

Pre-licensure Nursing Education for the Care of People With Intellectual and Developmental Disabilities: A Scoping Review

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Cover Page Footnote | Note de page couverture

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Despite the high likelihood that nurses across practice areas will care for people with intellectual and developmental disabilities (IDD),¹ evidence-informed best practices for the nursing care of people with IDD are not being translated effectively into nursing education or practice (Appelgren et al., 2018; Edwards & Hekel, 2021; Warshawski, 2025).

Until the latter part of the 20th century, many people with IDD in Canada and the United States lived in institutions and received health care from nurses and other health care providers trained in those same institutions (Brown & Radford, 2015). Institutions were often the only health and social service options offered to families of people with IDD. The lived experiences of institutionalized people with IDD commonly included overcrowding, abuse, and neglect (Brown & Radford, 2015). In the 1970s, spurred by the community living movement, these institutions began to close, and people with IDD moved into community settings (Inclusion Canada, 2021). These changes aimed to facilitate the inclusion of people with IDD in all aspects of mainstream society, including health care. In 2006, the United Nations Convention on the Rights of Persons with Disabilities documented the commitments of ratifying countries, including Canada, to promote and protect the right of people with disabilities to live in their communities of choice and called for all health care professionals to be educated to provide equitable and responsive care to people with IDD. More than 15 years later, the World Health Organization (2022) cited a decades-long deficit of IDD-focused health care education and renewed the call for nursing and other health care curricula to include content about caring for people with IDD. Despite these calls, the inadequacy of pre-licensure nursing curricula about people with IDD persists (see, for example, Jomy et al., 2025).

National nursing councils, associations, and boards outline entry-to-practice competencies for registered nurses, which are also used by nursing regulators to inform academic program approvals (Canadian Council of Registered Nurse Regulators [CCNR], 2018). In Canada and the United States, entry-level competencies and domains and concepts of progression indicators, respectively, do not explicitly use the term *disability*. Both the Canadian Council for Practical Nurse Regulators (CCPNR) and the CCNR stipulate, in the competency of advocacy, that nurses must advocate for health equity for “vulnerable and/or diverse clients and populations” (CCPNR, 2019, p. 6; CCNR, 2019, p. 8). The CCNR does not define *diversity*, while the CCPNR defines *diversity* to include physical disabilities among other demographics (e.g., race, gender, sexual orientation).

The American Association of Colleges of Nursing (2026) recognizes “physical or cognitive limitations” (p. 13) as a characteristic of individual differences and, like Canadian competencies, directs nurses to advocate for health care access as well as emergency preparedness for “vulnerable populations” (p. 35). The terminology is broad, leaving the reader to determine who is from a vulnerable or diverse population. Australia, the UK, and the US have IDD nursing specialties in education and practice. Outside of these specialties, each national nursing association has set out expectations for generalist nurses to care for people with IDD. The American Nurses Association’s (2019) position statement on nursing care of people with IDD recognized this population as vulnerable to experiencing health inequities and outlined

¹ Intellectual functioning generally refers to an individual’s ability to learn, reason, problem-solve, and think abstractly (American Psychiatric Association [APA], 2022). People with intellectual disabilities experience limitations in intellectual functioning that affect their development of conceptual, social, and practical skills for everyday life (APA, 2022). When intellectual disability arises early in life, it may be categorized as a *developmental disability* (American Association on Intellectual and Developmental Disabilities [AAIDD], n.d.) or a *neurodevelopmental disorder* (APA, 2022); these umbrella terms also include other disorders of early development, such as autism spectrum disorder. In this paper, following the lead of the AAIDD (n.d.), we use the language *intellectual and developmental disability* to refer to intellectual disability and to locate it within the broader context of developmental disability.

the associated responsibility of care expected of all nurses. The standards of proficiency for nurses in the UK (Nursing and Midwifery Council, 2024) direct all nurses to advocate for “people who are vulnerable or have a disability” (p. 29) to receive equitable health care access and accommodations. The Nursing and Midwifery Board of Australia’s (2016) registered nurse standards for practice locate the role of all nurses to explicitly include care of people with IDD.

Studies of nursing students’ and practising nurses’ recall of education or clinical exposure to people with IDD within their pre-licensure education consistently describe nursing curricula as providing little to no dedicated content about people with IDD (Breau et al., 2018; Cashin et al., 2024; Furst & Salvador-Carulla, 2019; Trollor et al., 2016; Watson et al., 2025). Further, practising nurses report that in their experiences as nursing students, educators deprioritized content about caring for and interacting with people with IDD compared to content about people with other acute care issues or chronic illnesses (Breau et al., 2018). According to Walsh et al. (2000), “as the education experiences became more specific in relation to developmental disabilities and more time-consuming overall, fewer nurses reported that the activity was included in their education” (p. 37). McGahee et al. (2018) reported that most nursing students had never had the opportunity to care for children with IDD in clinical experiences prior to participating in their study. Similarly, Cashin, Pracilio, Buckley, Kersten, et al. (2022) found that 68.5% of nurse respondents who had been registered in a nursing program between 1970 and 2020 reported not having received any content about people with IDD, and 88% of nurse respondents indicated that they did not receive a clinical experience specific to caring for people with IDD. Thus, the research suggests that most nurses, spanning many decades, have had minimal to no education about or clinical exposure to people with IDD, despite nurses’ positions as knowledge workers and care providers for this population.

Considering their lack of education regarding caring for people with IDD, nursing students unsurprisingly understand people with IDD through a medical model, which positions IDD as problematic and views nursing care of people with IDD as “not the same” as other patients (Breau et al., 2018, p. 24) and as “passive recipients of care” (Shaw, 2009b, p. 193; Temple & Mordoch, 2012). Consistently, nursing students report feeling uncomfortable caring for people with IDD and their families, possibly because of stigmatizing beliefs, lack of education, or lack of clinical exposure (Breau et al., 2018; Cashin, Pracilio, Buckley, Morphet, et al. (2022); Edwards & Hekel, 2021).

Barriers to the development and implementation of nursing curricula focused on caring for people with IDD exist within the broader societal context of ableism and include, for example, factors related to educational systems and resources (e.g., a dearth of IDD-specific nursing competencies, guidelines, and resources) and individual factors (e.g., a lack of expertise of faculty members regarding caring for people with IDD) (Ankam et al., 2019; Cashin, Pracilio, Buckley, Kersten, et al., 2022; Colbert & Kronk, 2020; Smeltzer et al., 2010). Evidence-informed strategies are required to address these barriers and support educators to develop and implement IDD-focused curricula that prepare nurses to provide high-quality care to this under-served population.

Scoping reviews can be used to systematically retrieve, screen, select, collate, and describe available literature about a topic that is under-studied or poorly understood (Peters et al., 2020). The general aims of scoping reviews typically include mapping the literature, clarifying concepts, locating knowledge gaps, and informing subsequent research (Peters et al., 2020). Scoping reviews of IDD-focused nursing education in Australia and the UK have been conducted (Adshead et al., 2015; Doody et al., 2020; Furst & Salvador-Carulla, 2017), and a review of nursing education in Sweden is under way (Applegren et al., 2022). Ailey et al. (2024) conducted a scoping review that included international articles, but their review included evidence about the education of diverse health professionals rather than focusing on

nursing education specifically. To our knowledge, a scoping review of international evidence regarding pre-licensure nursing curricula about people with IDD has yet to be published.

Our scoping review addresses the following research question: What does the literature say regarding how pre-licensure nursing programs educate students about people with IDD? The following sub-questions regarding population, concept, and context characteristics guided our research (Peters et al., 2020):

- Which types of pre-licensure nursing education programs include learning opportunities about caring for people with IDD (*population*)?
- What topics about caring for people with IDD are addressed within pre-licensure nursing education programs (*concept*)?
- In what settings was content about people with IDD addressed in nursing curricula (*context*)?
- What teaching methods did nursing faculty use to address this content (*context*)?
- Were people with IDD actively included in the development and delivery of the learning activities, and, if so, how were they included (*context*)?

Method

Design

We conducted a scoping review in accordance with the *JBIManual for Evidence Synthesis* (Peters et al., 2020) and adhered to Equator Network's Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) (Tricco et al., 2018). The striking lack of primary studies focused on nursing education and people with IDD across 30 years provides the justification for a systematic scoping review to map all sources of published literature on pre-licensure nursing curricula about people with IDD. A scoping review was the appropriate systematic review method for our study to identify concepts that nursing students learn about caring for people with IDD and to map the settings and pedagogical approaches used to support student learning about these concepts.

Protocol

Our research team, which included an academic librarian, developed an a priori protocol for the literature search based on PRISMA-ScR. Requests may be made to the primary author for copies of the protocol.

Eligibility Criteria

To be included in the review, articles needed to address the main research question by including the PCC framework elements (population, concept, and context) (Peters et al., 2020).

Population

The population of interest included baccalaureate and practical nursing students, as well as post-licensure nurses who provided retrospective accounts of their nursing education. This review included pre-licensure nursing education streams (e.g., generalist, IDD specialty, mental health specialty). The definition of *population* also included nurse educators, instructors, and professors who spoke to IDD nursing education.

Concept

The concept of focus was people with IDD across the lifespan, as the population theme in nursing education. We included articles describing people who were labelled as having IDD, who were identified within studies as having specific neurodevelopmental disorder diagnoses, or who were referenced according to the many terms used to denote IDD. Any article that described people with IDD as recipients of nursing student care or that described nursing education content about IDD was included.

Context

The contextual focus was identifying where education about people with IDD occurred within pre-licensure nursing education programs. We then further examined included studies to identify whether people with IDD had participated in the co-development or delivery of content, the location of the content within the program, the setting in which IDD content was delivered, the teaching and learning methods applied, and whether the curriculum was delivered only to nursing students or included intradisciplinary or interdisciplinary audiences.

We included articles published between 2006 and 2024 to capture nursing curriculum progress starting with the call for the education of health care professionals made by the United Nations Convention on the Rights of Persons with Disabilities (Stein & Lord, 2023). According to Peters et al. (2020), a scoping review may include “any and all types of evidence” (10.2.4). We included research articles, including primary studies and dissertations, and non-research articles, including field notes, editorials, discussion papers, and commentaries, to thoroughly map relevant work published in health-focused databases. We included articles that met the inclusion criteria and discussed examples of nursing education about people with IDD that had occurred. Non-research articles were included to capture IDD nursing education practices beyond what is disseminated as reports of formal research projects. All included articles were published within journals searched in the broader database searches. To avoid potential duplicate data counting, systematic evidence syntheses were excluded; however, the included article list of retrieved evidence syntheses was reviewed according to the protocol of this scoping review. To focus on primary empirical evidence and anecdotal reports, we excluded book reviews.

We conducted searches using English search words, but no limitations were placed on language in the initial search or in the title and abstract screening stage to optimize search sensitivity (Peters et al., 2020). We attempted to locate translations of full-text articles not in English. Articles not available with English translations were excluded. Artificial intelligence translation software was not used because no team members were able to validate the accuracy of any language other than English (Fleming et al., 2025).

Search Strategy

Following Peters et al.’s (2020) manual for scoping reviews within the JBI manual of systematic reviews, we used a two-step search strategy. First, we searched Ovid MEDLINE, CINAHL, and ERIC databases to develop our key terms and formalize the search protocol. This step was accomplished by conducting three trial searches, with team meetings to review and revise search strategies between each trial. Second, we analyzed the titles, abstracts, and index terms of selected retrieved articles to identify additional key words for inclusion in the search protocol. All key words of the three search concepts (population, concept, and context) were added to the master search terms chart (see Appendix A in the Supplementary File) for the full searches. We then used all identified index terms, key words, and medical subject headings for each database in a final search of CINAHL, Ovid MEDLINE, PsycInfo, ERIC, and ProQuest Nursing & Allied Health Premium for articles published from 2006 to 2024. The database

searches were conducted in October 2024. The final search strategy for CINAHL is in Appendix C in the Supplementary File.

Selection of Sources

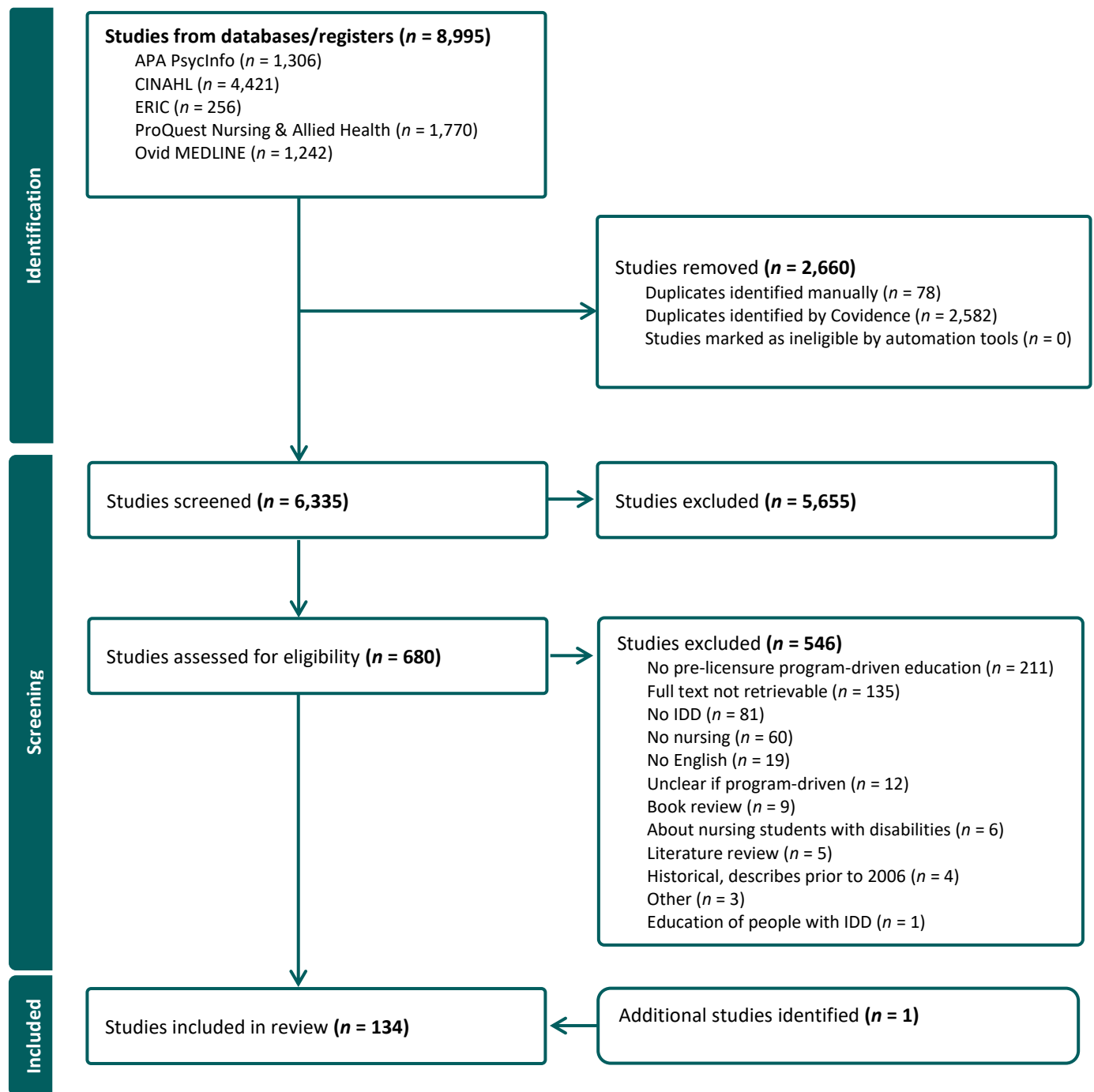
The results of each database search were uploaded to Covidence (2025), and the screening team completed title and abstract screening. Our screening team included faculty (AD, LRB, HM, BC, SE, and JM) and research assistants (JB, SC, SG, SA-S, JM, and KZ). Our research assistants and one faculty member entered the project at this stage. Consistent with the iterative nature of scoping reviews, we clarified the inclusion and exclusion criteria through pilot testing. We completed four pilots of 25 unique articles (Kazi et al., 2021), with meetings following each pilot to discuss differences, resolve conflicts, and improve common understanding of inclusion criteria. We reached a consensus of more than 75% agreement with the fourth pilot (Peters et al., 2020; Pollock et al., 2021) and moved on to full-text screening. The full text of each article was reviewed by two researchers who independently marked each article for inclusion or exclusion. Conflicts were resolved through discussion. At no point did conflict occurrence reach or exceed 25% (Peters et al., 2020; Pollock et al., 2021).

Evidence Selection

Our search of five databases, covering publications between 2006 and 2024, yielded 8,995 publications. After 2,660 duplicates were removed, 6,335 publications were retained and uploaded to the Covidence systematic review tool for title and abstract screening. Based on title and abstract screening, 5,655 publications were excluded and 680 were carried forward for full-text review. At the full-text review stage, 546 publications were excluded for the following reasons: 211 publications did not describe pre-licensure program-driven education; full text was unretrievable for 135 publications (most of which were brief field notes or opinion pieces published in *Nursing Times*); 81 publications did not include people with IDD; 60 publications were not focused on nursing; 19 publications were not available in English; in 12 publications, it was unclear if the learning activities described were nursing program-driven; nine publications were book reviews; six were focused on nursing students with disabilities; five were systematic reviews; four described education that occurred prior to 2006; three did not address our population, content, and context; and one was about educating people with disabilities. One paper identified in an excluded systematic review and not retrieved by our database search was added to our articles for inclusion, resulting in a final total of 135 included articles. The PRISMA flow diagram is presented in Figure 1.

Figure 1

PRISMA Flow Diagram of Article Selection and Inclusion Process



Note. IDD = intellectual and developmental disabilities.

Search Quality Appraisal

We evaluated the validity and reliability of the search strategy by identifying two key articles (Chao & Yang, 2022; Edwards et al., 2022) that met the inclusion criteria and confirming that each database search retrieved them. Time and resource constraints prevented the review of reference lists of included articles and search of the grey literature (Peters et al., 2020). However, as the research team has been immersed in this literature through our combined academic and clinical practice, and given the large volume of initial search results, we are confident that our approach captured the necessary breadth and depth of relevant literature to support the study's objectives. We did not engage in a critical appraisal of included articles as doing so fell outside of study aims of appropriate methodological procedure for a scoping review (Tricco et al., 2018). To retrieve full text of relevant articles that were not available at our library or through open access, we searched two university libraries and contacted the editor of the journal *Nursing Times*.

Data Abstraction

Data extraction from included articles was conducted separately by two independent reviewers. Conflicts were resolved by consensus review and interpretation of the project definitions established prior to data extraction. We charted the data of the included articles using a data extraction tool and companion guidance form developed by AD, LRB, and MM (see Appendix D in the Supplementary File). The tool captured the relevant characteristics to be extracted to address the research questions. Three faculty review members (AA, MM, and LRB) piloted the tool on two articles of each type of evidence (Pollock et al., 2021). We then met to compare responses, ensure that we met consensus of at least 75% agreement on ratings, and resolve discrepancies. Consensus was achieved during the first meeting; we then finalized the tool and proceeded to extraction. Three faculty review members (AD, LRB, and MM) and two research assistants (SC and SG) completed data extraction within Covidence (2025). Two independent reviewers extracted data from each article, and conflicts were resolved through discussion. Following the first meeting to resolve conflicts and discuss emerging themes from extraction, extraction "concept" options were reviewed and collapsed to iteratively reflect growing reviewer familiarity with the data (Pollock et al., 2023; Tricco et al., 2018).

We charted the data on article characteristics (year of publication, country of origin, author's position, type of evidence), the population studied (i.e., type of program in which learning occurred), the concepts that nursing students learned about people with IDD (communication, behaviours that challenge, person-centred care, diagnostic-specific information, decision-making, collaboration, complex health needs, advocacy, nursing skills, history, security and safety, ethics, and palliation), and the context in which learning occurred (location in program, setting, teaching/learning methods, interdisciplinary and intradisciplinary learning, inclusion of people with IDD in delivery). See Appendix D in the Supplementary File for definitions and descriptions of each charted variable.

Synthesis

Our a priori protocol for data extraction and analysis included presenting results as a narrative summary with supporting graphics (Pollock et al., 2023). To facilitate this process, we uploaded extracted data into a spreadsheet and calculated descriptive statistics (Peters et al., 2020; Pollock et al., 2021, 2023).

Results

Characteristics of Included Literature

Appendix B in the Supplementary File presents the articles included in this review and focused data from each source. The types of evidence captured in the 135 included articles were field notes ($n = 62$; 45.9%), primary studies ($n = 61$; 45.5%), and discussion papers/editorials ($n = 12$; 8.9%). Nursing field notes were not ethnographic; most were descriptions of nursing student reflections on encounters they had in clinical placements with patients with IDD. As shown in Figure 3, most articles were authored by faculty members or researchers ($n = 98$; 72.6%) or nursing students ($n = 27$; 20.0%). An average of 7.5 included articles were published per year studied (see Figure 4).

Figure 3

Author Position

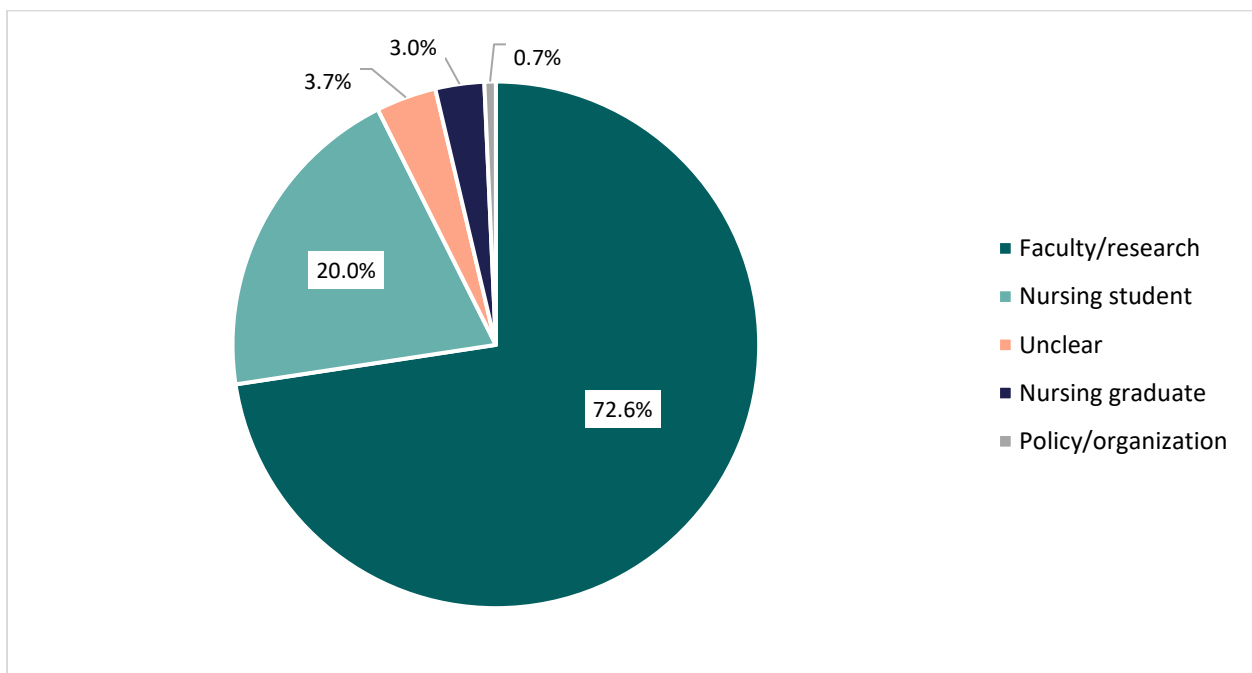
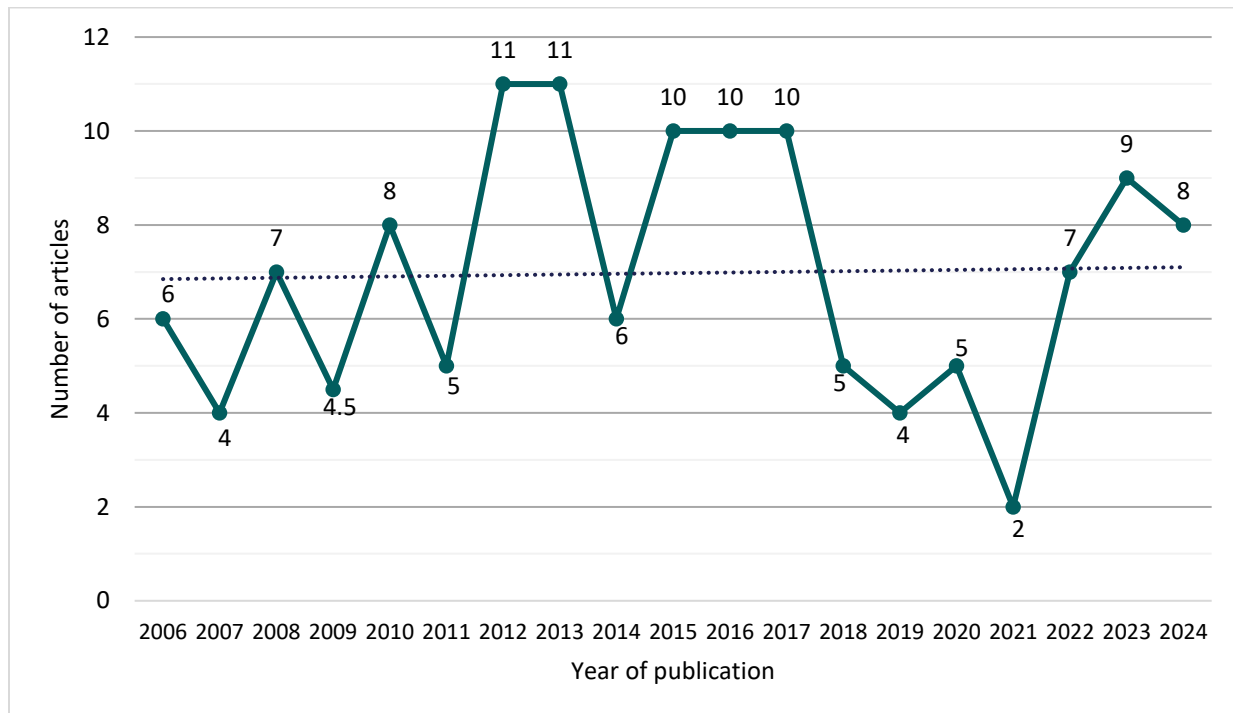


Figure 4

Distribution of Year of Publication of Included Articles



The geographic origin of articles was extracted according to either the stated countries in which the education took place or, if country was not stated, the country of the first author's institutional affiliation. We identified 19 countries across 135 articles. Most articles originated in the United Kingdom or Ireland ($n = 88$; 65.2%), followed by the United States ($n = 21$; 15.6%), Australia ($n = 7$; 5.2%), and other countries ($n = 23$; 17.0%), including Canada ($n = 4$), South Africa ($n = 3$), Egypt ($n = 1$), Europe unspecified ($n = 1$), Greece ($n = 1$), India ($n = 1$), Indonesia ($n = 1$), Japan ($n = 1$), New Zealand ($n = 4$), Nigeria ($n = 1$), Norway ($n = 1$), Philippines ($n = 1$), Spain ($n = 1$), Taiwan ($n = 1$), and Türkiye ($n = 2$). The prevalence of publications originating from the United Kingdom and Ireland may be attributable to their unique pre-licensure specialty stream of learning disability/intellectual disability nurse. We noted an absence of English-language literature from countries in South and Middle America.

Synthesis of Results

Results of the review are organized according to the research questions. Conforming to the JBI guidelines for communicating scoping review findings, a narrative description of the findings related to each research question is provided, supported by illustrations or tables, where necessary (Pollock et al., 2023).

Population: Which Types of Pre-licensure Nursing Education Programs Include Learning Opportunities About Caring for People With IDD?

All articles included in this review described nursing students learning about people with IDD. The population of nursing students most often reflected in included articles consisted of students within general pre-licensure nursing education ($n = 65$; 48.1%), followed by pre-licensure intellectual disability nursing education ($n = 42$; 31.1%), and child, adult, and mental health, and combined nursing/social work

pre-licensure nursing education ($n = 14$; 10.4%). The type of pre-licensure nursing program in which learning occurred in the remaining 14 articles (10.4%) was unclear.

Concept: What Topics About Caring for People With IDD Are Addressed Within Pre-licensure Nursing Education Programs?

Most articles ($n = 127$; 94.1%) identified concepts that nursing students learned about the nursing care of people with IDD during their education. Our scoping review did not map whether learned concepts were linked to course or program objectives. Many articles drew on nursing students' field notes of clinical experiences with patients with IDD, reporting learned content that was individualized to the nurse–patient interaction.

Learned content may have occurred organically and may not have been explicitly related to nursing curriculum objectives. Many included articles identified more than one learned concept about people with IDD. The a priori content concepts within the data extraction tool were further iteratively developed throughout the data extraction process, resulting in 13 overlapping content themes: patient-centred supportive care, communication, advocacy, diagnostic-specific content, behaviours that challenge, complex health needs, collaboration, skills and competencies to care, decision-making, ethics, palliation, safety and security, and history.

A total of 100 articles (74.1%) reported on nursing students learning about person-centred supportive care of people with IDD. Many of these articles described approaches to establishing and maintaining nurse–patient therapeutic relationships. Nursing students learned about or applied reasonable adjustment approaches, including using information passports (communication booklets) and seeking to understand a person's lived experience to facilitate person-centred and supportive care. Nursing interventions were responsive to universal human needs, including sexual health education, reproductive health care options, and nutrition and exercise planning; provided information and reassurance about procedures and care; and supported people with IDD in activities of daily living.

A total of 78 articles (57.8%) reported that students learned about communication. These articles outlined approaches to communication in which the speaker was a person with IDD, using diverse modes of communication, and in which the speaker was a nursing student, using reasonable adjustment, including adaptive and therapeutic approaches, to communicate with patients with IDD.

The broad concept of advocacy was highlighted as a learned concept within 48 articles (35.6%). Students learned various labels, definitions, and models about people with IDD, ableism, disablement, stigma, discriminatory practices towards people with IDD, and injustices and inequities in care. Articles in this category also explored how nursing students learned about advocating both for and with people with IDD for inclusion, social justice, accessibility, and the protection of human rights.

A total of 42 articles (31.1%) described learning about specific diagnoses, including autism spectrum disorder, Down syndrome, epilepsy, dementia, and cerebral palsy. Thirty-seven articles (27.5%) reported on education about the complex health needs of people with IDD, including needs related to phenotypes and vulnerabilities, such as choking, seizures, and mental illness, and nursing management of these complexities.

A total of 38 articles (28.1%) reported learning activities related to behaviours that challenge. Students learned about behaviours that people with IDD may use to communicate, including self-harm or injurious behaviours, and behavioural approaches to de-escalation and positive behaviour support planning.

Thirty-two articles (23.7%) described nursing student collaborations with people with IDD, families and carers of people with IDD, interprofessional team members, or other nursing students.

The concept of decision-making was highlighted in 27 articles (20%). These articles emphasized the importance of promoting self-determination and supporting people with IDD to be included in decision-making about their health care. Students learned about providing choices, considering the person's ability to understand information and to consent, and adapting teaching to support informed consent. Some articles also detailed the learning concept of nursing student decision-making in acute care settings with patients with IDD.

A total of 27 (20%) articles noted that nursing students learned skills and competencies to care for people with IDD, including the following: adjusting patient teaching strategies; assessing patient understanding of teaching about health procedures, clinical skills, and health promotion information (Boyd et al., 2008; Cashin, Pracilio, Buckley, Morphet, et al., 2022; Fisher, 2020); developing communication skills responsive to patient needs, including alternative communication approaches (Cashin, Pracilio, Buckley, Morphet, et al., 2022; McIntosh et al., 2015; Mercer et al., 2016); learning to assess and respond to people with IDD experiencing pain (Edwards et al., 2022; Lewis et al., 2013; McIntosh et al., 2015); using communication/health passports (Marsham, 2009; Southgate, 2013); adjusting nursing approach to physical assessments, physical care, and interventions to account for physical differences, individual needs, and trauma experiences of patients with IDD (Boyd et al., 2008; Cash & Shinnick-Page, 2008; McGahee, 2018); and developing nursing skills to promote positive behaviours and to manage and de-escalate maladaptive behaviours (Cashin, Pracilio, Buckley, Morphet, et al., 2022; McIntosh et al., 2015; McIntosh et al., 2018).

Nine articles (6.7%) included content on legislation and ethical considerations in nursing care of people with IDD. Five articles (3.7%) described learning about historical perspectives on IDD (Dennison, 2013; Gibson, 2009; Mee, 2010), institutionalization and treatment of people with IDD (Colbert & Kronk, 2020; Dennison, 2013; Doody et al., 2012; Doody & Condon, 2013; Mee, 2010), and the roles of IDD and general nurses (Colbert & Kronk, 2020; Dennison, 2013; Mee, 2010). Ben-Sefer (2006) described a learning activity in which nursing students learned about systematic killings of people with IDD under the Nazi regime and the role of nurses in these killings.

Concepts related to safety and security were identified in six articles (4.4%). Safety was described according to the risk of the person with IDD becoming aggressive and the preventative nursing actions of creating safe environments (Hammond, 2009; McIntosh et al., 2015; Treahearn, 2008). Further, nursing students learned skills in risk assessment and de-escalation, as well as considerations related to calling security and using restraints (McIntosh et al., 2015; Taylor, 2016; Treahearn, 2008). Rasouli et al. (2024) described the use of assistive technology by nurses to create a safe environment for people with IDD, including security alarms.

Nursing education about palliation was described in eight articles (5.9%). The topic of palliation was noted merely as an included aspect of learning in two of those articles (Carey et al., 2023; Martin, 2008). Ailey and O'Rourke (2008) and Ailey et al. (2008) reported nursing students' work in assessing people with ID and staff needs in grieving and bereavement and nursing students' subsequent development of initiatives to support these needs.

Context: In What Settings Was Content About People With IDD Addressed in Nursing Curricula?

The location of IDD content within nursing curricula is shown in Table 1. IDD-focused content was most often included as part of a specific course ($n = 87$; 64.4%) or as a single session or module ($n = 37$; 27.4%). Only 16 articles (11.9%) described the integration of content related to IDD across the pre-licensure nursing curriculum.

Table 1

Location of Learning Within Pre-licensure Nursing Education Programs

Content location	<i>n</i>	%
Across program of study	16	11.9
In specific course	87	64.4
Episodic	37	27.4
Other	2	1.5
Unspecified	12	8.9

The settings in which exposures to IDD-focused content occurred are shown in Table 2. The most frequently mentioned exposure context was clinical placements, with patient interaction providing the vehicle for learning ($n = 82$; 60.7%). Many articles documented more than one learning setting in which exposure to IDD content occurred.

Table 2

Setting of Learning Within Pre-licensure Nursing Education Programs

Learning environment	<i>n</i>	%
Classroom	56	41.5
Clinical		
Community	31	23
Group home	11	8.15
Hospital	18	13.3
Other institution	27	20
Unspecified	26	19.3
E-learning	27	20
Lab	22	16.3
Other	11	8.1
Unspecified	41	30.4

Context: What Teaching Methods Did Nursing Faculty Use to Address This Content?

The level of detail reported about teaching/learning methods varied across articles, with some articles documenting several learning modalities and other articles not specifying any modality. Interaction with patients was described most often ($n = 82$; 60.7%) and was typically associated with clinical encounters. Reflection ($n = 59$; 43.7%) and lectures ($n = 55$; 40.7%) were also common. Four

articles described the use of virtual simulation, two used two-dimensional virtual simulation, and two used a gaming approach. Creative teaching and learning endeavours, such as storytelling ($n = 10$; 7.4%) and teaching through art and drama ($n = 3$; 2.2%), were also reported. Table 3 shows the teaching and learning methods reported in included studies.

Table 3

Teaching and Learning Methods

Teaching/learning method	<i>n</i>	%
Art and drama	3	2.2
Case studies	25	18.5
Hub and spoke	3	2.2
Interaction	82	60.7
Lecture	55	40.7
Mentorship	6	4.4
Problem-based learning	16	11.9
Project	28	20.7
Reflection	59	43.7
Service learning	5	3.7
Simulation	27	20
Storytelling	10	7.4
Other	32	23.7
Unspecified	17	12.6

Most articles ($n = 108$; 80.0%) did not report if the content and curriculum were delivered to other practitioners in addition to nursing students. Of the papers specifying inclusion of other health care streams or student groups, 19 (14.1%) indicated involvement with interdisciplinary students (e.g., medical, allied health) and 10 (7.4%) specified learning activities that were intradisciplinary (e.g., nurse practitioners, graduate students, and practising nurses).

Context: Were People With IDD Actively Included in the Development and Delivery of the Learning Activities, and, If So, How Were They Included?

While 82 (60.7%) articles reported that interaction with people with IDD provided nursing students with exposure to the lived realities of people with IDD, descriptions of the specific characteristics of these interactions were lacking. Only 35 (25.9%) articles explicitly indicated that people with IDD were actively included in the development or delivery of IDD-related educational activities, 26 (74.3%) of which were in the UK and Ireland. The sources of evidence of these articles were predominantly primary research ($n = 16$), field notes ($n = 14$), and discussion papers/editorials ($n = 5$). When people with IDD were actively engaged in the development or delivery of learning opportunities, the content explored was most commonly person-centred supportive care, communication, and advocacy.

The most common way in which people with IDD participated in the development or delivery of content was through storytelling ($n = 15$). Marsham (2009) defined storytelling as “a powerful teaching tool” and as “fiction or non-fiction stories that capture imagination, tap into emotion[, and] form meaningful connections.... The story is personally known” (p. 772). Through an iterative process of reading the included articles and refining our extraction tool, we came to describe storytelling as instances in which people with IDD shared their oral histories, guest speakers with IDD presented on their lived experience, and people with IDD co-taught a nursing course (Ailey et al., 2008; Beadle, 2012; Boyd et al., 2019; Mac Giolla Phadraig et al., 2023; Colbert & Kronk, 2020; Dennison, 2013; Edwards & Nash, 2023; Gibson, 2009; Goldschmied, 2014; Heidinger, 2006; Maloret & Watkin, 2016; McGlinchey et al., 2024; Mee, 2010; Mercer et al., 2016; Nash-Patel et al., 2022, 2023; Orritt, 2007).

The second most common way that people with IDD participated in nursing content delivery was as actors or simulated patients ($n = 12$; 34.3%) (Bollard et al., 2012; Boyd et al., 2008; Gibson, 2007, 2009; Kleebauer et al., 2015; Mitchell & Leontino, 2023; Nazajuk et al., 2013; Ozkara San et al., 2023; Saunder & Knight, 2017; Southgate et al., 2013; Trollor et al., 2016, 2018). Finally, eight articles (22.9%) described the participation of people with IDD in curriculum development and design (Ailey et al., 2008; Atkinson & Williams, 2011; Beadle et al., 2012; Boyd et al., 2008; Haugland et al., 2023; Mitchell & Leontino, 2023; Ozkara San et al., 2023; Smith et al., 2016).

Discussion

The aim of this scoping review was to map international evidence on pre-licensure nursing curricula about people with IDD. We identified the types of pre-licensure nursing programs that included IDD-focused curricula, the content themes that were addressed, the settings in which learning occurred, and the teaching methods used to convey this content. We also identified the frequency with which people with IDD were involved in curriculum development or delivery.

Most articles reported on IDD-focused learning that occurred in general (48.1%) and in IDD-specialized (31.1%) pre-licensure programs. To our knowledge, IDD-focused pre-licensure nursing programs exist only in the UK and Ireland, where their existence is threatened by steady declines in student enrolment (Royal College of Nursing, 2025). Further, preparing specialist nurses in IDD is different than preparing all nurses to work with people with IDD. When nursing care of people with IDD is seen as requiring specialization or advanced skill, nursing students in generalist programs and practising nurses may conclude that nursing care of this population is the responsibility of someone else who is more qualified or equipped to care (Temple & Mordoch, 2012). This perception may be strengthened where national nursing associations, as in Canada, have not explicitly directed nursing responsibility towards addressing health care and outcome inequities for people with IDD. When patients with IDD are seen as having unique complexities, they may be perceived as so different from patients without IDD that “othering” of patients with IDD from all other “mainstream” patients may occur (Breau et al., 2018). This phenomenon is particularly problematic within countries that, despite having long ago deinstitutionalized IDD health care, maintain residual segregating attitudes that create barriers in providers’ recognition of patients with IDD as every nurse’s responsibility. In practice, the primary author has heard hospital nurses openly question why patients with IDD are at the hospital as the unit is “not meant” for patients with IDD. A gap exists within IDD nursing discourse and research to explore and critique the implications of IDD-specialized nursing programs, IDD-focused courses, or diffuse integration of IDD content throughout general nursing curricula on how people with IDD come to be understood.

The articles we reviewed described the education of nursing students under the following interrelated content themes: person-centred care, communication, behaviours that challenge, advocacy,

collaboration, decision-making, ethics, specific diagnoses, health complexities of particular relevance to people with IDD, considerations about palliation, safety and security, historical treatment of people with IDD, and related nursing skills and competencies. IDD-focused curricula broadly addressed nursing practices that promoted access for and inclusion of people with IDD within health care delivery. These nursing practices reflected reasonable adjustments, evidenced in each content theme, that individualized patient-centred nursing focus and established therapeutic relationships to promote nursing understanding of different forms of communication and meanings of behaviours and to develop and adapt responsive nursing skills in nursing students to care for people with IDD. We found field notes detailing specific reasonable adjustment examples that nursing students learned while providing care to people with IDD in clinical settings. Nursing curricula specifying IDD-specific diagnoses and health complexities, legal and ethical application considerations about consent, decision-making, and self-determination of people with IDD complemented student nursing knowledge specifically about people with IDD, facilitating reasonable adjustments. The identified themes provide a robust summary of topics that are covered within nursing programs that include curriculum content about people with IDD. This summary is relevant to nursing faculty seeking to address gaps in IDD-specific education by identifying content that is frequently taught internationally.

Many articles were practice reflections or reports on clinical experiences. Reflection, while an essential element of nursing education and practice (CCNR, 2018), does not replace the need for systematic, comprehensive IDD-focused curriculum. Students gaining clinical experiences may miss critical insights that structured, guided discussions and theoretical frameworks could provide. Furthermore, the high proportion of included articles about incidental clinical interactions likely reflects an absence of broad integration of IDD-focused content into nursing curricula. In the absence of program-wide integration, nurses will reasonably be inadequately prepared to provide high-quality care to people with IDD (Edwards et al., 2022), lack confidence in their ability to care for people with IDD (Warshawski, 2025), and be unlikely to see the complexity of caring for people with IDD as an expected component of their practice.

The most frequently described teaching approaches and education settings identified in this review were episodic clinical interactions during placements and subsequent reflections. This finding suggests that learning about IDD often occurs in an opportunistic manner rather than through planned, systematic educational interventions. Such interactions may result in superficial learning, in which students gain only a basic understanding of IDD without the opportunity to delve deeply into the complexities and nuances of care. This superficial exposure can leave students insufficiently prepared for the challenges they will face in practice, as they may not fully comprehend the multifaceted needs of individuals with IDD. Moreover, the variability in clinical experiences means that students receive inconsistent levels of exposure to IDD content, if any, leading to potentially deficient knowledge and skills across a single cohort. Some students may have rich, in-depth experiences, while others may encounter only minimal, incidental interactions. This inconsistency can create disparities in competence, with some graduates feeling more confident and prepared to care for individuals with IDD than others.

Despite the benefits of co-production and co-teaching (Agrawal et al., 2021), in only approximately a quarter of the articles were people with IDD reported to have been included in curriculum development or delivery. To our knowledge, none of the articles included were co-authored by people with IDD. It is unclear, therefore, if people with IDD view the content themes that are currently frequently taught as actual priorities. Individuals with IDD are uniquely positioned to contribute valuable insights based on their lived experience and expertise to ensure that educational content included in nursing curriculum addresses their needs. The failure to include their voices in the development and delivery of educational experiences in nursing programs undoubtedly contributes to gaps in understanding among

nursing students and ultimately interferes with the provision of high-quality nursing care to this population (Watson et al., 2025). Thus, although the content areas mapped by this review can be used as a starting point for the consideration of IDD-focused content areas that could be included in curricula, people with IDD must be active participants in the process of prioritizing content areas to teach nursing students.

The variation in the level of detail in reporting, terminology, and type of undergraduate nursing program likely reflects a lack of clarity and standardization in the field. For example, in Australia, IDD-integrated content within nursing curricula has been described as “diluted” (Dragon, 2023, para 8). In Canada, IDD is unrepresented within nursing association interest groups (Canadian Association of Schools of Nursing [CASN], n.d.; Canadian Nurses Association [CNA], n.d.; Registered Nurses’ Association of Ontario, n.d.), and people with IDD are not typically mentioned as an equity-deserving care population by nursing associations. For example, the CNA (2025) code of ethics identifies disability as a basis for discrimination of equity-deserving groups within the glossary definition. When applied within the code’s practice statements, however, various other populations are explicitly identified as vulnerable and equity-deserving groups, and an addendum mentions “people with varying abilities/disabilities” (CNA, 2025, 5.3.2, 5.4.2). Key elements of the CASN (2020) accreditation standards and framework stipulate that accredited nursing curricula will provide nursing students with diverse clinical experiences with people across the lifespan, from various populations, and with differing health needs. Outside of naming Indigenous Peoples in addressing the Truth and Reconciliation Commission Calls to Action, the standards do not explicitly mention any other equity-deserving group. However, they do direct programs to reflect equity, diversity, and inclusion broadly. The CASN (2022) national nursing education framework is similarly broad but does include people with IDD indirectly within the definition of diverse patients, including people with different “cognitive abilities” (p. 16) and accommodations for people who have “cognitive impairments” (p. 15).

The absence of IDD representation could be a contributing factor to the current state of evidence of IDD-focused nursing curricula being uncoordinated, intermittent, and spearheaded by individual champions dedicated to this population. Most international nursing programs prepare nurses as general practitioners. A knowledge gap remains regarding effective locations within nursing curricula to integrate IDD content: as a consideration through the program courses, as a stand-alone course, or within modules. The implications of including IDD curriculum through either integration or IDD-focused approaches require careful consideration.

Strengths and Limitations

This scoping review did not include a review of reference lists of included articles nor a separate grey literature review due to time and resource constraints, the broad publication date range, and the high number of results. The exclusion of articles not available in English introduced the potential for missed mapping of relevant data and potential language bias. Despite these limits, we believe that the breadth, depth, and consistency of the findings of this review are representative of published sources of evidence and that an expanded search would be unlikely to locate articles with novel or nuanced characteristics or findings. However, a search for grey literature has more potential for heterogenic results.

Our results are current as of October 2024. Studies may have been published since November 2024 that are not captured. When considering the magnitude of articles published across the 18-year publication range and the stability of study or field note topics and focus, we anticipate that our results are a representative and stable map of existing literature.

Conclusion

In this scoping review, we mapped the concepts that nursing students learned regarding people with IDD and charted the frequency of occurrence of these concepts within nursing programs. We found that most often, nursing students learn about person-centred supportive care and communication. The location of content and setting in which students received exposure was within episodic clinical interactions. In many cases, whether these exposures were deliberate learning contexts or chance occurrences was unclear.

The content summary findings that highlighted themes of nursing curricula addressing IDD-specific content and nursing skill development in reasonable adjustments have implications for further theoretical exploration of disability model frameworks to guide integration of IDD content within nursing curricula. Prominent disability models have expanded beyond the contrasting and critiquing of the hierarchical medical model and binary social model to include rejecting IDD diagnostic language and associated knowledge and instead viewing each person along an infinite spectrum of difference (Grummt, 2024). Social discourses rejecting IDD-specific language with broader terms and views of difference and neurodiversity may result in erasure of the unique lived experiences of people with IDD and IDD-associated nursing knowledge of health care and outcome vulnerabilities (Cashin et al., 2024). Nursing faculty should consider the implications of disability or diversity frameworks when developing IDD content and determine how the location and focus of content may connote tacit subjectivities about people with IDD. Further nursing education research and curriculum development in collaboration with people with IDD is needed to expand opportunities for the perspectives and priorities of people with IDD to be reflected in nursing education. This approach would foster a more inclusive, empathetic, and effective health care practice.

We believe that the frequency of inclusion of IDD-specific content with nursing programs is likely higher than is represented within publications. Nurse educators should be encouraged to disseminate in publications their pedagogical approaches of including this population within their courses. In addition, to contribute to a nursing knowledge base about nursing IDD curriculum, further research is needed about nursing education designs, implementation, and evaluation, particularly in underrepresented countries that lack a national nursing directive or direction in education and care for this population. The variation in terminology and approach of the articles included in this review highlights the need for more consistent and precise definitions and reporting standards to facilitate better comparison and synthesis of findings across studies. It also underscores the importance of developing a unified framework for integrating and evaluating IDD content in nursing education to ensure all students receive a comprehensive and uniform understanding of the topic.

Further research is required to develop entry-to-practice competencies and nursing curriculum priorities specific to nursing care of people with IDD to direct nursing educators in content development about this population. We believe that national nursing associations must demand that the nursing profession assert responsibility to provide culturally safe care to people with IDD. To facilitate this uptake of responsibility, nursing champions in IDD education and research need opportunities to collaborate and mobilize with people with IDD in charting a coordinated approach to nursing education inclusive of priorities in care of people with IDD.

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