



Position sought: "Shake, Rattle and Roll! Enthusiastic registered nurse with young onset Parkinson's in Oklahoma City area looking for an employer who likes employees shaken', not stirred. I have 7 years women, children and maternal health experience, CPR, NRP, and SANE (sexual assault nurse examiner) certified."

N UNORTHODOX AD? PERHAPS. However, this nurse's plight shines the spotlight on a growing problem in our country. Increasing numbers of RNs are joining the ranks of the unemployed, disabled by crippling diseases or injury. With the majority of the more than 2 million working nurses approaching their 50s and 60s, the number of our colleagues who are disabled is expected to increase (see Table 1).

A chronic disease or acute injury with permanent damage has the potential to affect every nurse at some point during her career. Deficits ranging from hearing loss, blindness and musculoskeletal injuries to debilitation from illness may result in the inability to work.

What options are available to nurses who are disabled? What is the responsibility of their employers? How can the nursing community support our colleagues who are disabled?

The ADA

The Americans with Disabilities Act of 1990 (ADA) mandates employers provide reasonable accommodations for workers who are disabled, providing no undue hardship is suffered by the employer.1

Companies in good faith will strive to alter work hours, specific tasks and physical environment changes for an employee who falls ill or suffers from an injury. There may come a point, however, when the nurse is unable to perform her assigned duties. Consequently, many nurses fail to inform employers of a disability for fear of retribution. In some cases the nurse may resign, take a medical leave of absence or flounder until she is forced to forfeit her position.

Out in the Open

Without full disclosure, there is little protection for the individual under the ADA. When a nurse does not feel safe to disclose a disability, everyone — from the institution to the patient — is affected.

"I can't do compressions because my wrist has no range of motion. My employer doesn't know but my coworkers do and they help me by opening meds, lifting, etc.," recounted Amanda T., who suffers from a progressive, though currently stable, illness. Not knowing the consequences of disclosing her limita-

tions and fearing she can no longer meet her job requirements fuels her hesitation and clearly impacts patient safety.

"I'll have to wing it when I take CPR again. I'm nervous about what I'll do," she said.

While co-worker support is vital, covering for colleagues who are disabled, doing extra work to lighten their burden and being aware of increased patient safety issues will likely breed resentment over time.

"Poor attitudes from employers and coworkers along with frustration at not being able to find a position is a common thread shared by nurses who are disabled," said award-winning author Donna Carol Maheady, EdD, ARNP. Recognizing this lack of support, Maheady formed the Web site www.exception alnurse.com. Grossly untapped as a workforce, nurses who are

Table 1: Disability Statistics

- · One in five Americans has a disability.
- · More than half of those with disabilities are female.
- Ninety-seven percent of the nursing workforce is female.
- Women with a disability earn less than women with no disability.

Sources: National Institute on Disability and Rehabilitation Research, National Institutes of Health,

disabled seek positions on the Web site. Many of them have decades of experience in a variety of settings.

Disclosing their disabilities up front, they ask for reasonable accommodations such as positions that have limited walking or the ability to telecommute.

"Why not employ more nurses with disabilities? Many have years of experience plus advanced degrees. They're often eager to work, but lack the opportunity. In their hearts and minds, though, they're still nurses," Maheady said.

She recounted a visually impaired nurse, mentored through the Web site, who was able to secure a position as a mental health screener.

"It's important to note nurses make accommodations for co-workers all the time," Maheady stressed. "Nurse A has a bad back; Nurse B is pregnant and shouldn't be exposed to communicable diseases such as chicken pox. Call Nurse J to start that IV ... she can do that stick the best. Nurse K is on a medication for arthritis and shouldn't be exposed to patients with TB ... the charge nurse changes the assignments."

Emotional & Financial Impact

When diagnosed with a serious illness, a nurse is dealing with emotional repercussions in addition to physical issues. It is not unusual to feel socially isolated from colleagues, so healthy nurses and administrators should be cognizant of that to thwart subtle discrimination. Changing the way we view nurses who are disabled will change the way corporations and the public view nurses as a profession.

Research has shown nurses who are disabled are consistently able to meet defined standards of expected job performance. With less physically demanding positions, however, there inevitably follows a lower pay scale.

"It's always concerned me that, in order to teach at the college level, I need to pursue additional degrees and certifications while being paid a fraction of what I earn as a staff nurse," said Kathleen Freme, BS, RN, a lecturer at the University of Massachusetts Amherst School of Nursing. "Hopefully, in the future there will be equality for all positions in the nursing profession."

This extends to the nurse who is disabled as well, who may be struggling financially after accepting a job in a non-clinical setting.

When the nurse is no longer able to continue working due to disease or injury, there are government programs available. Social Security Disability Insurance (SSDI) is an option for

those who have met certain criteria. While some might believe those receiving SSDI are on easy street, consider that a veteran nurse who qualifies for this support will receive a monthly stipend that is likely less than half her previous salary. Allowances are made for a small additional earned income. Having more opportunities available to supplement SSDI will help alleviate the nurse's financial strain.

Table 2: Legalese

It is unlawful for an employer to:

- ask an applicant whether she is disabled or about the nature or severity of a disability; or
- require the applicant to take a medical examination before making a job offer.

Source: Equal Employment Opportunity Commission

Applying for a New Job

When a nurse has left one job behind and attempts to find another, the question of full disclosure is brought center stage. While studies have shown nursing administrators demonstrate a readiness to hire nurses who are disabled, in actual practice there is conflicting data.

A reasonable candidate needs to perform the assigned duties for a particular position. A nurse with a long-standing back injury may not be able to lift the required amount of weight or a chronically ill nurse may not be able to work at the pace the clinical situation dictates. If the candidate does not qualify, the employer is under no obligation to hire (see **Table 2**).

So, What Next?

Nursing care is expensive, and with changing care delivery systems, there is a palpable need for increased efficiency. A nurse who cannot fulfill her clinical duties can be viewed as a fiscal burden to her employer and colleagues.

Developing a comprehensive plan to rehabilitate and repurpose these nurses will help lighten that burden as well as restore invaluable experience to an already strained healthcare delivery system.

By tailoring positions to address the disability, we can preserve the core strength of nursing — that of compassion, knowledge and caring.

"Disability is a part of life," said Maheady. "Many people with disabilities have remarkable compensatory abilities that can't be predicted."

Maheady said it makes sense for institutions to "provide access to employee assistance — counseling, if needed. They should develop support groups for nurses with disabilities ... similar to what nurses develop for patients."

The government already provides certain tax incentives to corporations who hire people who

are disabled. Additionally, there are tax credits available to employees who are disabled who incur impairment-related work expenses.²

More Ideas

Insurance companies should work with individual corporations to identify and negate the potential or perceived liability risk. Using nurses who are disabled in typically non-nursing departments such as marketing, spiritual services and information systems brings an element of understanding and connection previously undiscovered at many institutions.

There are infinite tasks a nurse is trained to do, and many require little physical exertion. Being an effective liaison between patients and staff, between staff and management and between staff and the general public requires knowing what nursing is about and communicating these principles. Most enter nursing to help and care for others but when the nurse becomes the patient, her knowledge does not disappear and her work experience should not be allowed to dissipate.

Programs for nurses offering skills to government agencies or the private sector could be used to offset costs associated with SSDI and would be of great benefit to society. Clearing-houses such as www.exceptionalnurse.com are fertile ground to advertise for both employees and employers, helping nurses who are disabled see the potential for brighter futures.

Perception & Compassion

Perception is everything in healthcare and having strong experienced nurses representing other nurses is to the profession's benefit. Nurses who are disabled are a goldmine of experience, knowledge and perspective.

Looking at life a little bit differently, facing daily challenges and holding on to their treasure of experience, nurses who are disabled are eager to continue their life's work through caring and compassion.

References

- 1. Americans with Disabilities Act. (2004). In The Columbia Encyclopedia (6th ed.). New York: Columbia University Press. Retrieved Jan. 5, 2006 from the World Wide Web: http://www.questia.com/PM.qst?a=o&d=101228899\
- 2. Internal Revenue Service. (2005). *Tax highlights for persons with disabilities*. (Publication 907 Cat. No. 15308H). Washington, DC: Author.

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