Review article

ULOGA MEDICINSKE SESTRE U RADU SA OSOBAMA S OMETENOŠĆU: BARIJERE I IZAZOVI

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APSTRAKT

Uvod. Osobe s ometenošću su sve prisutnije u opštoj populaciji i česti su korisnici različitih vrsta usluga, poput obrazovnih, socijalnih i zdravstvenih. Zdravstveni radnici, među kojima su i medicinske sestre, imaju važnu ulogu u obezbjeđivanju boljeg kvaliteta života osoba s ometenošću. Iako je tako, istraživački nalazi uglavnom se oslanjaju na iskustva samih osoba s ometenošću i njihovih porodica, a manje na iskustva medicinskog osoblja prilikom pružanja zdravstvenih usluga ovoj populaciji. Cilj ovog rada bio je da pregledom literature ukaže na važnost i ulogu medicinskih sestara u pružanju usluga osobama s ometenošću, kao i da identifikuje glavne barijere i izazove u tom procesu. Pretraga literature vršena je korišćenjem relevantnih baza podataka (*Google Scholar, SCIndeks, ERIH plus, SCOPUS*). Literatura je pretraživana na srpskom i engleskom jeziku, uz upotrebu odgovarajućih ključnih riječi, a u obzir su uzeti radovi koji nisu stariji od 15 godina. Zaključak većeg broja studija jeste da

THE ROLE OF NURSES IN WORKING WITH PERSONS WITH DISABILITIES: BARRIERS AND CHALLENGES

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ABSTRACT

Introduction**.** People with disabilities are increasingly present in the general population and are frequent users of various types of services, including educational, social, and healthcare services. Healthcare professionals, including nurses, play an important role in ensuring a better quality of life for people with disabilities. However, research findings are mostly based on the experiences of people with disabilities themselves and their families, while less attention has been paid to the experiences of healthcare staff in providing healthcare services to this population. The aim of this paper was to review the literature in order to highlight the importance and role of nurses in providing services to people with disabilities, as well as to identify the main barriers and challenges in this process. The literature search was conducted using relevant databases (*Google Scholar*, *SCIndeks*, *ERIH Plus*, and *SCOPUS*). The literature was searched in both Serbian and English using appropriate keywords, and papers published within the

medicinske sestre imaju poteškoće u komunikaciji sa osobama s ometenošću i da se ne osjećaju uvijek prijatno prilikom pružanja zdravstvenih usluga. Pored toga, istaknuto je da nisu dovoljno pripremljene za rad sa ovom populacijom. U svrhu poboljšanja postojećih nalaza predlaže se uvođenje obrazovnih sadržaja koji će da budu osmišljeni sa ciljem upoznavanja budućih medicinskih sestara sa pristupom i načinom komunikacije sa osobama s ometenošću. Takođe, ističe se značaj sticanja neposrednog iskustva u kliničkom okruženju.

Ključne riječi: medicinske sestre, osobe sa ometenošću, zdravstvene usluge, komunikacija.

last 15 years were taken into consideration. The conclusions of a large number of studies indicate that nurses experience difficulties in communicating with people with disabilities and do not always feel comfortable when providing healthcare services. In addition, it was emphasized that they are not sufficiently prepared to work with this population. In order to improve the existing findings, it is recommended to introduce educational content designed to familiarize future nurses with appropriate approaches and methods of communication with people with disabilities. Furthermore, the importance of gaining direct experience in a clinical setting is emphasized.

Keywords: nurses, people with disabilities, healthcare services, communication.

UVOD

Jedanaesta revizija Međunarodne klasifikacije bolesti (MKB-11), objavljena 2018. godine i uvedena u primjenu 2022. godine, prvi put prepoznaje neurorazvojne poremećaje kao zasebnu dijagnostičku grupu, odvojenu od mentalnih i bihejvioralnih poremećaja. U tu grupu spadaju: razvojni poremećaji govora i jezika, poremećaj iz spektra autizma, poremećaj pažnje sa hiperaktivnošću, razvojni poremećaj učenja, poremećaj sa stereotipnim pokretima, te razvojni poremećaj motoričke koordinacije i poremećaj intelektualnog razvoja [1]. Osobe s ometenošću su sve prisutnije u opštoj populaciji i česti su korisnici različitih vrsta usluga, poput obrazovnih, socijalnih i zdravstvenih. Pristupi u radu sa djecom sa razvojnim poremećajima zasnivaju se na principima multidisciplinarnosti i holističkog pristupa [2]. Multidisciplinarni pristup podrazumijeva saradnju stručnjaka različitih profila koji zajednički planiraju i sprovode intervencije. S druge strane, holistički pristup

INTRODUCTION

The eleventh revision of the International Classification of Diseases (ICD-11)**,** published in 2018 and implemented in 2022, recognizes neurodevelopmental disorders for the first time as a distinct diagnostic category, separate from mental and behavioural disorders. This group includes developmental speech and language disorders, autism spectrum disorder, attention-deficit/hyperactivity disorder, developmental learning disorder, stereotyped movement disorder, developmental motor coordination disorder, and disorders of intellectual development [1]. Persons with disabilities are increasingly represented in the general population and are frequent users of various services, including educational, social, and healthcare services. Approaches to working with children with developmental disorders are based on the principles of multidisciplinarity and a holistic approach [2]. A multidisciplinary approach involves collaboration among professionals from different disciplines who jointly plan and

podrazumijeva sagledavanje djeteta kao cjelovitog bića, uz uvažavanje njegovih fizičkih, psiholoških, socijalnih i emocionalnih potreba. Zbog toga je neophodno obezbijediti da sva djeca imaju pristup najadekvatnijem sistemu podrške i intervencije [3]. U realizaciji tog procesa uključene su različite kategorije stručnjaka iz oblasti psihologije, socijalne zaštite i medicine [4]. Medicinska sestra ima važnu ulogu u koordinaciji njege i predstavlja vezu između zdravstvenog sistema, porodice i ostalih članova tima [5]. Pored toga, medicinske sestre aktivno učestvuju u postizanju ciljeva rehabilitacije sa naglaskom na motivaciju, samostalnost, uz uvažavanje potreba i mogućnosti korisnika zdravstvenih usluga [6]. Nadalje, zdravstvena njega koju pružaju medicinske sestre priprema pacijente za proces rehabilitacije, doprinosi kontinuitetu rehabilitacije, ostvarivanju željenih rehabilitacionih ishoda i poboljšanju kvaliteta života pacijenata [7]. U dosadašnjoj praksi i prema izjavama zdravstvenih radnika primijećeno je da se pristup roditeljima i djeci sa poteškoćama u razvoju još uvijek temelji na medicinskom modelu što se ogleda u predrasudama prema ovoj populaciji, te nedovoljnom uvažavanju njihovih prava i potreba [8]. Zbog toga, osobe sa ometenošću su nerijetko marginalizovana grupa čije je iskustvo sa zdravstvenih sistemom često negativno [9]. Kod ove populacije osoba ponekad se detektuje više neurorazvojnih poremećaja od kojih svaki nosi dodatne komplikacije i komobriditete [10]. Problem može da predstavlja hospitalizacija osoba s ometenošću koja može biti otežana zbog problema u komunikaciji, fizičkog pristupa zdravstvenim ustanovama, kao i potrebe za angažovanjem dodatnog osoblja [11], dok zdravstveni radnici teško odgovaraju na zdravstvene potrebe ovih osoba [12]. Takođe, zdravstveni radnici se mogu osjećati

implement interventions. In contrast, a holistic approach entails viewing the child as a whole person, taking into account their physical, psychological, social, and emotional needs. Therefore, it is essential to ensure that all children have access to the most appropriate support and intervention system [3]. The implementation of this process involves various categories of professionals from the fields of psychology, social welfare, and medicine [4]. Nurses play an important role in coordinating care and serve as a link between the healthcare system, the family, and other members of the multidisciplinary team [5]. In addition, nurses actively contribute to achieving rehabilitation goals, with an emphasis on motivation and independence, while respecting the needs and abilities of healthcare service users [6]. Furthermore, the nursing care provided by nurses prepares patients for the rehabilitation process, contributes to the continuity of rehabilitation, facilitates the achievement of desired rehabilitation outcomes, and improves patients' quality of life [7]. In previous practice and according to statements of healthcare professionals, it has been observed that the approach to parents and children with developmental difficulties is still based on the medical model, which is reflected in prejudice toward this population, as well as in insufficient recognition of their rights and needs [8]. Therefore, persons with disabilities are often a marginalized group whose experience with the healthcare system is frequently negative [9]. In this population, multiple neurodevelopmental disorders are sometimes identified, each of them carries additional complications and comorbidities [10]. Hospitalization of persons with disabilities may be difficult due to problems in communication, physical access to healthcare institutions, as well as the need for

nesigurno ili preopterećeno [13, 14], bez samopouzdanja u komunikaciji sa osobama s ometenošću [15]. Cilj ovog rada bio je da se pregledom dostupne literature analizira uloga medicinskih sestara u pružanju zdravstvenih usluga osobama s ometenošću i identifikuju glavne barijere i izazovi u tom procesu.

MATERIJAL I METODE RADA

Pretraga literature vršena je korišćenjem relevantnih baza podataka (*Google Scholar, SCIndeks, ERIH plus, SCOPUS*). Kriterijumi za uključivanje odnosili su se na pregledne i istraživačke radove čiji je uzorak obuhvatao zdravstvene radnike (medicinske sestre i ljekare), kao i na radove koji su se bavili pružanjem zdravstvenih usluga populaciji osoba s ometenošću, sa akcentom na barijere i izazove u tom procesu. Literatura je pretraživana na srpskom i engleskom jeziku, uz upotrebu odgovarajućih ključnih riječi (*medicinske sestre, osobe sa ometenošću, zdravstvene usluge, komunikacija, nurses, people with disabilities, health services, communication*), a u obzir su uzeti radovi koji nisu stariji od 15 godina. Dalja pretraga izvršena je na osnovu liste referenci iz radova koji su pronađeni na osnovu primjene prethodno navedenih ključnih riječi.

REZULTATI

U istraživanju sprovedenom u pokrajini Limburg u Belgiji ispitivan je kvalitet komunikacije zdravstvenih radnika (545 ljekara i 1547 medicinskih sestara) sa osobama sa invaliditetom. Putem elektronskog upitnika učešće u istraživanju uzelo je 6,6% (36 od 545) ljekara opšte prakse i 37,6% (588 od 1.547) medicinskih sestara. Učesnici su samostalno procjenjivali kvalitet komunikacije sa osobama uključenim u brigu o osobama sa invaliditetom i nivo informisanosti o mjerama podrške za osobe sa invaliditetom.

the engagement of additional staff [11], while healthcare professionals find it difficult to respond to the healthcare needs of these persons [12]. Also, healthcare professionals may feel insecure or overburdened [13,14], lacking confidence in communication with persons with disabilities [15]. The aim of this paper was to analyze, through a review of the available literature, the role of nurses in providing healthcare services to persons with disabilities and to identify the main barriers and challenges in this process.

MATERIALS AND METHODS

The literature search was conducted using relevant databases (*Google Scholar*, *SCIndeks*, *ERIH Plus*, *SCOPUS*). The inclusion criteria referred to review and research articles whose samples included healthcare professionals (nurses and physicians), as well as articles dealing with the provision of healthcare services to the population of persons with disabilities, with an emphasis on barriers and challenges in this process. The literature was searched in Serbian and English using appropriate keywords (nurses, persons with disabilities, healthcare services, communication) and articles not older than 15 years were taken into consideration. Further searching was performed based on the reference lists of articles identified through the application of the previously mentioned keywords.

RESULTS

A study conducted in the province of Limburg in Belgium examined the quality of communication between healthcare professionals (545 physicians and 1,547 nurses) and persons with disabilities. Through an electronic questionnaire, 6.6% (36 out of 545) of general practitioners and 37.6% (588 out of 1,547) of nurses participated in the study. The participants

Rezultati su pokazali da 68,8% ljekara i 45,8% medicinskih sestra procijenjuje da dobro komuniciraju sa osobama sa invaliditetom, pri čemu su nesporazume uglavnom pripisivali ograničenim intelektualnim sposobnostima ovih osoba. Pored toga, ljekari i medicinske sestre naveli su da dobro komuniciraju sa drugim zdravstvenim radnicima. Međutim, čak 88,3% ljekara i 89% medicinskih sestara kao ključni problem navodi nedovoljnu informisanost u vezi alata za komunikaciju sa osobama sa invaliditetom, dok 44,1% ljekara i 66,9% medicinskih sestara smatra da su nedovoljno informisani o beneficijama i pravima osoba sa invaliditetom [16]. Autori preglednog rada iz 2016. godine [12] analizom savremene literature koja opisuje iskustva medicinskih sestara u njezi osoba sa intelektualnim teškoćama u akutnoj zdravstvenoj zaštiti identifikovali su tri osnovne teme:

1. medicinske sestre se osjećaju nedovoljno pripremljeno za rad sa pacijentima sa intelektualnim teškoćama,
2. medicinske sestre doživljavaju poteškoće u komunikaciji sa osobama sa intelektualnim teškoćama,
3. medicinske sestre imaju nejasna očekivanja od formalnih i neformalnih njegovatelja.

Pregled je obuhvatio istraživačke članke objavljene na engleskom jeziku između 2006. i 2015. godine, u kojima su učesnici bile medicinske sestre svih nivoa obrazovanja. Nakon uklanjanja duplikata, pretragom je dobijeno ukupno 267 referenci. Pregledani su saželi tih referenci, a nakon uklanjanja nerelevantnih radova uključeno je 14 članaka u punom tekstu. Na osnovu dobijenih rezultata uočeno je da briga o osobama sa intelektualnim teškoćama

independently assessed the quality of communication with persons involved in the care of persons with disabilities and their level of awareness regarding support measures for persons with disabilities. The results showed that 68.8% of physicians and 45.8% of nurses assessed that they communicated well with persons with disabilities, while misunderstandings were mainly attributed to the limited intellectual abilities of these persons. In addition, physicians and nurses reported that they communicated well with other healthcare professionals. However, as many as 88.3% of physicians and 89% of nurses identified insufficient knowledge regarding communication tools for persons with disabilities as a key problem, while 44.1% of physicians and 66.9% of nurses considered themselves insufficiently informed about the benefits and rights of persons with disabilities [16]. The authors of a review paper published in 2016 [12], through an analysis of contemporary literature describing nurses' experiences in caring for persons with intellectual disabilities in acute healthcare settings, identified three main themes:

1. Nurses feel insufficiently prepared to work with patients with intellectual disabilities;
2. Nurses experience difficulties in communicating with persons with intellectual disabilities;
3. Nurses have unclear expectations of formal and informal caregivers.

The review included research articles published in English between 2006 and 2015, in which the participants were nurses of all educational levels. After removing duplicates, the search yielded a total of 267 references. The abstracts of these references were reviewed, and after excluding irrelevant

zahtijeva da medicinske sestre koriste različite lične i organizacione resurse. Formalno obrazovanje ili obuka smatraju se idealnom pripremom za medicinske sestre koje pružaju njegu osobama sa intelektualnim teškoćama u bolnici, što je često naglašavano u pregledanoj literaturi [12]. U istraživanju koje je realizovano u Australiji grupa autora je sprovela tematsku analizu podataka iz otvorenog pitanja u anketi koja se odnosilo na prepreke u komunikaciji sa osobama sa intelektualnim teškoćama i/ili autizmom. Uzorkom istraživanja obuhvaćeno je 279 registrovanih medicinskih sestara. Rezultati ukazuju na potrebu povećanja obrazovnih sadržaja na osnovnim i postdiplomskim studijama sestrinstva. Nalazi, takođe, ukazuju na značaj obrazovnog pristupa zasnovanog na razumijevanju različitosti u načinu razmišljanja i obrade informacija koje karakterišu oblici neurodiverziteta kod intelektualnih teškoća i poremećaja iz spektra autizma [17]. O značaju edukacije medicinskog osoblja, naročito ljekara i studenata medicine, u pogledu pristupa i komunikacije sa osobama sa invaliditetom govorili su i autori sa Fakulteta za specijalnu edukaciju i rehabilitaciju, Univerziteta u Beogradu. Autori podsjećaju da su osobe sa intelektualnom ometenošću nerijetko marginalizovana grupa čije je iskustvo sa zdravstvenim sistemom često negativno, a poseban problem je hospitalizacija osoba sa intelektualnom ometenošću, koja može biti otežana zbog problema u komunikaciji, fizičkog pristupa zdravstvenim ustanovama i kretanju u okviru nje, potrebe za angažovanjem dodatnog osoblja, kao i finansijskim barijerama. Pregledom savremene literature (zaključno sa 2024. godinom) o edukaciji ljekara i studenata medicine o intelektualnoj ometenosti i inkluziji uočeno je da postoji velika

studies, 14 full-text articles were included. Based on the obtained results, it was observed that caring for persons with intellectual disabilities requires nurses to use various personal and organizational resources. Formal education or training is considered ideal preparation for nurses providing care to persons with intellectual disabilities in hospital settings, which was frequently emphasized in the reviewed literature [12]. In a study conducted in Australia, a group of authors performed a thematic analysis of data from an open-ended survey question related to barriers in communication with persons with intellectual disabilities and/or autism. The study sample included 279 registered nurses. The results indicate the need to increase educational content at undergraduate and postgraduate nursing studies. The findings also indicate the importance of an educational approach based on understanding differences in ways of thinking and processing information that characterize forms of neurodiversity in intellectual disabilities and autism spectrum disorders [17]. Regarding the importance of education of healthcare staff, especially physicians and medical students, in terms of approach and communication with persons with disabilities, authors from the Faculty of Special Education and Rehabilitation, University of Belgrade, have also addressed this issue. The authors point out that persons with intellectual disabilities are often a marginalized group whose experience with the healthcare system is frequently negative, and a particular problem is the hospitalization of persons with intellectual disabilities, which may be difficult due to communication problems, physical access to healthcare institutions and movement within them, the need for additional staff, as well as financial barriers. A review of contemporary literature

raznolikost programa edukacije, različiti metodološki pristupi, ocjene ishoda, profili edukatora, a neki programi su samo izborni. Pokazan je pozitivan efekat adekvatne edukacije o intelektualnoj ometenosti i inkluziji ne samo na medicinsko znanje ljekara i studenata medicine, već i na njihove socijalne i kognitivne kompetencije, kao i povećanje samopouzdanja u brizi o osobama sa intelektualnom ometenošću [18]. Istraživanje, sprovedeno u Hrvatskoj 2012. godine, imalo je za cilj uporediti stavove prema osobama s invaliditetom od strane medicinskih sestara koje se svakodnevno susreću i rade sa osobama sa invaliditetom i onih koje su rijetko u kontaktu sa njima. U istraživanju je učestvovalo 50 medicinskih sestara iz Zadra. Rezultati ovog istraživanja pokazuju neodlučnost u stavovima medicinskih sestara prema osobama s invaliditetom, ali sa tendencijom da idu u pozitivnom smjeru. Najveći procenat medicinskih sestara (72%) smatra da su osobe s invaliditetom najvulnerabilnija populacija u društvu, dok se 16% medicinskih sestra nije složilo sa tim. Da osobe s invaliditetom mogu dati ravnopravni doprinos društvu slaže se 42% ispitanih medicinskih sestara, 32% se ne slaže, a 22% njih je neodlučno u pogledu ove tvrdnje. Isto tako, 34% ispitanika smatra da je rad s osobama s invaliditetom veoma stresan, dok se 50% ne slaže s tvrdnjom, 14% je neodlučno, a 2% nije odgovorilo. Dakle, bilježe se varijabilni rezultati u pogledu mišljenja zdravstvenih radnika da li je rad sa osobama s invaliditetom stresan ili ne, koji se kreće od 9 do 73% [19]. Naredni pregledni rad [20] imao je za cilj da identifikuje prepreke i olakšavajuće faktore u sestrinskoj njezi osoba sa razvojnim teškoćama i na osnovu toga pruži adekvatne preporuke. Literatura je pretraživana pomoću dvije elektronske baze (ProQuest i EBSKO).

(up to 2024) on the education of physicians and medical students about intellectual disability and inclusion showed that there is a wide diversity of educational programmes, different methodological approaches, outcome assessments, educator profiles, and that some programmes are only elective courses. A positive effect of adequate education on intellectual disability and inclusion was demonstrated not only on the medical knowledge of physicians and medical students, but also on their social and cognitive competencies, as well as an increase in confidence in caring for persons with intellectual disabilities [18]. A study conducted in Croatia in 2012 aimed to compare attitudes toward persons with disabilities among nurses who regularly encounter and work with persons with disabilities and those who are rarely in contact with them. The study included 50 nurses from Zadar. The results of this study indicate uncertainty in nurses' attitudes toward persons with disabilities, although with a tendency toward a more positive direction. The largest proportion of nurses (72%) considered persons with disabilities to be the most vulnerable population in society, while 16% of nurses disagreed with this view. Regarding the statement that persons with disabilities can make an equal contribution to society, 42% of respondents agreed, 32% disagreed, and 22% were undecided. Likewise, 34% of respondents considered working with persons with disabilities to be very stressful, while 50% disagreed with this statement, 14% were undecided, and 2% did not respond. Therefore, variable findings were recorded regarding healthcare professionals' opinions on whether working with persons with disabilities is stressful or not, ranging from 9% to 73% [19]. The next review paper [20] aimed to identify barriers and facilitating

Nakon korišćenja odgovarajućih ključih riječi i odbacivanja duplih radova u konačnoj analizu zadržano je 17 radova. Teme identifikovane u ovom pregledu literature organizovane su u sljedeće opšte cjeline: (1) prepreke i izazovi za sestrinske intervencije u njezi osoba sa razvojnim teškoćama; (2) faktori koji olakšavaju sestrinsku njegu u unapređenju zdravlja osoba sa razvojnim teškoćama; i (3) preporuke za obrazovanje, politiku i praksu u sestrinstvu koje se tek razvijaju. Kada je riječ o prvom temi, medicinske sestre su izdvojile ograničeno vrijeme za pružanje prilagođene njege i dodatne odgovornosti prilikom rada sa osobama s ometenošću. Zbog ograničenog vremena, medicinske sestre su često izbjegavale direktnu komunikaciju sa osobama s ometenošću i više su se oslanjale na članove porodice. Osobama sa razvojnim teškoćama često je potrebno više vremena za objašnjenja, pa se zbog toga mogu osjećati požurivano i ne uspjeti u potpunosti razumijeti informacije što može izazvati pojačane emocije sa kojima se teško nose [21]. Takav način komunikacije otežavao je razvoj efikasnih odnosa između pacijenata i osoblja. Isto tako, u hitnim slučajevima to je ometalo organizovanu njegu i dovelo do neadekvatnih pristupa kao što je upotreba fizičkog sputavanja i sedativnih lijekova radi sprečavanja povrede pacijenta. Kao druga značajna barijera izdvojile su se komunikacijske prepreke u radu sa pacijentima sa ometenošću. Iz tog razloga, medicinske sestre su često morale da prate neverbalne znake ili im je upotreba augmentalivne i alternativne komunikacije od strane samih pacijenata pomogla u međusobnom razumijevanju [22, 23]. Kao treća prepreka navodi se nedovoljna edukacije ili izostatak treninga za rad sa osobama s ometenošću naglašavaući da su postojeće obuke na temu invalidnosti

factors in nursing care for persons with developmental disabilities and, based on this, to provide appropriate recommendations. The literature was searched using two electronic databases (ProQuest and EBSCO). After using appropriate keywords and removing duplicate studies, 17 articles were included in the final analysis. The themes identified in this literature review were organized into the following general categories: (1) barriers and challenges to nursing interventions in the care of persons with developmental disabilities; (2) factors facilitating nursing care in the improvement of health in persons with developmental disabilities; and (3) recommendations for education, policy, and practice in nursing that are still developing. Regarding the first theme, nurses identified limited time for providing individualized care and additional responsibilities when working with persons with disabilities. Due to limited time, nurses often avoided direct communication with persons with disabilities and relied more on family members. Persons with developmental disabilities often require more time for explanations, and therefore may feel rushed and fail to fully understand the information, which can lead to increased emotions that are difficult for them to manage [21]. Such communication hindered the development of effective relationships between patients and staff. Likewise, in emergency situations, this interfered with organized care and led to inappropriate approaches such as the use of physical restraints and sedative medications to prevent patient harm. The second major barrier identified was communication difficulties in working with patients with disabilities. For this reason, nurses often had to rely on non-verbal cues, or the use of augmentative and alternative communication by the patients themselves helped facilitate mutual

nedovoljne. Tako, medicinske sestre su navodile da se osjećaju sigurnije i opuštenije ukoliko su imale prethodno iskustvo sa osobama s ometenošću [24]. Pored identifikovanja glavnih barijera u radu medicinskih sestara sa osobama s ometenošću, u radu se navode i ključni faktore koji medicinskim sestrama olakšavaju pružanje njege pacijentima s ometenošću. Među tim faktorima ubraja se upotreba alata i specijalizovanih resursa za sestrinsku njegu osoba s ometenošću, sestrinske strategije za upravljanje izazovnim ponašanjem, kao i korišćenje strategija koje poboljšavaju saradnju sa porodicom i zdavstvenim timovima [20]. Prethodno navedeni izazovi mogu negativno uticati na kvalitet zdravstvene njege, te dovesti do izbjegavanja kontakta sa osobama s ometenošću, posmatrajući ih kao „teške“ pacijenate, pri čemu pristup zdrastvenoj zaštiti može da bude ugrožen i praćen pogoršanjem zdravlja i povećanim brojem hospitalizacija [20]. Da bi se eleminisali neželjeni efekti, istraživački nalazi su gotovo saglasni po pitanju neophodnosti dodatnog edukovanja medicinskih sestara u pogledu upoznavanja sa osnovnim karakteristika osoba s ometenošću, načina komunikacija, pristupa i prilagođavanja načina rada. Takođe, konzistentnost postoji i po pitanju povećanja saradnje između porodice i zdravstvenih radnika, te korišćenja standardizovanih mjernih instrumenata i sticanja neposrednog iskustva u kliničkom okruženju. Tim prije jer studenti medicinskog fakulteta navode da je obuka za rad sa osobama s ometenošću minimalna ili, čak, nepostojeća [25].

ZAKLJUČAK

Dostupne studije na području Bosne i Hercegovine, ali i okruženja su jako oskudne na ovu temu. Ovaj iznenađujući podatak je

understanding [22, 23]. The third barrier was insufficient education or lack of training for working with persons with disabilities, emphasizing that existing training on disability is insufficient. Thus, nurses reported feeling more secure and relaxed if they had prior experience with persons with disabilities [24]. In addition to identifying the main barriers in nurses' work with persons with disabilities, the study also presents key factors that facilitate the provision of nursing care to patients with disabilities. These factors include the use of tools and specialized resources for nursing care of persons with disabilities, nursing strategies for managing challenging behaviour, as well as the use of strategies that improve cooperation with families and healthcare teams [20]. The previously mentioned challenges may negatively affect the quality of nursing care and lead to avoidance of contact with persons with disabilities, viewing them as "difficult" patients, whereby access to healthcare may be compromised and accompanied by deterioration in health and an increased number of hospitalizations [20]. In order to eliminate unwanted effects, research findings are almost consistent regarding the necessity of additional education of nurses in terms of familiarization with the basic characteristics of persons with disabilities, communication methods, approaches, and adaptation of working methods. There is also consistency regarding the need to increase cooperation between families and healthcare professionals, as well as the use of standardized measurement instruments and the acquisition of direct experience in clinical settings. This is particularly important since medical students report that training for working with persons with disabilities is minimal or even non-existent [25].

ujedno i preporuka za sprovođenje budućih istraživanja i na našim područjima, te da bi dobijeni rezultati dodatno osnažili socijalnu inkluziju osoba s ometenošću. Ljekari opšte prakse i medicinske sestre u primarnoj zdravstvenoj zaštiti smatraju da nemaju dovoljno iskustva i znanja za rad sa osobama s ometenošću i prepoznavanje njihovih potreba, te smatraju da nisu dovoljno upoznati sa načinima komunikacije i pravilima vezanim za primjenu određenih prilagođavanja. Zdravstveni radnici nisu sigurni kako da reaguju na probleme u ponašanju, imaju poteškoće u procjeni njihovog stanja i ponekad imaju predrasude prema ovoj grupi, te se zbog toga mogu osjećati nesigurno ili preopterećeno i manje spremno da za pružanje usluga osobama s ometenošću.

CONCLUSION

Available studies on the territory of Bosnia and Herzegovina, as well as the environment, are very scarce on this topic. This surprising data is also a recommendation for conducting future research in our areas as well, so that the obtained results would further strengthen the social inclusion of people with disabilities. General practitioners and nurses in primary health care believe that they do not have enough experience and knowledge to work with people with disabilities and recognize their needs, and they believe that they are not sufficiently familiar with the methods of communication and the rules related to the application of certain adjustments. Health professionals are unsure how to respond to behavioral problems, have difficulty assessing their condition and sometimes have prejudices against this group, and may therefore feel insecure or overwhelmed and less prepared to provide services to people with disabilities.

REFERENCES

1. World Health Organization. International statistical classification of diseases and related health problems. 11th rev. Geneva: World Health Organization; 2018.
2. Ogundele MO. A multidisciplinary approach to the assessment and management of pre-school age neuro-developmental disorders: a local experience. Clin J Nurs Care Pract. 2017;1(1):1-8.
3. Witton C. Childhood auditory processing disorder as a developmental disorder: the case for a multi-professional approach to diagnosis and management. Int J Audiol. 2010;49(2):83-87.
4. Lynch BA, Weaver AL, Starr SR, Ytterberg KL, Rostad PV, Hall DJ, et al. Developmental screening and follow-up by nurses. MCN Am J Matern Child Nurs. 2015;40(6):388-393.
5. Mert S, Köşgeroğlu N. Meeting the care needs of people with intellectual and developmental disabilities and their families through the model of nursing based on activities of living. J Intellect Disabil. 2022;26(3):687-703.
6. Pišćenec I. Koncepti zdravstvene njege u rehabilitaciji bolesnika s invaliditetom. Nastavnička revija. 2022;3(1):37-53.
7. Shirozhan S, Arsalani N, Seyed Bagher Maddah S, Mohammadi-Shahboulaghi F. Barriers and facilitators of rehabilitation nursing care for patients with disability in the rehabilitation hospital: a qualitative study. Front Public Health. 2022; 10:931287.
8. UNICEF. Nevidljiva djeca – od prepoznavanja do inkluzije [Internet]. Zagreb: UNICEF; 2014 [cited 2026 May 29]. Available from: http://www.unicef.hr/wp-content/uploads/2015/09/Nevidljiva_djeca_publikacija.pdf

9. Towson G, Daley S, Banerjee S. Intellectual disabilities teaching for medical students: a scoping review. BMC Med Educ. 2023;23(1):818.
10. American Psychiatric Association. Diagnostic and statistical manual of mental disorders. 5th ed., text rev. Washington (DC): American Psychiatric Association Publishing; 2022.
11. Moloney M, Hennessy T, Doody O. Reasonable adjustments for people with intellectual disability in acute care: a scoping review of the evidence. BMJ Open. 2021;11(2): e039647.
12. Lewis P, Gaffney RJ, Wilson NJ. A narrative review of acute care nurses' experiences nursing patients with intellectual disability: underprepared, communication barriers and ambiguity about the role of caregivers. J Clin Nurs. 2017;26(11-12):1473-1484.
13. Claes N, Storms H, Moermans VRA. Care, communication and educational needs of primary care nurses to treat disabled patients. J Nurs Educ Pract. 2022; 6(7):109-115.
14. MacArthur J, Brown M, McKechanie A, Mack S, Hayes M, Fletcher J. Making reasonable and achievable adjustments: the contributions of learning disability liaison nurses in 'Getting it right' for people with learning disabilities receiving general hospital care. J Adv Nurs. 2015;71(7):1552-1563.
15. Jaques H, Lewis P, O'Reilly K, Wiese M, Wilson NJ. Understanding the contemporary role of the intellectual disability nurse: a review of the literature. J Clin Nurs. 2018;27(21-22):3858-3871.
16. Storms H, Marquet K, Claes N. General practitioners' and primary care nurses' care for people with disabilities: quality of communication and awareness of supportive services. J Multidiscip Healthc. 2017; 10:367-376.
17. Cashin A, Morphet J, Wilson NJ, Pracilio A. Barriers to communication with people with developmental disabilities: a reflexive thematic analysis. Nurs Health Sci. 2024; 26(1): e13103.
18. Pavlović AM, Đurić-Zdravković A, Maksić J, Pavlović D. Intelektualna ometenost, inkluzija i edukacija lekara i studenata medicine. In: Univerzitet u Beogradu – Fakultet za specijalnu edukaciju i rehabilitaciju, editor. Beograd: Univerzitet u Beogradu – Fakultet za specijalnu edukaciju i rehabilitaciju; 2024. p. 217-226.
19. Ljubičić M, Šare S, Bratović N. Stavovi medicinskih sestara prema osobama s invaliditetom. Sestrinski glasnik. 2015; 20(1):33-38.
20. Khanlou N, Khan A, Landy CK, Srivastava R, McMillan S, VanDeVelde-Coke S, et al. Nursing care for persons with developmental disabilities: review of literature on barriers and facilitators faced by nurses to provide care. Nurs Open. 2022;10(2):404-417.
21. Ndengeyingoma A, Ruel J. Nurses' representations of caring for intellectually disabled patients and perceived needs to ensure quality care. J Clin Nurs. 2016;25(21-22):3199-3208.
22. Zwaigenbaum L, Nicholas DB, Muskat B, Kilmer C, Newton AS, Craig WR, et al. Perspectives of health care providers regarding emergency department care of children and youth with autism spectrum disorder. J Autism Dev Disord. 2016;46(5):1725-1736.
23. Hemsley B, Balandin S, Worrall L. Nursing the patient with complex communication needs: time as a barrier and a facilitator to successful communication in hospital. J Adv Nurs. 2012;68(1):116-126.
24. Singer B. Perceptions of school nurses in the care of students with disabilities. J Sch Nurs. 2013;29(5):329-336.
25. Bakoč A, Kern B, Kalajdžić O. Discomfort of medical students in interactions with people with disabilities. Društvene i humanističke studije. 2025;10(1):911-926.