

# IDD Nursing Scope of Practice

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Many nurses are unfamiliar with this unique specialty nursing practice area because the intellectual and developmental disability (IDD) nursing specialty historically was primarily associated with an institutional setting and the stigma attached to this population until the late 1950s. In fact, this nursing specialty was only recognized by ANA in 1997 (Nehring, 1999). Unlike many nursing specialties, the scope of practice for nurses who specialize in IDD extends across all levels of care and all healthcare and many educational settings. Even though healthcare consumers with IDD are present today in all communities and healthcare settings, they remain a vulnerable and marginalized population. Many healthcare professionals are not educated or prepared to care for specific condition-related and developmental needs of individuals with IDD. Such health disparities were highlighted in the Surgeon General's report, *Closing the Gap: A National Blueprint for Improving the Health of Persons with Mental Retardation* (U.S. Public Health Service, 2002). Working in an interdisciplinary context, nurses continue to strive to promote the importance of the nursing contribution in this specialty field and to provide health care at both the generalist and advanced practice level.

## DEFINITION OF NURSING

*Nursing is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, facilitation of healing, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, groups, communities, and populations.*  
(ANA, 2015a, p. 1)

This definition serves as the foundation for the following expanded description of the Scope of Nursing Practice and the Standards of Professional Nursing Practice for nurses who specialize in IDD.

# DEFINITION OF INTELLECTUAL AND DEVELOPMENTAL DISABILITY (IDD) NURSING

Consistent with the ANA (2015a) definition of nursing, IDD nursing focuses on protecting, promoting, and optimizing the health and functioning ability of persons with IDD; diagnosing and treating persons with IDD to maximize their quality of life and alleviate discomfort and suffering; and advocating for and with persons with IDD and their families within and across groups, communities, and society.

Nurses who practice in the specialty field of IDD have clinical expertise and experience pertaining to the illness–health continuum of care of individuals across the life course whose conditions meet the diagnostic criteria identified in the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Box 1). IDD nursing practice is based upon a family-centered and, in later years, an individual-centered philosophy of care wherein the family (and when appropriate, the individual) are considered full partners in the development of the comprehensive plan of care. IDD nursing is comprehensive in scope and is focused on all aspects of the biopsychosocial needs of the person with IDD, their family, and their community, as well as the resources that are available to the person, family, and community.

Major biopsychosocial issues impacting individuals with IDD and of ongoing concern for IDD nurses and their interprofessional colleagues include:

- Primary, secondary, and tertiary prevention of developmental disability (DD) and intellectual disability (ID);
- Community inclusion;
- Transition from pediatric to adult DD services;
- Expansion of services that promote independence beyond their 22nd birthday;
- Access to high-quality, community-based health care, including a health home;

- Provision of culturally relevant care across the spectrum of IDD nursing;
- Health equity;
- Social determinants of health; and
- Nondiscrimination in educational and work settings.

## Description of the Scope of IDD Nursing Practice

Nurse members of the American Association on Intellectual and Developmental Disabilities (AAIDD), Developmental Disabilities Nurses Association (DDNA), American Academy of Developmental Medicine and Dentistry (AADMD), and other professional nursing associations have deemed it important that there be a scope and standards of practice for this specialty. This document serves as the contemporary template for the practice of nursing in IDD, and the standards of practice portion of this document serves as a description of the practice of nurses who specialize in this field.

IDD nurses help comprehensively manage the biopsychosocial needs of children and adults with IDD in a wide array of health and community settings. IDD nursing is practiced in settings that may not be consistently germane to other nursing specialties, such as early intervention programs; special education programs in preschool, elementary, middle, and high schools; postsecondary college and vocational programs; group homes; mental health programs; correctional facilities; and long-term care, senior residential, and support programs. IDD nurses serve as care consultants for nursing specialties, nurse educators, nurse researchers, and interprofessional colleagues when they work with individuals with IDD. IDD consultation efforts include assistance with the provision of the care that addresses the unique care needs for patients with IDD who are hospitalized in tertiary and subacute settings. IDD nurses can be consulted about the provision of referrals to available resources and community services for those with IDD. IDD nurses can coordinate care and establish wrap-around support networks from a wide array of resources, including clinics, hospitals, rehabilitation facilities, schools, transportation, supported employment, mental and behavioral programs, and housing. The

## **BOX 1. DEFINITION OF DEVELOPMENTAL DISABILITY**

### **DEVELOPMENTAL DISABILITIES ASSISTANCE AND BILL OF RIGHTS ACT OF 2000**

- (A) IN GENERAL. The term “developmental disability” means a severe, chronic disability of an individual that
- (i) is attributable to a mental or physical impairment or combination of mental and physical impairments;
  - (ii) is manifested before the individual attains age 22;
  - (iii) is likely to continue indefinitely;
  - (iv) results in substantial functional limitations in three or more of the following areas of major life activity:
    - (I) Self-care.
    - (II) Receptive and expressive language.
    - (III) Learning.
    - (IV) Mobility.
    - (V) Self-direction.
    - (VI) Capacity for independent living.
    - (VII) Economic self-sufficiency.
  - (v) reflects the individual’s need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.
- (B) INFANTS AND YOUNG CHILDREN. An individual from birth to age nine, inclusive, who has a substantial developmental delay or specific congenital or acquired condition, may be considered to have a developmental disability without meeting three or more of the criteria described in clauses (i) through (v) of subparagraph (A) if the individual, without services and supports, has a high probability of meeting those criteria later in life.

uniqueness of IDD nursing is that IDD nurses complete care coordination that is complex involving resources from a myriad of agencies and organizations that are not characteristically accessed in clinical settings. Furthermore, IDD nurses recognize resources that are available through local, state, regional, and national governing bodies.

The scope of IDD nursing practice is consistent with the 2015 ANA Scope and Standards of Practice (2015a), which describes the “who,” “what,” “where,” “when,” “why,” and “how” of nursing practice. The answer to each of these questions helps to provide a complete picture of the dynamic and complex practice of IDD nursing. The definition of nursing answers the “what” of the nursing practice question. IDD nurses are registered nurses and APRNs “who” have been educated, credentialed, and maintain active licensure to practice nursing. IDD nursing occurs “when” there is a need for nursing knowledge, wisdom, caring, leadership, practice, or education that is specific to persons with IDD and their families and those who care for them. IDD nursing occurs in any environment or setting “where” there is a person with IDD in need of care, information, or advocacy. The “how” of IDD nursing practice refers to the ways, means, methods, and manners that IDD nurses use to practice professionally. The “why” is characterized as IDD nursing’s response to the changing needs of society to achieve positive healthcare outcomes for persons with IDD aligned with nursing’s social contract with an obligation to society. The full spectrum of the IDD nurse’s role in this specialty is described for both the registered nurse and APRN. The depth and breadth with which individual registered nurses and APRNs engage in the total scope of IDD nursing practice for this specialty depend on each nurse’s education, experience, role, and the population served.

## **SPECIALTY PRACTICE IN IDD NURSING**

All nurses will care for an individual with IDD sometime in their career. Each person with IDD is a person first, and each person’s healthcare needs are unique. It is important that nurses recognize that a person with IDD (a) is not unwell based on the diagnosis of IDD, (b) does not necessarily have all of the secondary conditions identified as common to the

diagnosis (e.g., a person with spina bifida does not always have hydrocephaly), and (c) experiences many of the same life events (e.g., graduation, first job, etc.) and has the same feelings that all individuals have. It is important that diagnostic overshadowing does not occur. Diagnostic overshadowing refers to attributing a health problem to the person's diagnosis of IDD. For example, an adolescent with hydrocephalus who arrives in the emergency room with headbanging behavior does not automatically have a shunt malfunction; they could be in pain or have constipation (Reiss, Levitan, & Szyszko, 1982).

Registered nurses must be able to provide care to individuals with IDD, but in most nursing education programs, the curricular content and clinical experiences related to the care of persons with IDD are minimal. All levels of nursing education should include content about IDD and clinical experiences should include individuals with IDD. Nurses practicing as registered nurses, both at the undergraduate and graduate level, must be able to provide holistic care to this population. Many books, articles, videos, and internet sites are available to assist in this learning. Additionally, professional organizations such as DDNA, AAIDD, AADMD, and the National Association of School Nurses (NASN) support continued development of the nurse caring for those with IDD.

School nurses follow the definition of school nursing (NASN, 2017a,b) for all students, including students with IDD, to protect and promote their health, facilitate their optimal development, and advance their academic success. School nurses bridge the healthcare and education systems for students with IDD, coordinate their care, advocate for student-centered care, and collaborate to design systems that allow individuals with IDD to develop to their full potential (NASN, 2017a,b).

The registered nurse who specializes in IDD provides care to individuals across the life course. Care of the persons with IDD should include families or legal guardians, particularly if individuals are unable to make their own decisions or actively participate in their own care. School nurses are responsible for clear and consistent communication channels among school personnel, students, parents or guardians, healthcare providers, and teachers. This is an essential role of school nurses that promotes

health stability and progress in working with students with IDD and their families.

IDD registered nurses, including APRNs, are included in an interprofessional team for healthcare consumers with IDD and are responsible for the coordination of care and support for individuals with IDD. The IDD registered nurse participates in the implementation of individual and family or legal guardians' assessment and in the planning, implementation, and evaluation of their health and health services with the healthcare consumer with IDD, family or legal guardians, and community support staff as partners. School nurses are members of the Individualized Educational Program (IEP) and Individualized Family Service Plan (IFSP) teams and use the nursing process to provide healthcare guidance to team members including students, parents, teachers, therapists, and administrators to develop the IEP or IFSP, provide services, as directed by that plan, and update the plan regularly (Betz, 2017; Betz, Krajicek, & Craft-Rosenberg, 2018; Institute of Medicine [IOM], 2001; SPN, NAPNAP, & ANA, 2015).

Additionally, all IDD registered nurses have roles in the preparation of youth as they transition to adult care. Recommendations for such preparations have been published by key organizations, including the American Academy of Pediatrics (AAP), the American Academy of Family Physicians (AAFP), the American College of Physicians (ACP) (AAP, AAFP, ACP-ASIM, 2002; Cooley, Sagerman, et al., 2011; White et al., 2018), the American Society of Internal Medicine (Talente & LeComte, 2013), the Society of Adolescent Medicine (Blum et al., 1993; Rosen, 2003), and position statements published by the Society of Pediatric Nursing (SPN) (Betz, 2017), NAPNAP (2020), and the NASN (2019a). School nurses work with and advocate for children and youth, parents, and their staff as students transition from home to preschool, preschool to primary school, primary to middle school, middle school to high school, and high school to adulthood. For the latter, they help to make transitions smooth by beginning to utilize procedures (e.g., medication administration) that will be similar in adulthood and connect families with agencies and programs that may provide services to the student in adulthood.

# DEVELOPMENT AND FUNCTION OF IDD NURSING STANDARDS OF PROFESSIONAL PRACTICE

The Standards of Professional Nursing Practice in IDD Nursing are authoritative statements of the responsibilities that all registered nurses in this specialty are expected to perform competently (ANA, 2015a). These standards serve as evidence of the standard of care for IDD nursing with the understanding that their application depends on context. The standards of professional practice in IDD nursing are subject to change as specific conditions and clinical circumstances change, and new patterns of professional practice are developed and accepted by the nursing profession and the public. These standards will be formally and periodically reviewed and revised.

## Standards of Professional Nursing Practice in IDD

The Standards of Professional Nursing Practice in IDD include the Standards of Practice and the Standards of Professional Performance in IDD.

## Standards of Practice in IDD Nursing

A competent level of IDD nursing care is demonstrated by the nursing process, which includes assessment, diagnosis, outcomes identification, planning, implementation, and evaluation. Consistent with ANA scope and standards of practice for nurses (2015a), IDD registered nurses engage in the nursing process, which is the foundation of the nurse's decision-making.

**STANDARD 1. ASSESSMENT:** The IDD registered nurse collects data related to the health and the environmental situation or barriers of the person with IDD.

**STANDARD 2. DIAGNOSIS:** The IDD registered nurse analyzes the assessment data to determine the actual or potential diagnoses, problems and issues, and strengths and assets of the healthcare consumer with IDD.



**STANDARD 3. OUTCOMES IDENTIFICATION:** The IDD registered nurse identifies expected outcomes for a plan that is individualized to the healthcare consumer with IDD and the situation.

**STANDARD 4. PLANNING:** The IDD registered nurse develops a plan that prescribes strategies and alternatives to reach expected measurable outcomes.

**STANDARD 5. IMPLEMENTATION:** The IDD registered nurse implements the identified plan.

**STANDARD 5A. COORDINATION OF CARE:** The IDD registered nurse coordinates care delivery that requires the nurse to work closely with individuals with IDD, families, community resources, and health systems.

**STANDARD 5B. HEALTH TEACHING AND HEALTH PROMOTION:** The IDD registered nurse uses strategies to promote health, prevention of secondary disability, and a safe environment for individuals with IDD.

**STANDARD 6. EVALUATION:** The IDD registered nurse evaluates progress toward attainment of goals and outcomes of individuals with IDD and their families.

## Standards of Professional Performance in IDD Nursing

The Standards of Professional Performance, which describe a competent level of behavior for all registered nurses in their role as a professional nurse, apply equally to all IDD registered nurses in their professional role activities. IDD registered nurses are expected to engage in professional role activities that are appropriate to and consistent with their education and their position. As with all registered nurses, IDD registered nurses are accountable for their professional behavior to themselves, healthcare consumers with IDD families or legal guardians of healthcare consumers with IDD, their professional peers, and society (ANA, 2015a).

**STANDARD 7. ETHICS:** The IDD registered nurse practices ethically.

**STANDARD 8. CULTURALLY CONGRUENT PRACTICE:** The IDD registered nurse engages in practice that is congruent with cultural diversity and inclusion principles, specifically as related to healthcare consumers with IDD and their families or legal guardians.

**STANDARD 9. COMMUNICATION:** The IDD registered nurse communicates effectively in a variety of formats in all areas of practice.

**STANDARD 10. COLLABORATION:** The IDD registered nurse engages in shared decision-making with healthcare consumers with IDD, their families or legal guardians, and other key stakeholders while engaging in nursing practice.

**STANDARD 11. LEADERSHIP:** The IDD registered nurse demonstrates leadership in professional practice settings and the profession.

**STANDARD 12. EDUCATION:** The IDD registered nurse acquires knowledge and attains competence that reflects current nursing practice and promotes futuristic thinking.

**STANDARD 13. EVIDENCE-BASED PRACTICE AND RESEARCH:** The IDD registered nurse integrates relevant and current evidence and research findings into practice.

**STANDARD 14. QUALITY OF PRACTICE:** The IDD registered nurse contributes to quality nursing practice.

**STANDARD 15. PROFESSIONAL PRACTICE EVALUATION:** The IDD registered nurse evaluates one's own and others' nursing practice.

**STANDARD 16. RESOURCE UTILIZATION:** The IDD registered nurse utilizes appropriate resources to plan, provide, and sustain evidence-based nursing services that are safe, effective, and fiscally responsible.

**STANDARD 17. ENVIRONMENTAL HEALTH:** The IDD registered nurse practices in an environmentally safe and healthy manner that promotes environmentally safe settings that are beneficial to the health and well-being of individuals with IDD.

## The Function of Competencies in IDD Nursing Standards

The competencies accompanying each standard may be evidence of the IDD nurse's demonstrated compliance with the corresponding standard; however, this list of competencies is not exhaustive. The application of a particular standard or competency depends on the circumstances (ANA, 2015a).

### WHAT IS IDD NURSING?

IDD nursing is based on the definition of nursing, which includes

*the protection, promotion, and optimization of health and abilities, prevention of illness and injury, facilitation of healing, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, groups, communities, and populations.* (ANA, 2015a, p. 11)

IDD nursing focuses on protecting, promoting, and optimizing the health and functioning ability of persons with IDD; diagnosing and treating persons with IDD to maximize quality of life and alleviate discomfort and suffering; and advocating for and with persons with IDD and their families within and across groups, communities, and society.

The integration of the art and science of nursing is described in the following detailed scope and standards of practice content. IDD nurses possess a strong foundation of knowledge and skills related to the IDD diagnoses, treatments for IDD, and the provision of health care that is unique to persons with IDD across their lifetimes. Additionally, IDD nurses understand child and adult developmental patterns (typical and delayed) as individuals with IDD have a condition that interferes with their ability to experience the typical patterns of human development that affect their ability to learn and process information. The person's development may vary in terms of communication skills, ability to comprehend and reason, and their life experiences that contribute to their differing responses. Individuals with IDD may learn differently than

typically developing individuals. IDD nurses adapt healthcare procedures and processes to meet the needs of persons with IDD and their families. These individuals may have a broad range of cognitive and behavioral challenges that need to be understood and treated with respect by all healthcare providers. For example, the IDD nurse helps individuals with IDD feel comfortable when they are fearful during a medical examination or procedure. This fear of being harmed is a different response compared to individuals without IDD. IDD nurses also understand behavioral challenges associated with IDD and know how to intervene appropriately so as not to escalate challenging behaviors. The IDD nurse knows when to refer to specialized services such as dental, gynecology, obstetrics, and psychology services.

IDD nurses are members of a healthcare team focused on the provision of interprofessional services that are comprehensive in scope, as individual healthcare providers alone cannot assess, manage, or evaluate the full breadth of needs of the person with IDD. As a member of the IDD team, the nurse plans and coordinates care with the individual, family, and interdisciplinary providers. These interprofessional providers include advocates, dietitians, occupational and physical therapists, primary and specialty care physicians, social workers, special educators, speech and language specialists, child life specialists, and family members who address the ongoing and long-term needs of the individual and family members. IDD nurses understand and value each profession's contribution to assessment, treatment, and evaluation of the outcomes of a person with IDD, with the family and individual at the center of any interprofessional evaluation or treatment.

Advanced advocacy skills and greater knowledge of resources are needed to ensure that persons with IDD have their health needs identified and then move toward optimal health. Values such as respect of self and others, individual dignity, and having personal choices are critical for persons with IDD to promote their access to high-quality health care. IDD nurses support individuals with the dignity of taking risks in making choices pertaining to their health and other lifestyle decisions.

The advocacy role in IDD nursing practice is essential, as individuals with IDD and their families and those who care for them can face extraordinary challenges in accessing health care and other services. IDD nurses advocate for the health and well-being of persons with IDD and encourage persons with IDD and their families to advocate in policy arenas for their health and a healthy and safe environment. IDD nurses also advocate for policies that promote healthy and safe environments that address issues such as bullying, including cyberbullying, for those with IDD.

Early federal legislation provided the foundation for subsequent federal laws enacted to more definitively address the rights and protections of individuals with disabilities, including those with IDD. The Civil Rights Act of 1964 prohibited discrimination on the basis of sex, race, color, national origin, and religion. This legislation also prohibited racial segregation in schools, employment, and public accommodations. Later, in 1977, Section 504 was added to the Rehabilitation Act of 1973. This provision, the first of its kind, prohibited discrimination of individuals with disabilities in any programs receiving federal assistance.

Policy advocacy involves understanding the legal ramifications of federal and state legislative mandates that impact not only the rights and protections of individuals with IDD and their families but also the clinical implications for care across the life course. The legislative intent of the Americans with Disabilities Act (ADA), enacted in 1990 (PL 101–336), was to provide “...a clear and comprehensive national mandate for the elimination of discrimination against individuals with disabilities” by extending equal protections and rights to them. The ADA built upon the existing legislation of the Rehabilitation Act of 1973 and the Civil Rights Act of 1964. The ADA extended civil rights protections in these five areas: employment, public services and transportation, public accommodations, telecommunications, and miscellaneous.

The Individuals with Disabilities Education Act (IDEA), first authorized in 1990 and now known as the Individuals with Disabilities Education Improvement Act (IDEIA) of 2004, created sweeping changes in the

provisions of services and supports for students with disabilities, including students with IDD. This legislation addressed reforms for services across the life course from infancy to emerging adulthood at age 22 years. IDEA and subsequent authorizations identified requirements for early intervention programs for infants with and at risk for IDD that included the use of IFSPs that provided a comprehensive plan of care based upon a family-centered plan of care and the infant's needs. Other provisions enumerated the requirements for the development and implementation of Individual Education Plans (IEP) for students beginning during the preschool years to and Individual Transition Plans (ITP) beginning at age 16 or earlier, to the post-high school years of community living skills programs for emerging adults through age 22 years.

Inspired by his own family experience of having a sister with an intellectual disability, President John F. Kennedy signed into law the Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963. This legislation and subsequent reauthorizations, including the Developmental Disabilities Assistance and Bill of Rights Act Amendments of 2000, were enacted to support the development of service and support systems for persons with IDD and their families. These programs include the State Councils on Developmental Disabilities, State Protection and Advocacy Systems (P & A), and University Centers for Excellence in Developmental Disabilities (UCEDD) Education, Research, and Service.

These federal initiatives and state-level regulations provide essential rights and protections to individuals with IDD and their families. The intent of these legislative acts is designed to ensure individuals with IDD receive needed services and supports that will enable their full inclusion in community life, enable full access to educational, employment, health, and community services, and assure their legal rights and protections. It is essential that IDD nurses are knowledgeable about these laws to ensure individuals with IDD and their families have full access to needed services and supports across the life course. Additionally, it is expected that IDD nurses will provide individuals with IDD and their families with needed guidance. It is also essential that IDD nurses stay current as these and other federal or state policies change that may impact their ability to

sustain the legal rights and protections for individuals with IDD and families to receive appropriate education, employment, and health services in their communities. Becoming involved with state and federal policy changes is an important component of advocacy in today's health-care environments.

IDD nurses assess, implement, and evaluate plans that keep individuals with IDD safe and connected appropriately to medical care, health services (particularly specialty care as they transition to adult care), and resources in the community, including transportation, accessible and affordable housing, and adequate food to live life to the fullest. Other activities that foster improved quality of life include involvement in community recreational programs and in opportunities that foster socialization with age-appropriate peers as social isolation is epidemic in this population.

## **WHEN NURSING OCCURS**

The nursing care of persons with IDD takes place in all settings in which nurses are employed. The settings in which nurses often interact with persons with IDD are in various healthcare settings, school-based settings, community-based facilities, work sites, and large regional developmental centers. The relationships between the nurse and the person with IDD often last many years.

The care of persons with IDD needs to be developed considering the history of care and future needs of the individual and should involve the person with IDD, their family or legal guardians, and an interprofessional team. For example, in early childhood and school-aged individuals, an IFSP, an IEP, or an Individualized Transition Plan (ITP) are developed in such teams. School nurses take part in developing those plans for many individuals with IDD. The membership of the team will change as the person with IDD ages or moves. It is a commitment across the person's life course to anticipate needs and problems, reduce or eliminate problems in the present time, and regularly evaluate identified needs and problems retrospectively in order to better address such needs and problems in the future. It is important that anticipatory guidance is identified

and described across the life course for conditions resulting in IDD. Much is known about these conditions during the pediatric years, but less is known and documented in the literature for the adult years and at end of life.

## THE HOW OF IDD NURSING

The “how” of nursing practice is defined as the ways, means, methods, processes, and manner by which the registered nurse practices professionally. The ways in which registered nurses practice reflect integration of the five core practice competencies of all healthcare professionals: healthcare consumer-centered practice, evidence-based practice, interprofessional collaboration, use of informatics, and continuous quality improvement (ANA, 2015a; IOM, 2003). Registered nurses recognize that using a holistic approach requires incorporation of all relevant data when implementing the nursing process. Such applies to the registered nurse specializing in IDD.

To achieve the best healthcare consumer outcomes, the “how” requires the registered nurse who specializes in IDD to employ evidence-based practice as a means to incorporate the best available evidence, healthcare consumer preferences, provider expertise, and contextual resources in which nursing is delivered. Closely linked to the best healthcare consumer outcomes is the need for effective interprofessional collaboration. Thus, an essential component of the “how” of registered nursing is care coordination (ANA, 2013b), requiring effective communications by all stakeholders.

Additionally, the “how” of registered nursing practice includes predictable and comprehensive communication using approaches such as informatics, electronic health records, and established system processes to prevent errors. Methods may include situation, background, assessment, and recommendation (SBAR; The Joint Commission, 2012) and evidence-based methods of teamwork and communication skill building such as TeamSTEPPS (Agency for Healthcare Research and Quality, n.d.; ANA, 2015a; Department of Defense, 2014).



Finally, the “how” of registered nursing practice reflects the manner in which the registered nurse who specializes in IDD practices according to the *Code of Ethics for Nurses with Interpretive Statements*, standards for professional nursing practice, institutional review boards’ protocols, and directives of other governing and regulatory bodies that guide the conduct of professional nursing practice (ANA, 2015a). Nursing’s *Social Policy Statement: The Essence of the Profession* describes professional nursing’s social contract with society and includes the registered nurse and APRN who specializes in IDD nursing (ANA, 2010a, p. 6). Consult Nursing’s *Social Policy Statement* (ANA, 2010a) for discussion of other contents important to understanding the societal context related to the decision-making and conduct of professional nursing practice.

## **INTEGRATING THE SCIENCE AND ART OF IDD NURSING**

Like the profession of nursing, the nursing specialty of IDD is built on a core body of knowledge that reflects its components of science and art. Nursing in IDD requires judgment and skills based on biological, physical, behavioral, and social sciences. Nurses use critical thinking to apply the best available evidence and research data when responding to the needs of individuals with IDD, evaluating the quality and effectiveness of nursing practice, and seeking to optimize outcomes for individuals with IDD and their families or legal guardians (ANA, 2015a).

Consistent with the profession of nursing, IDD nursing promotes the delivery of holistic care that is centered on individuals with IDD and their families or legal guardians and those who care for them with the goals of achieving optimal health outcomes through the life course and across the health–illness continuum. This occurs in an environmental context that acknowledges culture, ethics, law, politics, economics, access to health-care resources, and competing priorities. Similarly, IDD nursing promotes the health of communities by advocating for social and environmental justice, community engagement, and access to high-quality and equitable health care to maximize population health

outcomes and minimize health disparities. IDD nursing advocates for the well-being, comfort, dignity, and humanity of all individuals, families, groups, communities, and populations. IDD nursing focuses on health-care consumer and interprofessional collaboration, sharing of knowledge, scientific discovery, and social welfare.

## THE ART OF IDD NURSING

Optimal health for persons with IDD requires a holistic, caring, culturally sensitive, and interprofessional approach. IDD nurses possess unique skills in their comprehensive care of persons with IDD and their families or legal guardians. These skills include sustaining long-term relationships based on trust, communicating through verbal and nonverbal avenues, handling unpredictable behavior and situations, developing plans of care that are both short- and long-term, and including a variety of individuals and disciplines in planning such care (Appelgren, Bahtsevani, Persson, & Borglin, 2018; Jaques, Lewis, O'Reilly, Wiese, & Wilson, 2018). Specifically, the IDD nurse must be able to communicate effectively with individuals with IDD who may have difficulty communicating through usual written or verbal channels and understand and interpret the signs and cues sent by individuals with IDD to communicate their needs and desires.

Because nursing includes the diagnosis and treatment of human responses to actual or potential health problems and comorbid disabilities, nurses focus on modifying the impact of illness and disease on individuals with IDD and aim to prevent further disability. When individuals with IDD have a disease and illness, IDD nurses should be careful to distinguish signs and symptoms of the disease and illness from characteristics of the disability. This is especially important when an individual's disability manifests in ways that are similar to a disease or illness. When planning and implementing care, IDD nurses may have opportunities to develop innovative and creative approaches to assure optimal and positive outcomes for the individual with IDD and his or her family or legal guardians.

## Care and Caring in IDD Nursing Practice

The relationship between the IDD nurse, the person with IDD, and their family or legal guardians builds on a bond that is often long term, based on verbal and nonverbal communication and mutual respect, while recognizing strengths and helping to mitigate challenges. Nurses support the right of individuals with IDD to self-determination. That is, individuals with IDD have opportunities and experiences that enable them to have control in their lives and to advocate for themselves (AAIDD Board of Directors, The Arc of the United States [ARC] Board of Directors, & Chapters of the Arc, 2018). As self-advocates, individuals with IDD should be heard, respected, and supported to fully participate in their own health care. Nurses work to ensure that individuals with IDD and their families or legal guardians have the knowledge and skills to engage in informed decision-making about health. Family members and substitute decision-makers may need assistance in understanding the importance of self-determination and the limits that self-determination can place on their own authority to make decisions with and for the individual with IDD.

IDD nurses (a) believe in individuals with IDD and their abilities to meet developmental and life course milestones, (b) work to understand the meaning of health and health-related events from the perspective of individuals with IDD and their families or legal guardians, (c) are emotionally present for individuals with IDD and their families or legal guardians, (d) carry out health-related activities and tasks for individuals with IDD and their families or legal guardians when those persons cannot carry out those activities and tasks themselves, and (e) support and facilitate transitions and unpredictable events experienced by individuals with IDD and their families or legal guardians. IDD nursing care for persons with IDD must include age-related preventive care in addition to care for their unique health problems.

IDD nurses should be mindful that the experiences of individuals with IDD in society may be those of oppression and limitations on their ability to fully participate in their communities and be treated equally.

Health services such as routine gynecological/obstetric care, mammograms, and preventive and therapeutic dental services should be accessible to individuals with IDD. There should be a balance between undertreatment—the limitations of treatment based on IDD diagnosis—and over-treatment—the unwillingness to recognize when treatment is no longer beneficial. IDD nurses may have advocacy and educator roles in the decision-making process with the individual with IDD, if capable; the family, if appropriate; and others involved in the individual's care.

Advances in assistive and medical technology contribute to improved health, functioning ability, and quality of life in individuals with IDD. Assistive technology (AT) should benefit individuals with IDD by improving independence, mobility, communication, and ability to control their environments (AAIDD, Arc, & Chapters of The Arc, 2018). Medical technology should be directed toward improving their quality of life and relieving pain, isolation, fear, and physical discomforts. Individuals with IDD should be provided with information and assistance to comprehend that information, for example, about treatment, services, and technology offered to them. They should also have the opportunity to accept or refuse what is offered. When information cannot be provided in a way that takes into account the communication and cognitive challenges of the individual with IDD to ensure informed consent, then the individual's advocate (i.e., legal guardians, healthcare power of attorney, or surrogate decision-maker) should be involved to assure that the individual's demonstrations of acceptance or refusal are respected and followed (AAIDD, Arc, and Chapters of The Arc, 2018; Vanderbilt Kennedy Center for Excellence in Developmental Disabilities, 2018). Nurses should advocate for a careful evaluation of the benefits and risks of a proposed treatment for an individual with or at risk for IDD and not accept a categorical denial or plan to institute treatment based on another's estimation of the quality of life of the individual with or at risk for IDD.

Genetic and genomic advances promise both gains for and threats to individuals with IDD. Sometime in the future, the basis for IDD may be identified and eventually “treated” with gene therapy. If this technology evolves, there may be social pressure to submit to the treatment to

ameliorate or eliminate the disability, and even less tolerance for the spectrum of human difference. Some assume that if a prenatal disability is detected, the mother (or parents) will choose to terminate the pregnancy. IDD nurses respect the autonomous decisions of the mother but also grant that the mother's decision may be influenced by society's response to individuals with IDD and tolerance for difference.

The IDD nurse must have advanced assessment skills to correctly identify issues related to the health and safety of the individual with IDD, including all forms of bullying (i.e., bullying associated with school or community or cyberbullying), chronological and mental age development in all domains, social relationships, and activities of daily living (ADL). Such assessments are used for short- and long-term care planning and implementation, regular evaluations, and consequent adjustments. Creativity, adaptations, patience, and involvement from the individual with IDD, their family or legal guardians, and other disciplines are required for optimal outcomes.

It is also important to note that nurses who specialize in this population are often stigmatized themselves. Such misunderstanding comes from other nurses not involved in this specialty and even other professionals in the field. Having a network of nurses working in the field through formal and informal means is helpful for support and consultative input on difficult care situations.

## Cultural Components of Care

The nurse provides care to individuals with IDD and their families or legal guardians and those who care for them in a manner that reflects sensitivity to culture and varied expressions of care among all forms and types of cultures (Leininger, 1988) and supports the implementation of caring processes built on Watson's framework (2012, 2008, 1999). Persons with IDD are a minority culture in which positive and negative behaviors and opinions are found by other persons and cultures, and these have existed across time. Our understanding of cultural literacy must go beyond race and encompass all forms of culture, including persons with IDD.

# THE SCIENCE OF IDD NURSING

Both qualitative and quantitative research has been conducted to identify and describe conditions resulting in IDD, to detail best practices in the treatment of primary and comorbid conditions across the life course, and to develop policy and procedures for optimal care of persons with IDD. Nurses have been involved in such research over the years through their own original studies as well as the translation of research findings in their practice.

## IDD Nursing Knowledge

IDD nursing knowledge is best described through a historical perspective. This section provides a summary of the history of education of nurses and nursing care in this specialty.

Asylums, institutions, and hospital-based nursing schools were the first to provide education for nurses who specialized in the care of persons of any age who had IDD; however, the term IDD was not used until the mid-20th century. Until the early 20th century, persons with IDD were diagnosed as having mental illness, and their care took place in settings where persons with all forms of mental illness were housed. After WWI, an improved understanding of mental illness emerged, and the care of persons with IDD as we now know it was more specifically detailed. Offensive terminology was often used at that time to describe individuals with IDD.

In the early 1960s, President Kennedy brought needed attention to the living conditions of persons of all ages with IDD, then called *mental retardation*. New legislation was introduced, and for the first time, funding became available for this population. Large institutional settings remained the primary place of residence for persons of all ages with IDD until the late 1960s. It was the social norm to place newborns and children with known conditions resulting in IDD in institutions as soon as possible so as not to burden families, either financially or through social stigma.

After public attention to the custodial and often inhumane care of persons with IDD in the early 1970s, radical changes took place. Many individuals with IDD were moved back to their homes and to newly formed

community settings, such as group homes, semi-independent living arrangements, and smaller congregate settings (e.g., 16 beds). The transition from institutional to community living settings continues with state by state variation.

Today, newborns with IDD are no longer placed in institutional settings. Most individuals with IDD live with their families in the community. Others live in small-group community settings. Only the most severely affected individuals who require substantial medical care remain in larger developmental centers (Nehring, 1999; Nehring & Lindsey, 2016).

IDD nursing care has also evolved through time. Early documentation about nursing care was written either by physicians or nurses who cared for both persons with IDD and mental illness. Literature by nurses about the nursing care of persons with IDD first appeared with any frequency in the 1950s. At that time, nurses in institutional settings did little more than give medications and record vital signs and occasional weight measurements. Some public health nurses provided care for children with IDD who remained at home; however, parents were often encouraged to place their children in institutions by the time they reached school age.

The first national meeting for nurses specializing in the care of children with IDD was sponsored by the Children's Bureau in 1958 (Nehring, 2010). In the 1960s, nursing care in the institution resembled nursing care provided in hospitals. The role of the nurse expanded to include education and research. APRNs were employed by some institutions, and post-baccalaureate and graduate programs emerged to provide education designed especially for the care of children and adolescents with IDD. Interdisciplinary faculty (including nurses) at University-Affiliated Programs and Facilities (UAPs or UAFs) established by President Kennedy in universities across the country, offered interdisciplinary education to future specialists (including nurses) in the field; conducted research on topics related to mental retardation; and provided health and social services to individuals with IDD and their families.

In the 1960s, nurses began to write more prolifically about the care of children with IDD conditions. The increased numbers of articles and books, some of which are now considered classics, were especially useful

for public health nurses. Developmental diagnostic clinics were established across the country to identify and refer children with IDD for developmental and health care when appropriate. Nursing consultants who specialized in this field were hired by the Children's Bureau; Division of Neurological Diseases and Stroke, U.S. Public Health Service; Mental Retardation Division, Department of Health, Education, and Welfare; Association of Retarded Children; and the United Cerebral Palsy Associations, Inc. National meetings were convened for these nursing specialists, and the first standards of nursing practice for this specialty emerged in 1968, *The Guidelines for Nursing Standards in Residential Centers for the Mentally Retarded* (Haynes, 1968; Nehring, 1999, 2010).

The 1970s saw the first national education legislation, mandating that all children with IDD receive a free and appropriate public education from the ages of 3 through 21 years. During that period, school nurses sought education and resources about IDD nursing and roles for school nurses who work with students with IDD and students with special healthcare needs. Advanced practice roles for nurses in the IDD specialty continued to expand, including roles in schools and early intervention programs for the infant from birth to three years of age.

Publications and regular national and regional meetings about IDD nursing continued throughout the 1970s. Special IDD nursing courses also began to appear in nursing programs across the country (Hahn, 2003; Nehring, 1999, 2010). Legislation (P.L. 91–517) passed in October 1970 during President Nixon's administration changed the terms “mental retardation” to “developmental disabilities” and “clinical training” to “interdisciplinary training.” The definition of developmental disabilities was broadened in the Developmentally Disabled Assistance and Bill of Rights Act (P.L. 94–103), which was signed into law by President Gerald Ford in 1975. In addition to mental retardation, the new definition of developmental disabilities included cerebral palsy, epilepsy, autism, and dyslexia if it resulted from one of those other disabilities. As part of that legislation, a national task force was convened, which modified the definition of developmental disabilities in 1977 to eliminate references to specific conditions and to emphasize substantial functional limitations or “impairment” (Thompson & O'Quinn, 1979).



Interdisciplinary care was the norm in the 1980s when all disciplines worked together with individuals and family members of those with IDD to assess and plan care in a variety of settings (Nehring, 1999; Nehring & Lindsey, 2016). In 1980, ANA published *School Nurses Working with Handicapped Children* (Igoe et al., 1980). Later in the 1980s, two sets of standards of nursing practice for nurses specializing in this field emerged: *Standards of Nursing Practice in Mental Retardation/Developmental Disabilities* (Aggen & Moore, 1984) and *Standards for the Clinical Advanced Practice Registered Nurse in Developmental Disabilities/Handicapping Conditions* (Austin, Challela, Huber, Sciarillo, & Stade, 1987).

Emphasis on the adult with IDD emerged in the nursing literature in the 1990s. An examination of the individual with IDD across the life course was first highlighted in *A Life-Span Approach to Nursing Care for Individuals with Developmental Disabilities* (Roth & Morse, 1994). Nursing standards for this field were also revised: *Standards of Developmental Disabilities Nursing Practice* (Aggen, DeGennaro, Fox, Hahn, Logan, & VonFumetti, 1995) and *Statement on the Scope and Standards for the Nurse Who Specializes in Developmental Disabilities and/or Mental Retardation* (Nursing Division of the American Association on Mental Retardation and American Nurses Association [ANA], 1998). Other related standards of nursing practice in early intervention (ANA Consensus Committee, 1993), care of children and adolescents with special health and developmental needs (ANA Consensus Committee, 1994), and genetics (ISONG & ANA, 1998) were issued as well.

In the first years of the 21st century, a greater effort was made to provide educational materials for nursing students and nurses in practice who care for persons of all ages with IDD (Betz & Sawin, 2018; Hahn, 2003; Nehring, 2005). In 2010, a comprehensive text on IDD nursing was published based upon a life course approach entitled, *Nursing Care for Individuals with Developmental Disabilities: An Integrated Approach* (Betz & Nehring, 2010). However, IDD nursing remains an area where nursing students, in general, receive little information about or clinical experience with persons who have IDD. Concentrated efforts by nursing experts in the field and national organizations, such as AAIDD and DDNA, to establish standards for IDD nursing education, should persist.

This specialty field of nursing has changed greatly from its early years. As the healthcare system continues to evolve, so will the nursing care of persons with IDD of all ages. Such care continues to occur in a variety of settings and at both the professional registered nurse and APRN levels. Continued publication and research into such nursing care are needed, as are additional didactic and clinical content materials for nursing students.

## Research in IDD Nursing

Nurses have faced a myriad of challenges in researching the IDD population over the years that include societal changes, laws affecting education, Institutional Review Board approvals for this vulnerable population, and research expertise in those nurses working in the field. These factors have resulted in difficulty in obtaining data for the development of evidence-based IDD nursing interventions. There is clearly a need for consistent nursing education, nursing management, and more research in the field of IDD nursing (Auberry, 2018).

There have been champions of IDD health care who have accomplished research in the field, which IDD nurses can use as a basis for future research. Dorothea Dix is thought to be the first leader in IDD nursing. Although Dix was not a nurse, she is viewed by many as being instrumental in the development of IDD, public health, and mental health nursing (Nehring, 1999). Using her careful observations of the living conditions of individuals with IDD, Dix made many appeals for more hygienic buildings for individuals with IDD and mental illness, and some of her efforts met with success (Dix, 1847). For example, she spoke to the Massachusetts legislature in 1843 about the conditions of jails, asylums, and almshouses in Massachusetts (Dix, 1976). Consistent with Florence Nightingale's call for nurses to use their observations to bring about change (Nightingale, 1859), Dix used her observations to inform and influence legislators to improve the living conditions of individuals with IDD (Nehring, 1999, 2010).

In the 1960s, nurses began conducting and publishing their research about individuals with IDD. These early nurse researchers relied on models, research findings, and research methods from the fields of education,

medicine, physical therapy, cognitive and developmental psychology, psychiatry, public health, speech therapy, and sociology. Miller (1979) described a program that was implemented from 1962 through 1964 to teach personnel in the Central Wisconsin Colony and Training School to provide speech and physical therapy to residents. Pat McNelly (1966) conducted a study that “was a precursor to the development of the transdisciplinary model of care delivery” (Nehring, 1999, p. 79). A cross-disciplinary project, the Mimosa Project, was funded to teach adolescent girls with IDD daily living skills (Devine, 1983). Barclay, Goulet, Holtgrewe, and Sharp (1962) examined parents’ evaluations of the clinic services provided to their children with IDD. By 1970, many studies related to IDD had been or were being carried out by nurses, and graduate students in nursing programs were focusing their dissertation research on IDD. Between 1970 and 2019, more than 200 nursing dissertations related to IDD were completed.

Nurses contribute to research and scholarly work related to IDD across the life course. Two nurses who are well recognized for their work in developmental disabilities focused their work on infants and children with or at risk for IDD. Una H. Haynes, a committed nurse who made many contributions to the field of developmental disabilities, was on the national staff team of the United Cerebral Palsy Association, Inc., and is credited with developing the transdisciplinary approach to early intervention for infants with developmental disabilities (Haynes, 1974). Kathryn Barnard began her work with children with IDD (Barnard, 1966, 1968). She developed the Nursing Child Assessment Satellite Training (now referred to as the Parent-Child Relationship Programs at the Barnard Center) and was an advocate for prevention in nursing and mental health. A third nurse, Cecily Betz, has dedicated her life work to the conceptual understanding of transitions in care for persons with IDD (e.g., Betz, Nehring, & Lobo, 2015; Mahan, Betz, Okumura, & Ferris, 2017). While there is clearly a need for focused research on the myriad of related concepts to the field of IDD in the future, there are ongoing efforts to marry research on general aspects of nursing practice related to caring for families and individuals to include special needs populations that are inclusive of IDD including autism

and behavioral health, or research that transects concepts such as family management, support, and family-centered care (Christian, 2018; Ford et al., 2018).

## Evidence-Based Practice in IDD Nursing

Just as nursing research has evolved and developed across the profession, nursing research in IDD has evolved and continues its development, including an emphasis on evidence-based practice. Quantitative, qualitative, and mixed-methods studies are conducted across the life course using nursing and non-nursing theories. Nurses working in the field of IDD have long recognized the importance of interprofessional collaboration in practice. Likewise, interprofessional collaboration is essential for many nursing research activities, including the identification and implementation of evidence-based practice related to IDD.

Nurse researchers have focused their research on specific conditions that result in or are associated with IDD, roles and responsibilities of nurses working in this field, families or legal guardians and family-centered care, and education of nurses and others about IDD. Nehring (1999) called for research that (a) evaluates programs and services provided to individuals with IDD; (b) examines adult health care, adult development, and the educational needs of caregivers across the life course of individuals with IDD; (c) explores issues related to genetics; and (d) explores the perspectives of individuals with IDD and their families or legal guardians and those that care for them that need to be addressed by nurses. Such research remains consistent, as Betz and Sawin (2018) echoed these research needs and added better understanding of and improved practice models for care coordination across the life course. Furthermore, efforts are being made to include consumers and families as members of the research project to provide input as to the development of the research question/issue to be investigated, methods for recruitment, and other aspects. In addition, new challenges related to the complexities of health care and demands for healthcare reform also require attention. For example, NASN has published evidence-based position statements related to children with special healthcare needs (e.g., *Chronic Health Conditions [Students with]: The Role of the School Nurse*, 2017a; *The Role of the 21st*

*Century School Nurse*, 2018; and *Transition Planning for Students with Chronic Health Conditions*, 2019a).

Nurse researchers should examine nursing practice in IDD to demonstrate that staffing is adequate to ensure quality care for individuals with IDD and their families or legal guardians. Consistent with the call for continual evaluation of nursing practice, as stated in *The Code of Ethics for Nurses with Interpretive Statements* (ANA, 2015b), ongoing evaluation of patient outcomes and learning needs of nurses working with individuals with IDD and their families or legal guardians, and dissemination of information to address these outcomes and needs, are critical.

## THE WHERE OF IDD NURSING PRACTICE

Nurses care for persons of all ages with IDD in any environment and setting in which nurses practice. A few salient examples follow to illustrate the breadth of settings and environments in which nurses specializing in IDD nursing practice. By the 1950s, many infants born with an intellectual or developmental disability were institutionalized. Many times, the mother was told that her newborn had died since she was unconscious during birth, and the father signed away the parental rights and kept the secret. With deinstitutionalization and federal and state law changes beginning in the 1960s and 1970s, more infants and children with IDD went home after birth, remained at home with their families, and were able to attend school. Today, residential institutions specifically for those with IDD still exist in some states, although those numbers are decreasing. Some communities have developmental centers to support individuals with IDD, which may be age focused, for example, for early childhood, school age, or adults with IDD. Supports for individuals with IDD are also provided through home health care, school-based care, postacute care, assisted living and long-term care facilities, and community-based living, faith communities, outpatient, and ambulatory settings are standard settings for care, yet developmental centers for individuals with severe IDD still exist. The care of persons with IDD in each of these settings requires the services of nurses. This evolution has greater importance as transitions in care, cost

reduction measures, financial penalties for adverse outcomes, and healthcare reform initiatives materialize.

School nursing is an example of a nursing discipline in which nurses spend a great deal of time with individuals with IDD. According to the National Association of Elementary School Principals (Wherry, 2004), the average child spends about six hours a day at school for 180 school days a year. School nurses are often closely involved with children and youth with an IDD since they may have chronic health problems or other issues. In addition, school nurses are often likely to work with their parents or guardians, teachers, and other school staff. School nurses use the nursing process to develop nursing care plans and emergency plans in conjunction with children's parents and healthcare providers. They also teach students, parents, and staff about care. They often participate in multidisciplinary teams that develop IFSPs, IEPs, and ITPs for children and youth with IDD and advocate for students in schools and communities (Barger, Contri, Gibbons, Ruch-Ross, & Sanabria, 2015; Quinn & Smolinski, 2017; Singer, 2013).

In addition to the setting noted above, nurses specializing in IDD may be employed in colleges and universities as faculty or practicing nurses, nurse practitioners, or administrators of nurse-managed clinics or school health centers, which are clinical settings associated with schools. There is a scarcity of nursing faculty and scholars with IDD as their area of expertise and scholarship focus. When present, they are often employed at universities that are designated as University Centers of Excellence in Developmental Disabilities (UCEDD).

Technological advances for persons with IDD have allowed them to live more integrated lives and provide another area where nurses can use entrepreneurial skills in new roles. Nurses often play active roles in accessing needed technology for their patients, adapting it for their optimal use, evaluating it for continued use, and developing their own ideas for use by persons with IDD.

The IDD nurse plays an active advocacy role in the facilitation of full integration of persons with IDD into all aspects of community and residential settings to achieve their optimal level of functioning. Advocacy and a

commitment to community integration with optimal individual functioning are key characteristics of nurses working on behalf of people with IDD and their families or legal guardians and those that care for them. From advocacy with legislatures at the state and national levels to individual advocacy supporting choice and self-determination for the individual with IDD, nurses in the specialty are passionate about the population and about achieving social justice for them. Assisting an individual with IDD to transition from supported health care (e.g., practicing medication administration) in high school to supported health care in a community work setting or from living in an institutional setting into a less restrictive setting, such as their own home or a supervised apartment or group home; to obtain quality health care, identifying and responding to allegations of abuse; and aiding in healthcare decision-making by supporting the individual or identifying a surrogate are all crucial areas for advocacy intervention.

Though there are many challenges in the care of persons of all ages with IDD, such as communication difficulties, multiple comorbid conditions, public ignorance, and societal prejudice, there are also many rewards. Learning about and working with this population, for whom significant health disparities have only recently been identified, can enlighten and add meaning to nursing practice and personal life. Nurses learn to appreciate individual strengths and assist individuals with IDD to live full lives and participate fully in caring for their preventive and specific health needs.

## Healthy Work Environments for Nursing Practice

Characteristics of IDD Nursing Practice Tenet #5 explicitly state that “a strong link exists between professional work environment and the IDD registered nurse’s ability to provide quality health care and achieve optimal outcomes” (Nehring et al., 2013). The *Nursing: Scope and Standards of Practice*, 3rd Edition, states that “all must be mindful of the health and safety of both the healthcare consumer and the healthcare worker in any setting, providing a sense of safety, respect, and empowerment to and for all persons” (2015, p. 27). Several models of healthy work environments have been recognized and supported by ANA. These models are universal and can be adapted to IDD nursing practice.