The Definition of Disability and Its Impact on

Nursing and Nursing Education

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 Disability is prevalent throughout the world. Roughly ten percent of the world’s population, or 650 million people, live with disability (“World Facts,” 2010). The World Bank estimates that eighty percent of those disabled live in developing countries and that twenty percent of the poorest people are disabled (“World Facts,” 2010). Through war and violence, natural disasters, chronic or acute illness, pre- and postnatal diagnosis, acute injury, and dangerous and hazardous working conditions, a person can become disabled at any point in their life-time (Rocco & Delgado, 2011; Sahin & Akyol, 2010; “World Facts,” 2010).

In 2010, people with disabilities consist of 18.7 percent of the United States population, and 12 percent of the U.S. population have severe disabilities (U.S. Census Bureau, 2010). Disability can affect people with either gender, any race, any age, or any social class (Seidel, 2009). The disabled population has the most diversity than any other disadvantaged group. Unfortunately, the experiences of these diverse people are filled with discrimination, violence, oppression, and exclusion (Scullion, 2010; “World Facts,” 2010).

The way one defines disability can affect how disability is viewed and disabled people are treated. Two schools of thought have emerged to try to define disability: the medical model and the social model (Rocco & Delgado, 2011; Scullion, 2010). The medical model, predominantly used by the healthcare field, government entities, and legal bodies, focuses on the physical or mental impairment of the individual. On the other hand, the social model, a fairly new theoretical framework used by sociologists, critical theorists, and disabled activists, primarily focuses on the environment and the attitudes of others that restrict a collective community from participating in social activities (Scullion, 2010). Discarding the traditional medical model’s definition of disability and using the social model’s (or critical disability theory) definition of disability can positively impact and provide implications for the nursing profession and nursing education.

**Medical Model**

 The medical model’s definition of disability stems from the biomedical model of the conceptualization of the human body. This biomedical model has five assumptions that guide its conceptual framework (Nettleton, 2006). The first assumption is that the mind and body are separated and can be treated separately (Nettleton, 2006). The second assumption is that the body can be fixed like a machine and that the doctors are the mechanics to repair it (Nettleton, 2006). Since doctors are the mechanics, then often technology is overused (known as the technological imperative) (Nettleton, 2006). The fourth assumption defines the disease by its biological components and ignores any social or psychological factors that contribute to the disease (Nettleton, 2006). The last assumption believes that every disease is caused by an identifiable agent, such as germ or virus (Nettleton, 2006). These assumptions also influence the medical model and how it defines disability.

According to the medical model and legal entities, “the term ‘disability’ means, with respect to an individual –

1. a physical or mental impairment that substantially limits one or more of the major life activities of such individual
2. a record of such impairment or
3. being regarded as having such an impairment.” (Americans With Disabilities Act, 1990).

This current definition has influenced medical diagnoses and care, government policies and aid, and legislation (Rocco & Delgado, 2011; Scullion, 2010). Due to the close proximity of nursing to the medical field, nurses often adopt this definition and care for disabled people with this world view (Scullion, 2010). In fact, the current nursing literature describes a person with chronic illness as being similar to that of a disabled person in that limitations restrict activities of daily living (Perry & Potter, 2005).

 This medical model is very limiting to the disabled population. First, the definition equates disability to an illness, which promotes negative feelings toward disabled bodies (Scullion, 2010). Second, denoting that disability is similar to an illness indicates that a disabled body can be fixed like a machine (Nettleton, 2006; Rocco & Delgado, 2011). Third, the medical model definition is itself disabling due to its focus of what an individual cannot do (Rocco & Delgado, 2011). Last, this definition idealizes normalization and able-bodiness and gives rise to ableism (Rocco & Delgado, 2011; Seidel, 2009).

 According to Campbell (2001, p. 44), ableism is “a network of beliefs, processes, and practices that produces a particular kind of self and body (the corporeal standard) that is projected as the perfect, species-typical and therefore essential and fully human. Disability then is cast as a diminished state of being human.” People with ableist ideals emasculate, patronize, and pity disabled people (Haugen, 2009; Rocco & Delgado, 2011). They reduce their existence as that of a needy child that has to be guarded, regulated, and protected (Rocco & Delgado, 2011).

 Seidel (2009) argues that the portrayal of able-bodiness is an ideal that can never be obtained. Media, especially pharmaceutical advertising, helps perpetuates this young able-body ideal as normal and any other existence is abnormal or subhuman (Seidel, 2009). This influence and other social influences have normalized an ideal body type, “a standard too high for ordinary people to meet” (Seidel, 2009, p. 235).

**The Social Model**

On the other hand, the social model definition of disability comes from the ‘socio-environmental model’ of medicine (Nettleton, 2006). This model conceptualizes the body as a product of social and political influences (Nettleton, 2006). Morbidity and mortality has been linked to social standing, and one’s chances of living healthier and longer has long been associated with one’s gender, race, age, and sexual orientation (Nettleton, 2006). Unlike the biomedical model, this socio-environmental model does not emphasis genetics or biological reasons for disease; instead, the emphasis is on social and political forces, especially those of oppression and subjugation (Nettleton, 2006). This antithesis of the biomedical model enables the disabled population to define disability in a different way.

The social model redefines disability, changing how the disabled people are viewed. In the social model, disability is “the disadvantage or restriction caused by a contemporary social organization which takes no or little account of people who have physical impairments and thus excludes them from mainstream social activities” (Scullion, 2010, p. 701). In this model, disability is socially constructed and implicates that the disabled population are oppressed, excluded, and devalued (Rocco & Delgado, 2011; Scullion, 2010). To use this definition affirms that an oppressor and the oppressed exist (Rocco & Delgado, 2011; Scullion, 2010).

To better theorize the social model of disability, Rocco conceptualized the critical disability theory (Rocco & Delgado, 2011). “The six principles that explain the theory are:

1. Disabled people have a unique voice and complex experience.
2. Disability should be viewed as part of a continuum of human variation.
3. Disability is socially constructed.
4. Ableism is invisible.
5. Disabled people have a right to self-determination.
6. The commodification of labor and disability business (the industry that exists to care for people with disabilities such as nursing homes, step down facilities, and so on) combine to maintain a system of poverty and isolation among people with disabilities” (Rocco & Delgado, 2011, p. 7-8).

This theory and its six principles are derived from critical theory, especially the literature on critical race theory (Rocco & Delgado, 2011). Adopting the social model and six principles of critical disability theory will radically change the nursing profession and ultimately nursing education.

**Disability and the Nursing Profession**

To define disability in a different way is imperative for nursing. Nurses and their perceptions and attitudes impact disabled people in many ways (Meyerowitz, Chaiken, & Clark, 1988; Scullion, 2010). First, nurses are often the first encounter a patient and/or patient’s family have when experiencing their newly disabled body (Scullion, 2010). How nurses react to the patient and his or her new body will determine how the patient and patient’s family will react. Second, people with disabilities come in contact – and often spend more time with nurses than their own relatives – with nurses and other healthcare workers (Honey, Waterworth, Baker, & Lenzie-Smith, 2006; Rocco & Delgado, 2011; Scullion, 2010). Haugen (2009) mentions how Leonard Kriegel identified the nurses and doctors over his lifespan as the enemy to be overcome. Third, Sahin and Akyol (2010, p. 2272) argue that “health professional’s attitude towards a patient or situation is important because prevailing attitudes and misconceptions can be potential barriers to successful diagnosis and treatment.” Fourth, nurses can impact self-image and perceived ability in disabled patients (Meyerowitz, et al., 1988). A patronizing or pitying demeanor of a nurse can affect rehabilitation and self-confidence in a disabled patient. Finally, nurses are to be advocates for their patient, not just at an individual level but on a broader, global scale (Scullion, 2010).

**Disability and Nursing Education**

Why is the definition of disability important in nursing education? Primarily, nursing educators train students to care for and advocate for this population. Often, the perspectives of the teachers will influence how the students view their world and their jobs (Rocco & Delgado, 2011). Nursing students will not only evaluate how the teacher presents the disability content, but also how the teacher treats and cares for the disabled patient in the clinical setting.

On the same note, higher education is pivotal in social activism and political change (Cory, White, & Stuckey, 2010). Students in different disciplines at the collegiate level, such as disability studies and nursing, can collectively share ideas and promote change to provide greater access around the university or college. Interdisciplinary research and projects on disability can help promote awareness in the community (Cory et al., 2010). In addition, the free exchange of ideas and issues can stimulate debate and solutions to improve access for disabled teachers and students around the campus.

 Nurse educators, especially have a vital role in “challenging disability discrimination and have potential to become vital catalysts in championing improvements” (Scullion, 2010, p. 702). Just as nurses are called to be advocates, nurse educators are as well. They also impact their students with their teaching and have a broad range of influence through dissemination of research on disability and through the efforts of their service to their community (Scullion, 2010). Also, the nurse educator’s collective experience, both as a nurse and as an educator, can make a difference for the disabled community when that educator advocates for them.

How can nurse educators promote equality for people with disabilities? Currently nursing literature and current curriculums have very little content dedicated to disability, and what is described is based on the oppressive medical model (Scullion, 2010). Changing nursing literature to contain more inclusive information about disability, including the social model’s definition of disability, can drastically increase the awareness of disability among other nurse educators, nursing students, and nurses. Similarly, infusing the undergraduate nursing curriculum – and thus nursing classes – with more critical theory, especially the critical disability theory can introduce nursing students to these discriminatory issues.

Another method to enhance equality for disability in nursing academe is to hire more disabled teachers and staff to promote diversity and awareness. Disabled nurse educators are able to provide a different voice and outlook to the students (Cory et al., 2010). In addition, disabled faculty members are more likely to create and publish research on disability and advocate for policy and environmental changes (Cory et al., 2010).

Not only hiring disabled teachers, but also admitting more disabled students into the nursing program. Admitting more disabled people as nursing students will “challenge discrimination and improve health care for disabled people” (Scullion, 2010, p. 702). Like disabled nurse educators, disabled nursing students are more likely to advocate for a disabled person’s needs and desires.

All nurse educators can serve on committees that promote a more accessible environment and treatment for disabled people (Cory et al., 2010). Serving on committees can promote support for fellow colleagues and for student advocates (Cory et al., 2010). Participation through this service can help not only the disabled on campus but also within the community (Cory et al., 2010).

Lastly, reshaping the university’s or college’s conception of disability as a form of diversity and not impairment can promote equality for disabled people (Cory et al., 2010). Changing how others – especially collegiate administrators – view disability can potentially improve awareness, generate funding, provide more accessible environment for faculty, staff, and students, and allow the disabled community to have a voice (Cory et al., 2010; Scullion, 2010). This support will produce a more equal environment that enhances all learning.

**Conclusion**

How one defines his or her world impacts the world around him or her. Defining disability using the social model can improve the oppression and discrimination that disabled people experience. Infusing the nursing profession and nursing education with this different definition will impact both the nursing and the disabled population. It is imperative that nursing education discard the medical model as the only perspective or label for disabled people. Nurse educators have the opportunity and potential to incorporate their teaching, research, and service with this alternative disability definition.

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