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## **Nursing Perspective Regarding the Stigma Associated with Disability**

The “Gendered Disabilities” project is an attempt to shed the light on the support needed for families caring for persons with disabilities, in general, and Muslim families caring for persons with disabilities, in particular. Without a doubt, stigma plays a major role in the ways in which different sociocultural groups experience disability. Therefore, understanding stigma as related to disability will help the health care professionals include strategies to reduce stigma and health disparities within minority communities.

The project is a multidisciplinary collaborative effort between community, religious, and educational organizations aiming at exploring gendered disability and understanding the intersection of gender, culture, disability and immigration as related to stigma. The ultimate goal is to benefit the community and provide directions for health care professionals who are dealing with Muslim families caring for persons with disabilities. Muslim family's caregivers endure considerable stress and burden that can impact their physical and psychological well-being and compromise their quality of life and family functioning. This project aims at raising societal awareness regarding the stigma and challenges facing Muslim families caring for persons with disabilities as a first step in creating societal and environmental changes.

Participants in this study included Muslim women who have diverse ethnic and national backgrounds. The participants included: Palestinian, Jordanian, Pakistani, Syrian, Indonesian, Indian, and Bangladeshi Muslim female caregivers. This, in fact, provides a representation of Muslim caregivers of persons with disabilities nationally. Women were chosen purposefully in this study for two reasons: first, they are more stigmatized as compared to their male counterparts. Second, they are assuming more caregiver responsibilities as compared to males.

Caregivers in this study shared many of their struggles including difficulty to integrate into the American society, struggles to provide care to their loved ones who have physical or mental disability, and deficiency of resources and special needs programs in Milwaukee. Policy makers should pay attention to the rights of persons with disabilities by increasing the resources and the special needs available to them in Milwaukee. Health care providers, particularly nurses, are in a strategic position to intervene to help Muslim women caring for persons with disabilities.

The information derived from this project has implications for practice. It can be used by nurses to plan primary, secondary, and tertiary prevention strategies to help Muslim caregivers of persons with disability to retain, attain, or maintain optimal wellness for themselves and their care-recipients. Primary prevention is directed toward promoting caregivers' wellness by the reduction of the potential stressors. For example, having a database for Muslim caregivers of persons with disability will facilitate reaching out to those caregivers to assess their needs and to find the adequate resources for their care recipients. This is vital to facilitate their adjustment and to prevent the development of caregivers' depression and anxiety, which in turn, will have an impact on their care-recipients' behaviors and feelings. Secondary and tertiary preventions should be implemented when Muslim caregivers experience stress and depression. This level of intervention should encompass



interventions to increase their personal and social resourcefulness (Zauszniewski, 2012; Zauszniewski, Bekhet, & Herbell, 2018). Social resourcefulness includes teaching them how to rely on family and friends in times of stress. Also, help them to seek professional help when unable to function independently. Additionally, connect them with other caregivers of persons with disabilities so they can exchange ideas and experiences. This sense of universality will alleviate their stress and help them adjust. Health care providers can help caregivers to use personal resourcefulness, which includes helping them use relaxation techniques, such as deep breathing exercises or taking a walk to deal with their stress and anxiety. Teaching them to organize their daily activities is another strategy for personal resourcefulness. A third strategy is helping them use positive self-talk when stressful thoughts come to their mind. Reframe the situation positively is another strategy, meaning that looking at the positives and the negatives and use the positives for their own advantages. Future research might look at the effects of resourcefulness training intervention on the physical and psychological well-being for Muslim families caring for persons with disabilities.

## References

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