

Thriving as a Nurse with a Disability: The Experience of Nursing Faculty

Presented by:

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Presentation Objectives

1. Reflect on the experience of nurses with a disability in the workplace
2. Identify strategies to support and include nurses with disabilities in the workplace
3. Describe the role of nursing leaders in creating greater workplace inclusiveness

Please take a moment to reflect...

- Do you know a nurse with a disability?
- Have you worked with or hired a nurse with a disability?
 - What was your experience like as a co-worker or supervisor?
 - What do you think their experience was like as a disabled nurse?
- How does having a disability potentially affect the role of a nurse?

Disability in Canada

- 22% of Canadians identified as having at least one disability
- For working age (25-65 years) Canadians:
 - More women reported a disability than men (24 vs 20%)
 - Only 59% of those with a disability were employed compared to 80% those without a disability
- The incidence of disability increases with age

Canadian Survey on Disability (Statistics Canada, 2017)

Defining Disability

- No single definition
- May be temporary or permanent
- Most common types of disability reported:
 - Pain-related - 15%
 - Flexibility – 10%
 - Mobility -10%
 - Mental health – 7%
 - Vision- 5%
 - Hearing – 5%
 - Dexterity – 5%
 - Learning – 4%
 - Memory- 4%
 - Developmental- 1%



Image: Teckles Photography Inc.

Canadian Survey on Disability (Statistics Canada, 2017)

Disability in Nursing

- Lack of statistics and data in the literature and by regulatory bodies
- Many nurses are reluctant to disclose a disability and want to remain in nursing
- Nurses are high risk of work-place related disability
- Many nurse with disabilities do not see themselves as “disabled” but rather just having limitations that they have learned to manage
- Discrimination often starts in nursing school

(Neal-Boylan, 2014; Edwards, 2013; Woods & Marshall, 2010; Smouse et al., 2009; Neal-Boylan, 2008; O’Brien-Pallas et al., 2004)

Disability in Nursing

- Lack of research:
 - Most focuses on nursing students
 - Very limited research on practicing nurses and the perspective of nurse leaders
- Trends:
 - Increase in nursing students with disabilities
 - Aging nursing workforce and high rate of work-related injuries
 - Societal shifts toward inclusiveness

(Neal-Boylan, 2014; Edwards, 2013; Woods & Marshall, 2010; Smouse et al., 2009; Neal-Boylan, 2008; O'Brien-Pallas et al., 2004)

Obligations Related to Disability Guided By:

Legislation:

- Canadian Charter of Rights and Freedoms
 - Ontario Human Rights Code
 - Accessibility for Ontarians Act (AODA)
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- Other guiding influences:
 - Collective agreements
 - Agency policies
 - Ethics



Accommodations

- Right to reasonable accommodation is a legal obligation (OHRC)
 - Intent- “promote inclusion and full participation by providing opportunity to attain the same level of performance or benefits experienced by others as part of the right to equal treatment” (OHRC, 2019)
- Employers are expected to have an accommodations procedure and provide accommodations and modifications
- Duty to provide up to point of “undue hardship” and must prove this exists

(OHRC, 2019, HRC, 1990)

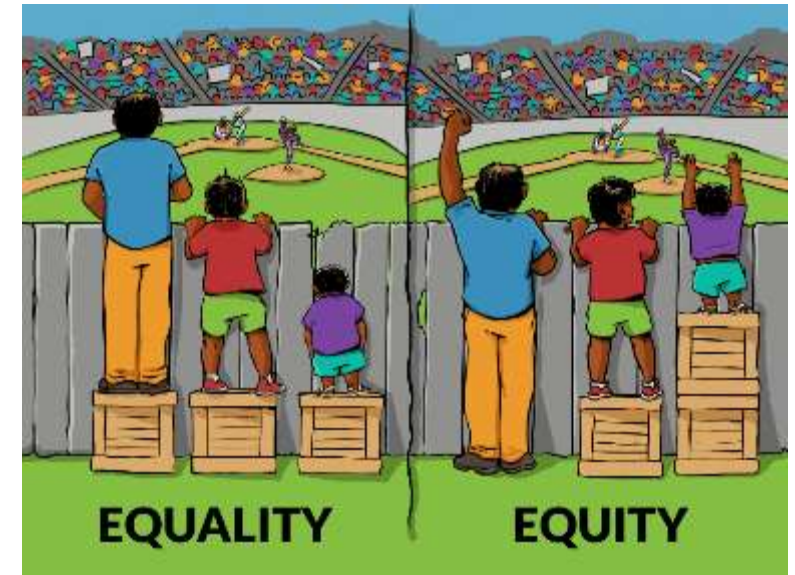


Image: Originator unknown

Accommodations

- Determine essential vs. non-essential duties of role
- Documentation of functional abilities, limitations, restrictions of employee
- Takes many forms: modified or flexible hours, modified duties, special equipment, environment adaption, alternative work
- Clear documentation of agreed upon accommodation plan
- Grants and tax cuts are available to offset expense of accommodations

(OHRC, 2019, HRC, 1990; Thomson, 2018; Smouse et al., 2009)

Examples of Equipment for Accommodations



Images: Amazon.com

Benefits of Inclusion

- Workforce reflecting society
- Bring new points of view
- Improve quality care
- Improved relationships with patients, more empathetic
- Retaining valuable nursing experience and knowledge
- Promotes better care of the disabled



(Smouse et al., 2009; Fitzgerald, 2008; Neal-Boylan, 2008; Carroll, 2004)

Why Nurses are Reluctant to Disclose

- Fear of being fired/ not hired
- Concern supervisor may not be supportive, view them differently or focus on the disability
- Concern that it could limit career progress
- Desire for privacy
- Stigma, stereotypes, bias, discriminatory attitudes
- Difficulty accepting limitations
- Limits career mobility

(Neal-Boylan & Miller, 2015; Neal-Boylan, 2014; von Schrader et al., 2014; Neal-Boylan, 2008; Kontosh et al., 2007; Fitzgerald, 2008; Maheady, 2004)

Nurse Leaders Reservations

Concerns related to:

- Perceived ability to discipline or terminate if needed
- Acceptance of the disabled nurse by patients, public, staff
- Perceived need for time off for medical appointments etc.
- Capacity to perform
- Patient safety, liability concerns
- Productivity perceptions
- Cost of accommodation
- Lack of experience with disabled nurses

(Fitzgerald, 2008; Wood & Marshall, 2007; Kontosh et al., 2007; Davis, 2005; Nelson, 2005; Maheady, 2004)

Reported Nurse Leader Experiences

- Only 14% of nurse leaders reported hiring a nurse with a disability
 - Acceptance or willingness to hire varied by type of disability
- Prior positive experience was associated with greater willingness to hire another nurse with a disability in the future
- Leaders rated job performance of disabled nurses as:
 - Exceptional or above average– 77%
 - Average -17%
 - Below average or poor- 11%

(Wood & Marshall, 2010; Kontosh et al., 2007)



Image: Snow, 2007

Impact of Disability on the Nurse

- Identity change
- Isolation, grief, and loss
- Financial impact
- Fear of loosing job/ difficulty getting hired
- Spending time advocating for self
- Fluctuating health status
- Exhausting to return to work
 - More energy to do the same task
 - No energy left for work-life balance
 - Learning to compensate and do things differently
- Managing recovery
 - being off work is not a vacation– it is time recovering!
- Stressful to deal with insurers
- Limited career mobility
- Locating and paying for specialized equipment on their own

(Grigley, 2017; Neal-Boylan & Miller, 2014; van Schrader et al., 2014; Edwards, 2013; Fortier, 2012; Smouse et al., 2009; Fitzgerald, 2008; Kontosh et al., 2007; Maheady, 2004)

Doing Things Differently- Being Creative and Adapting



Carey Lewis, a nurse at Cleveland Clinic

Images:

https://www.cleveland.com/healthfit/index.ssf/2009/11/mid-career_change_to_nursing_a.html

Barriers Experienced By Disabled Nurses

- Historical nursing attitudes, “ableism” and task focus
- Stigma, bias, discrimination, suspicion, stereotypes
- Lack of awareness of legal and human rights
- Feeling isolated, unsupported
- Others do not understand the impact of disability and need for accommodation
 - Testing by others –being placed in situations beyond accommodations
 - Tendency to focus to what one cannot do rather than what one can do

(Davidson et al., 2016; Neal-Boylan & Miller, 2015; Neal-Boylan, 2014; von Schrader et al., 2014; Edwards, 2013; Fortier, 2012; Smouse et al., 2009; Neal-Boylan, 2008; Fitzgerald, 2008; Snow, 2007; Nelson, 2007; Maheady, 2004)

Barriers Experienced By Disabled Nurses

- Regulatory barriers– fitness to practice, essential skills
- Pressure for premature return to work by insurer or employer
- Financial pressures and reduced income
- Impact on overall health and wellbeing
- May exhaust benefits needed for rehabilitation or treatment

(Davidson et al., 2016; Neal-Boylan & Miller, 2015; Neal-Boylan, 2014; von Schrader et al., 2014; Edwards, 2013; Fortier, 2012; Smouse et al., 2009; Neal-Boylan, 2008; Fitzgerald, 2008; Snow, 2007; Nelson ,2007; Maheady, 2004)

Barriers Experienced By Disabled Nurses

Workplace Related:

- Reluctance to give accommodation even though it is law
- Accommodations process is often adversarial
- Lack of:
 - Appropriate and timely accommodation
 - Knowledge and experience in accommodating disabled nurses
 - Access to needed supports due concern about costs
- Lack of support and insensitivity from supervisor, colleagues

(Davidson et al., 2016; Neal-Boylan & Miller, 2015; Neal-Boylan, 2014; von Schrader et al., 2014; Edwards, 2013; Fortier, 2012; Smouse et al., 2009; Neal-Boylan, 2008 Fitzgerald, 2008; Snow, 2007; Nelson ,2007,, Maheady, 2004)

Barriers Experienced By Disabled Nurses

Workplace Related:

- Lack of privacy (entitled to know)
- Job descriptions don't match the actual work performed
 - Roles seen as inflexible
- Policies can act as barriers
- Lack of or inadequate attempts to retain disabled nurses
- Healthcare environment: physical environment , lack of adaptive equipment
- Lack of role models with disabilities who succeeded in workplace

(Davidson et al., 2016; Neal-Boylan & Miller, 2015; Neal-Boylan, 2014; von Schrader et al., 2014; Edwards, 2013; Fortier, 2012; Smouse et al., 2009; Neal-Boylan, 2008 Fitzgerald, 2008; Snow, 2007; Nelson ,2007,, Maheady, 2004)

Facilitating Factors to Successful Inclusion

- Awareness of rights
 - Culture of inclusion and support for disabled persons
 - Clear job description
 - Proactive, timely accommodations
 - Innovative, creative, adaptive
 - Communication and check-ins
 - Empathetic supportive supervisor
 - Respect for privacy
 - Teamwork focus
 - Feeling accepted and supported
- Realistic expectations
 - Knowing one's strengths and limits or seeking a job that fits with abilities
 - Advances in technology and new roles
 - Role models and advocated –other disabled nurses who have been successful, support of union

(OHRC, 2019; Davidson et al., 2016; von Schrader et al., 2014; Neal-Boylan, 2014; Edwards, 2013; Fitzgerald, 2008; Nelson, 2005; Davis, 2005; Fitzgerald, 2004; Maheady, 2004)

Successful Practice With Appropriate Accommodation!



Sian Preddy, first profoundly deaf midwife in Wales

Image: Exceptionalnurse.org

Nurse Leader Role

- Understand legal obligations, workplace accommodation processes
 - Accept accommodation requests and act on them in good faith
 - Be active in the accommodation process, make suggestions, offer alternatives
 - Ensure accommodations are implemented in a timely manner
 - Allow flexibility
 - Support development of an advisory council
- Maintain confidentiality

(OHRC, 2019; Neal-Boylan & Miller, 2015; Smouse et al., 2009; Wood & Marshall, 2010; Shigaki et al., 2012)

Nurse Leader Role

- Limit requests for information to what is needed to provide accommodation
- Promote an inclusive, supportive environment
- Proactive planning rather than reactive approach – be ready!
- Communicate often but within mutual established parameters
- Empathetic supportive attitude
 - Be aware of own biases, attitudes and perceptions on disability
 - Be knowledgeable and offer available resources

(OHRC, 2019; Neal-Boylan & Miller, 2015; Smouse et al., 2009; Wood & Marshall, 2010; Shigaki et al., 2012)

How would you accommodate this nurse?



Nurse- Andrea Dalzell
Image- Exceptionalnurse.org

Recommendations

- More research on nurses with disabilities needed
- Culture of the nursing profession needs to change:
 - Attitude change- Embrace diversity and disability within nursing
 - Regulatory:
 - Collect data on disability- was disability a reason for non-practicing class or resignation?
 - Re-examine requisite skills and abilities – does every nurse need to be able to lift?
 - How can teamwork and delegation improve inclusion?
- Create an interest group for disabled nurses
 - Role models and mentors, resources, and advocacy

(Grigely, 2017; Davidson et al., 2016; Neal-Boylan, 2015; Edwards, 2013; Neal-Boylan, 2008; Smouse et al., 2009; Fortier, 2012; Carroll, 2004; Maheady, 2004)

Recommendations

- Employers:
 - Identify/create roles suitable for nurses with disabilities, modified roles in place
 - Clear job descriptions that capture essential skills needed
 - Retain and recruit nurses with disabilities
 - Provide opportunities for career advancement and training in their jobs

(Ailey et al., 2016; Grigely, 2017; Smouse et al., 2009; Fortier, 2012; Carroll, 2004)

Recommendations

- Improved workplace environments
 - Universal design (Rush Medical Center)
 - Better physical and work environments that meet diverse needs – access benefits everyone!
 - Training- awareness and sensitivity to disabled workers
 - Accessibility committees with disabled nurses to advise on policies, workplace design and accommodations
 - Dedicated accommodations officer

(Ailey et al., 2016; Grigely, 2017; Smouse et al., 2009; Fortier, 2012; Carroll, 2004)

Conclusion

- Many nurses will deal with some degree of disability at some point in their career
 - Successful inclusion of nurses with disabilities is possible with strong, flexible accommodation plans and clear job descriptions
 - Culture and communication are key facilitators
 - Disability does not necessarily mean a nurse is unable to meet professional standards
 - The literature supports inclusion and indicates **no evidence** of:
 - Risk to patient safety
 - Differences in productivity, quality of job performance, turnover rates
 - Negative patient reactions when receiving care by a nurse with a disability
- (Neal-Boylan, 2014; Wood & Marshall, 2010; Fitzgerald, 2008)

Final Thought...

“The question is not
whether disabled nurses have a place in the profession,
but
when will they have a place in the profession”

(Edwards, 2013)

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My Personal Story - Paula

- Isolating, grief at potential loss of nursing identify
- Fear of loosing job, finances
- Stress of dealing with insurers
- Attitude- how is she going to be a nurse, if can't do it all, I don't want her here, inconvenient and cause chaos by going off
- Having to prove self while coping with exhaustion
- Difficulty balancing work plus rehab therapy –lack of flexibility
- Job description- not accurate for a professor in a nursing role, was a problem in dealing with insurer
- Accommodations- Being pushed to take assignments that did not meet my accommodations, difficulty getting equipment at first, adversarial rather than supportive at first, lack of respect for privacy
- Took a while to feel accepted, comments that were not helpful- when are you going to be better? What is wrong with you
- Needed physio but ran over cap and had to constantly have requests made for extra session
- Supportive coworkers made a big difference
- Students- always accepting, at time curious and wanting to take care of me but never negative
- Students with disabilities inspired by me...seeing it can be done!
- NOW- I am role model, being asked for advice on accommodation and dealing with disability, advocating for others

My Personal Story - Monique

- Isolating, grief at potential loss of professional identify
- Fear of loosing job, finances
- Stress of dealing with management
- Attitude- how is she going to be a professional, I don't want her here, inconvenient and cause chaos by going off
- Having to prove self while coping with exhaustion and pain
- Difficulty balancing work plus rehab therapy –lack of flexibility and demand to attend last minute scheduled onsite meetings
- Accommodations- Being pushed to take assignments that did not meet my accommodations, difficulty getting a meticulous ergonomic assesment at first, adversarial rather than supportive , lack of respect for privacy
- Need to have ongoing therapy but run over cap yearly
- “Trying to be a good soldier;” struggle in being be stigmatized, and seen as a liability rather than an asset
- Supportive coworkers made a big difference
- NOW- Disability remains hidden and as such most do not understand or are suspicious

Definition

- The Ontario Human Rights Commission states that defining a “disability is a complex, evolving matter. The term “disability” covers a broad range and degree of conditions. A disability may have been present at birth, caused by an accident, or developed over time.”
- They go on to state that a disability “should be interpreted in broad terms. It includes both present and past conditions, as well as a subjective component, namely, one based on perception of disability. This would apply where a person does not currently have a disability, but they are treated adversely because of a perception that they will eventually develop a disability, become a burden, pose a risk, and/or require accommodation. “The OHRC states that; “the focus should always be on the current abilities of a person and the situation’s current risks rather than on limitations or risks that may or may not arise in the future.”
(Reference: Ontario Human Rights Commission. (2016). Policy on ableism and discrimination based on disability. <http://www.ohrc.on.ca/en/policy-ableism-and-discrimination-based-disability/2-what-disability>)