

## CHAPTER 6

# Employment and Accommodations for People with Disabilities in Nursing Professions

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## **Career Counseling & Consultation**

The purpose of this paper is to address employment and accommodation issues for individuals with disabilities who wish to enter the fields of nursing or related health care professions. Although my paper has a cross-disability focus, I also share with you a number of examples from a series of interviews that I recently completed with current and former nurses who are blind or have low vision. I also compare blind and visually impaired people to people with other disabilities throughout this paper as my experience with this population is extensive and I can give you definitive and specific references. Finally, I have included as an appendix to this paper a detailed listing of resources for information and adapted medical equipment that may help you in your efforts to accommodate individuals with disabilities in your programs or employ.

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Passed in 1990, the Americans with Disabilities Act (ADA) prohibits discrimination on the basis of disability in employment, state and local governments, public accommodations, commercial facilities, transportation, and telecommunications. Public and private postsecondary educational entities are covered by the ADA and as a consequence cannot exclude otherwise qualified individuals with disabilities from their programs. In addition to the ADA, the Rehabilitation Act Amendments of 1973, particularly Section 504, protect individuals with disabilities from discrimination. This law states the case for protected individuals clearly: *No otherwise qualified handicapped individual...shall solely by reason of this handicap be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance* (p. 22678).

These two pieces of federal legislation, the Rehabilitation Act and the Americans with Disabilities Act, protect people with disabilities from discrimination when pursuing postsecondary education or seeking employment. The Department of Education (DOE) Office for Civil Rights is charged with enforcing §504 and the ADA with regard to whether colleges and universities are properly balancing the statutory rights of people with disabilities and the schools' legitimate concern for protecting the integrity of their programs (Milani, 1996). The Office of the Americans with Disabilities Act, Civil Rights Division, in the U.S. Department of Justice enforces the ADA with regard to employment. Although §504 and the ADA mandates apply to schools of nursing and facilities where these students may ultimately find employment, the medical field presents some special considerations due to its "Do no harm" ethos that holds patient care sacrosanct (Steinberg, Iezzoni, Conill, & Stineman, 2002).

In fact, it was just this concern that led to the Southeastern Community College v. Davis ruling (1979), which allowed a nursing program to refuse admittance to a nearly deaf student because she could not show how she would be able to physically hear a patient's call for assistance (Helms & Weiler, 1993). However, it is equally important to note that there is concern among nursing practitioners with disabilities that this propensity to develop lists of technical standards and perceived "necessary" skills may be restricting access to nursing schools with no empirical evidence that such skills are, in

truth, necessary for all nursing jobs (Carol, 2002; Coates, 2002; Marks, 2000). These practitioners argue for listing the essential functions by specific nursing jobs rather than generating generic lists of skills needed by nurses per se.

You may ask, "Who exactly is covered by these laws?" A person with a disability is anyone who has a physical or mental impairment that substantially limits one or more major life activity (for example, caring for oneself, maintaining a household, or working); has a record of such impairment; or is regarded as having such impairment. When determining whether an impairment "substantially limits a major life activity," three factors must be considered: the nature and severity of the impairment; the expected duration of the impairment; and the permanency or long-term impact of the impairment (AACN, 2002).

There are approximately 53 million adults in the United States with disabilities, according to the 2000 census. I ask you to consider what we know about the employment of these people. People with disabilities have been and continue to be underrepresented in the labor market. According to the most recently completed National Organization on Disability (NOD) survey, conducted by Louis Harris and Associates in 2001, of working-age people with disabilities (that is, those aged 18-64), only 32% are employed, as compared to 81% of their same-aged peers without disabilities. However, if you disregard those individuals who say that they are unable to work due to their disabilities, the figure improves to 56% of people with disabilities and able to work who are employed - - still less than the 81% employment rate of non-disabled people, but an improvement nonetheless.

Among the employed people with disabilities, 36% state that they have encountered some form of discrimination in the workplace. Just over half (51%) of those who have experienced discrimination say that they have been refused jobs for which they are qualified. Other common forms of discrimination have included being denied a workplace accommodation, being given less responsibility than co-workers, being paid less than others with similar skills in similar jobs, and being refused a job promotion (Harris, 2001).

The more severe the disability, the less likely the individual will be employed (NOD/Harris, 2000). For example, people who are legally blind (that is, those with visual acuities of 20/200 or less bilaterally,

with best correction; or bilateral field losses of 20 degrees or less) aged 18-69 are employed at a rate of only 30%. If you remove from the computation those aged 55 and above, the employment rate improves to 42%, 32% full-time and 10% part-time (Kirchner, Schmeidler, & Todorov, 1999). We know from a study that was conducted in Illinois in the mid-1980s that the bulk of employed blind people work in public agencies (Harkin, Kirchner, Esposito, Chandu, & Istanbouli, 1991). We also know that employed blind and visually impaired individuals are not, typically, working in health care or medical professions except as rehabilitation counselors, social workers, psychologists, or medical transcriptionists. There are few nurses, fewer doctors, and only a smattering of other health care professionals with visual impairments (AFB, 2002; Kendrick, 2001). I suspect, but cannot say definitively, that this is true for other groups of people with disabilities as well...that has certainly been the case in my observations over a career spanning almost 30 years as a rehabilitation counselor, special educator, and career consultant. However, we do know that among the individuals who are employed as health care professionals there are a number of highly successful workers.

There are numerous case histories and articles that indicate that people with severe impairments can perform the essential functions of most nursing jobs (Carol, 2002; Coates, 2002; Kendrick, 2001; Watkins, 2002). One of the best Internet sites for reading first-hand accounts of people with disabilities in the nursing field and other health care professions is maintained by the Oregon Health & Science University in Portland Center for Self Determination – the Health Sciences Faculty Education Project ([www.healthsciencesfaculty.org](http://www.healthsciencesfaculty.org)). On this Web site, you can read about nurses with hearing impairments, learning disabilities, and physical disabilities; you can read about doctors with developmental disabilities such as cerebral palsy, sensory impairments (blindness and deafness), and chronic health impairment. Although these individuals acknowledge that they encountered difficulties on the road to becoming nurses or doctors with disabilities, such case studies allow us to see the possibilities. A common theme runs through their stories: They chose fields that enabled them to be successful and they were responsible for determining what accommodations they needed in order to be successful with their disabilities. I think their insights can serve us well as we investigate the viability of people with disabilities entering the field of nursing and what accommodations may

prove important in order for them to be successful in the preparatory programs represented here.

For example, one of the most common disabling conditions is learning disability – it is a disability that you likely have encountered or soon will encounter in the student population you serve (Magilvy & Mitchell, 1995; Maheady, 1999). One estimate I saw when doing research for this paper indicated that 400,000 students with learning disabilities are currently enrolled in colleges in the United States (Pawlowski, 2000). Although learning disabled students are entering colleges in greater numbers than ever before in the history of higher education, many of these students are reluctant to present themselves as disabled. A nursing college faculty member, who is visually impaired, confirmed in an interview that students with learning disabilities are more common in her college program than students with any other disability (J. Herman, personal communication, January, 22, 2003). Dr. Herman, the interviewee, indicated that the primary difficulties these students encountered both in the classroom and during their field work related to processing information from the written texts and writing tasks –the didactic tasks as opposed to the applied or clinical tasks. Although a number of learning disabled students had successfully graduated from this program, they performed best when they made use of available accommodations. The types of accommodations that they used included extended time on written examinations, secluded areas for test taking, readers, taped texts, and scribes. Dr. Herman indicated that because nursing is an applied science she felt these students with learning disabilities could be successfully employed, as long as their supervisors realized that they would need longer to learn new information presented didactically.

This observation is borne out anecdotally by Steve Patten (Articles, 2003), who works as an OR scrub nurse and has a severe learning disability. Patten's disability, dyslexia, affects his ability to read and write. When he was in nursing school, Patten dictated lengthy case management reports to his wife who typed the reports for him. However, working in OR he discovered that most of the documentation required was done on a one-page form that he memorized and simply completed with checkmarks, circles, and plus or minus markings. He uses a computer that has word prediction software built in for writing more detailed notes (Articles, 2003).

Although the Association of American Medical Colleges tracks the demographic characteristics such as gender, race, and ethnic origin of medical faculty, it does not track faculty with disabilities (Steinberg, Iezzoni, Conill, & Stineman, 2002) nor, presumably, students with disabilities. A recent *Journal of the American Medical Association (JAMA)* article which looks at reasonable accommodations for disabled medical faculty, certainly gives us insight into one of the viable employment opportunities for graduates from your programs: teaching. In their faculty roles, these individuals with disabilities share two important attributes that they bring to the field of health care — their ability to be role models to patients with similar disorders and the enhanced rapport with patients that comes as a consequence of having experienced, in many instances, prolonged treatment and care in hospital settings (Steinberg, Iezzoni, Conill, & Stineman, 2002).

This notion of enhanced rapport with patients is a reoccurring theme in many of the anecdotal accounts of nurses with disabilities (Articles, 2003; Carol, 2002; Coates, 2002). Molly Jenkins, a nurse with a hearing impairment, reports that her patients often feel a loss of control during their illnesses and think of medical personnel as being on a higher level. She feels that they see her as a little bit less than perfect and that her imperfection makes her more real to them (Articles, 2003). Another nurse with a hearing disability, who is a lip reader, says that her patients report that because she looks at them and pays attention to what they are saying they feel they are getting exemplary care from her (Carol, 2002).

Candy Moore, RN, who is a faculty member at Elgin Community College in Illinois, is also a woman with a physical disability. Her concern is that the diversity of nursing jobs cannot be captured in a single set of standards. For example, she points out that a poison control center nursing position may require hearing but not a significant lifting requirement. She also notes that in most nursing programs greater emphasis is placed on psychomotor skills than on cognitive skills and affective skills. She worries that her colleagues in nursing education are sometimes too far removed from day-to-day nursing jobs to realize how much work is shared between nurses on the job. Finally, she points out that the board exams that nurses must pass for licensure may pose barriers to nursing candidates with

disabilities because they do not allow the same accommodations that one can find in training programs and on the job (Articles, 2003).

In an effort to capture first-hand accounts of people with visual disabilities performing as nurses, I conducted a series of interviews during January 2003. I was able to complete six interviews with current and former nurses. The interviewees were all legally blind, but had some remaining functional vision; three of the nurses had additional disabilities (diabetes, rheumatoid arthritis, and hearing impairment and multiple sclerosis).

Two of the six interviewees are no longer working in the nursing profession. One left because she felt she could no longer see well enough to function safely in her job as a school nurse and the second was forced from her position as a supervising nurse because the hospital administration where she worked no longer felt that she could function well enough visually to provide back-up support to her staff. The former is currently working for a national nonprofit organization in a professional position and the latter has returned to school to pursue a career as an attorney.

The remaining four nurses are actively engaged in nursing; however, none provide bedside nursing or hands-on patient care. One is the faculty member I mentioned earlier whose primary work is as a researcher and nurse educator. One is providing counseling and education to diabetic patients at a military hospital on an outpatient basis. Another is working with elderly patients as a case manager and provides information and referral services via the telephone. And the fourth is working as a nurse in a low-vision field where she has designed her own job in patient education and does some in-service training to professionals working with people who have low vision.

I spoke with all six of these nurses at length. They are all working-aged women, living independently throughout the United States – in West Virginia, South Carolina, Illinois, California, Ohio, and Oklahoma. Some of the questions that I posed to this group of nurses are highlighted below and their responses are synthesized and bulleted below each query:

**What information do nursing college personnel need to have to make good decisions about whether or not a visually impaired person can succeed in a nursing program?**

- They need to recognize that they do not know everything about blindness and visual impairment — they will need to ask students what they can functionally do and how they see best (lighting conditions and glare are important factors to consider).
- They need to know that being visually impaired does not automatically eliminate a person from successfully functioning in this field. However, during the interview process they should ask some of the same questions a prospective employer might ask: How will you perform specific tasks? What accommodations will you need in order to perform safely and efficiently?
- They need to choose candidates with visual impairments or other disabilities by the same criteria and high standards by which students without disabilities are chosen: Good grade point average, maturity, ability to communicate effectively, ability to think creatively, ability to problem solve, and so forth.

**What types of nursing positions are viable for individuals with visual impairments and which are not?**

- Nursing positions that are viable include case management (particularly where there is computer-based charting), data collection and management for insurance companies and hospitals, research, intake, outpatient education and counseling, health management presentations, risk management, legal consulting, areas of public health, pre-op and post-op patient education, psychiatric nursing, in-service training, and nursing education.
- Nursing positions that are not viable include operating room nursing, bedside nursing, emergency room, trauma units, and community health nursing may be difficult without a driver.

**Are there tools (accommodations) that schools should have at-hand for nursing students with visual impairments?**

- Computer access with speech and magnification systems, video magnifiers, tape recorders, scanners, reader services, and various adapted medical tools, such as talking blood pressure cuffs, thermometers, and glucose monitors; syringe and injection aids, including those with magnification guides; and textbooks and related materials in alternative formats such as Braille, large print, or electronic media.

**Can nursing tasks be safely performed by totally blind people or only those with low vision?**

- Although totally blind people can safely perform many nursing tasks, not all tasks required in clinical settings can be performed (changing surgical dressings while maintaining a sterile area, starting/changing IVs, placing GI tubes, noting skin coloration or the presence of a rash, for example). Because a great deal can be accomplished with the remaining senses, especially hearing and smell, it's possible that someone with no functional vision could learn enough to pass the clinical portion of their exams with theoretical content, knowing that they would work in a setting where those skills requiring sight would be performed on a day-to-day basis by others with fully functional vision.

**Are there successful nurses with low vision who have come through your program?**

(Author's note: This question was addressed only to the individual who is teaching at the university level.)

- Only one individual with low vision has come through our program to date. She has graduated and is working as a certified diabetic educator.

**What advice would you give fellow nurses about working with or for an individual with a visual impairment?**

- Don't move things around without informing the nurse with a visual impairment.
- Name and describe things you are referencing rather than saying things like, "It's over there. Bring that (pointing) to me or take that (pointing) to the patient."
- Treat your colleague with professional respect. Don't treat colleagues like patients.

**What do you think about the viability of using intermediaries such as CNAs to help visually impaired nurses with visually demanding tasks?**

(Author's note: This query elicited two distinctly different responses...on one side positive and favoring the use of CNAs with supervision by the nurse and on the opposite side negative and adamantly opposed to using CNAs to help with visually demanding tasks.)

- As long as the nurse provides direct supervision, the use of CNAs to help with routine, visually demanding tasks seems appropriate. The use of intermediaries is common practice in medicine.
- This is an appalling idea and one that makes me feel very uncomfortable! There are studies that show morbidity rates increase with the use of fewer RNs and the increased use of CNAs.

**What special equipment do you use or have you used in order to perform your nursing responsibilities?**

- All of the interviewees indicated that they used assistive devices on their computers either to enlarge the text or to provide speech output. They also indicated that they used scanning equipment, tape recorders, and human readers at times. Most of the interviewees used electronic note-taking devices with speech or Braille output, low vision devices such as video magnifiers or handheld magnifiers, and drivers or public transportation. Most of these nurse practitioners also used adapted medical devices with speech output, e.g., talking blood pressure cuffs, thermometers, and scales.

Overall, the interviews I conducted with these visually impaired nurses and the anecdotal evidence I found in my literature review reinforced my belief that people with disabilities can perform successfully as nurse practitioners, nurse educators, and in related jobs that enable them to use their nursing skills, such as consulting with insurance companies and providing information and referral services. In order to function effectively, nurses with disabilities often benefit from technological and environmental accommodations. Possible accommodation recommendations compiled from a number of relevant articles (AACN, 2002; Helpful gadgets, 2003; Steinberg, Iezzoni, Conill, & Stineman, 2002) that can improve access to academic and work environments include the following:

**Physical environment access** – ramps, accessible parking, automatic doors, shuttle services with wheelchair access, internal doors and bathroom doors with push rather than pull handles, signage in large print and Braille, lowered shelving and filing access, preferred seating in classes or training, vibrating pagers, and so forth.

**Access to medical equipment** – amplified digital stethoscopes, talking blood pressure cuffs and thermometers, one-touch automatic inflation blood-pressure monitors, glucose monitors with digital and audio output, injection/syringe aids (for example, *Count-a-Dose™*, *Inject-Aid*, *Holdease*, *Vial Center Aid®*, *Inject-ease*, *Load-matic*, *Insul-eze*, *Syringe Magnifier*), digital large print display thermometers and blood pressure monitors, large display and talking scales, and so forth.

**Information access** – reader and scribe services; reading machines and scanners; video magnifiers or closed circuit television sets (CCTVs); tape players; laptop computers; electronic and human note takers; FM systems; taped, Braille or electronic versions of texts and handouts.

**Social and emotional access** – encourage nurses who have experienced disabling conditions or chronic illness to provide in-service training for faculty and prospective employers. Use successfully employed nurses with disabilities as role models and mentors (services such as the American Foundation for the Blind's AFB CareerConnect™ can facilitate in this process). Work

closely with area rehabilitation specialists to stay abreast of the latest developments in assistive technology and adapted tools for people with disabilities.

In closing, I remind us of Dr. David Hartman's thoughts, which he expressed at the close of the first chapter in his book, *White Coat, White Cane*, "At some point you just tire of doubters and doubting, and you want to just walk away from them and get on with it. And yet they come." (Hartman & Asbell, 1978). We know that many impaired individuals who leave the field of nursing do so at the insistence of hospital administrators who can't believe that someone with a disability can function safely and effectively as a health care provider. We also know that some number of interested parties are discouraged from entering into nursing and related health care professions because people don't believe that they can be successful (Carol, 2002; Steinberg, Iezzoni, Conill, & Stineman, 2002).

Let us not add to the doubts and doubters. Let us ensure that students with disabilities, who are qualified and able, can enter and successfully complete college nursing programs. We do so by ensuring an accessible and welcoming learning environment. We do so by recognizing the difference between patients and students. Let us also ensure that once they have satisfactorily completed their training that they can go to work - - as nursing professionals. We do so by actively working with employers to help them understand how disabled nurses can be viable and productive employees. We do so by hiring disabled nursing professionals.

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## Appendix A

### Information and Sources for Accommodations

#### Information

- American Association of Colleges of Nursing: [www.aacn.nche.edu](http://www.aacn.nche.edu)
- American Foundation for the Blind: [www.afb.org](http://www.afb.org)
- Association on Higher Education & Disability (AHEAD): [www.ahead.ie](http://www.ahead.ie)
- American Nurses Association: [www.nursingworld.org](http://www.nursingworld.org)
- Disability Central: [www.disabilitycentral.org](http://www.disabilitycentral.org)
- Exceptional Nurse: [www.exceptionalnurse.com](http://www.exceptionalnurse.com)
- Federal Disability Information Source: [www.disabilityinfo.gov](http://www.disabilityinfo.gov)
- The George Washington University HEATH Resource Center: [www.heath.gwu.edu](http://www.heath.gwu.edu)
- Health Sciences Faculty Education Project: [www.healthsciencefaculty.org](http://www.healthsciencefaculty.org)
- National Council of State Boards of Nursing: [www.ncsbn.org](http://www.ncsbn.org)
- National League of Nursing: [www.nln.org](http://www.nln.org)
- NurseWeek News: [www.nurseweek.com](http://www.nurseweek.com)
- Nurses with Disabilities – Stories: [www.minoritynurse.com](http://www.minoritynurse.com)
- Office of the ADA, U.S. Department of Justice: [www.usdoj.gov/crt/ada](http://www.usdoj.gov/crt/ada)

Office for Civil Rights, U.S. Department of Education:

[www.ed.gov/offices/ocr](http://www.ed.gov/offices/ocr)

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### Health Care Tool Suppliers

The following companies carry a variety of assistive devices to facilitate medically related tasks, including: talking thermometers, scales, glucose monitors, and blood pressure cuffs; syringe and injection aids, including those with magnification guides; amplified stethoscopes; tweezers with magnifiers; eyedropper guides; and many other tools.

Acu-Life Products: (800) 633-4243, [www.healthenterprises.com](http://www.healthenterprises.com)

Diabetes Home Care: (800) 544-5433, [www.diabetespartners.com](http://www.diabetespartners.com)

Diabetes-Supply: (800) 779-3374, [www.diabetes-supply.com](http://www.diabetes-supply.com)

Disability Specialtys: (888) 892-7878, [www.disabilityspecialtys.com](http://www.disabilityspecialtys.com)

Dynamic Living: (888) 940-0605, [www.dynamic-living.com](http://www.dynamic-living.com)

EnableLink: (Canadian) [www.enablelink.com](http://www.enablelink.com)

Independent Living Aids: (800) 537-2118, [www.independent.iving.com](http://www.independent.iving.com)

LS&S Group: (800) 468-4789, [www.lssgroup.com](http://www.lssgroup.com)

Life Solutions: (877) 785-8326, [www.lifesolutionsplus.com](http://www.lifesolutionsplus.com)

Maxi-Aids: (800) 522-6294, [www.maxiaids.com](http://www.maxiaids.com)

The Medical Supply Company: (888) 633-8282, [www.medsupplyco.com](http://www.medsupplyco.com)

National Assistive Device Center: [www.hitec.com/nadcenter.html](http://www.hitec.com/nadcenter.html)

Science Products for the Blind: (800) 888-7400

Speak-to-me: (800) 248-9965, [www.speaktomecatalog.com](http://www.speaktomecatalog.com)

SPI Supplies: (800) 242-4774, [www.2spi.com](http://www.2spi.com)

# **Nursing Employment and Accommodations Response**

**Martha Younger-White, MUPP<sup>2</sup>**

**Bureau Chief**

**Bureau of Accessibility and Safety Systems**

I'm extremely grateful to be here and feel as if I am in the presence of not just my peers, but of my mentors and teachers. I want to acknowledge Rush University Medical Center for its long-term partnership with the State of Illinois in regard to employment for people with disabilities. At every job fair we have ever sponsored, Rush's Human Resources Department and Rush's Equal Opportunity Affairs Office have always sent in their registrations early. In addition, on our last National Disability Mentoring day there were four students who are deaf/hard-of-hearing who came to Rush to learn about nursing and about attending a nursing college.

I will respond to Dr. Wolffe's presentation by telling you that it was very easy to agree with the comments she made. As a coordinator for the Americans with Disabilities Act for the Illinois Department of Human Services, my bias is that I come to employment issues from a civil rights perspective. I never assume that people know what the Americans with Disabilities Act is about. I think of it as a tool, and when our agency talks to employers about it, we try to impress upon them that it is a tool that helps them invest in their workforce.

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<sup>2</sup> Martha Younger-White, MUPP, currently serves as the Bureau Chief of the Bureau of Accessibility and Safety Systems at the Illinois Department of Human Services. She is responsible for assuring statewide compliance with the Americans with Disabilities Act in all of the department's programs, services and activities. She has worked on issues affecting people with disabilities for over 15 years within both city and state government. She worked for the City of Chicago Department on Aging and Disability for eight years in a variety of capacities, including Director of Disability Advocacy Services assuring city services were accessible and available to people with disabilities. Younger-White is a graduate of Northwestern University and the University of Illinois, Chicago, with a Master's degree in Urban Planning and Policy. Her most notable project for the state of Illinois, recognized by Governor Jim Edgar, was overseeing the installation of the nation's first pay TTY in over 10 Illinois rest areas, for persons who are deaf or hard of hearing.

I will address the issues from this civil rights perspective and the ADA. In a nutshell, the Americans with Disabilities Act of 1990 (ADA) is the single most powerful and far-reaching disability rights law ever enacted. The ADA enables more people with disabilities to enter the mainstream of American life. It extends to people with disabilities the same civil rights given to others on the basis of race, sex, national origin and religion. It guarantees equal opportunity in employment, public accommodations, transportation, state and local government services and telecommunications. The ADA is patterned after other existing civil rights legislation such as Section 504 of the Rehabilitation Act of 1973. Section 504 states that, "No qualified individuals with a disability in the U.S. shall be excluded from, denied benefits of, or be subjected to discrimination under any program or activity that receives federal financial assistance." Protections under the ADA non-discrimination provisions are not predicated on the receipt of federal financial assistance. Title I of the ADA covers employers with 15 or more employees and says employers may not discriminate against qualified individuals with disabilities. Title II covers Public Services. State and local government may not discriminate against qualified individuals with disabilities. This includes the hiring of nurses and technicians and other health care workers by state and local governments.

Title III covers public accommodations. Businesses and nonprofit services that are public accommodations must comply with non-discrimination requirements. Public accommodations are private entities that own, rent, lease to, or operate facilities such as restaurants, hotels, theaters, shopping centers and malls, retail stores, museums, libraries, parks, private schools, doctor's offices, day care centers and other similar places used by the public. Many of the services that hospitals provide are covered under the public accommodation provision of Title III. One of the beauties of the Americans with Disabilities Act is that it is broad enough to include different aspects of community life.

I won't reiterate the statistics about people with disabilities; instead I want to talk about the community around people with disabilities. If we count those supports of family and friends the number of people in the disability community would jump from 54 million to 100 million. Because the ADA does cover the family of the

person with the disability, it recognizes the support system that needs to exist within the disability community.

As a state agency that has worked on employment issues for the disabled for the ten years since the ADA was passed, we are very disappointed in the high unemployment rate among the disabled. This disappointment is balanced against the positive news from the Louis Harris poll, which shows the greatest gain of employment among those disabled individuals who were 18 to 29 years old. Nearly 57% of persons with disabilities who are able to work are working in this age group compared to 72% of those without disabilities (a gap of 15 percentage points).

I want to give some of the credit for this increase to the institutions of higher education. Students coming through higher education have more skills and this makes them more employable. In spite of these education gains, jobs for the disabled still tend to be lower skilled and lower paid. Now over two-thirds of people with disabilities are earning incomes of \$15,000 or less, which is considered poverty.

In addition to employment, important issues from the Louis Harris poll include access to transportation and access to health care. People with disabilities are twice as likely to report that transportation is a problem and on one or more occasions they did not get the medical services they needed in the last 12 months.

This access issue is complex, since obtaining employment might result in loss of Medicare or Medicaid benefits. How can you re-enter the workforce and not lose your access to those needed benefits? I'm proud to say that Illinois, under the Social Security Administration's "Ticket to Work Act," has started a Medicaid buy-in program that no longer penalizes workers with disabilities who want to return to work. Rather it allows them to extend their Medicare coverage through the seven-year period that the law allows and through the "Health Care Benefits for Workers with Disabilities Program" extends Medicaid coverage to those who work under the Illinois Department of Public Aid. I want to commend Illinois for that. Such buy-in programs vary by state, and people with disabilities who are returning to work should to see if it is available where they live.

One of the issues in the employment area for people with disabilities is the narrowing of the definition of what constitutes a disability — per recent U.S. Supreme Court rulings under the ADA. Once again, people with disabilities need to check with the state they reside in. In some cases, the Illinois Human Rights Law has a broader definition of disability. The burden of proof is not as high as it is at the federal level. In addition, the state law covers employers with one or more employees, so it expands on the definition of who is covered for purposes of employment.

Illinois has also made some smart decisions in terms of environmental barriers. The Illinois Environmental Barriers Act is an act concerning environmental barriers in public facilities and multi-story housing units. The EBA was amended in 1996 to ensure that the most stringent requirements of state and federal access laws are in force in the state of Illinois. We have combined the federal and state standards; now architects only have one reference to look at when they are planning accessibility for a building.

In terms of ADA coverage, I would add the ADA does not cover a person who is using illegal drugs. However, if someone had a history of illegal drug use and has been rehabilitated, that might come under the definitions of history of disability. This includes not just street drugs but legal drugs that are being used in an illegal way.

The National Council on Disability has a very beneficial Web site. It includes an analysis of the Supreme Court cases that is very useful for a practitioner in this field. The site also includes a chart that lists all of the court cases, the results of those cases and the employment implications of those cases. I am not going to spend more time covering Supreme Court cases, but be aware of this Web site and be aware that the Supreme Court is redefining disability in these court cases. Potential employers need to know those court decisions.

As I read the case stories as presented by Dr. Wolffe, one of the questions that keeps coming through is, "Where is the knowledge of the spectrum of employment activities under these employers?" It is not just hiring practices that must be nondiscriminatory and accessible, but promotional opportunities, training and compensation all need to be nondiscriminatory for people with disabilities.

The ADA is not an affirmative action law. It does not tell you that you have to hire people with disabilities. What it says is that you must hire a qualified individual without regard to his or her disability status. In other words the applicant with a disability must have the skills, knowledge, and experience for the job, and be able to perform essential functions of the job with or without reasonable accommodation.

Many employers are concerned about asking medically related questions. Be aware that you can't ask medically related questions before a job offer has been made. This means that information related to one's disability status cannot be obtained on job applications and I think this is true for educational applications also.

After the job offer has been made an employer can make those health inquiries, but only if the employer makes them to everyone who has been offered a job. Again, an employer cannot differentiate for a person with a disability.

In reviewing material for this presentation the issue of "safety" came up. Are people with disabilities safe in the work environment? Or, are they safe for their patients? I found absolutely no data that suggested that they would be a safety risk to patients. I noticed as I looked at job descriptions for our facilities where there are nurses, that we often define essential functions as must hear, must see, must walk. Instead we should be defining these job descriptions in terms of specific work behaviors and functions that individuals are expected to perform. For example, "Can you detect a heart murmur?" Perhaps people can detect this in different ways, but it is the function not the method that we should be trying to identify in job descriptions.

We get a lot of questions about accommodations. It is one of the most important concepts within the ADA because it levels the playing field. I have not heard much today about what accommodations really cost. A good resource for this information is the Job Accommodation Network. Staff there tracked the cost of accommodations for various employer groups and discovered that about 15% of accommodations cost nothing. The \$1 to \$500 category represented another 51% of the requests. In terms of new construction, accessible features only add on one-half of 1 percent to costs. So actual information about costs can help counter cost concerns.

Our agency is a \$1.4 billion agency. An example of an accommodation is a computer with adaptive software that costs approximately \$5,000, and it is hard for an employer to claim that the \$5,000 accommodation is too expensive. The total size of your organization's budget has an effect on how difficult an accommodation might be perceived to the hiring institution. Smaller sized hiring institutions should be aware that there are some tax credits that can help them with some accommodation expenses. These credits include the disabled access tax credit, which provides small businesses (30 or fewer employees) with a tax credit for accommodations for employees and customers with disabilities, available every year up to a maximum benefit of \$5,000. The architectural and transportation tax deduction allows businesses to take an annual deduction of up to \$15,000 for expenses incurred to remove architectural and transportation barriers for persons with disabilities in the workplace. And last, there are other tax credits if you hire someone with a disability, for example a tax credit such as the Work Opportunity Tax Credit that will pay the first year's wages of the new hire if you hire someone with a disability. This is oftentimes a great appeal for employers.

There are enforcement provisions for the ADA, and it is important that people with disabilities understand their rights. However, we have found that issues can often be more easily resolved when an agency or an employer has an effective internal system for resolving complaints. A study by the American Association of Colleges of Nursing (AACN) found that 91 percent of schools of nursing do have policies to address the ADA law. There have been 17 ADA lawsuits against schools of nursing.

Finally, I want to say that employers do need resources when they want to hire people with disabilities. I know there are criticisms of the vocational rehabilitation programs, but they are a support to employers and applicants. That's their job. Most states have agencies, like the Illinois Department of Human Services, with a Vocational Rehabilitation (VR) Program funded under the Rehabilitation Act, that are ready, willing and able to help employers comply with the ADA. First, the VR program can offer technical assistance. Vocational counselors can match job sites with qualified customers with disabilities so that there is little disruption in accommodating employees. Many VR programs provide disability awareness training to

help non-disabled workers overcome irrational fears and concerns of helping a co-worker with a disability. The goal of the VR programs is to help employers integrate people with disabilities into their workforce through statewide job referral and placement services.

I think it is important to acknowledge the important positive model that the Centers for Independent Living model provides. This model directs us away from the medical model and the idea of "fixing" people and towards the ideals of empowerment and self-determination.

I want to add that with collaboration we can serve people with disabilities and look at the ADA as a benefit and a tool, and not simply as rights for people with disabilities. Thank you.

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## **Appendix A**

### **Information and Sources for Accommodations**

#### **Information**

Center for Teaching Effectiveness:  
[www.udel.edu/cte/disabilities.htm](http://www.udel.edu/cte/disabilities.htm)

Cornell University - Employment Accommodation Series:  
[www.ilr.cornell.edu/ped/products.html](http://www.ilr.cornell.edu/ped/products.html)

Equal Employment Opportunity Commission: [www.eeoc.gov](http://www.eeoc.gov)

Job Accommodation Network: [www.jan.wvu.edu](http://www.jan.wvu.edu)

Health Sciences Faculty Education Project:  
[www.healthsciencefaculty.org](http://www.healthsciencefaculty.org)

National Council of Independent Living Centers: [www.ncii.org](http://www.ncii.org)

National Council on Disability: [www.ncd.gov](http://www.ncd.gov)

National Organization on Disability: [www.nod.org](http://www.nod.org)

Regional Disability and Business Technical Assistance Centers:  
[www.adata.org](http://www.adata.org)

Social Security Administration: [www.ssa.gov](http://www.ssa.gov)

## **Audience Participation**

**Ray Campbell.** I am Ray Campbell, President of the Illinois Council for the Blind. We are an affiliate of the American Council for the Blind and I would like to talk about resources. The American Council for the Blind in Illinois is a resource to persons with visual impairments as well as to employers and to anyone who has questions, in particular about how to accommodate someone who has a visual impairment.

There's also the National Federation of the Blind, which has chapters in most states. There are plenty of resources and plenty of people who are willing to assist you in hiring people with visual impairments. We just need to be asked. I want to make sure you are all aware of these resources and the many different things that are out there to help employees and employers.

**Karen Wolfe.** Ray makes a good point and I think I would also want to add that consumer groups with people who have other kinds of disabilities are also a wonderful resource and certainly one of the best sources to find good mentors for folks in your programs.

Also, we have been helped by a number of the organizations to which we are very grateful in the preparation for materials for this conference.

**Jamie Siegel, adaptive technology specialist.** The problem isn't resources and it's not the people who are blind trying to get work. Many times, the issue is with the employers. I go to job sites to see how we can adapt their equipment to see if it will work to hire a person who is visually impaired.

I have a client who became blind, and the state of Illinois would not spend the money to adapt the software so this client could continue to work. He had been working for the state 15 or 20 years and they would not give him his job back by using adaptive technology.

Currently, this person is in a vocational rehabilitation program trying to get a different job. In my experience, the issues are with the employers and assisting with adapting technology to help persons with disabilities to be able to work.

**New speaker.** I'd like to address that because it sounds like in this particular example, the rehabilitation program was the party involved. One of the things I know that our counselors struggle with in a post-ADA era is that employers have an obligation to accommodate. And though vocational rehabilitation services has often been a resource for employers, it doesn't ameliorate their responsibility to purchase accommodations on behalf of their employees. Not everyone is going to qualify for the vocational rehabilitation program. So part of our job is to educate employers about what their responsibilities are. Therefore, we use education as our first resource and second, if there's personal equipment that might follow that person beyond a particular job, then that's when vocational rehabilitation can kick in and actually support the personal equipment. This is based on federal regulations that we must follow.

**Martha Smith, Faculty education project, Oregon Health Science University.** All these people who were employed or are now employed as physicians and nurses and dentists, none of them got their jobs because of vocational rehabilitation. They did it on their own.

**Martha Younger-White.** One of the things that concerned me was the number of times people have to leave employment. I want to remind people that reassignment is a form of accommodation. You must look within your agencies and see if there is a vacant job this person might qualify for before you consider what other arrangements are available to this individual.

**Karen Wolffe.** I would also mention that vocational rehab gets "dissed" a lot. I am a former rehab person myself and the greatest problem with rehab is that it is an unknown resource to many people, which is a huge issue.

Those of you who are in this room today can become part of the information sharing that's needed in the community to let employers know that they need to try to retain employees who become disabled, and to use rehab as a source for recruitment of people with disabilities.

If you ask employers, many of them will say they never heard of vocational rehabilitation.

**M.J. Smith, Second Vice President of the American Council for the Blind.** I know blind people are talking a lot because we always do. (Laughter). I've had five jobs in my working career and all of them were in private industry. I'm here to tell you that it doesn't take a rocket scientist to get one.

I'm now going to "diss" rehab. If rehab would have more employment specialists and people who actually went out and talked to employers, showed them people with disabilities who could do the job, I think 70 percent of employers would go a heck of a long way in assisting their employees who need assistive technology to continue working and doing their job.

One of the things that use to please me most is the counselors who would send blind older children to me when I worked at Sears and let them work with me for a day. I would tell them the good, bad, and ugly about the Sears programming. And five or six or seven years later, I would see some of these kids placed in jobs. Mentoring is a wonderful tool to use.

**Howard Rosenbloom, JD, Equip for Equality.** I am deaf and deaf folks talk a lot as well. (Laughter)

I have a question regarding the rehab field. I have had a lot of experiences with rehab counselors, and I don't know if they're aware that there are careers in professions such as nursing and any medical fields. I don't see or hear about that a lot.

I'm hoping that will change in the future, starting right here. We're talking about the field of nursing and we need to make more rehab counselors aware of these opportunities.

**Martha Younger-White.** I was at a job event a week ago, and one of our employment resource staff came up to me and said, "Have you heard Rush University is having a symposium on nursing as a career for persons with disabilities? Is there any way I could get invited to that because I would like to know more about it?" I assured this person that I would be bringing back information. Certainly, I think we typically find in vocational rehabilitation programs people who have

come up through the ranks. They haven't always been in the business world themselves, so therefore the connection that needs to be made with employers from their employer perspective oftentimes is missed.

I point you to people like Aileen Anderson with The Fox-River Valley Projects with Industry because she comes at it from a different perspective in terms of starting from the employer and working back to those in rehabilitation to make that connection happen.

**Aileen Anderson, Director of The Fox Valley Project of Industry.** The Project with Industry (PWI) is a national program. They've been around for 30 years and there are about 125 in the country. PWI's work with Human Resources and with the Office of Rehabilitation, which is part of the Department of Human Services (DHS/ORS). We are the missing link, we are the liaison between businesses and people with disabilities — it's a two-way street.

Businesses need to be educated as to the advantages of hiring people with disabilities. And the job seekers need to be educated as to how to package themselves to employers.

Session ended due to time.