

Dismantling Ableism

Promoting a Culture of Diversity, Equity, Inclusion, and Accessibility for Nurses With Disabilities

Diversity, equity, inclusion, and accessibility (DEIA) initiatives have been in the spotlight in the United States in the wake of the coronavirus disease 2019 pandemic. DEIA initiatives in nursing often focus on critical issues, including race, ethnicity, socioeconomic status, sexual orientation, and gender identity.

Notably absent from DEIA conversations in health care is a large and growing population in the United States—people with disabilities (PWD). PWD are all but invisible within health care, and nursing is no exception. Articles on diversity in nursing and holistic admissions to nursing programs frequently do not incorporate disability in the context of DEIA. This glaring omission underscores a pervasive oversight in the current discourse. As doctorally prepared nurses involved with promoting disability awareness, we propose that disability needs to be part of diversity initiatives.

People with disabilities across the spectrum face significant health disparities (World Health Organization, 2023), including disproportionately high rates of mental health conditions, such as anxiety and depression (Centers for Disease Control and Prevention [CDC], 2023b). In 2023, the National Institutes of Health (2023) designated PWD as a population who experience significant health disparities. PWD comprise 16% of the world's population, or 1.3 billion people (CDC, 2023a). In the United States, an estimated 26% of the total population (one in four adults) has a disability, making PWD the largest single group facing health disparities (CDC, 2023a). More

than 4.3 million RNs are estimated to be living with a disability (Baker et al., 2023). Yet, in academic nursing programs and health care services, nurses with disabilities face overwhelming and unaddressed barriers to education and practice.

Why is disability often overlooked in DEIA initiatives in nursing? As a number of authors (Eisenmenger, 2019; Kaundinya & Schroth, 2022; Neil-Boylan & Miller, 2020; Yerbury & Yerbury, 2021) on this topic emphasize, nurses must acknowledge another kind of “ism” central to disability discussions—ableism. *Ableism* is a socially constructed system that devalues and discriminates against people living with disabilities and classifies people with disabilities across the spectrum as inherently inferior or “less than.”

Ableism, whether conscious or not, often leads to psychological distress for PWD, more so than disability itself (Douglas, 2023). Examples of ableism are rampant in health care, and range from ostensibly benevolent to blatantly hostile behavior, or more ambivalent and mixed expressions of discrimination (Nario-Redmond et al., 2019). Bias toward those with disabilities, which is inherently ableist, results in substantial barriers to participation and active engagement of PWD in diversifying the nursing workforce.

Entrenched ableism throughout health care may be one of the reasons why disability is excluded from discussions on diversity in nursing. Examples of ableism are rife within our own nursing organizations. For instance, a leading national nursing organization, despite

claiming promotion of diversity, recently held a public webinar on overcoming barriers to DEIA in nursing without mentioning disability. Furthermore, the webinar was not made accessible for PWD until an advocacy group intervened.

Omnipresent structural and systematic entrenchment of ableism in nursing results in obstacles for students with disabilities who are interested in pursuing nursing as a career. Lack of universal design and conformity with the standards of the Americans With Disabilities Act (ADA) are major obstacles to highly qualified individuals in nursing programs (Marks & Sisirak, 2022). Inaccessible learning platforms are major deterrents to the ability to act on diversity and inclusion in nursing education. Unfounded concerns about safety have led to the exclusion of highly qualified individuals from the nursing profession (Neal-Boylan & Miller, 2020). Nurses with disabilities who are employed in academia face similar battles. Although not specific to nursing, Yerbury and Yerbury (2021) identified that people working in academia may hesitate to disclose their disability for fear of stigmatization.

Rather than focusing on limitations related to disability, we should celebrate and support the unique perspectives and approaches nurses with disabilities bring to the profession. As Marks and Sisirak (2022) suggested, “nurses with disability have enormous potential to transform healthcare from a medicalized view of disability as inherently negative to a marker of diversity and the hallmark of equitable care” (para. 1). This approach

is a pivotal step in providing culturally competent care for patients experiencing disabilities themselves, as caring for patients with disabilities requires innovative approaches to incorporating disability in nursing curricula (Morrison et al., 2021). Patients with disabilities may receive more empathy and feel more understood when cared for by nurses with disabilities. Nursing students with disabilities can also benefit from role models of faculty and practicing nurses with disabilities, drawing on their adaptability, resourcefulness, and creativity, which can offer novel perspectives to colleagues and patients.

In 2021, the Biden administration approved an executive order incorporating the term accessibility into the DEIA acronym, emphasizing the significance of accessibility in creating equity. Although this order specifically targets the federal workforce, it underscores the importance of accessibility, especially for PWD. Without accessibility, true inclusion remains unattainable.

We recommend scrutinizing educational and workplace DEIA policies and initiatives to ensure that PWD are equally represented among marginalized populations. Increased recognition of the individualized nature of the disability experience is warranted, as people with the same type of disability have varied preferences and needs. Further, disability is part of the life experience, as an increased prevalence of disabilities is associated with aging. A growing older adult population will require nurses to be astute and sensitive professionals, using a comprehensive and informed approach to assessment of those living with invisible and visible disabilities. Valuable resources for nursing include the National Organization of Nurses With Disabilities (www.nond.org) and Meeks' and Neal-Boylan's (2020) book, *Disability as Diver-*

sity, directed toward health professions, including nursing.

In the words of nurse theorist Sister Callista Roy, humans are united through understanding diverse experiences (Roy & Andrews, 1999). Including disability in DEIA initiatives is essential for truly inclusive efforts. Disability, although often invisible, must not remain unseen within the context of diversity. Nurses, as advocates for patients, are ideally positioned to embrace and champion disability awareness as a necessary and positive element of diversity initiatives.

REFERENCES

Baker, C., Malik, G., Davis, J., & McKenna, L. (2023). Experiences of nurses and midwives with disabilities: A scoping review. *Journal of Advanced Nursing*, 79(11), 4149–4163. <https://doi.org/10.1111/jan.15802> PMID:37553870

Biden, J. (2021, June 25). *Executive order on diversity, equity, inclusion, and accessibility in the federal workforce*. <https://www.whitehouse.gov/briefing-room/presidential-actions/2021/06/25/executive-order-on-diversity-equity-inclusion-and-accessibility-in-the-federal-workforce/>

Centers for Disease Control and Prevention. (2023a). *Disability impacts all of us*. <https://www.cdc.gov/ncbddd/disabilityandhealth/infographic-disability-impacts-all.html>

Centers for Disease Control and Prevention. (2023b). *What is health equity?* <https://www.cdc.gov/healthequity/whatis/index.html>

Disability Funders Network. (2023). *Disability stats and facts*. <https://www.disabilityfunders.org/disability-stats-and-facts#:~:text=Approximately%2054%20million%20Americans%20have,minority%20group%20in%20the%20nation>

Douglas, K. (2023, October 20). *How ableism affects the mental health of disabled people*. The Mighty. <https://themighty.com/topic/disability/how-ableism-affects-mental-health-disability/>

Eisenmenger, A. (2019, December 12). *Ableism 101*. <https://www.accessliving.org/newsroom/blog/ableism-101/>

Kaundinya, T., & Schroth, S. (2022). Dismantle ableism, accept disability: Making the case for anti-ableism in medical education. *Journal of Medical Education and Curricu-*

lar Development, 9, 23821205221076660. <https://doi.org/10.1177/23821205221076660> PMID:35128061

Marks, B., & Sisirak, J. (2022). Nurses with disability: Transforming healthcare for all. *Online Journal of Issues in Nursing*, 27(3). <https://doi.org/10.3912/OJIN.Vol27No03Man04>

Meeks, L. M., & Neal-Boylan, L. (2020). *Disability as diversity*. Springer.

Morrison, V., Hauch, R. R., Perez, E., Bates, M., Sepe, P., & Dans, M. (2021). Diversity, equity, and inclusion in nursing: The Pathway to Excellence framework alignment. *Nursing Administration Quarterly*, 45(4), 311–323. <https://doi.org/10.1097/NAQ.0000000000000494> PMID:34469389

Nario-Redmond, M. R., Kemerling, A. A., & Silverman, A. (2019). Hostile, benevolent, and ambivalent ableism: Contemporary manifestations. *Journal of Social Issues*, 75(3), 701–721. <https://doi.org/10.1111/josi.12337>

National Institutes of Health. (2023, September 26). *NIH designates people with disabilities as population with health disparities*. <https://www.nih.gov/news-events/news-releases/nih-designates-people-disabilities-population-health-disparities#:~:text=Today%2C%20E%20l%20i%20s%20e%20o%20J.%20%20P%20C%20A%20r%20e%20z%20S%20t%20a%20b%20l%20e%20M.%20D.%20C%20d%20i%20r%20e%20c%20t%20o%20r%20%20o%20f%20the%20research%20supported%20by%20the%20National%20Institutes%20of%20Health>

Neal-Boylan, L., & Miller, M. (2020). How inclusive are we, really? *Teaching and Learning in Nursing*, 15(4), 237–240. <https://doi.org/10.1016/j.teln.2020.04.006> PMID:32327946

Roy, C., & Andrews, H. A. (1999). *The Roy adaptation model* (2nd ed.). Appleton & Lange.

World Health Organization. (2023). *Disability: Key facts*. <https://www.who.int/news-room/fact-sheets/detail/disability-and-health>

Yerbury, J. J., & Yerbury, R. M. (2021). Disabled in academia: To be or not to be, that is the question. *Trends in Neurosciences*, 44(7), 507–509. <https://doi.org/10.1016/j.tins.2021.04.004>

Stacey M. Carroll, PhD, RN, ANP-BC
Barbara Shaw, DNP, APN, FNP-C
 Rush University
 College of Nursing
 Chicago, Illinois

Disclosure: The authors have disclosed no potential conflicts of interest, financial or otherwise.

doi:10.3928/02793695-20240417-03