

Nursing Spectrum

disAbled Nurses

Catherine Spader, RN

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Karyn Younkens, RN, developed Reflex Sympathetic Dystrophy Syndrome after an accident resulting in severe trauma to her legs. Despite the syndrome, Younkens has no problem fulfilling the duties of a staff nurse in the postpartum/family-centered care unit at Inova Fairfax Hospital in Falls Church, Va. Photo by Debra Troell, Inova Health System.

COVERSTORY

Education and accommodation are the keys to incorporating RNs with disabilities

Gloria C. Ramsey, RN

Gloria C. Ramsey, RN, JD, is a nurse attorney and a nationally recognized expert in bioethics, research ethics, nursing education and practice, and health disparities. Ramsey has also had a mobility disability since 1981. Until now, she says she has never publicly discussed her disability because she wants to be treated as a health care professional. She prefers any attention she receives to be focused on her career, not on the scooter she rides.



Gloria C. Ramsey, RN

Ramsey says progress has been made for nurses and other people with disabilities who want to work since the passage of laws, such as the 1990 Americans With Disabilities Act and the New Freedom Initiative in 2001. Despite these measures, Ramsey says nurses and other people with disabilities are still greatly underemployed. According to a 2002 U.S. Census Bureau report, about 56% of people ages 21 to 64 who had a disability were employed at some point during the year prior to the report compared to an 88% employment rate for those with no disabilities.

“When you think about our nursing shortage ... we can ill-afford to exclude people who have the capacity, the competency, and the ability to perform their jobs with modifications and adjustments,” says Ramsey. “Employers need to open up to the sets of skills disabled nurses bring that may not be typical.”

Retooling for a different life

When Ramsey became disabled as a new nurse, she quickly realized that she had to retool to remain viable in the workforce. Thanks in part to the support she received as a student from the faculty of New Jersey City University, she was able to complete her bachelor’s degree. She then went on to law school.

After graduation, Ramsey was grateful to find an employer who found value in diversity and adapted the space and the schedule to meet her needs. The Uniformed Services University of the Health Sciences in Bethesda, Md., is that employer, where she is an associate professor in the graduate school of nursing and an assistant research professor in the school of medicine department of medical and clinical psychology. She also directs community outreach and information dissemination for the university’s Center for Health Disparities Research and Education.

However, simply completing a BSN or other degree is no guarantee a disabled nurse will be hired, according to Marie Sims, RN, BSN, JD. Sims, a disabled, unemployed nurse in Delaware who is willing to work in Maryland or re-locate for a job, says that for many management positions, nurses also need recent clinical experience.

“If a nurse doesn’t have that BSN before becoming disabled, by the time he or she earns one, his or her clinical experience isn’t recent anymore,” says Sims. “I’d love a position as a case manager. But without that experience, I’ve heard time and again that I’m not the ideal candidate for case management training. I’ve also been told by several employers that nursing home supervisors must be physically able to cover staffing shortages.”

Sims says employers could help disabled nurses by waiving the requirement for recent experience, if possible, or by supporting nurses in completing a refresher course. Employers should also not automatically bar disabled nurses with more than a year’s gap on their resumes.

“Not everyone who gets injured or sick bounces back after a short course of physical therapy,” she says. “In my case, it was years of surgeries and pain center treatments which kept me out of the workforce.”

Nurses with special skills

Karyn Younkings, RN, is a disabled nurse who uses a crutch to ambulate. She developed Reflex Sympathetic Dystrophy (RSD) Syndrome after an accident resulting in severe trauma to her legs. RSD is a chronic neurological syndrome characterized by severe burning pain, pathological changes in bone and skin, excessive sweating, tissue swelling, and extreme sensitivity to touch. Despite this, Younkings not only works, but also tackles the challenges of bedside nursing as a staff nurse in the postpartum/family-centered care unit at Inova Fairfax Hospital in Falls Church, Va. She is also a part-time wedding photographer.

After facing a near-amputation and nine surgeries to save her legs, Younkings was accepted into a nursing program. She used two crutches, and one dean did not believe she could meet the physical requirements for nursing students. Younkings proved the dean wrong and says she will never forget the support she received from classmates and an instructor who called her “handi-capable.” Now as a nurse at Fairfax Hospital, she has found an employer and a group of coworkers who are supportive and believe in her capabilities and the special touch she has with patients and nursing students.

“People here say they don’t even see the crutch any more,” says Younkings, who adds that she learned much about supporting patients as a patient herself. “I have a different perspective, and I spend a lot of time at the bedside. When I was frightened because they were about to amputate my leg, I saw that the nurse actually made the difference in my stay.”

Younkings also uses her insight about RSD as a learning tool when she precepts nursing students, whom she assigns to research the condition.

Another nurse at Fairfax Hospital has found that having a potentially disabling condition has given her a special connection with patients. Martha “Billie” Watson, RN, BSN, LCCE, a clinical educator for Women’s Services, was diagnosed with multiple sclerosis in 1989. Although initially she had exacerbations of the condition, the drug interferon beta-1b (Betaseron) put her in remission and she does not consider herself disabled.

“I always tell my audience I have MS, but MS doesn’t have me,” says Watson, who now speaks publicly about the condition and has become a resource and inspiration for patients with MS. “It’s important for someone who is newly diagnosed with MS to see another person who is living with the disease ... in a healthy, active, lifestyle and working. It’s a good motivator for a positive attitude, which is critical when you are diagnosed with a chronic disease.”

Break down barriers for disabled nurses

Barriers to employment for disabled nurses include the essential functions or technical standards that many health care facilities mandate for all nurses, according to Donna Maheady, RN, EdD, ARNP, founder and president of ExceptionalNurse.com, a nonprofit resource network committed to inclusion of more people with disabilities in the nursing profession. Maheady questions the need for such standards for all nurses in the health care environment.

“How many directors of nursing are going to come to a code and do CPR? Nurses in quality assurance, staff education and development, and nurse recruiters — do they all have to physically be able to do CPR?” she asks.

To create an environment that enables disabled nurses to work, Maheady makes these suggestions —

Examine and consider changing essential functions, such as the ability to lift a certain amount of weight and physically perform CPR, for appropriate nursing positions.

Be willing to make reasonable accommodations, such as purchasing an amplified telephone for the nurse’s station, allowing shorter shifts or flextime hours, or allowing case management and telephone triage nurses to work from home.

Welcome nurses with disabilities and encourage those who left to return.

Include “Nurses with disabilities encouraged to apply” in employment ads.

Examine new ways of implementing team nursing, such as having a nurse with MS who uses a wheelchair work as a charge nurse or relieve the charge nurse at busy times of the day.

Stay in step with new technology, such as amplified stethoscopes, which are helping many nurses with hearing loss.

Make nurse stations and medication rooms accessible.

No-lift policies and safe handling equipment should be instituted for all nurses.

How to support a disabled coworker, employee, student

Coworkers, employers, and nursing instructors can work with disabled nurses and students and successfully walk the fine line between being patronizing and being insensitive. The Americans with Disabilities Act says that it’s up to the disabled person to communicate to the employer what he or she needs in order to perform his or her job well, according to Gloria C. Ramsey, RN, JD, a disabled nurse and nationally recognized expert in bioethics, research ethics, nursing education and practice, and health practice disparities. However, she notes that disabled people have varying levels of comfort in discussing their disabilities. Drawing on personal experience and on the guidelines of the U.S. Department of Labor Office of Disability Employment Policy, Ramsey offers these tips to support a disabled coworker, employee, or student —

Shaking hands is a real ice-breaker. When meeting a disabled person introduce yourself and shake hands. It is appropriate to extend your hand to a person that can’t shake hands, such as someone without a limb. Shaking hands with the left hand is acceptable, as is shaking with an artificial limb.

All help isn’t helpful. Offer assistance to people with disabilities, but pause to wait for an acceptance of the offer, allowing the individual to make a choice to accept or refuse. If they accept, listen carefully to the instructions they give to best assist them. Don’t be afraid to ask questions when unsure of how to help.

People who are blind or visually impaired

Speak and greet individuals as you approach them. Speak clearly and in a normal tone of voice and identify yourself.

When conversing in a group that includes a visually impaired person, identify yourself and the person to whom you are speaking.

Never touch or distract a service dog without first asking permission of the owner.

Do not leave them without first asking. Always identify when you're leaving so people with visual impairments do not suddenly find themselves in silence.

Before attempting to guide visually impaired people, first ask if they would like your guidance. Allow the person to hold your arm as they walk instead of your holding their arms.

If you offer a seat, place the person's hand on the back of the chair so he or she can locate the seat.

People who are deaf or hard of hearing

Gain the person's attention before starting a conversation with a light tap on the shoulder or arm.

Look directly at the individual's face, speak normally, keeping your hands away from your face. Most people who are deaf or hard of hearing can read lips to some degree.

Use short sentences and do not chew or smoke while talking.

If using an interpreter, speak directly and maintain eye contact with the person who is hard of hearing or deaf, not with the interpreter.

People with speech impairments

Don't pretend to understand what they say if you really don't. Ask and repeat back to confirm understanding.

Exercise patience to allow people with speech impairments to communicate and never finish their sentences.

Try to ask questions that only require short answers or a head nod.

You may consider writing as an alternative means of communication, but ask first if that is acceptable.

People with cognitive impairments

If in a public area with many distractions, consider moving to a quiet or private area.

Repeat what you say either verbally or in writing to ensure understanding.

Offer assistance with completing forms or in understanding written instructions, but wait for the person to accept and do not be over-patronizing.

Take time to understand the individual and ensure he or she understands you. Repetition is often helpful.

Resources for disabled RNs

The U.S. Equal Employment Opportunity Commission website, available at www.eeoc.gov/index.html, provides a wide variety of information and federal resources

for equal employment issues, including federal equal employment opportunity laws and the employers and other entities covered by these laws. It also provides information on how to file a charge of discrimination.

ExceptionalNurse.com is a nonprofit resource network committed to inclusion of more people with disabilities in the nursing profession. By sharing information and resources, the organization hopes to facilitate inclusion of students with disabilities in nursing education programs and foster resilience and continued practice for nurses who are, or become, disabled. The website is accessible at www.exceptionalnurse.com.

The Association of Medical Professionals with Hearing Losses provides information, promotes advocacy and mentorship, and creates a network for individuals with hearing loss interested in working in the health care field. Visit the website at www.amphl.org.

Nursehouse.org offers temporary financial assistance to nurses who are ill, convalescing, or disabled, and unable to meet current living expenses. For more information, visit the website at www.nursehouse.org.

The American Foundation of the Blind Career Connect is a resource for people who want to learn about jobs performed by adults who are blind or visually impaired throughout the United States and Canada. The website is available at www.afb.org/Section.asp?SectionID=7. Click on Explore Careers (RNs).

The Amputee Coalition of America provides peer support, resources, newsletters, and information to people with limb loss or limb differences. The coalition links students or nurses to nurses with similar challenges. Visit the website at www.amputee-coalition.org/index.html.

Catherine Spader, RN, is a freelance writer. To comment on this story, e-mail pmeredith@nursingspectrum.com.