken in 2016 that explored what had been previously published about the experiences of nurses who work in mainstream health settings when they cared for a person with intellectual disability (Lewis, Gaffney & Wilson, 2017). This review found that the nurses felt unprepared, struggled with communication barriers, and were unclear about the roles of caregivers.

Interviews with nurses who work in mainstream acute care settings were proposed to expand upon these findings in the contemporary Australian context and to explore nurses’ experiences and perceptions of nursing people with IDD.

WHAT DID THE RESEARCH TEAM DO?
Institutional ethics approval was secured to approach nurses working at two facilities in an urban local health district to participate in interviews about their experiences of caring for people with IDD in an acute care setting. Dr Peter Lewis and Mr Hayden Jaques approached the Nurse Unit Managers and Nurse Educators of four hospital wards to stimulate interest and promote involvement in this study. Of the wards approached, members of only one paediatric ward agreed to support the study.

Interview data were collected by Dr Lewis and Mr Jaques from Seven RNs and one EN working on a paediatric inpatient ward. Seven participants were women and one was a man and their experience in paediatric nursing ranged from several months to 15 years. Dr Lewis has commenced preliminary analysis of interview data which will be drafted into a manuscript and submitted for peer review in an academic journal by October, 2018.

WHAT WAS ACHIEVED?
Data collection was completed in early 2018 and data analysis is progressing. Preliminary findings suggest that paediatric nurses experience tensions in their care of children with IDD and their families that revolve around the goals to both adhere to the family’s domestic routines while ensuring that all inpatients receive high quality care that can result from following ward routines. The tension was by no means dichotomous – nurses did not talk about having to choose one set of routines in preference to the other – but more of a continuum between following domestic routines in certain ways at certain times and following ward based routines at others. Analysis is scheduled for completing by the end of August 2018.

DISCUSSION POINTS
More analysis needs to be conducted before any robust findings can be developed from the interview data collected. This is a small study of paediatric nurses working in one inpatient ward. To expand our understanding of the experiences of paediatric nurses caring for children with IDD in acute care settings and their families would require further investigation. However, given the resources already devoted to this aspect of the project and the possibility that any further insights might not contribute greatly to the future development of specialty clinical practice standards for intellectual and developmental disability nurses, we propose to pursue no further avenues of inquiry in this area at this time.
WHAT DOES ALL THIS MEAN FOR THE FUTURE DEVELOPMENT OF PRACTICE STANDARDS FOR INTELLECTUAL AND DEVELOPMENTAL DISABILITY NURSING?

THE CURRENT PANDDA (2002) STANDARDS
The current Standards are summarised below with colour emphasis on the key points:

1. Establishes partnerships as the working basis for therapeutic relationships,
2. Provides systematic nursing care that reflects contemporary nursing practice and the client’s holistic needs within the context of their life situation,
3. Promotes the health and wellness of individuals, families, and communities,
4. Ensures their nursing practice is culturally appropriate through the identification of and reflection on relevant cultural issues,
5. Commits to ongoing education and professional development and develops the practice of developmental disability nursing through the use of appropriate research findings,
6. Practices within an ethical and legal framework incorporating the concepts of professional identity, independence, interdependence, authority and partnership.

WHAT IS MISSING FROM THE ABOVE STANDARDS BASED ON WHAT THIS RESEARCH HAS DESCRIBED?
The specialisation of intellectual and developmental disability nursing has survived despite educational and governmental policy decisions that could have resulted in the specialty areas’ demise. Findings from our research so far suggest that a strong consensus exists with regard to the practice of nursing in the context of intellectual and developmental disability. This consensus includes adopting a relationship-centred approach to the delivery of care in partnership with people with intellectual disability, their families and the myriad of service systems. It includes being equipped with the technical skills necessary for the care of people with intellectual and developmental disability and the relational skills needed to communicate with and the support the health and wellbeing of people with intellectual and developmental disability. Current PANDDA standards (2002) reflect this approach abundantly.

However, the focus of the PANDDA standards on the special, person-centred, relationship between the nurse and the client tends to dominate the standards at the expense of some other important emerging elements of specialty nursing such as advocacy and leadership of the specialty area. These elements were identified in our review of 33 Australian practice standards and by intellectual and developmental disability nurses who were interviewed for this study. Here, advocacy refers not to the actions of individual nurses on behalf of individual clients operating within various “systems”. Advocacy refers to the identification and promotion of political agendas that aim to benefit the specialisation of intellectual disability nursing as a whole and the clients those nurses serve.

Effective advocacy and leadership has the potential to establish the importance and value of the role of the intellectual and developmental disability nurse in the rapidly changing context of the introduction of the NDIS. The problem is not so much that nurses working in intellectual and development disability don’t know what value they add to a client’s care – clearly they do. The problem is that nobody else knows because the structures within which intellectual and developmental disability nursing operates have conspired to undermine and silence them. One way of redressing the adverse effects of this is to include in the revised PANDDA standards some guidance about how nurses can go about promoting the profession to other health care professionals.

This alone will not be enough. A coordinated leadership and advocacy strategy will need to be developed initially to achieve three aims. First, the value that nurses add in coordination and liaison between clients, families, and members of the multidisciplinary team needs to be made explicit. Every time a nurse accompanies a client to a medical appointment, every time a nurse represents a family at the department of housing, every time a nurse provides timely and effective assistance to a client undergoing a health crisis, the questions needs to be asked “Who else could have met that need? Who else would have met that need? Would that need have been met as effectively if someone else had sought to meet it?” Second, embedding a theoretical component of the curriculum, preferably with an accompanying practical unit, specifically teaching about intellectual and developmental disability nursing needs to be agitated for across all undergraduate nursing curricula. Learning experiences at undergraduate level should then translate to the effective care of people with intellectual and developmental disability in community, primary, and tertiary health care contexts. Third, the development of post-graduate coursework pathways for intellectual disability nurses that are specific to the specialty rather than generic to nursing.

Technique is not the issue here. There is plenty of research evidence to support what Australian intellectual and developmental disability nurses do. Nurse-client relationship is not really the issue either. There is also plenty of research evidence to support the case for intellectual disability nurses’ well developed skills in communication and relationship. The issue is finding ways of communicating the value that these skills add to the care of people with intellectual and developmental disability at the micro, meso, and macro levels of social engagement.

The next iteration of the PANDDA Standards should not only provide a means for the specialty area to reposition itself in the world of the NDIS, but also provide individual nurses with the manifesto to argue for and promote the specialty area.
THE NEED FOR A NATIONAL SURVEY OF INTELLECTUAL AND DEVELOPMENTAL DISABILITY NURSES

Literature reviews and small-scale qualitative studies can only yield so much information about a topic area. For example, it is not possible to generalise findings from a small number of interviews with nurses who work across Sydney to the entire Australian context. Therefore, a more representative national picture about what intellectual and developmental disability nurses do and the roles they play needs to be sought.

A national survey is needed to:

1. provide a national overview of intellectual and developmental disability nursing,
2. describe in more detail and with more confidence exactly what it is that sets this field of nursing apart from other speciality areas,
3. unpack with more certainty the diverse range of contexts that intellectual and developmental disability nurses are working within, and
4. describe with more accuracy the size and composition of the intellectual and developmental disability nursing workforce in Australia.

A national survey has the added benefit of creating a national database of interested nurses, where the speciality field can potentially mobilise toward securing its certainty into the future and with individual nurses being able to answer the following question: “What is it that intellectual and developmental disability nurses do that is so special?”
REFERENCES


