Original Research

A distinctive profession? Building professional identity and knowledge for intellectual disability nursing education

Journal of Intellectual Disabilities
2024, Vol. 0(0) 1–23

DOI: 10.1177/17446295241276637
journals.sagepub.com/home/jid
Sage

Liz Hartnett
School of Nursing Psychotherapy and Community Health, Dublin City University, Ireland

Martin McNamara
School of Nursing Midwifery and Health Systems, UCD Health Sciences Centre, Ireland

Abstract

Intellectual disability nursing students can struggle to build a professional identity and make sense of their extensive curriculum and its application to practice. In this article Legitimation Code Theory (LCT) and Critical Discourse Analysis (CDA) are used to facilitate an examination of the organising principles underlying intellectual disability nursing and the relationships agents construct between intellectual disability and other nursing divisions. In particular this paper explores the relationship with general nursing, and examines the connections and boundaries that intellectual disability nursing builds with general nursing, and their implications. LCT and CDA are used to examine how access to theory for intellectual disability nursing students, as compared to their general nursing peers, is facilitated. The bases of specialisation in intellectual disability nursing are also explored. This article considers how these findings can contribute to strengthening the professional identity of the intellectual disability nurse and building the related knowledge base.

Keyword

professional identity intellectual disability nursing

Received 7 March 2024; Revised 25 May 2024; Accepted 2 August 2024

Introduction

Ireland and the United Kingdom are currently the only countries that provide undergraduate degree programmes in intellectual disability nursing. Intellectual disability nursing students struggle to build a professional identity for their nursing practice and have difficulties in making sense of their

Corresponding author:
Liz Hartnett, School of Nursing Psychotherapy and Community Health, Dublin City University, Collins Ave, Dublin 9, Ireland.
Email: liz.hartnett@dcu.ie

diverse curriculum and its application to practice (Hartnett, 2020). These struggles were the focus of research that investigated how intellectual disability nursing students are supported to access, integrate and apply knowledge for practice in Irish higher education. An aspect of the study focused on the relationships educators and students construct between intellectual disability and other nursing divisions. In this paper, we explore one important relationship, that with general nursing, and examine the connections and boundaries that intellectual disability nursing builds with general nursing, and their implications. First, we set the context. Next, we examine how access to theory for intellectual disability nursing students, as compared to their general nursing peers, is facilitated. We then examine professional identity building, followed by an exploration of the boundaries and connections that are constructed between intellectual disability and general nursing education. The bases of specialisation in intellectual disability nursing are then discussed.

Background

Intellectual disability nursing education was established in the 1960s in Ireland to create a nurse specifically trained to care for the growing population of people with an intellectual disability living in residential institutions. Qualification as a Registered Nurse in Intellectual Disability required a three-year nursing registration certification course from the 1960s to the 1990s and intellectual disability nurses in Ireland were encouraged to complete a Registered General Nursing (RGN) post-registration course. On completion of the RGN qualification, many intellectual disability nurses returned to the intellectual disability services with the additional capital, status and career prospects that RGN status afforded them. In the 1960s and 1970s, intellectual disability nurses aligned themselves to acute general nursing, cared for people in hospital-like wards and dressed in similar uniforms. A strong emphasis was placed on knowledge of anatomy and physiology, medicine, psychiatry and pharmacology.

Ideologies such as normalisation (Wolfensburger, 1983) became popular in Ireland from the 1980s and contributed to the questioning of the practices of providing segregated services to large groups of people with intellectual disabilities in institutionalised settings. From the 1990s, the intellectual disabilities nursing literature began to critique and distance intellectual disability nursing from a medical model of disability and to align with a diverse array of approaches, concepts and models; for example, the biopsychosocial model, a social model of disability, holism and social role valorisation (Hartnett, 2004). It is, however, evident that since intellectual disability nurses stopped providing routine care in an institutional setting, guided by medical doctors, psychiatrists and nursing matrons, they have struggled to understand and articulate their distinctive contribution to care (Sheerin, 2012) and their relationship with the wider nursing profession (Sweeney and Mitchell, 2009).

In 2002, intellectual disability nursing education moved with general nursing education into the Irish higher education sector and four-year undergraduate nursing degree programmes began. The overall preparedness of nursing education in Ireland to move into the academy was questioned by some (McNamara, 2008a) while for others the move was regarded as an opportunity to legitimate the distinctiveness of intellectual disability nursing (Doody Slevin and Taggart, 2012). Almost a decade after the move, a report (Begley et al, 2010) recommended retaining a separate intellectual disability nursing degree programme, partly to retain the distinctive identity of the intellectual disability nurse. However, what constituted this distinctiveness was not defined or well-articulated in the report. This vagueness is also a feature of both the intellectual disability nursing literature (Eastern Region Health Authority 2003; Doody Slevin and Taggart, 2012) and related policy documents (Government of Ireland, 1998).

As a lecturer on an undergraduate intellectual disability nursing programme it had long been apparent to the first author that students struggle to develop or cultivate a coherent professional identity as an intellectual disability nurse. They also struggle to understand how intellectual disability nursing relates to other nursing divisions, particularly general nursing. Students' struggles are hardly surprising as the elusive professional identity of intellectual disability nursing is an enduring topic of commentary and inquiry (Gates 2006; Sweeney and Mitchell 2009; Sheerin 2012). Intellectual disability nursing students in Ireland also struggle to access, integrate and apply the extensive collection of different disciplinary knowledges in their curriculum (Hartnett, 2020).

Methods

Critical Discourse analysis was chosen as the methodology as it allowed for the analysis of the perspectives through language-in -use (Gee, 2014a) of both extant and research generated data from educators, students, publications and documents. A similar methodology has already been used effectively to research professional identity in nursing education (McNamara 2008a, 2008b). Ethical approval was given by the University College Dublin Human Ethics Research Committee. Extant texts included intellectual disability nursing textbooks, articles, policies and *Nurse Registration Programmes Standards and Requirements* (Nursing and Midwifery Board of Ireland, 2016), henceforth referred to as 'Standards and Requirements'. One undergraduate nursing programme (programme A) in Ireland was chosen to study in detail and extant (curriculum and teaching and learning documents) and researcher generated text was analysed. Researcher generated text for programme A included interviews with three intellectual disability nursing lecturers, five programme A linked practice based educators and three focus groups with seventeen intellectual disability nursing students (thirteen second year and four fourth year students). In addition five programme leaders of Irish undergraduate intellectual disability nursing programmes were interviewed. Informed consent was obtained from all participants. Pseudonyms were used to protect the participants' identity and great care was taken to ensure that the use of detail in direct quotations did not identify any participant.

Theoretical framework: Legitimation code theory

We identified a body of work under the umbrella of social realism that included studies and conceptual frameworks that might shed light on knowledge practices in intellectual disability nursing and their implications for its identity. Maton (2014) explains that social realism includes a focus on the properties and powers of knowledge and is concerned with the organising principles of different knowledge forms and their effects. Studies have shed light on knowledge practices and their impact on different disciplines in a range of contexts (Chen et al., 2011; Shay 2013; Wolff and Luckett 2013), professional identity and disciplinary boundaries (McNamara 2010; Shay 2013; Winberg 2017). A common feature of such studies is the use of Legitimation Code Theory (LCT).

LCT is a 'multidimensional toolkit, where each dimension offers concepts for analysing a set of organizing principles underlying practices' (Maton et al., 2016, 36). LCT addresses the concern that knowledge in higher education is treated as a 'black box' with a lack of focus on its intrinsic structures, properties and their implications for knowledge practices (Maton 2014). LCT addresses this knowledge blindness and can promote an understanding of the organising principles at play in intellectual disability nursing education in Ireland. This paper focuses on the cultivation of the professional identity of the intellectual disability nurse and how this is impacted by the knowledge

practices that characterise Irish intellectual disability nursing education. Given this focus, the most suitable LCT concept is the specialisation code.

The specialisation code

Building on the work of Bernstein (1990), Maton (2014) developed the specialisation code to examine the relative strength of epistemic and social relations in a field of practice. In the context of this study and for intellectual disability nursing education, social relations refer to the relationship between the nurse and the person with an intellectual disability. Epistemic relations refer to the relationship between intellectual disability nursing and its knowledge bases. Maton (2014) explains that one of the benefits of using LCT to analyse the organising principles of fields is the wide range of specialisation code possibilities that become visible. Social relations are illustrated on the horizontal axis of Figure 1. On the vertical axis are the epistemic relations.

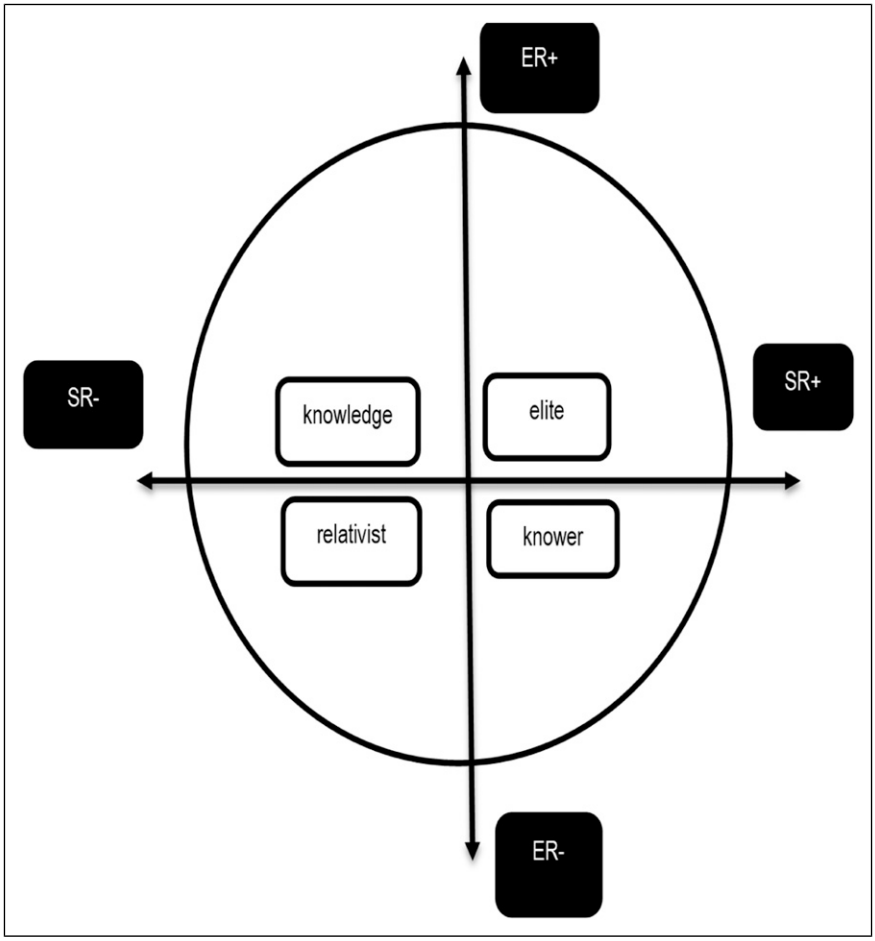

Figure 1. Specialisation code (Source Maton 2014, p. 93).

For a knowledge code (ER+, SR-), the basis of achievement is knowledge as opposed to knower attributes. For example in a pure physics degree there is a relatively stronger emphasis on the student's physics knowledge as opposed who the student is. For the knower code (ER-, SR+), the knower's attributes are more important than specialised knowledge. In some creative arts programmes, there may be a relatively strong emphasis on who the student is. The basis of achievement for a relativist code (ER-, SR-) is neither knowledge nor knower (an 'anything goes' code). In an elite code, both knower and knowledge attributes are the basis of legitimation (ER+, SR+) (Maton, 2014). Maton (2014, 77) explains that specialisation codes can reveal the relative emphasis on: 'what you know about and how' (knowledge code), 'the kind of knower you are' (knower code), both (elite code) or neither (relativist code)'.

The specialisation code is useful for this study as it facilitates an exploration of the bases of the challenges that intellectual disability nursing experiences with its professional identity and its relationship with general nursing. Knower and knowledge codes illuminate our understanding of professional identities and the basis of their legitimation (Maton 2014). These codes shed light on the relative importance placed on what you know (knowledge code) or who you are (knower code) to better understand professional identity. McNamara (2008a) found that academic nursing in Ireland is characterised by a knower-orientation with relatively weaker epistemic relations. McNamara's (2008a) work presents an important foundation to explore knowledge claims in particular nursing divisions such as intellectual disability nursing. The specialisation code has been used to examine professional identity and associated knowledge claims in other healthcare fields (Whitcombe 2013) providing valuable insights.

Critical discourse analysis

Critical discourse analysis (CDA) offers opportunities to examine the dispositions and practices of agents in a particular field (Chouliaraki & Fairclough 1999) making it appropriate to examine professional identity formation in intellectual disability nursing education and the relationship between intellectual disability and general nursing. Fairclough (2003, 235) defines discourse as "diverse representations of social life which are inherently positioned. Different social actors 'see' and represent social life in different ways as different discourses" (Fairclough 2003, 235). Language and discourse can be used to access, describe and analyse aspects of knowledge practices in intellectual disability nursing education with a particular emphasis on professional identity and boundary construction and maintenance.

Similar to LCT, CDA has important links with Bourdieu's field theory and Bernstein's code theory (Chouliaraki and Fairclough 1999, 99) as, 'both foreground symbolic structures and meaning and therefore language in social reproduction and change'. To examine the disposition or coding orientation of agents involved in Irish intellectual disability nursing education we examined various CDA methods. Gee's (2014a) theory of language-in-use provided the tools to undertake data analysis. Gee (2014a) conceptualises agents' 'saying- doing-being' in terms of building tasks. Discourse analysis, according to Gee (2014a), involves examining these building tasks by the ways in which language is used in context. Three of Gee's (2014a) building tasks are particularly relevant:

I. **Knowledge and sign systems** - how certain knowledges or ways of knowing are privileged through language (Gee 2014a). We are interested in intellectual disability nursing students' access to theory and how they perceive and speak about boundaries with general nursing.

II. **Identities** are various ways of being that agents adopt for different reasons and contexts (Gee 2014a). Here we are interested in nursing students' struggles to build a professional intellectual disability nurse identity, particularly one that is distinct from general nursing.
III. **Connections**, the use of language to build connections. We examine how boundaries and connections between intellectual disability nursing and general nursing are built.

Each building task can shed light on the coding orientation that serves to maximise agents' positioning in the field of nursing education. Gee's (2014b) tools of inquiry render different aspects of language-in-use and its effects salient and suggest questions that may be asked of texts to explore how each building task is accomplished through the 'saying-doing-being' of agents and to what effect. The most important tool of inquiry for this study was Discourse.

The Discourse tool of inquiry includes language-in-use but also all the other elements that accompany a communication to create and enact an identity. Gee (2014b, 53) describes Discourse as a dance, 'a coordinated pattern of words, deeds, values, beliefs, symbols, tools, objects, times and places in the here and now as a performance that is recognisable as just such a coordination'. The 'masters of the dance' (agents in the field enacting a certain Discourse) determine what does and does not get recognised in this dance (Gee 2014b). Discourses relevant to intellectual disability nursing education were identified that provide insights into agents' 'saying-doing-being' under the three building tasks of knowledge and sign systems, identity and connections.

This study identified fourteen Discourses in the field of intellectual disability nursing education in Ireland. Those Discourses that featured most commonly in the intellectual disability nursing literature, in the 'Standards and Requirements', in curriculum documents and in agents' language-in-use were shared with general nursing. The most prominent shared Discourse was the supporting varied needs of the person Discourse. In this Discourse the need for the nurse to address a wide variety of health and or social care needs for the person is expressed. In intellectual disability nursing this Discourse lacks the feature of detailing 'by what means' support is provided relative to general and other nursing divisions. Below we examine features of the supporting varied needs of the person Discourse that shed light on the cultivation of professional identity in intellectual disability nursing and the boundaries and connections it constructs with general nursing. Table 1 shows the texts in which this Discourse was identified. It also shows the texts from which two Discourses specific to intellectual disability nursing were identified, and which are discussed below: the marginal division of intellectual disability nursing Discourse and the enhanced attributes of the intellectual disability nurse Discourse. In the marginal division of intellectual disability nursing Discourse, intellectual disability nursing is portrayed as marginal to the wider body of nursing, taking the form of an outsider struggling to be considered part of nursing as a whole. This Discourse builds strong boundaries between general and intellectual disability nursing and builds connections with people with an intellectual disability who can experience marginalisation in society. In the enhanced attributes of the intellectual disability nurse Discourse, intellectual disability nurses express the existence of attributes they possess that other nursing divisions lack. The Discourse serves to show intellectual disability nursing in Ireland in better light than other nursing divisions buts lacks evidence to support its expression.

Analysis

The language-in-use of both extant and researcher-generated texts was analysed. We first examined the construction of intellectual disability nursing in the intellectual disability nursing literature. We then examined the language-in-use in 'Standards and Requirements' as they form the statutory basis

Table 1. Discourses, descriptions and location identified.

Discourse	Description	Location Discourse identified and analysed	Shared with general nursing
Supporting varied needs of the person	In this Discourse the need for the nurse to address a wide variety of needs is expressed. This is a shared Discourse featuring in intellectual disability and general nursing. The Discourse in intellectual disability nursing lacks the feature of detailing 'by what means' this support is provided relative to general and other nursing divisions.	• Intellectual disability nursing literature • Standards and Requirements • Programme chairs' language • Programme A curricular documents. • Programme A lecturers and practice based educators' language.	yes
Marginal division of intellectual disability nursing	In this Discourse intellectual disability nursing is portrayed as marginal to the wider body of nursing, taking the form of an outsider struggling to be considered part of nursing as a whole. This Discourse builds boundaries with general nursing in particular and connections with people with an intellectual disability who can experience marginalisation in society.	• Intellectual disability nursing literature • Programme chairs' language • Programme A lecturers', practice-based educators' and students' language	no
Enhanced attributes of the intellectual disability nurse	In this Discourse intellectual disability nurses express the existence of attributes they possess that other nursing divisions lack. The Discourse serves to show intellectual disability nursing in a better light than other nursing divisions buts lacks evidence to support its expression	• Intellectual disability nursing literature • Programme chairs' language • Programme A lecturers', practice-based educators' and students' language	no

of all degrees in intellectual disability nursing in Ireland, and detail the theoretical and practical content required for programme approval by the NMBI. Next, we interviewed five intellectual disability nursing programme leaders in Irish higher education institutes to shed further light on the language-in-use in intellectual disability nursing education. To further explore the field we selected an Irish undergraduate intellectual disability nursing degree programme to analyse the language-in-use of its agents, including students (seventeen participants in three separate focus group interviews), lecturers (three participants) and practice-based educators (five participants). Finally, the language-in-use in the selected programme's curriculum document was analysed.

Our aim during analysis of these texts was to move from description to interpretive analysis, as described by Sandelowski and Barroso (2003) and illustrated in Figure 2. Sandelowski and Barroso (2003) explain how qualitative research findings can move along a continuum from raw text through description to interpretive explanation. Figure 3 illustrates the journey of a data extract through the stages of data analysis, illustrating how LCT and CDA can complement one another to illuminate professional identity, knowledge and boundaries in intellectual disability nursing education. We

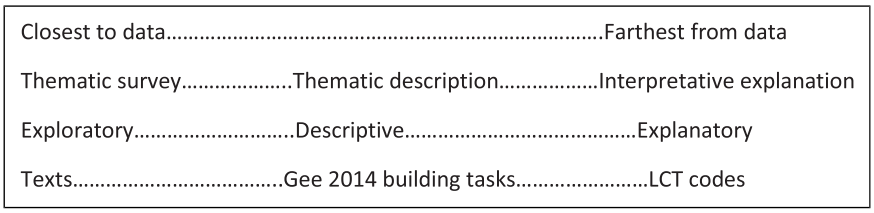

Figure 2. Classification of qualitative findings adapted from Sandelowski and Barroso's (2003) typology of qualitative findings.

now discuss the findings and their implications under four headings. First, knowledge building and access to theory in intellectual disability nursing education in Ireland. Second, identity building. Third, the connections and boundaries intellectual disability nursing maintains with general nursing. Finally, we discuss the bases of specialisation in intellectual disability nursing.

'Knowing without knowing': Restricted access to theory

The language-in-use of many intellectual disability nursing educators does not place a strong emphasis on theoretical knowledge. Practice knowledge is in the forefront with theory in the background. Paula, an intellectual disability nursing programme leader says: 'I get the theory out of the way as soon as I can…pure theory'. Instead of the theory, Paula emphasises application using nursing practice examples. Fran, another programme leader, explains:

> good students immediately.. they know what needs to be done to make that person happy for the day because they can make that judgement…very much no direct scientific measurement will tell you what they were measuring.. it is that intuitive knowledge.
>
> (Fran, Programme Leader).

Fran also makes the point that this intuitive knowing is more important in intellectual disability nursing than in general nursing which, according to Fran, has a procedural knowledge focus 'whereas anybody can learn to set up a sterile field…to change a sterile dressing or to…a lot of general is very XYZ if A then B whereas in [intellectual disability] if A then that could be C or X or Q…you have to work it out'. From this language-in-use, knowledge does not need to be explicit, codified or clearly articulated.

The term 'knowing without knowing' builds as significant the notion that knowledge for practice is implicit, vague and lacks conceptualisation. The intuitive and context-tied knowledge of nurses is emphasised while theory is placed in the background. Intellectual disability nursing educators emphasise that students' ability to 'know without knowing' is valued in intellectual disability nursing:

> when you see staff working for a period of time and when you see the relationship built up…knowing without knowing**...** the staff who know but couldn't tell you why they know…what's happened and what's going to happen and what will happen
>
> (Fran, Programme Lead).

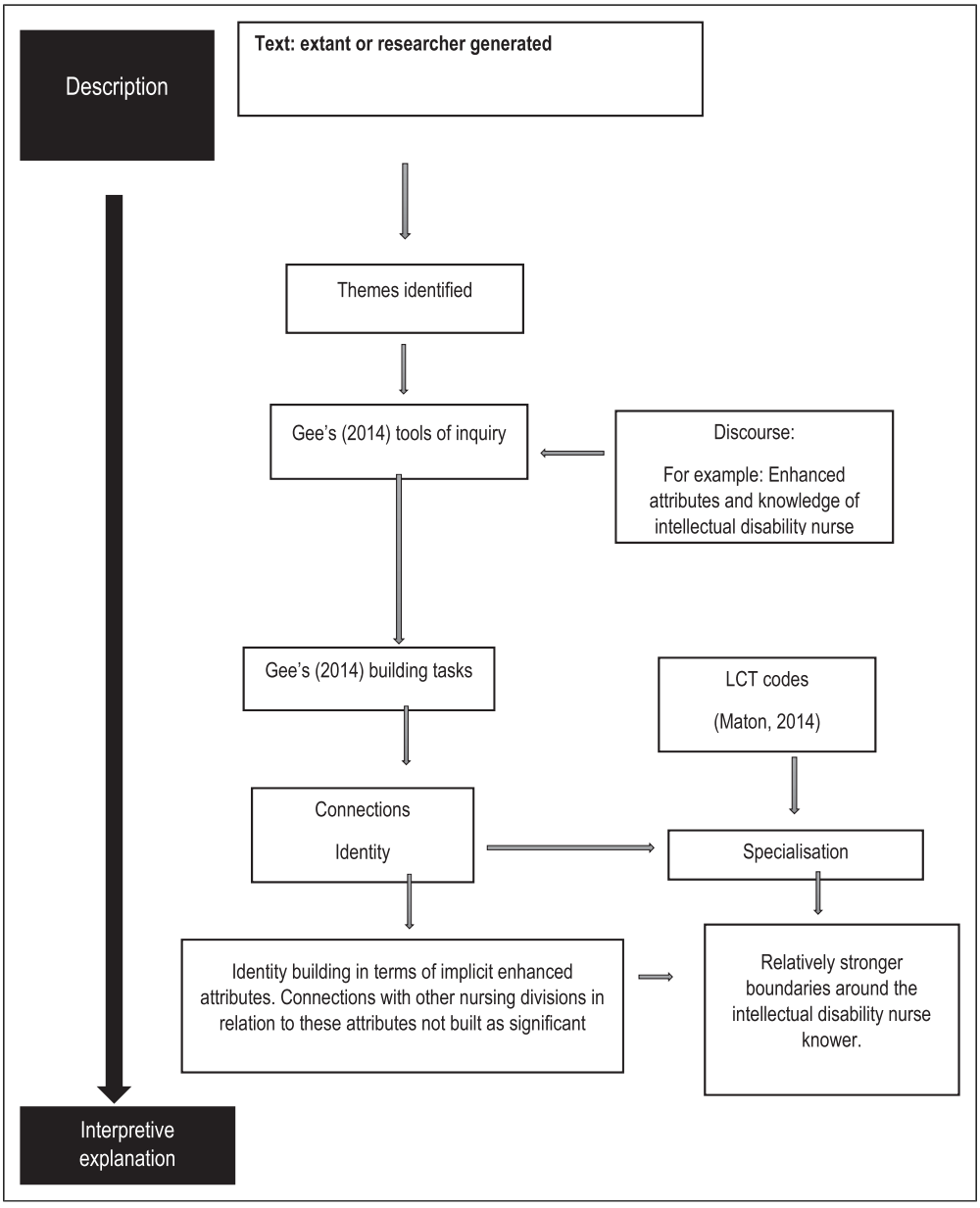

Figure 3. Process of data transformation.

'Knowing without knowing' is an aspect of intellectual disability nursing that students are expected to develop:

> if they are in first year …and the staff nurse says.. oh we have to keep a very close eye on so and so because I think that she is going to have a seizure...and the students are always fascinated by that because

> they cannot figure out why it is that this nurse knows that...and then by the time they get into third year…they start to fall into that pattern
>
> (Mattie, Programme Leader).

Again:

> nuanced stuff that we train our students to pick up on…you might not understand what it means…if it is a new placement… but they pick up on… and they can ask what does that twitch mean or behaviour…so we can recognise stuff before it happens…pre-empt, it is a good skill you know
>
> (Fran, Programme Leader).

Ali, a progamme A lecturer, expressed her concern at the lack of emphasis on theory and states that students will not be good practitioners without the underlying theory to support their practice. Two nurse lecturers highlighted that, at times, the student can have more knowledge of the theory underpinning practice than their practice-based mentors and voice concern at the lack of regard for theory in practice placements.

Several programme leaders state that the revision of the 'Standards and Requirements' in 2016 brought with it the positive feature of emphasising a more applied approach because there is only so much theory that a student needs. Ger, a programme lead, questions the amount of theory that the student has to learn:

> psychology, sociology, pharmacology…a lot of the students find it very difficult…the level of psychology that is thrown at them and the level of sociology and the level of pharmacology

Ger continues

> it is not that they have to be dumbed down.. but they have to be explained in relation to nursing rather than in relation to the subject…in many ways it should be applied from the start..in the new 'Standards and Requirements'…it has to be applied so that has changed… in the old curriculum ..it was more in its pure form…but now it is psychology applied to the nursing branch
>
> (Ger, Programme Leader)

Here it is assumed that knowledge from diverse disciplinary fields can be applied without relevant concepts first being taught from within their disciplinary systems of meaning. Myra, a programme leader, also uses language to de-emphasise the organised structures of disciplinary knowledge: 'we are not going to have biologists teaching biology, we the discipline are actually going to teach pretty much everything… the sciences are not separate to the nursing content'. Myra clarified that 'we the discipline' referred to intellectual disability nursing lecturers. The question arises here of how well an intellectual disability nursing lecturer is equipped to afford students access to the relevant disciplinary concepts from, for example, biology, psychology, sociology or pharmacology and to impart an appreciation of each discipline's organised and structured body of knowledge. Lack of access to these organised disciplinary knowledge structures will impact on students' opportunities to develop skills to critically evaluate knowledge claims and their relevance to nursing practice.

Viv, a lecturer, is aware of the restricted access to theory:

> The knowledge that they are not getting is the pure theoretical stuff…anatomy and physiology, the systems.. all that underpinning basic theory...and I think that it is sometimes where it falls down…they don't have the basic theory
>
> (Viv, Lecturer).

Evidence-based practice is essential in all nursing divisions and students need to learn to access, select and evaluate the best evidence available to apply to practice. Wheelehan (2012) makes the point that students need to learn the rules of the game of different disciplines to be able to evaluate their knowledge claims. Intellectual disability nursing students need to have knowledge of the rules of the game to have an understanding of the systems of meaning in the disciplines on which intellectual disability nursing practice is based. This is necessary if knowledge claims from many different disciplinary knowledge bases are to be evaluated and applied.

The language-in-use of students highlights the struggles that they have making sense of their third and fourth year research modules. They do not see the value of being able to evaluate knowledge claims from research studies conducted in various disciplines to apply to their practice. Jacky (student) says: 'like last year's assignment.. it was like 13% of the sample did this .. I didn't learn anything from that'. In relation to third and fourth-year research modules, Gene (student) says 'the way they elaborate …like analysis.. I don't see.. that I am going to use it'. Students use language to build a divide between research and practice and the link between research studies conducted in different disciplines and how they can generate evidence for their practice does not appear at all clear to them. Charly (student) states that a research module content would be relevant if you were going into research as opposed to intellectual disability nursing practice. Jess adds to this:

> and they do mention that in their modules… like the lecturers say like this is good if you are going to do a PhD or… but not all of us are going to be doing that…as of now… it is not something that we need to do
>
> (Jess, student)

Ali (lecturer) speaks of intellectual disability students struggling with critical thinking 'it is that issue of them not thinking…just accepting what is said…I don't want to have to think.. and then I will find a few references...that will support that'. Restricted access to disciplinary systems of meaning contributes to the struggles intellectual disability nursing students experience in accessing, integrating and applying knowledge generated by these disciplines to their practice.

Next we look at an example of the language-in-use in 'Standards and Requirements' that demonstrates relatively weaker access to theory for intellectual disability nursing students relative to general nursing students. Sections of 'Standards and Requirements' are common to both general and intellectual disability nursing and there are also division-specific learning indicators. As discussed above, a significant Discourse, supporting the varied needs of the person, is shared by intellectual disability and general nursing (Table 1).

However, the supporting varied needs of the person Discourse is realised in the language of the intellectual disability and general division-specific sections in 'Standards and Requirements' in quite different ways. The language through which the Discourse is realised in the intellectual disability indicators, unlike general nursing, does not make connections with other disciplinary knowledge. For example, 'Management of multiple health conditions...Promotion of optimal mental health…Promotion of optimal physical health' (Nursing and Midwifery Board of Ireland 2016, 84). The language-in-use in the intellectual disability nursing indicators realises the Discourse

by building significance for a wide collection of different needs without making links to other disciplines and their knowledge bases:

> addressing complex health needs in terms of nutrition; epilepsy; diabetes; medication management; infection control; palliative and end-of-life care; sexuality education; health promotion and how this is applied in intellectual disability nursing practice
>
> (NMBI 2016, 85).

This use of language suggests a horizontal knowledge structure with a flat, 'listy' format. This horizontal knowledge structure lies in contrast to a vertical knowledge structure where knowledge can be built cumulatively. In the general nursing specific learning indicators, the supporting varied needs of the person Discourse includes the language of nursing and allied disciplines:

> principles of palliative care; hospice friendly hospitals, cancer surgery, chemotherapy, radiotherapy and other therapies…Supporting the person with a life-limiting condition and primary carers through the trajectory of investigations, testing, diagnosis, treatment, care of co-morbidities and adjustment to loss and focus on palliative approach to care
>
> (NMBI 2016, 66).

Through language-in-use, the general nursing division is building connections with allied disciplines and specialist areas of nursing and this indicates knowledge that will shed light not only on these varied support needs but also how they can be addressed by accessing diverse knowledge bases.

In the combined adult and children's nursing programme's indicators, the establishment of connections with nursing and allied disciplines can also be seen:

> Assessment, delivery and evaluation of therapeutic goals, nursing interventions and treatment modalities in child health and nursing for children and young people experiencing diverse health problems…. Nursing practice in relation to performing, assisting, supporting, educating and rehabilitating the child and young person in health care, community and family/domestic settings
>
> (NMBI 2016, 75).

Language used in the specific indicators for general, and for adult and children's nursing combined, realise the supporting varied needs Discourse in a manner that emphasises building connections with a collection of disciplinary and nursing knowledge bases. The language-in-use in the intellectual disability nursing specific indicators does not build such connections and does not invoke nursing, psychology, medicine and other allied nursing disciples. The intellectual disability specific indicators do not use these specialised languages to build connections as the other nursing divisions do.

The intellectual disability section does use some words from nursing and other disciplines, however, these do not appear to serve connection building, but appear in a more random, un-connected and fragmented manner than for the other nursing division-specific sections. This may then be taken up by intellectual disability nursing educators in a way that limits intellectual disability nursing students' access to the organised systems of meaning of specialised, disciplinary bodies of

knowledge that would facilitate them to understand, integrate and apply theory and evidence to practice.

The need for nursing to clarify and develop its distinctive knowledge base has been highlighted (McNamara 2008a, McNamara 2010; McNamara and Fealy 2014). While the broader field of nursing and nursing education struggles with a distinctive knowledge-based identity with implications for all nursing students, intellectual disability nursing students appear to be even more disadvantaged as they have less access to the systems of meaning of other disciplines and nursing specialisms that would enable them to evaluate knowledge claims. Intellectual disability nursing educators have much work to do to ensure that their students have access to the disciplinary knowledges whose concepts and modes of inquiry generate the evidence they need to evaluate and apply to their nursing practice. There also exist challenges in intellectual disability nursing that centre around professional identity and students' struggles to understand and build a distinctive intellectual disability nurse disposition. It is to this that we now turn.

Building a distinctive identity

Although intellectual disability nursing educators' language-in-use builds as significant the cultivation of particular attributes of the intellectual disability nurse, students on the programme selected for analysis describe being left unsupported to identify and cultivate them. Gene (student) emphasises the challenges she has experienced in trying to engage with mentors to learn about the attributes of the intellectual disability nurse:

> I am the student...I say to them...no, slow down...we have to do this...I know some of them…don't really want to show me anything but I don't care…I still have to approach you because I am working with you
>
> (Gene, student)

Ali (lecturer) conveys how students in class speak of the difficulty of some mentors not engaging with them on placement. Ali expresses her concern at these lost opportunities, particularly for the weaker student, to be supported to cultivate intellectual disability nurse attributes 'the students who need help are not going to get it…we will get some very average practitioners out of it'. Students also describe their experiences of relatively better or worse mentorship during their practice placements. While some students described positive experiences of support from a mentor, many spoke of being left to read folders of information instead of getting the opportunity to learn about the distinctive attributes and practice knowledge of the experienced intellectual disability nurse. Sam (student) expresses how lack of access to a mentor is a barrier to learning on clinical placement:

> I did not have anyone to guide me so I had to be fighting to find things on my own, it forces you to learn but it would be easier to have someone there that you can rely on and say OK what do I do in this situation.. what is this.. what is that ..where do I turn from here
>
> (Sam student)

Jess (student) expresses 'being able to approach the nurse' and this resonates with all participants in the fourth-year group interview: 'yes you know if you can approach them…others… might just send you on your way…[all group interview participants laughing]'.

In examining the challenges students experience in accessing and building an intellectual disability nursing identity, the organising principles at work can be articulated in terms of Maton's

(2014) knower gaze. Bernstein (2000, 164) describes 'gaze' as 'a particular mode of recognising and realising what counts as "'authentic'...reality". Maton (2014, 95) conceptualises four types of gaze (Figure 4) and explains that for each the 'hierarchizing principle is portrayed as embodied by knowers or their actions'. A born gaze has the strongest social relations, an example of which would a natural 'genius' (Maton 2014).

Slightly weaker social relations are associated with the social gaze, shaped by the social category of the knower such as a disability activist with a disability who is a knower by virtue of this social category. For the cultivated gaze the social relations are weaker still and 'legitimacy arises from dispositions of the knower that can be inculcated' (Maton 2014, 95). Maton (2014) provides the example of legitimate knowing based on repeated exposure to works of art. Figure 5 illustrates how a cultivated gaze enables new knowers to be embraced by broadening the field's knower structure base (Maton, 2014). An example of a field characterised by a cultivated gaze is cultural studies before the 1970s.

Maton (2014) explains how the social relations in cultural studies were strengthened during the 1970s, replacing the cultivated gaze with multiple social gazes the result of which was fragmentation of the field. Figures 6 portrays how the strengthening of social relations creates a series of knower hierarchies. Even further strengthening of social relations results in flattening of the knower structure to a point where the gaze has no hierarchy and a horizontal knower structure. This flattened knower structure lack points of hierarchisation (Figure 5) and is associated with fragmentation in a field (Maton 2014). Points of hierarchisation are the attributes, conceptualised and collectively understood within a profession, that make up the cultivated gaze of the professional. The final gaze, the trained gaze, is associated with the weakest social relations where the emphasis is on training in specialised procedures (Maton 2014).

The evidence from this study suggests that intellectual disability nursing education is characterised by a series of diffuse and unarticulated gazes, where the dispositions and attributes that a student needs to cultivate are not made clear for the student. Evidence from the literature and from the language-in-use of students and educators shows that the points of hierarchisation are not clearly articulated. Instead of a series of unarticulated gazes, students need attributes to be clearly articulated if they are to build a distinct and coherent professional identity. There is confusion around the role of the intellectual disability nurse rather than an explicit articulation of an intellectual disability nursing knower gaze (Maton 2014). Lou, a practice based educator says: 'sometimes I think that the registered intellectual disability nurse is not a specific role...it is covering an awful lot of areas'. Educators' and students' language-in-use shows that students are relying on their own judgements, evaluating aspects of practice they deem valuable and rejecting elements they see as outside the scope of good intellectual disability nursing practice. Paula, a programme leader states that 'students will tell you that one preceptor is doing it one way ..another preceptor is doing it another way…students are totally

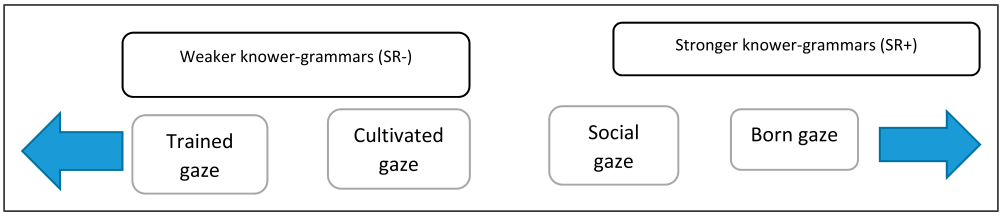

Figure 4. Different knower gazes (After, Maton, 2014, p. 95).

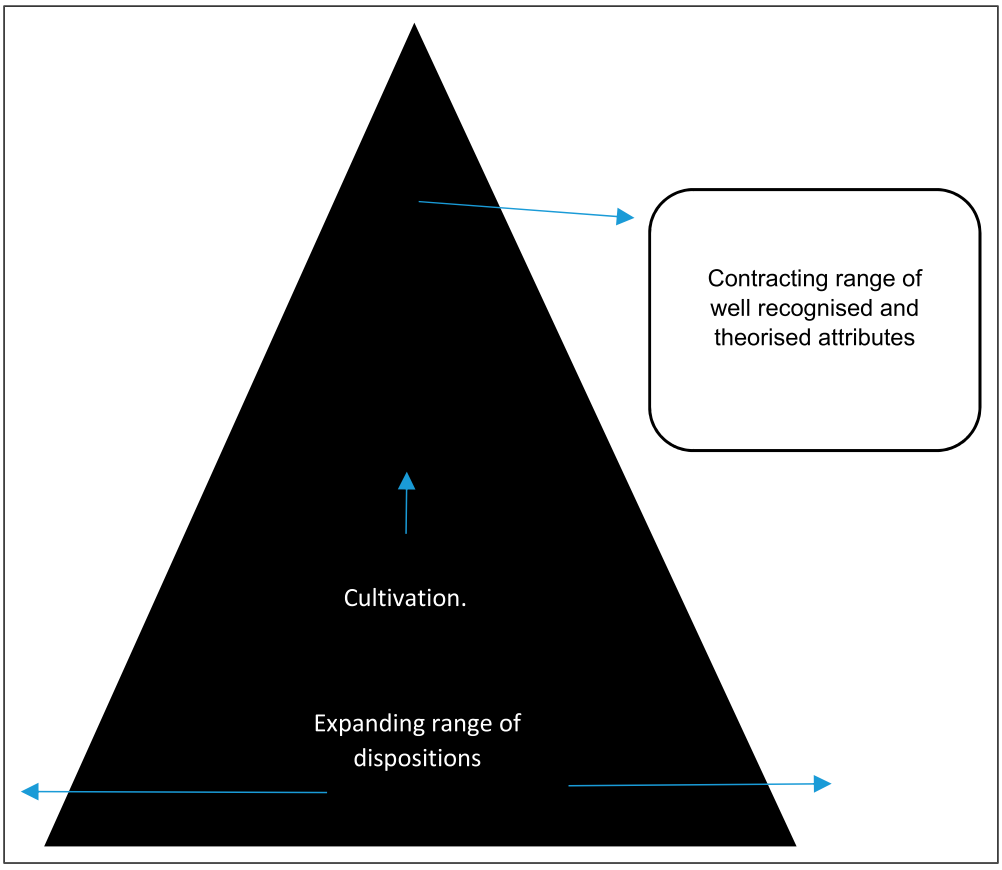

Figure 5. Growth of hierarchical knower structure with a cultivated gaze. Source: Adapted from Maton (2014, 99).

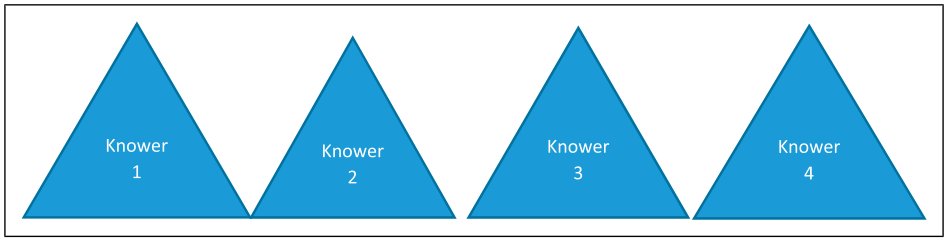

Figure 6. The impact of social gazes on a knower structure. Adapted from Maton (2014, 102).

torn...and it is about pleasing whoever is in that environment so that they get the book signed'. The language-in-use in relation to the intellectual disability nurse identity also shows unclear boundaries between intellectual disability nurses and other nursing divisions, particularly general nursing. Gab, a practice-based educator, says: 'sometimes I have struggled with...since

I have been an [intellectual disability] nurse...I still don't know what precisely...what sets me apart'.

The absence of clearly-articulated points of hierarchisation of the intellectual disability nurse knower gaze and leaving it to students to figure out dispositions and related attributes contributes to fragmentation of the identity of the intellectual disability nurse (Hartnett 2020). To address the problem of an unarticulated and diffuse gaze, the distinctive attributes of the intellectual disability nurse knower need to be researched and clarified so as to improve intellectual disability nursing students' access to the intellectual disability nurse disposition and knower gaze with clearly articulated points of hierarchisation (Maton 2014). Two Discourses play an important role in the maintenance of this diffuse professional identity: the marginal division of nursing Discourse and the enhanced attributes of the intellectual disability nurse Discourse. In the marginal division of nursing Discourse, language-in-use builds as significant a marginal position for intellectual disability nursing relative to other nursing divisions, general in particular, similar to the marginalisation that the person with an intellectual disability can experience in society. The enhanced attributes Discourse builds intellectual disability nursing with enhanced attributes that other nursing divisions do not possess. Next we will examine these two Discourses and the building of connections and boundaries between intellectual disability nursing education and general nursing.

Building connections and boundaries with general nursing

The marginal division of nursing Discourse is evident in the language-in-use of educators and students and builds intellectual disability nursing as a division that is marginal to the overall nursing profession. Viv, a lecturer, expresses the marginal division of nursing Discourse in terms of intellectual disability nursing being seen as the 'poor relation' of nursing. Lou, a practice-based educator uses language to situate general nursing as the award-winning nursing division and intellectual disability nursing as a runner-up:

> When you compare it to the five points of entry that we have…midwifery and children's and general…they are standing on the podium first second and third...then you have mental health and [intellectual disability]...never getting the gold medal
>
> (Lou, Practice-Based Educator).

Pat, also a practice based educator, states that there is a perception among educators and students that 'general nurses have much better knowledge'. Lou says that 'a lot of the time registered nurses in intellectual disability nursing are happy to play second fiddle and they shouldn't be'.

Jacky (student) states that 'there is a hierarchy… between the students.. in first year… it was all… you're **only** doing ID'. Jess (student) adds that it is mainly from the general nursing students. Sandy (student) says 'we asked one of the girls what stream they were in and they said..real nursing…general is up here and intellectual disability down here'. Ash (student) says that 'it's across the board so it's not just in our college'. Bailey (student) adds 'as well as secondary school points [university entry grades] .. it's like general up here'. Paula, programme leader, also expresses how undergraduate intellectual disability nursing students do not feel they are on a par with general nursing students:

> often our undergraduate students feel that they are something less than their general colleagues…because it is not clinical enough … it is not scientific enough.. it's not that busy ED dynamic

> environment…operating theatre environment...the general students ...it's all about the acuity...with the [intellectual disability] student it is more about the person
>
> (Paula, programme leader)

Fran (programme leader) uses language to express uncertainty about the intellectual disability nurse relative to the general nurse: 'Yes because we have so many skills…because we don't have a clear…we are not… we are kind of everything'. Myra (programme leader) states that the intellectual disability nurse 'can be somebody who is down the pecking order'. Relatively stronger boundaries around the intellectual disability nurse knower and general nurses are being built and then reproduced by intellectual disability nursing students.

Another aspect of the boundaries that are being built in the construction of the intellectual disability nurse professional identity is the enhanced attributes of the intellectual disability nurse Discourse. The language-in-use in this Discourse builds as significant attributes that intellectual disability nurses have that general nurses do not. An example of the enhanced attributes of the intellectual disability nurse Discourse is from Ger (programme leader) who states that that intellectual disability nurses:

> are better advocates because if you work in intellectual disabilities you need to actually do the extra mile to get access to services to get people to actually understand people with intellectual disabilities…it makes a better nurse advocate…general nurses couldn't stand up for anyone
>
> (Ger, Programme Leader).

Paula (programme leader) makes a comparison between the intellectual disability nursing students and general nursing students on a shared module: 'the language that our [intellectual disability] students use is so much more advanced than our general colleagues…they are being fed...the burden of care...it suffers from …we would never write about that sort of thing'. Ray's (student) language-in-use expresses the enhanced attributes of intellectual disability nursing in terms of intellectual disability nursing being more holistic than general nursing: 'I think intellectual disability nursing is like old school nursing it's the whole thing…in general.. it's just in and out'.

Evidence from the mapping of the Discourses in the intellectual disability nursing education fields demonstrates that many of the attributes used to express the enhanced attributes and knowledge of the intellectual disability nurse are, in fact, shared across all nursing divisions. The shared Discourses expressed in the study include person centred, supportive nurse-person relationship, supporting varied needs and the advocacy Discourse. That these attributes are shared across nursing disciplines calls into question the actual basis of the espoused enhanced attributes of the intellectual disability nurse Discourse. It also draws attention to the function of the enhanced attributes Discourse in the building of the intellectual disability nurse identity, that is, to show intellectual disability nursing in a better light than other nursing divisions.

Revealing these organising principles helps us to understand what lies on either side of the boundary that intellectual disability nursing in Ireland constructs with general nursing. The struggle to articulate the distinct contribution of nursing is not unique to intellectual disability nursing but is shared across nursing divisions. Risjord (2009) shows how nursing attempts to place a boundary between nursing knowledge and medical knowledge. Analysis of the language-in-use in this study suggests that intellectual disability nursing is involved in a similar struggle but with other nursing divisions, general nursing in particular. The function and outcomes of this boundary work for intellectual disability nursing in Ireland need to be considered. Intellectual disability nursing may

actually benefit from building connections with other nursing divisions in its efforts to clarify and develop its identity. It is also important to acknowledge the shared nature of many of the Discourses as these are opportunities to build connections with general nursing and to work together in the shared struggle to strengthen the voice of nursing while focusing on the specific ways in which these Discourses are realised in different contexts of practice.

For example, the supportive nurse-person Discourse was identified as one shared with general nursing, the language-in-use from educators and students and from the literature suggests that there are some more specialised facets to this Discourse in intellectual disability nursing. Specialisation and its knowledge basis plays an important role in the formation of professional identity. A discipline's specialised knowledge can be powerful knowledge and gives the discipline (intellectual disability nursing in this case) credibility as a community of knowers (Young, 2013). It is to the issue of specialisation that we now turn.

Specialised support and networking

While research in intellectual disability nursing in Ireland is in its infancy, it is essential that it be nurtured to allow for specialised knowledge to develop. Specialised knowledge and evidence is needed to support nurses to meet the unaddressed health and social care need of people with an intellectual disability (Gates and Mafuba 2016; McCarron et al 2018). Although the supportive nurse-person relationship Discourse is shared across nursing divisions, evidence from this study suggests that there are specific features of this relationship in intellectual disability nursing that require further research, conceptualisation and articulation. These specialised features can be described as foundational and functional facets of the supportive nurse-person Discourse. The foundational facet is the basis for the nurse to learn about the person with an intellectual disability and to build a relationship through which person-centred care can be delivered. The functional aspect of this Discourse relates to nursing assessment and interventions that use baseline knowledge and the framework of the supportive nurse-person relationship derived from the foundational facet. The language of programme leaders, lecturers, practice-based educators and students works to emphasise the centrality in intellectual disability nursing of gaining the person's trust and of getting to know the person to build the foundational relationship. Paula (programme leader) states that the supportive relationship between the nurse and person 'is absolutely crucial, it's paramount…everything is based on that…knowledge, interventions, rationale' this sheds light on both the foundational and functional facets of the Discourse.

Clarifying and elaborating the foundational and functional aspects of the supportive nurse-person relationship Discourse could contribute to the development of intellectual disability nursing. Such research could support intellectual disability nursing to voice this specialised contribution to nursing. Additionally, developing this area of specialisation in intellectual disability nursing practice could support intellectual disability nursing and its students to be able to articulate this Discourse which is currently one of the many aspects of implicit practice in intellectual disability nursing.

A second specialised aspect of intellectual disability nursing identified in the language-in-use of the texts and participants in this study is the intellectual disability nurse as a networker. In this Discourse the intellectual disability nurse functions as a networker to support the person with an intellectual disability with health and social care needs. Although networking and collaboration with other agencies is a feature of many nursing divisions, evidence from this study suggests that networking in intellectual disability nursing assumes a particular form, function and significance and is an essential aspect of supporting the person with an intellectual disability. Fran

(programme lead) states that 'You want them to do the job of a nurse…but also.. to be thinking…how am I going to manage what I need for my population? ..for community houses…how can I negotiate with the local football team that you can bring your service users there?'. Further inquiry into the networking activities of intellectual disability nursing would make it significant for the intellectual disability nursing profession and its undergraduate students. This could contribute to cumulative knowledge building as existing conceptualisations of the nurse as a networker (Risjord 2009) serve as a basis to explore the specific ways in which networking is realised in the contexts in which intellectual disability nursing is practiced.

Discussion

Using LCT and CDA we have shed light on the difficulties that intellectual disability nursing education has experienced in enabling students to build a distinctive professional identity, to access theoretical knowledge and to articulate its boundaries with other fields of practice, particularly general nursing. We explored the language-in-use of the intellectual disability nursing literature and national and local curriculum documents as well as of educators and students to explore how the building tasks of knowledge, identity and connections in intellectual disability nursing education in Ireland are accomplished. Our approach enabled us to make visible the organising principles underlying knowledge practices in intellectual disability nursing education and their positive and negative impacts on students' opportunities to cultivate a stable and secure professional identity as an intellectual disability nurse. This visibility can help educators to better support intellectual disability nursing students.

The findings reveal that, although intellectual disability nursing in Ireland espouses relatively strong boundaries around who it considers to be an ideal intellectual disability nurse knower and who is not (general nurses in particular), what precisely is being excluded and included by these boundaries in terms of attributes and dispositions is not well understood. Wheelehan (2012) argues that the boundaries that a profession constructs to distinguish itself from other professional groupings are an important element in recognising the voices of other professions, which, in turn, promote an understanding of the profession's own distinctive voice. Wheelehan (2012) states that students need to understand these boundaries and what is being bounded. Muller (2000) emphasises the need to know how and when to cross boundaries as crossing them without this knowledge leaves one 'at the mercy of the power inscribed in the line' (Muller, 2000, p. 71).

While some commentators argue that professional boundaries act as an obstacle to addressing the contemporary health and social care needs of the world's various populations (Frenk et al., 2010), others disagree. Boundaries matter (McNamara et al. 2011) because bounded epistemic communities of professions produce specialised knowledge (Young 2013) and this specialised knowledge is needed to focus efforts on addressing global health and social care problems. Health inequality and accessing health services are major problems for people with intellectual disabilities internationally today. There is a pressing need for epistemic communities of knowers to build knowledge to make healthcare more accessible to people with intellectual disabilities. Central to the provision of healthcare for people with intellectual disabilities is the professional community of intellectual disability nurses. Intellectual disability nursing needs to articulate its professional boundaries, and what they contain, so as to establish and strengthen its identity as a specialised epistemic community that can provide specialised knowledge to support the person with an intellectual disability to access appropriate healthcare in a timely manner.

The concept of the knower's gaze (Maton 2014) makes apparent that the current confused, diffuse and unarticulated gaze creates difficulties for undergraduate intellectual disability nursing

students to cultivate a distinctive intellectual disability nurse gaze. Research on what constitutes an intellectual disability nurse knower gaze may help to clarify and articulate a distinctive intellectual disability nurse gaze for students in Ireland. This knower gaze in more simple terms means the kind of disposition that a nurse needs to have including the required attributes. Such clarification could also contribute to strengthening the professional voice of intellectual disability nursing. The implicit nature of many aspects of the intellectual disability nurse gaze contributes to the lack of recognition of the intellectual disability nursing contribution both within and outside the profession. A clearer articulation of the distinctive attributes of intellectual disability nursing, rather than the invocation of esoteric notions (Gates 2006) concerning the supposed enhanced attributes and knowledge of the intellectual disability nurse is needed.

We showed that intellectual disability nursing students in Ireland can have restricted access to the systems of meaning of disciplines such as psychology and sociology. This places them at a disadvantage as it is important to be able to evaluate knowledge claims from these disciplines to engage in evidence-based practice. Awareness of the restricted access to disciplinary systems of meaning for intellectual disability nursing students needs to be heightened throughout intellectual disability nursing so that this problem can be addressed through curriculum development.

In relation to knowledge building, evidence from this study indicates that existing but as yet poorly-understood and articulated foci of specialisation in intellectual disability nursing could be elaborated and built upon to further develop a body of specialised knowledge. Aspects of the supporting varied needs of the person Discourse in intellectual disability nursing are realised in ways quite different to general nursing, for example. Evidence from this study indicates that the foundational and functional aspects of this Discourse are distinctive facets of intellectual disability nursing in Ireland that need to be clarified and developed. Existing nursing theory, relevant to nursing practice as a whole, could be useful in the future development of the foundational and functional aspects of the supportive nurse-person relationship Discourse. Risjord (2009) highlights the important role that that early theories had and can continue to play in articulating the specialised contribution of nursing. To prevent reinvention of the wheel, Peplau's (1952) conceptualisation of aspects of the nurse-person relationship and Orlando's (1961) theorisation of the functional aspects of the nurse-person relationship could serve as important theoretical resources for intellectual disability nursing. Engagement with these resources could clarify the distinctive ways in which the theories apply to intellectual disability nursing which could, in turn, inform the theories' further development. The evidence from this study demonstrates that theory is not built as significant in the language-in-use of intellectual disability nursing educators. Ultimately this impacts on students' ability to engage with theory and apply it to practice. It also hinders the development of theory.

Instead of emphasising its difference from general nursing, intellectual disability nursing may be better placed to examine the boundaries it constructs and to think hard about what exactly is being bounded in terms of knowledge and knower attributes. Intellectual disability nursing education in Ireland could learn from the experiences of the United Kingdom (UK) learning disability nursing education where since 2018 (Nursing and Midwifery Council, 2018) the boundaries between nursing division are not distinctly carved out as they are in the Irish Nursing and Midwifery Board of Ireland (2016) nurse education 'Standards and Requirements'. Acknowledging that nursing as a whole continues to struggle to develop a collective voice that is linked to a coherent body of knowledge can help intellectual disability nursing educators to begin to establish productive connections and boundaries. This networking and boundary work can help their students to develop stable professional identities and to better fulfil their social mandate to address the health and social care needs of people with intellectual disabilities.

Limitations

A major limitation of this research is the fact that the voices of people with intellectual disabilities and their families regarding their perspectives on intellectual disability nursing education in Ireland was not included. It is important to address this limitation in future research. A further limitation is the focus in this research on educators, students and curriculum from one higher education undergraduate intellectual disability nursing programme in Ireland. Widening this research study to a number of universities in Ireland and the UK would add further to this research.

Implications for research and practice

This research suggests that it would be beneficial for the specific attributes of the intellectual disability nurse and the boundaries with other nursing divisions to be researched further. This research could contribute to a better understanding of the professional identity of the intellectual disability nurse for nurse educators and students. Specialised knowledge of intellectual disability nursing identified in this research, for example, the foundational and functional facets of the intellectual disability nurses role could be further researched to identify, articulate and share specialised knowledge. Improving the ability to articulate aspects of the profession's specialised knowledge is essential for university and practice based nurse educators in cultivating their own intellectual disability nursing gaze and that of their students. Clarifying the professional identity of the intellectual disability nurses serves ultimately to improve nurses' ability to support and advocate for the person with an intellectual disability.

Declaration of conflicting interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

ORCID iD

Liz Hartnett https://orcid.org/0000-0003-2942-3720

References

Begley Cecily, Murphy Katherine, Higgins Agnes, Fintan Sheerin, Imelda Coyne, Declan Devane, Padraig MacNeela et al. (2010) *An Evaluation of Clinical Nurse and Midwife Specialist and Advanced Nurse and Midwife Practitioner Roles in Ireland (SCAPE),* Dublin: National Council for the Professional Development of Nursing and Midwifery in Ireland,1-467

Bernstein Basil. 1990. *Class Codes and Control, Volume IV; Structuring the pedagogic discourse*. London: Routledge.

Bernstein Basil. 2000. *Pedagogy, Symbolic Control and Identity,* Oxford: Rowman & Littlefield.

Chen Rainbow, Maton Karl and Bennett Sue. 2011 "Absenting discipline: Constructivist approaches in online learning", in Christie F. and Maton Karl. (eds) *Disciplinarity: Functional linguistic and sociological perspectives*. London, Continuum: 129-150

Chouliarki Lilie and Fairclough Norman. 1999. *Discourse in Late Modernity, Rethinking Critical Discourse Analysis,* Edinburgh: Edinburgh University Press.

Doody Owen, Slevin Eamonn and Taggart Laurence. 2012' Intellectual disability nursing in Ireland: Identifying its development and future', *Journal of Intellectual Disabilities*,16(7);7-16.

Eastern Region Health Authority. 2003. *Looking into the Future: Maximising the Nursing Contribution to a Comprehensive Intellectual Disability Service*. Dublin: Eastern Regional Health Authority.

Fairclough Norman. 2003. 'Critical discourse analysis as a method in social scientific research' in Wodak R and Meyer M (eds) *Methods of Critical Discourse Analysis*. London: Sage.

Frenk Julio, Chen Lincoln, Bhutta Zulfiqua, Cohen Jordan, Crisp Nigel, Evans Timothy, Fineberg Harvey, et al. (2010) 'Health professionals for a new century: transforming education to strengthen health systems in an interdependent world'. *The Lancet*. Available at: https://doi.org/10.1016/S0140-6736(10)61854-5. (Accessed: 22 September 2014).

Gates Bob. 2006. *Care Planning and Care Delivery in Intellectual Disability Nursing*. London: Blackwell

Gates Bob and Mafuba Kay. 2016. *Learning Disability Nursing, Modern Day Practice*. London: Taylor and Francis.

Gee John Paul. 2014a. *An Introduction to Discourse Analysis, Theory and Method*. London: Routledge.

Gee John Paul. 2014b. *How to do Discourse Analysis, a toolkit*. London: Routledge.

Government of Ireland.1998. *Report of the Commission on Nursing; a Blueprint for the Future*. Dublin: Stationery Office.

Hartnett Elizabeth. 2004. *The role of the social model of disability in Irish intellectual disability nursing*. UCD: Unpublished MSc thesis.

Hartnett Elizabeth. 2020. *An exploration of how undergraduate intellectual disability nursing students are supported to access, integrate and apply knowledge for practice in Irish higher education*. UCD: Unpublished PhD thesis.

McCarron Mary, Sheerin Fintan, Roche Liz., Ryan Annmarie., Griffiths Colm, Keenan Paul, Doody Owen et al. (2018) *Shaping the Future of Intellectual Disability Nursing in Ireland*. Health Services Executive, Ireland Available at https://www.hse.ie/eng/about/who/onmsd/news/shaping-the-future-of-intellectual-disability-nursing-in-ireland-2018.pdf. (accessed 12.12.18).

McNamara Martin. 2008a. *The Discursive Construction of the Nursing Academic*. UK: The Open University. Unpublished Doctorate of Education dissertation.

McNamara Martin. 2008b. "Of bedpans and ivory towers? Nurse academics identities and the sacred and profane; a Bernsteinian analysis and discussion paper", *International Journal of Nursing Studies* 45(3) : 458-470.

McNamara Martin. 2010. "What Lies Beneath? The Underlying Principles Structuring the Field of Academic Nursing in Ireland", *Journal of Professional Nursing*, 26 (6) :377-384.

McNamara Martin, Gerard Fealy, Mary Casey, Ruth Geraghty, Maree Johnson, Phil Halligan, Pearl Treacy and Michelle Butler (2011) "Boundary matters: clinical leadership and the distinctive disciplinary contribution of nursing to multidisciplinary care" *Journal of Clinical Nursing*. https://doi.org/10.1111/j.1365-2702.2011.03719.x. (Accessed August 2021).

McNamara Martin and Fealy Gerard. 2014. "Knowledge matters in nursing" in, Young Michael and Muller Johan (eds) *Knowledge Expertise and the Professions*. London: Routledge:157-170

Maton Karl. 2014. *Knowledge and Knowers, towards a realist sociology of education*. Oxon: Routledge.

Maton Karl, Hood Susan and Shay Suellen. 2016 *Knowledge-building: Educational studies in Legitimation Code Theory*. London, Routledge.

Muller Johan. 2000 *Reclaiming Knowledge. Social theory, curriculum and education policy*. London Routledge Falmer.

Nursing and Midwifery Board of Ireland, 2016. *Standards and Requirements for Nurse Registration Education Programmes*. Dublin: NMBI.

Nursing and Midwifery Council 2018 *Future nurse: standards of proficiency for registered nurses*. Available at: https://www.nmc.org.uk/globalassets/sitedocuments/education-standards/future-nurse-proficiencies.pdf.9. London; NMC

Orlando Ida. 1961. *The Dynamic Nurse-Patient Relationship: Function, Process and Principles*. New York: Putnam and Sons.

Peplau Hildagar.1952. *Interpersonal Relationships in Nursing*. New York: Putnam and Sons.

Risjord Mark. 2009. *Nursing knowledge: science, practice and philosophy.* Oxford: Wiley-Blackwell.

Sandeowski Margarete and Barroso Julie. 2003 "Classifying the findings in qualitative studies" *Qualitative Health Research*. 13 (7): 905-923.

Shay Suellen. 2013. "Conceptualizing curriculum differentiation in higher education: a sociology of knowledge point of view", *British Journal of Sociology of Education*, 34 (4): 563-582

Sheerin Fintan. 2012 *Describing Intellectual Disability Nursing, an exploration of nurse and non-nurse caring in intellectual disability service provision*. Saarbrucken: Lambert.

Sweeney John and Mitchell Duncan. 2009. 'A Challenge to Nursing: An Historical Review of Intellectual Disability Nursing in the UK and Ireland.' *Journal of Clinical Nursing* 18 (19): 2754

Winberg Chris. 2017. Changing the knowledgescape of South African Higher Education. Available at. https://www.youtube.com/watch?v=I1D-58uGOXo. (Accessed January 15th 2019).

Wheelehan Leesa. 2012. *Why Knowledge Matters in Curriculum, A social realist argument*. London: Routledge.

Whitcombe Steven. 2013 'Problem based learning students' perceptions of knowledge and professional identity: occupation therapists as 'knowers', *British Journal of Occupational Therapy,* 76 (1) : 37-42

Wolff Karin and Luckett Kathy. 2013. Integrating multidisciplinary knowledge, *Teaching in Higher Education*, 18 (1): 78-92

Wolfensburger Wolf. 1983. '*Social Role Valorization: A Proposed New Term for the Principle of Normalization*'. Toronto, National Institute on Mental Retardation.

Young Michael. 2013. *'Powerful knowledge': to what extent is the idea applicable to school geography.* Accessed February 20th 2021.https://www.youtube.com/watch?v=r_S5Denaj-k